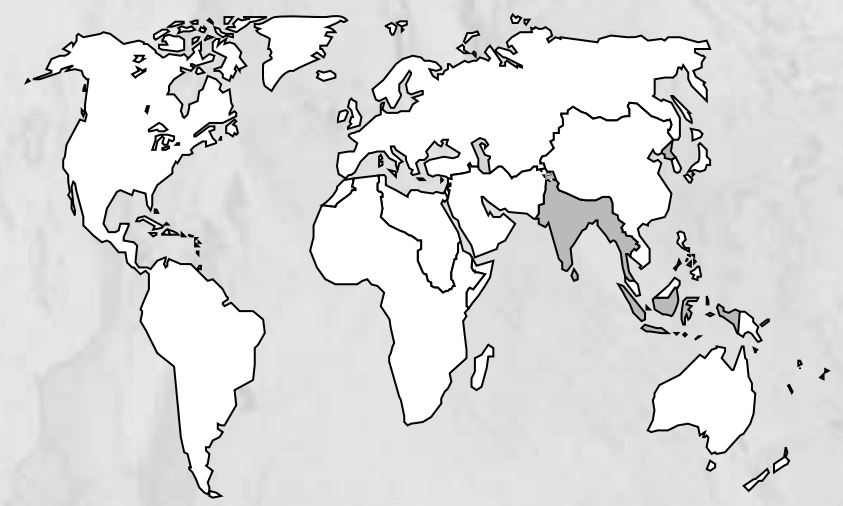


**South-East Asia Region (SEAR)**



SEAR

# Bangladesh

## General Information

Bangladesh is a country with an approximate area of 144 thousand sq.km. Its population is 126.947 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 4.9% (WHO, 2000). The literacy rate is 51.1% for males and 28.6% for females. The life expectancy at birth is 57.5 years for males and 58.1 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 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 1983.

#### Mental Health Legislation

There is the Lunacy Act. A National Workshop on the draft of the Mental Health Act was held in 1999 to formulate the final version of the act and for its enactment. The latest legislation was enacted in 1912.

### MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 0.5% 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 grants.

### MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Lifetime pension is provided for mentally handicapped children after the death of the father or mother who was receiving some pension.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Efforts are being made to provide cheaper drugs at primary level.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 1200 personnel were provided training. Training on mental health for primary care physicians and health workers are being conducted by the Ministry of Health and Family Welfare to provide mental health care at a primary level. They are trained to develop diagnostic skills, participate in activities to collect data, develop biological, psychological and social orientation towards all health problems, and develop training abilities to further train other mental health staff.

There are community care facilities for patients with mental disorders. Periodic mental health extension services are being provided at the primary care level by the Institute of Mental Health Research, Dhaka. Public education and family counselling with the supervision of specialists are done. Though specific rehabilitation programmes are not available in an organised form, efforts are being made to implement day care facilities, sheltered workshops and rehabilitation programmes for chronic schizophrenics.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.065
Psychiatric beds in mental hospitals per 10 000 population	0.03
Psychiatric beds in general hospitals per 10 000 population	0.009
Psychiatric beds in other settings per 10 000 population	0.024

Number of psychiatrists per 100 000 population	0.05
Number of neurosurgeons per 100 000 population	0.01
Number of psychiatric nurses per 100 000 population	0.06
Number of neurologists per 100 000 population	0.02
Number of psychologists per 100 000 population	0.002
Number of social workers per 100 000 population	0.001

There is one occupational therapist and 4011 medical assistants. The number of mental health professionals are inadequate. Prior to 1957, there were no psychiatric services in Bangladesh. One mental hospital was established at Pabna in 1957 and in 1969 the first outdoor clinic started functioning in Dhaka Medical College. Since the 1970's more institutes were opened and in 1981 the OTH institute was opened with the help of WHO to cater to mental health exclusively and this was later renamed as the National Institute of Mental Health. Mental health care is provided at the primary level by primary care physicians and health workers, at the secondary level by the district hospital, though unfortunately, only one such hospital is equipped to provide the services and at tertiary level by teaching hospitals.

### NON-GOVERNMENTAL ORGANIZATIONS

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

### INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. There are some figures related to incidence and prevalence of mental disorders.

The country has data collection system or epidemiological study on mental health. Only hospital based service data collection is present.

### PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for elderly and children. The National Institute has special units for child and adolescent and elderly population. All other groups are cared for by the general adult psychiatry units.

### 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	8.91
Ethosuximide	no		
Phenobarbital	yes	60	0.55
Phenytoin sodium	yes	100	1.85
Sodium Valproate	yes	200	5.57
Amitriptyline	yes	25	1.67
Chlorpromazine	yes	100	2.04
Diazepam	yes	5	0.55
Fluphenazine	yes	25	1.85*
Haloperidol	yes	5	0.92
Lithium	yes	400	7.4
Biperiden	no		
Carbidopa	no		
Levodopa	yes	500	8.82

\*cost of single injectible unit

### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

1. Ahsan, N. Mental Health & Substance Abuse: A Country Report from Bangladesh. Institute of Mental Health & Research.

# Bhutan

## General Information

Bhutan is a country with an approximate area of 47 thousand sq.km. Its population is 2.064 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% (WHO, 2000). The literacy rate is 56(1995)% for males and 28(1995)% for females. The life expectancy at birth is 66 years for males and 66.4 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1997. The components of the policy are advocacy, promotion, prevention and treatment.

#### Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1988. The Narcotic Drugs and Psychotropic Substances Notification deals with definitions, offences and penalties and prohibition, control and regulation.

#### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1997. The primary objectives of the programme are to integrate mental health into primary care and to help in improvement of general health care, undertake public education and to reduce problems related to neuropsychiatric conditions, training of personnel.

#### National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1987.

#### Mental Health Legislation

There is no mental health legislation. 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 0.17% of the total health budget on mental health. The primary sources of mental health financing in descending order are tax based, grants and social insurance.

### MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Mentally ill patients are exempted from paying labour tax. Some are given cash benefits. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Some drugs like chlorpromazine and diazepam are available at the basic health unit. Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 100 personnel were provided training. There are community care facilities for patients with mental disorders. Basic emergency and follow-up services are done by health workers in the community but more training is required.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0
Psychiatric beds in mental hospitals per 10 000 population	0
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	0.3
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	0.16

Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	0
Number of social workers per 100 000 population	0

There is one occupational therapist. There is a shortage of trained mental health staff.

### 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. All mental illnesses are lumped under the heading of mental disorders, moreover reporting may not be correct. The country has data collection system or epidemiological study on mental health. JDWNR hospital in Thimpu has started maintaining patient treatment data since July 1999.

### PROGRAMMES FOR SPECIAL POPULATION

The mental health programme being in a early stage and is not able to provide special 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	no		
Ethosuximide	no		
Phenobarbital	yes	30	0.23
Phenytoin sodium	no		
Sodium Valproate	no		
Amitriptyline	no		
Chlorpromazine	no		
Diazepam	yes	5	0.1
Fluphenazine	no		
Haloperidol	no		
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

Most of the listed drugs are available at the referral hospitals and district hospitals and some of the drugs in basic health units. Those marked out above are only those drugs available at basic health units.

### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

1. Health Services Administration (1997). Project HSD 05: Mental Health Programme.
2. Ministry of Home Affairs (1988). The Narcotic Drugs and Psychotropic Substances Notification. Report on Community-Based Mental Health Programme (as part of National Mental Health Programme).
3. Royal Government of Bhutan (1987). National Drug Policy.

# Democratic People's Republic of Korea

## General Information

Democratic People's Republic of Korea is a country with an approximate area of 121 thousand sq.km. Its population is 23.702 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 3% (WHO, 2000). The literacy rate is 99(1990)% for males and 99(1990)% for females.

The life expectancy at birth is 58 years for males and 60.6 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. Details about the year of formulation are not available.

#### National Mental Health Programme

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

#### 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 law on Regulation on Prevention of Mental Diseases.

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 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 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

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

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 are annual mental health related tasks are periodic reports of these are prepared by the Ministry.

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	unknown		
Ethosuximide	unknown		
Phenobarbital	unknown		
Phenytoin sodium	unknown		
Sodium Valproate	unknown		
Amitriptyline	unknown		
Chlorpromazine	yes		
Diazepam	yes		
Fluphenazine	yes		
Haloperidol	unknown		
Lithium	unknown		
Biperiden	unknown		
Carbidopa	unknown		
Levodopa	unknown		

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

# India

## General Information

India is a country with an approximate area of 3288 thousand sq.km. Its population is 998.056 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 5.2% (WHO, 2000). The literacy rate is 67.1% for males and 43.5% for females. The life expectancy at birth is 60.4 years for males and 61.2 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1982. As early as 1982, the Central Council of Health and Family Welfare, which is the highest policy making body in the field of health in India, recommended that mental health must form an integral part of the total health programme and as such should be included in all national policies and programmes in the field of health, education and social welfare. The national mental health programme was adopted as the mental health policy.

#### Substance Abuse Policy

A substance abuse policy is absent. A national master plan for substance abuse was evolved in 1994 which focuses on the establishment of treatments and rehabilitation centers, training in substance abuse for primary care doctors and other personnel, collaborating with non-governmental organizations and carrying out education and awareness building programmes. These programmes are guided by the Ministry of Health and Family Welfare and the Ministry of Social Justice and Empowerment.

#### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1982. It has been recommended to improve public education regarding mental illness, establish effective monitoring and evaluation mechanisms, appoint designated programme officers to look into the implementation of the programme. The objectives of the national mental health programme are: i) to ensure availability and accessibility of minimum mental health care for all in the foreseeable future, particularly to the most vulnerable and under-privileged sections of the population ii) to encourage application of mental health knowledge in general health care and in social development iii) to promote community participation in mental health service development and to stimulate efforts towards self help in the community. From 1982-1995, the programme was run as a pilot programme. The programme is currently being implemented in twenty-two districts in the country. Between 2002-2007 it will be extended to cover about 100 districts. The approaches adopted by the programme are i) integration of basic mental health care into general mental health care services ii) training of primary health care personnel in the aspects of mental health care iii) provision of adequate neuropsychiatric drugs in peripheral health care institutions iv) support and supervision of trained primary health care personnel v) establishment of a psychiatric unit at the district level and vi) encouraging community participation.

#### 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. For purpose of implementation of the national mental health programme, an essential list of neuropsychiatric drugs has been developed, for provision of these drugs at the peripheral health care centres in the rural areas. The drugs in this list consist of one antipsychotic, one depot antipsychotic, one antiparkinsonian drug, two types of anti depressants, two types of anti epileptic drugs and one benzodiazepine. Drugs are available at a comparatively lower cost when purchased in bulk by patients, institutions, or hospitals.

#### Mental Health Legislation

There is a Mental Health Act from 1987. The Mental Health Act has provided with new definitions, simplified admission and discharge procedures, introduced licensing of psychiatric hospitals, separated state and central mental health authorities, separated facilities for children and persons with addiction and promoted human rights of the mentally ill. Besides that there are acts relevant to marriage and divorce, Juvenile Justice Act, Persons with Disabilities Act, legal provisions related to suicide and attempted suicide. Narcotic Drugs and Psychotropic Substances Act (which was amended in 2001) deals with the prevention, treatment and rehabilitation of drug dependent persons and establishment of drug dependent treatment facilities (Section 4(d), 71(1)). The latest legislation was enacted in 1987.

### MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 0.83% 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 social insurance. Financing for health services are provided both by the states and the centre. Private setups also finance their own projects.

### MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Disability benefits have become available recently and in a limited way. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Mental health care in primary care is available in certain designated project areas and not all over the country. Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 600 personnel were provided training. Training facilities are available in some districts of the country only. There are community care facilities for patients with mental disorders. Mental health facilities in community care is available in some designated districts. In addition, various non-governmental organizations provide different types of services. Different pilot projects have been undertaken to look at the feasibility of extending mental health services to the community and primary care levels. A District Mental Health Programme was also organized as a model programme between 1985-1990. The District Mental Health Programme which is being operated in twenty two districts in the country attempts to take mental health care to the rural and underprivileged sections of the society.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.25
Psychiatric beds in mental hospitals per 10 000 population	0.2
Psychiatric beds in general hospitals per 10 000 population	0.05
Psychiatric beds in other settings per 10 000 population	0.01
Number of psychiatrists per 100 000 population	0.4
Number of neurosurgeons per 100 000 population	0.06
Number of psychiatric nurses per 100 000 population	0.04
Number of neurologists per 100 000 population	0.05
Number of psychologists per 100 000 population	0.02
Number of social workers per 100 000 population	0.02

There are 200 mental health workers of other types. There are about 40 mental hospitals operating in India with a varying amount of bed strength. They still have a large proportion of long-stay patients. Funding is poor and there is inadequate staff. All these add to the problem of stigma against mental disorders. During the past two decades, many mental hospitals have been reformed through the intervention of the judiciary (courts). The pattern of care and provision of other services in these mental hospitals are slowly changing for the better.

### NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation. Training of counsellors is also undertaken by NGO's. Some of these specific programmes consist of suicide prevention, training of lay counsellors, walk-in counselling centres and provision of residential and non-residential rehabilitation programmes through day care, sheltered workshops, halfway homes, hostels for recovering patients, and long-term care facilities. Few NGOs have established research foundations. Parents and other family members of mentally ill persons have recently come together to form self-help groups.

### INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. Mental health is reported but in a limited manner only by mental hospitals. The country has no data collection system or epidemiological study on mental health. Though epidemiological studies on a limited scale have been undertaken by different institutions from time to time, large scale studies at a national level have not been undertaken.

# Indonesia

## General Information

Indonesia is a country with an approximate area of 1905 thousand sq.km. Its population is 209.255 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 1.7 % (WHO, 2000). The literacy rate is 91.1 % for males and 80.5 % for females. The life expectancy at birth is 66.6 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 1999. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. One of the components of the policy is to consider it as a part of the general health policy.

#### 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 present. The programme was formulated in 1995. The new national mental health programme has been developed in the year 2001.

#### 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 specific mental health legislation integrated into General Health Law. The latest legislation was enacted in 1992.

### MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 1 % of the total health budget on mental health. The primary sources of mental health financing in descending order are out of pocket expenditure by the patient or family, tax based, social insurance, private insurances and grants.

### MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Destitute psychotics and mentally retarded are considered as socially disabled and the government provides social institutional care in a limited way. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Training program for primary care physicians in treating mental disorders are present and antipsychotics (chlorpromazine and haloperidol) are available. Severe and disturbed psychotics are referred to mental hospitals and families tend to bring the patients to traditional healers. Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 300 personnel were provided training. There are no community care facilities for patients with mental disorders. No systematic approach is present as limited facilities are available. However, traditional healers and nurses from government mental hospitals make occasional visits.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.4
Psychiatric beds in mental hospitals per 10 000 population	0.38
Psychiatric beds in general hospitals per 10 000 population	0.02
Psychiatric beds in other settings per 10 000 population	0.02
Number of psychiatrists per 100 000 population	0.21
Number of neurosurgeons per 100 000 population	0.01

### PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for disaster affected population and elderly. Services for special population are provided in few places.

There have been recommendations from the Central Council of Health and Family Welfare to setup facilities to tackle the problems of poverty, destitution, victims of violence and trauma, neuropsychiatric disorders of the elderly, child and adolescent psychiatry problems and disaster victims. The country has specific programmes for drug abuse prevention and treatment. A National Master Plan for both supply and demand reduction activities is under consideration which involves governmental and non-governmental organizations.

### 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	3.25
Ethosuximide	no		
Phenobarbital	yes	60	1.08
Phenytoin sodium	yes	100	1.5
Sodium Valproate	yes	200	3.26
Amitriptyline	yes	25	2.7
Chlorpromazine	yes	100	1.95
Diazepam	yes	5	0.87
Fluphenazine	yes	25	1.08*
Haloperidol	yes	5	1.62
Lithium	yes	300	3.25
Biperiden	no		
Carbidopa	yes	25+250	8.7
Levodopa	yes	25+250	8.7

\*cost of single injectible unit

None of these drugs are routinely distributed by the government at the primary health care level except for some designated districts where a special programme is operational.

### OTHER INFORMATION

The chronological development of mental health services in India can be dated back to 1946 when the Bhole Committee Report recommended opening of mental hospitals and creating training facilities. Over the years there has been a growth and development of general hospital psychiatry units. Different pilot projects and epidemiological studies have been undertaken, albeit in a limited way. Mental health reforms through Public Interest Litigations have occurred. There is a growing involvement of the private sector alongwith different NGO's. The National Human Rights Commission has published its report on Quality Assurance in Mental Health relating to mental hospitals in the country.

### ADDITIONAL SOURCES OF INFORMATION

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6. Ramana R. and Saxena S. (1991) India: quality and access are the priorities, In Appleby L. & Araya R. (Eds.) *Mental Health Services in the Global Village*, 3-13, London, Gaskell: The Royal College of Psychiatrists.
7. The Narcotic Drugs and Psychotropic Substances Act (1985). Universal Law Publishing Co. Pvt. Ltd.
8. Weiss, M.G., Issac, M., Parkar, S.R., et al. (2001). Global, National and Local Approaches to Mental Health: Examples from India. *Tropical Medicine and International Health*. 6, 4-23.

Number of psychiatric nurses per 100 000 population	0.9
Number of neurologists per 100 000 population	0.06
Number of psychologists per 100 000 population	0.3
Number of social workers per 100 000 population	1.5

#### 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. Mental health reporting is a part of hospital reporting system and primary health centre reporting system.

The country has no data collection system or epidemiological study on mental health. In the past epidemiological data had been collected with the support of USA, but since 1996 it has not been done due to budget constraints.

The data for mental health planning comes from National Health Household Survey – Section on Mental Health, which is done every five years. The last survey was in 1995.

#### 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	11.2
Ethosuximide	no		
Phenobarbital	yes	50	1.12
Phenytoin sodium	yes	100	5.33
Sodium Valproate	yes	150	35.91
Amitriptyline	yes	25	1.12
Chlorpromazine	yes	100	2.02
Diazepam	yes	5	1.83
Fluphenazine	yes	5	17.5
Haloperidol	yes	2	4.48
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	yes	100	39.73

The most common anti parkinsonian drug is benzhexy phenidyl.

#### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

## Maldives

### General Information

Maldives is a country with an approximate area of 0.3 thousand sq.km. Its population is 0.278 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 8.2% (WHO, 2000). The literacy rate is 96.0% for males and 96.0% for females. The life expectancy at birth is 63.3 years for males and 62.6 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 1977.

##### 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 no mental health legislation.

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 out of pocket expenditure by the patient or family and grants.

#### 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.

Regular training of primary care professionals is carried out in the field of mental health. Training is integrated in the community health workers training programme.

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

#### 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 0.36

Number of neurosurgeons per 100 000 population 0.36

Number of psychiatric nurses per 100 000 population 0

Number of neurologists per 100 000 population 0

Number of psychologists per 100 000 population 1.2

Number of social workers per 100 000 population 0

Most of the personnel work in the capital and in tertiary centres. The psychiatrists visits other islands whenever needed.

#### NON-GOVERNMENTAL ORGANIZATIONS

NGOs are not involved with mental health in the country.

#### 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 any 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	17.06
Ethosuximide	no		
Phenobarbital	yes	60	4.27
Phenytoin sodium	yes	100	4.27
Sodium Valproate	yes	200	8.54
Amitriptyline	yes	10	3.4
Chlorpromazine	yes	50	4.27
Diazepam	yes	5	6.83
Fluphenazine	yes		
Haloperidol	yes	15	4.27
Lithium	yes		
Biperiden	no		
Carbidopa	yes	200	6.4
Levodopa	yes	250	6.4

#### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

## Myanmar

### General Information

Myanmar is a country with an approximate area of 677 thousand sq.km. Its population is 45.059 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 2.6% (WHO, 2000). The literacy rate is 88.7% for males and 79.5% for females. The life expectancy at birth is 58.4 years for males and 59.2 years for females.

### Mental Health Resources

#### POLICIES AND LEGISLATION

##### Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1990.

The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. Community integration is also a component of the mental health policy.

##### Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1993. Narcotic Drug and Psychotropic Substances Law aims to – prevent the danger of narcotic drugs and psychotropic substances, to implement the provisions of the UN Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances; carry out more effective measures for imparting knowledge and education on the danger of these substances and for medical treatment and rehabilitation of drug users; impose more effective penalties for offenders and to cooperate with state parties and other international organizations in respect of the prevention of the danger of narcotic drugs and psychotropic substances.

##### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1990.

##### 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

There is a Lunacy Act from 1912. A mental health act had been proposed in 1994. The latest legislation was enacted in 1912.

#### MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 1.3% 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. Any government employee who is mentally ill and has a poor prospect of recovery is recommended for invalidation.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Consultant psychiatrists are posted in different states and divisions and patients are referred to them.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 2000 personnel were provided training. Consultants train medical officers and primary care workers about mental health illnesses and means of treating them.

There are community care facilities for patients with mental disorders.

#### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.55
Psychiatric beds in mental hospitals per 10 000 population	0.33
Psychiatric beds in general hospitals per 10 000 population	0.11
Psychiatric beds in other settings per 10 000 population	0.11
Number of psychiatrists per 100 000 population	0.2

Number of neurosurgeons per 100 000 population	0.02
Number of psychiatric nurses per 100 000 population	0.6
Number of neurologists per 100 000 population	0.02
Number of psychologists per 100 000 population	0.01
Number of social workers per 100 000 population	0.3

There are two occupational therapists and medical assistants.

#### 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. Mental illnesses are included in health management information system.

The country has data collection system or epidemiological study on mental health. Necessary training and educational material was given to primary care workers for data collection.

#### PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for minorities, disaster affected population, indigenous population, elderly and children. Child Guidance Clinics and geriatric care are conducted twice a week.

#### 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	4.38
Ethosuximide	no		
Phenobarbital	yes	30	1.29
Phenytoin sodium	no		
Sodium Valproate	yes	200	3.61
Amitriptyline	yes	25	1.55
Chlorpromazine	yes	50	0.77
Diazepam	yes	5	0.9
Fluphenazine	yes	25	0.65*
Haloperidol	yes	1.5	0.77
Lithium	yes	400	4.38
Biperiden	yes	2	1.8
Carbidopa	no		
Levodopa	no		

\*cost of single injectible unit

#### OTHER INFORMATION

##### ADDITIONAL SOURCES OF INFORMATION

1. Health in Myanmar. (2001). Excerpt of Health Management Information System Mental Health Project.
2. The State Law and Order Restoration Council. (1993). Narcotic Drugs and Psychotropic Substances Law.

## Nepal

### General Information

Nepal is a country with an approximate area of 147 thousand sq.km. Its population is 23.385 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 3.7% (WHO, 2000). The literacy rate is 56.9% for males and 21.7% for females. The life expectancy at birth is 57.3 years for males and 57.8 years for females.

### Mental Health Resources

#### POLICIES AND LEGISLATION

##### Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1997. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. The policy aims to have minimum mental health care facilities for all by the end of the current National Five Year Plan, develop human resource facilities in mental health, protect the fundamental rights of the mentally ill and improve awareness about mental illness and promote better mental health in the community.

##### 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 absent.

##### National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1986.

##### Mental Health Legislation

Under the Civil Law there are some sections having legal provisions concerning insanity. The latest legislation was enacted in 1964.

#### MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 0.08% of the total health budget on mental health. The primary sources of mental health financing in descending order are 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. Chronic mental illness has been classified as one of the mental disabilities and these patients have equal rights as other disabilities according to the Disability Act. Mental health is not a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Mental health is not an integral part of primary health care, but treatment of severe mental health disorders are available in ten districts where community health programmes with the support of NGO's are going on. 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	0.08
Psychiatric beds in mental hospitals per 10 000 population	0.02
Psychiatric beds in general hospitals per 10 000 population	0.02
Psychiatric beds in other settings per 10 000 population	0.04
Number of psychiatrists per 100 000 population	0.09
Number of neurosurgeons per 100 000 population	0.02
Number of psychiatric nurses per 100 000 population	0.04

Number of neurologists per 100 000 population	0.02
Number of psychologists per 100 000 population	0.02
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. A morbidity form is available for outpatients and is filled by primary health centres. Tertiary care centres are currently not included in the system but would be in the near future.

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 refugees.

#### 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	3.9
Ethosuximide	no		
Phenobarbital	yes	60	2.19
Phenytoin sodium	yes	100	2.04
Sodium Valproate	no		
Amitriptyline	yes	25	2.32
Chlorpromazine	yes	100	1.5
Diazepam	yes	10	0.19
Fluphenazine	yes	25	0.65*
Haloperidol	no		
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

\*cost of single injectible unit

The above drugs are in the essential drug list for district level and primary care. They are not essential drugs for health post and sub-health post.

#### OTHER INFORMATION

The first outpatient clinic for mental health was started in 1961 and the inpatient facilities followed in 1965. In 1983 the first community health development programme was established and in 1984 the mental hospital was created. During the early 90's different community mental health programmes were started. In 1997 postgraduate teaching facilities were begun.

#### ADDITIONAL SOURCES OF INFORMATION

1. DoHS. (1998 – 99). Annual Report – National Health Policy.
2. Essential Drug List and National Formulary. (Government document)
3. Ministry of Health. (1995). National Mental Health Policy.
4. Tausigg, M. and Subedi, S. (1997). The Modern Mental Health System in Nepal: Organizational Persistence in the Absence of Legitimizing Myths. *Social Science and Medicine*. 45(3), 441-447.

## Sri Lanka

### General Information

Sri Lanka is a country with an approximate area of 66 thousand sq.km. Its population is 18.639 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% (WHO, 2000). The literacy rate is 94.1% for males and 88.3% for females. The life expectancy at birth is 65.8 years for males and 73.4 years for females.

### Mental Health Resources

#### POLICIES AND LEGISLATION

##### Mental Health Policy

A mental health policy is absent.

A mental health policy is being developed.

##### Substance Abuse Policy

A substance abuse policy is absent. A substance abuse policy has been developed but is still to be ratified by the parliament.

##### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1966.

##### National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1985.

##### Mental Health Legislation

There is a Mental Diseases Ordinance. A new draft amending the 1960 legislation is being prepared.

The latest legislation was enacted in 1960.

#### 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 and private insurances.

There are budget allocations for mental health, but mostly for the mental hospital.

#### MENTAL HEALTH FACILITIES

The country does not have disability benefits for persons with mental disorders. Mental illness is considered a disability, but is not entitled for benefits.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Primary care workers carry out very little mental health work.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 1500 personnel were provided training.

There are no community care facilities for patients with mental disorders. Community care in some form is provided at an individual level by NGOs.

#### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	1.8
Psychiatric beds in mental hospitals per 10 000 population	1.4
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	0.2
Number of neurosurgeons per 100 000 population	0.03
Number of psychiatric nurses per 100 000 population	1.8

Number of neurologists per 100 000 population	0.06
Number of psychologists per 100 000 population	0.02
Number of social workers per 100 000 population	0.07

Most of the non-medical mental health professionals do not have a formal training in mental health. The mental health facilities are mainly located in the urban areas. Both the government and the private sector are involved in providing services.

#### NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation. There is notable input into community care by NGOs.

#### INFORMATION GATHERING SYSTEM

There is 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.

#### PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for children. Occasional focussed projects are held for the special population but for limited periods of time.

The country has specific programmes for mental health for trauma victims.

#### 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	1.33
Ethosuximide	yes		
Phenobarbital	yes	60	0.25
Phenytoin sodium	yes	25	0.23
Sodium Valproate	yes	200	2.85
Amitriptyline	yes	25	0.61
Chlorpromazine	yes	50	0.76
Diazepam	yes	5	0.05
Fluphenazine	no		
Haloperidol	no		
Lithium	no		
Biperiden	no		
Carbidopa	yes	25	13.75
Levodopa	yes	50	21.55

#### OTHER INFORMATION

During the last two decades most of the development have been at the local level. There is no separate government policy or planning unit for mental health and it is suggested to seek help from the WHO regarding planning for the future. Details can be obtained from the document - Development of mental health care in Sri Lanka (Critical Issues - WHO Expert Committee Meeting SEARO - Oct 2000).

#### ADDITIONAL SOURCES OF INFORMATION

1. Department of Mental Health Care. (2000). Critical Issues – WHO Expert Committee Meeting Report.
2. Silva, H.J. de, Kasturiaratchi, N, Seneviratner, S.L., Senaratne, D.C., Molagoda, A. and Ellawala, N.S. (2000). Suicide in Sri Lanka: Points to Ponder. Ceylon Medical Journal. 45(1), 17-24.

## Thailand

### General Information

Thailand is a country with an approximate area of 513 thousand sq.km. Its population is 60.856 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 5.7% (WHO, 2000). The literacy rate is 97.0% for males and 94.0% for females. The life expectancy at birth is 71 years for males and 76 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. Administration and technical development is also a component of the policy. The mental health policy plans to promote mental health and prevent mental health problems, to expand and develop the service system of treatment and rehabilitation, to develop mental health knowledge and technology, to develop management system for reformation of all aspects of mental health, to develop people's cooperation in order to achieve the goal of taking care of one's mental health by applying local wisdom to family assistance, community programmes, etc and to develop modern psychosocial and other technical knowledge in order to apply them fruitfully to Thailand's mental health situation.

##### Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1998. On substance abuse there was an initial law from 1988 which dealt with Drugs Prevention and Suppression Policy. This was implemented under the strategy of state-civil alliance against drugs, which unites the power of civil and state agencies to continually and seriously fight against drug abuse under more systematic and cooperative administration. The more recent policy on Reformation of Addicts treatment and Rehabilitation System guides all rural and urban centres to undertake programmes to look into the management issues of addicts. National institutes are urged to develop advanced technologies to tackle the treatment and rehabilitation of such addicts in cooperation with international agencies. It also specifies that the provincial health doctor would act as the chief of treatment and rehabilitation centres at provincial levels.

##### 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 present. Details about the year of formulation are not available.

##### Mental Health Legislation

There is no mental health legislation. 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 2.5% 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. 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 300 personnel were provided training. About 300 general practitioners were trained in the last two years on mental health. There are no community care facilities for patients with mental disorders. It is planned to develop home health care centres and other community programmes.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	1.4
Psychiatric beds in mental hospitals per 10 000 population	1.4
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	0.6
Number of neurosurgeons per 100 000 population	0.4
Number of psychiatric nurses per 100 000 population	17
Number of neurologists per 100 000 population	0.2
Number of psychologists per 100 000 population	0.1
Number of social workers per 100 000 population	0.2

There are 12 occupational therapists.

### 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 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.

The government supports programmes – for prevention of family mental health problems, for mental health education in institutions, for elderly, for physically challenged and underprivileged 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	6.94
Ethosuximide	yes		
Phenobarbital	yes	1000	1.16
Phenytoin sodium	yes	100	2.31
Sodium Valproate	yes	200	
Amitriptyline	yes	25	1.16
Chlorpromazine	yes	25	
Diazepam	yes	5	1.16
Fluphenazine	yes	25	
Haloperidol	yes	2	2.32
Lithium	yes	300	
Biperiden	no		
Carbidopa	no		
Levodopa	no		

### OTHER INFORMATION

In the near future there are quite a few projects being planned for mental health. The notable ones being- promotion of Buddhist monk's role in mental health, psychosocial care for the depressed, mental health prevention and support for the risk groups to suicide, mental health projects for the physically handicapped and underprivileged children, model development of community participation in preventing substance abuse, programmes for the elderly and family, model programmes to look into the psychiatric mental health care in general hospitals, etc.

### ADDITIONAL SOURCES OF INFORMATION

1. National List of Psychotherapeutic Drugs. (Government document).
2. Ministry of Health. General Report on State of Mental Health and Associated Services in Thailand.
3. Ministry of Public Health, Narcotics Control Board. Strategies and Guidelines on Drugs Prevention and Treatment.



## Western Pacific Region (WPR)



WPR

# Australia

## General Information

Australia is a country with an approximate area of 7741 thousand sq.km. Its population is 18.705 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 7.8% (WHO, 2000). The literacy rate is 99% for males and 99% for females. The life expectancy at birth is 76.8 years for males and 82.2 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 advocacy, promotion, prevention, treatment and rehabilitation. The National Mental Health policy discusses four key areas- service mix; mainstreaming of services; integration of mental health services with other health services; intersectorial linkages (Leitch, et al, 1993)

#### Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1985.

#### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1993.

#### National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1991.

#### Mental Health Legislation

Each of the eight states and territories in Australia have their own mental health legislation. The latest legislation was enacted in 1995.

### 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 sources of mental health financing in descending order are 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. 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. Detailed information can be obtained from the government website and also published literature by (Whiteford 1993, 2000; Henderson, 2000).

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	4.1
Psychiatric beds in mental hospitals per 10 000 population	1.8
Psychiatric beds in general hospitals per 10 000 population	1.5
Psychiatric beds in other settings per 10 000 population	0.7
Number of psychiatrists per 100 000 population	14
Number of neurosurgeons per 100 000 population	0.6
Number of psychiatric nurses per 100 000 population	53
Number of neurologists per 100 000 population	3
Number of psychologists per 100 000 population	5
Number of social workers per 100 000 population	5

Psychiatric beds in stand alone psychiatric hospitals have been reduced. In 1998, 73% of acute psychiatric beds were in general hospitals. About 80% of Australia's psychiatrists are employed in private practice.

### 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. Details are available in "Mental Health Information Development" and the Mental Health Survey results. Australia has a mental health reporting system. National information on mental health in Australia is published annually in the National Mental Health Report.

### 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	26.31
Ethosuximide	yes	250	26.85
Phenobarbital	yes	30	6.32
Phenytoin sodium	yes	100	19.47
Sodium Valproate	yes	200	10.52
Amitriptyline	yes	25	4.73
Chlorpromazine	yes	25	6.84
Diazepam	yes	5	5.26
Fluphenazine	yes		
Haloperidol	yes	1.5	6.32
Lithium	yes	250	7.9
Biperiden	yes		10.8
Carbidopa	yes	25+100	10.8
Levodopa	yes	25+100	10.8

### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

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- Watchirs H. (2000). Application of Rights Analysis Instrument to Australian Mental Health Legislation. Canberra: Commonwealth of Australia.

# Brunei Darussalam

## General Information

Brunei Darussalam is a country with an approximate area of 6 thousand sq.km. Its population is 0.322 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 5.4 % (WHO, 2000). The literacy rate is 94.1 % for males and 86.7 % for females.

The life expectancy at birth is 74.5 years for males and 79.8 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is absent.

Though the country has no mental health policy certain components of the policy like advocacy, prevention, etc, are undertaken from time to time on an ad-hoc basis.

#### Substance Abuse Policy

A substance abuse policy is present. Details about the year of formulation are not available. The substance abuse policy deals with misuse of illicit drugs and prohibition of alcohol.

#### National Mental Health Programme

A national mental health programme is absent.

Though at present the country lacks a national mental health programme, it has been identified as one of the six priority programmes under the National Committee of Health Promotion formed in March 2000.

#### 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

The Lunacy Act is present.

The latest legislation was enacted in 1929.

### 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 mental illness allowance given from youth and sports allowance.

Mental health is not a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Limited primary care facility is available. Treatment is undertaken at the psychiatric units of two hospitals under the care of psychiatrists.

Regular training of primary care professionals is not carried out in the field of mental health. Training of primary care personnel in mental health is done on an ad-hoc basis and is integrated into the CME for doctors, nurses and other health professionals.

There are community care facilities for patients with mental disorders. There are three daycare centres.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	1.2
Psychiatric beds in mental hospitals per 10 000 population	0
Psychiatric beds in general hospitals per 10 000 population	1.2
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	1.9

Number of neurosurgeons per 100 000 population	0.6
Number of psychiatric nurses per 100 000 population	0.3
Number of neurologists per 100 000 population	0.9
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 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.

### PROGRAMMES FOR SPECIAL POPULATION

There are no special facilities at present and support services are provided through mental health services coordinating with other 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	200	11.43
Ethosuximide	no		
Phenobarbital	yes	30	2.86
Phenytoin sodium	yes	100	11.43
Sodium Valproate	yes	200	28.57
Amitriptyline	yes	25	2.86
Chlorpromazine	yes	25	2.86
Diazepam	yes	5	2.86
Fluphenazine	no		
Haloperidol	yes	5	5.7
Lithium	yes	400	11.43
Biperiden	no		
Carbidopa	yes	100+25	28.57
Levodopa	yes	100+25	28.57

### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

1. Government document (1929). Lunacy Enactment, Chapter 48.

# Cambodia

## General Information

Cambodia is a country with an approximate area of 181 thousand sq.km. Its population is 10.945 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 7.2% (WHO, 2000). The literacy rate is 80% for males and 57% for females. The life expectancy at birth is 52 years for males and 58 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is absent. There is a draft form which is to be finalised soon.

#### Substance Abuse Policy

A substance abuse policy is present. Details about the year of formulation are not available.

#### National Mental Health Programme

A national mental health programme is absent. A national mental health programme has been announced and is in the process of being set up. There is an active Mental Health Coordinating Committee.

#### 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

There is no mental health legislation. However a draft is present which is to be finalized soon. 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 grants.

### 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. It is available in some provincial and referral hospitals and is currently in the six most populous of the twenty-three provinces and municipalities. Regular training of primary care professionals is carried out in the field of mental health. Training have been provided to staff, albeit to a small group, who have then gone on to train community leaders like teachers, monks, village elders in identification of mental health problems. Training of primary care officials has been carried out in the field of mental health since 1997. Since 1992, mental health has been included in general health services through health centres and NGO's. Mental health issues have been addressed within projects for landmine victims. Training programmes in country for psychiatrists and psychiatric nurses were established in 1994 with NORAD assistance through the University of Oslo and IOM. A two year training in mental health for general practitioners and nurses in one province was carried out by the Harvard Trauma Group. Several NGO's have included training in project design. There are community care facilities for patients with mental disorders. It is available in some provinces as a pilot project. An effort is being made to integrate grass root workers in the care of mentally ill under the broader framework of general health. Traditional healers are also being included in the rehabilitation process in rural settings.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0
Psychiatric beds in mental hospitals per 10 000 population	0
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	0.09
Number of neurosurgeons per 100 000 population	0.009
Number of psychiatric nurses per 100 000 population	0.09
Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	0.45
Number of social workers per 100 000 population	0.05

Psychiatric services before 1975 included only one psychiatric hospital. Between 1979 and 1992, there were no mental health services though services and training programmes were available at some of the refugee camps in the Thai-Cambodian border.

### NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation. TPO, a WHO Collaborating Centre have been active in setting up mental health services in Cambodia.

### INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. Very few data are reported. The country has no data collection system or epidemiological study on mental health. There have been some form of epidemiological research but analysis is awaited.

### PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for children. There is a small clinic for children. Programmes of care and rehabilitation for landmine victims have included mental health.

### 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	no		
Ethosuximide	no		
Phenobarbital	yes	50	1.34
Phenytoin sodium	yes	100	1.48
Sodium Valproate	no		
Amitriptyline	yes	25	2.3
Chlorpromazine	yes	25	0.52
Diazepam	yes	5	0.2
Fluphenazine	no		
Haloperidol	yes	5	1.26
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

Carbamazepine, fluphenazine and lithium though available are not present in the primary care.

### OTHER INFORMATION

Cambodia is in active transition from a post conflict situation to one of peace and development and that while the challenges are enormous, progress is being made under difficult circumstances.

### ADDITIONAL SOURCES OF INFORMATION

1. Savin, D. (2000). Developing Psychiatric Training and Services in Cambodia. *Psychiatric Services*. 51(7), 935.

# China

## General Information

China is a country with an approximate area of 9597 thousand sq.km. Its population is 1273.64 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% (WHO, 2000). The literacy rate is 90.7% for males and 74.6% for females. The life expectancy at birth is 68.7 years for males and 73 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 prevention, treatment and rehabilitation.

#### Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1987.

#### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1992.

#### 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

There is no existing mental health legislation. The Mental Health Law was in the processing phase but was finally not issued by the government.

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 2.35% of the total health budget on mental health.

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

Less than 15% of the population are entitled to comprehensive health insurance that covers psychiatric disorders.

### MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. The law for disabled persons was formulated in 1990 and some benefits in job getting and public welfare is possible. Besides the state, the family, work units and community organizations are supposed to help the disabled.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. In some bigger cities like Beijing or Shanghai treatment at primary care level is available.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 600 personnel were provided training. In 1999, programme for training physicians in mental health from general hospitals was initiated by the WHO/ Beijing Collaborating Centre for Research and Training in Mental Health. In total, five workshops were held, three in Beijing, one in Hangzhou, one in Guangzhou. About 600 physicians attended them.

There are community care facilities for patients with mental disorders. Under the initiative of China Disabled Federation the community based care for mentally ill individuals was developed since 1991. Until now 200 counties were covered under the cooperation with local health bureau, security department, civil administrative bureau, etc.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.98
Psychiatric beds in mental hospitals per 10 000 population	0.7
Psychiatric beds in general hospitals per 10 000 population	0.1
Psychiatric beds in other settings per 10 000 population	0.09
Number of psychiatrists per 100 000 population	0.9
Number of neurosurgeons per 100 000 population	

Number of psychiatric nurses per 100 000 population	2
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 and rehabilitation.

### INFORMATION GATHERING SYSTEM

There is no mental health reporting system in the country. In the annual report of the Ministry of Health there is a mention of the number of mental hospitals, beds and psychiatrists.

The country has data collection system or epidemiological study on mental health. There were epidemiological studies for mental disorders in the country and systematic studies were carried out by the WHO Collaborating Centre since 1982.

### PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for disaster affected population. The research group from the Institute of Mental Health, Beijing, carried out the post earthquake and post flood studies.

### 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	1.1
Ethosuximide	no		
Phenobarbital	yes	30	0.25
Phenytoin sodium	yes	100	0.44
Sodium Valproate	yes	200	1.64
Amitriptyline	yes	25	2.54
Chlorpromazine	yes	25	0.39
Diazepam	yes	25	0.6
Fluphenazine	yes	2	0.96
Haloperidol	yes	2	0.42
Lithium	yes	250	0.68
Biperiden	no		
Carbidopa	no		
Levodopa	no		

Artane 6-8 mg is used to treat side-effects of antipsychotics.

### OTHER INFORMATION

Among all the cities of China, Shanghai has the most developed psychiatric setup. It includes community follow-up programmes, guardianship networks, work therapy stations, mental health services in factories, day hospitals, night hospitals, family support groups. Services at each of the three levels-municipal, district and grass-root level are available. Non-psychiatric medical and paramedical staff help in care giving. Services for special population like for children, elderly and AIDS patients are also available. Different hotline services can be accessed. Further details can be obtained from Zhang et al (1994, 1997).

### ADDITIONAL SOURCES OF INFORMATION

- Heqin, Y., Mingdao, Z. (1990). Mental health services in Shanghai. *Hospital and Community Psychiatry*. 41(1), 81-83.
- Pearson, V., Phillips, M. R. (1994). The Social Context of Psychiatric Rehabilitation in China. *British Journal of Psychiatry*. 165 (suppl. 24), 11-18.
- Zhang, M., Ji, J., Yan, H. (1997). New perspectives in mental health services in Shanghai. *American Journal of Psychiatry*. 154 (6S), 55 - 58.
- Zhang, M. and Yan, H., Phillips, M. R. (1994) Community-Based Psychiatric Rehabilitation in Shanghai. *British Journal of Psychiatry*. 165(suppl. 24), 70-9.

# Cook Islands

## General Information

Cook Islands is a country with an approximate area of 0.24 thousand sq.km. Its population is 0.019 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 7.4% (WHO, 2000). The life expectancy at birth is 69.2 years for males and 73.3 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 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 present. It was formulated in 1992.

#### Mental Health Legislation

Mental health legislation is a part of the Crimes Act. The latest legislation was enacted in 1969.

### 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. A monthly monetary benefit is made on recommendation of a physician to the social welfare department. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Medications are provided by doctors and nurses. 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 care is the responsibility of public health nurses. A community-based programme has been started by a NGO with the agreement with Ministry of Health.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0
Psychiatric beds in mental hospitals per 10 000 population	0
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
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	5.3
Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	0
Number of social workers per 100 000 population	0

General physicians deal with psychiatry.

### NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, 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. Information on known patients are collected.

### PROGRAMMES FOR SPECIAL POPULATION

There are no special services 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	3.63
Ethosuximide	no		
Phenobarbital	yes	30	2.82
Phenytoin sodium	yes	100	2.42
Sodium Valproate	yes	500	29
Amitriptyline	yes	100	1.21
Chlorpromazine	yes	50	3.23
Diazepam	yes	5	1.61
Fluphenazine	yes	25	
Haloperidol	yes	5	12.1
Lithium	yes	200	2.82
Biperiden	no		
Carbidopa	yes	25+250	43.95
Levodopa	yes	25+250	43.95

### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

1. Government document (2000). Cook Island Essential Drug List.

## General Information

Fiji is a country with an approximate area of 18 thousand sq.km. Its population is 0.806 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 4.2% (WHO, 2000). The literacy rate is 94.4% for males and 89.9% for females. The life expectancy at birth is 64 years for males and 69.2 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 National Advisory Council in Mental Health is in the process of reviewing the National 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 1999.

#### 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 are the Laws of Fiji – Chapter 113 – Mental Treatment Act. The latest legislation was enacted in 1978.

### MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 1.7% of the total health budget on mental health. 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. They are able to apply for social welfare assistance. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. There is a lack of sufficiently trained doctors or facilities to treat severely ill patients in the primary health centres, but they are able to followup. Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 140 personnel were provided training. Training to primary health care workers are provided on an ad-hoc basis. There are community care facilities for patients with mental disorders. A community psychiatric nursing team has been established in the central division which operates to provide community care.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	2.4
Psychiatric beds in mental hospitals per 10 000 population	2.4
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	0.1
Number of neurosurgeons per 100 000 population	0.1
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 is one occupational therapist.

### 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. An annual report is compiled and submitted to the Ministry of Health by the St. Giles Hospital at Suva. The country has data collection system or epidemiological study on mental health. Statistics department collects information from hospitals.

### PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for disaster affected population. A trauma counselling team was formed in 2000.

### 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	1.96
Ethosuximide	yes	250	5.58
Phenobarbital	yes	60	1.52
Phenytoin sodium	yes	100	30.8
Sodium Valproate	yes	200	4.93
Amitriptyline	yes	25	0.94
Chlorpromazine	yes	100	1.59
Diazepam	yes	5	0.16
Fluphenazine	yes	5	1.67
Haloperidol	yes	5	3.12
Lithium	yes	250	26.5
Biperiden	no		
Carbidopa	yes	100+25	26.16
Levodopa	yes	100+25	26.16

### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

1. Government document (1978). Laws of Fiji. Mental Treatment, Chapter 113
2. Government document (1998). Substance Abuse Advisory Council Act.
3. Khan, S. (1998). Community Psychiatric Nursing Annual Report.
4. Medical Superintendent. (1998). Report on the St. Giles Staff Activities in the Western Division.
5. St. Giles Hospital Annual Report (1999). Mental Health, Non-Communicable Diseases.
6. St. Giles Hospital Annual Report (1997). Community Mental Health Team.

# Japan

## General Information

Japan is a country with an approximate area of 378 thousand sq.km. Its population is 126.505 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 7.1% (WHO, 2000). The literacy rate is 99% for males and 99% for females. The life expectancy at birth is 77.6 years for males and 84.3 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1950. 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 1953.

#### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1950.

#### 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 and Welfare Law. It gives legal basis to perform adequate treatment (including voluntary treatment) and prevent abuse. It also focuses on supporting the daily life of people with mental illnesses in communities. The latest legislation was enacted in 2000.

### MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 0.49% 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. Article 32 of the Mental Health Act, enacted in 1965 entitles psychiatric outpatients to financial aid towards payment of psychiatric care costs. Psychiatric outpatients can make applications under Article 32 voluntarily at local public health centres. These centres are operated by prefectural governments and records of applications are kept by the local public health centres. Traditionally, psychiatric services in Japan have been custodial. Reimbursement has been principally out of pocket payments. Hospital – based treatment have been encouraged. However, reform measures are beginning to promote the concepts of deinstitutionalization, disability benefits, differentiation of services, revisions in payment and quality assessment. A number of workshops and group homes have developed.

### 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. Only psychiatric emergency service networks are provided. Various treatments for mental disorders are available in mental hospitals and clinics. 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.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population 28.4  
Psychiatric beds in mental hospitals per 10 000 population 20.6  
Psychiatric beds in general hospitals per 10 000 population 7.8  
Psychiatric beds in other settings per 10 000 population

Number of psychiatrists per 100 000 population 8  
Number of neurosurgeons per 100 000 population 5  
Number of psychiatric nurses per 100 000 population 59  
Number of neurologists per 100 000 population 2  
Number of psychologists per 100 000 population  
Number of social workers per 100 000 population 5

### NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation. NGOs' help in community care delivery.

### 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	14.68
Ethosuximide	yes	250	27.34
Phenobarbital	yes	30	5.87
Phenytoin sodium	yes	100	9.82
Sodium Valproate	yes	200	19.82
Amitriptyline	yes	10	8.9
Chlorpromazine	yes	25	8.44
Diazepam	yes	2	5.87
Fluphenazine	yes	1	8.25
Haloperidol	yes	3	12.48
Lithium	yes	200	25.96
Biperiden	yes	1	5.6
Carbidopa	yes		
Levodopa	yes	200	19

The National Health Insurance designates the availability of drugs.

### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

1. Ohara, K., Sakuta, T., Ohara, K., and Sakuta, A. (1999). Social psychiatry in Japan. *International Medical Journal*. 6(2), 83-85.

# Kiribati

## General Information

Kiribati is a country with an approximate area of 0.72 thousand sq.km. Its population is 0.082 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 9.9% (WHO, 2000). The life expectancy at birth is 61.4 years for males and 65.5 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1999. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation.

#### Substance Abuse Policy

A substance abuse policy is absent.

#### 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

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

#### Mental Health Legislation

There is no mental health legislation. 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. The country spends 1.6% of the total health budget on mental health. The primary source of mental health financing is tax based.

### MENTAL HEALTH FACILITIES

The country does not have disability benefits for persons with mental disorders. There are no social benefits. 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.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	7.3
Psychiatric beds in mental hospitals per 10 000 population	7.3
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	1
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	0
Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	0
Number of social workers per 100 000 population	0

### 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. Details can be obtained from the Health Information and Statistics Centre of the Ministry of Health. The country has no data collection system or epidemiological study on mental health.

### PROGRAMMES FOR SPECIAL POPULATION

There are no special services 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	1.25
Ethosuximide	no		
Phenobarbital	yes	30	1.79
Phenytoin sodium	yes	100	0.78
Sodium Valproate	no		
Amitriptyline	yes	25	0.28
Chlorpromazine	yes	100	1.71
Diazepam	yes	5	0.39
Fluphenazine	yes	25	0.37*
Haloperidol	yes	5	0.42
Lithium	yes	250	1.42
Biperiden	no		
Carbidopa	yes	10+100	18.94
Levodopa	yes	10+100	18.94

\*cost of single injectible unit

### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

1. Mental Health. Annex 1 (Government document).

# Lao People's Democratic Republic

## General Information

Lao People's Democratic Republic is a country with an approximate area of 237 thousand sq.km. Its population is 5.297 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 3.6% (WHO, 2000). The literacy rate is 61.9% for males and 30.2% for females.

The life expectancy at birth is 54 years for males and 56.6 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 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 present. It was formulated in 1997.

#### Mental Health Legislation

Details about 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 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.

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 no community care facilities for patients with mental disorders.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.03
Psychiatric beds in mental hospitals per 10 000 population	0
Psychiatric beds in general hospitals per 10 000 population	0.03
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	0.002
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	0
Number of neurologists per 100 000 population	0.002
Number of psychologists per 100 000 population	0
Number of social workers per 100 000 population	0

### 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

Details about any special mental health programmes 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	
Ethosuximide	no		
Phenobarbital	yes	100	2.47
Phenytoin sodium	no		
Sodium Valproate	yes	400	
Amitriptyline	yes	10	4.95
Chlorpromazine	yes	100	30.83
Diazepam	yes	2.5	2.47
Fluphenazine	no		
Haloperidol	yes	2.5	18.5
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

1. Government document (2000). Republique Democratique Populaire LAO Paix Independence Democratie Unite Prospente.
2. Service de Santé Mentale (Government document)

# Malaysia

## General Information

Malaysia is a country with an approximate area of 330 thousand sq.km. Its population is 21.83 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 2.4% (WHO, 2000). The literacy rate is 90.7% for males and 82.0% for females. The life expectancy at birth is 67.6 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 1998. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. Accessibility and equity, continuity and integration and multi sectoral collaboration are components of the policy.

#### 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 present. The programme was formulated in 1998.

#### 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

There is a Mental Health Ordinance. Besides there are the Laws of North Borneo. The latest legislation was enacted in 1952.

### MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 1.5% 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 social insurance.

### 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 carried out in the field of mental health. In the last two years about 1505 personnel were provided training. There are community care facilities for patients with mental disorders. The strategies of the community program are to promote public awareness, provide comprehensive integrated mental health care in the community, promote and strengthen cooperation with NGO's and other agencies, train personnel, conduct research and build a data base.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	2.7
Psychiatric beds in mental hospitals per 10 000 population	2.4
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	0.3
Number of neurosurgeons per 100 000 population	0.06
Number of psychiatric nurses per 100 000 population	0.5

Number of neurologists per 100 000 population	0.05
Number of psychologists per 100 000 population	0.05
Number of social workers per 100 000 population	0.2

There are 148 occupational therapists and 295 medical assistants.

### 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. Information about mental disorders are collected from all hospitals from 1990-1998 and are based on ICD 9.

The country has data collection system or epidemiological study on mental health. Information is collected Statewide and categorisation is through ICD 9.

### 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	200	4.52
Ethosuximide	no		
Phenobarbital	yes	30	4.52
Phenytoin sodium	yes	30	30.21
Sodium Valproate	yes		
Amitriptyline	yes	25	6.63
Chlorpromazine	yes	100	0.9
Diazepam	yes	5	0.6
Fluphenazine	yes	25	0.28*
Haloperidol	yes	5	1.04
Lithium	yes	300	3.98
Biperiden	no		
Carbidopa	yes	125	1.26
Levodopa	yes	250	22.1

\*cost of single injectible unit

### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

1. Government document (1998). National Tobacco Control Programme.
2. Government document (1998). National Alcohol Control Programme.
3. Government document (1952). The Mental Disorders Ordinance.
4. Ministry of Health (1998). National Mental Health Policy. Health Education Division, Ministry of Health Malaysia.
5. Ministry of Health (1998). Community Health Programme, Plan of Action. Division of Family Health Development, Ministry of Health.

# Marshall Islands

## General Information

Marshall Islands is a country with an approximate area of 0.18 thousand sq.km. Its population is 0.062 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 9% (WHO, 2000). The literacy rate is 100% (1980) for males and 88% (1980) for females. The life expectancy at birth is 64 years for males and 67.1 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is absent.

#### Substance Abuse Policy

Details about the substance abuse policy are not available.

#### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1982.

#### National Therapeutic Drug Policy/Essential List of Drugs

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

#### Mental Health Legislation

There are National Mental Health Planning Council By Laws. The latest legislation was enacted in 1997.

### MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 0.4% 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. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. The Ministry of Health and Environment offers mental health programs under the auspices of Bureau of Primary Health Care, but all medical supplies and drugs are for curative health care. Regular training of primary care professionals is carried out in the field of mental health. There have been some workshops and training programs namely – The Crisis Prevention and Intervention Training, Partners in Mental Health Performance Outcome Workshop, etc. There are community care facilities for patients with mental disorders. Usually community based system of care is provided. Outreach prevention and treatment programs are provided to communities around the country.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0
Psychiatric beds in mental hospitals per 10 000 population	0
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
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	0
Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	3
Number of social workers per 100 000 population	3

Only one medical doctor works with the mental health program.

### NON-GOVERNMENTAL ORGANIZATIONS

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

### INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. Monthly reports are sent to the office of the Director, annual reports are sent to the office of the Assistant Secretary of the Primary Health Care and the Planning and Statistics Office. The country has data collection system or epidemiological study on mental health. The Ministry of Health and Environment have collected data from 1992-2000.

### PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for minorities, elderly and children. Mental health program and community outreach prevention and treatment program provide the 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	200	19.48
Ethosuximide	no		
Phenobarbital	yes	30	0.46
Phenytoin sodium	yes	100	14.56
Sodium Valproate	no		
Amitriptyline	yes	50	1.62
Chlorpromazine	no		
Diazepam	yes	5	0.91
Fluphenazine	yes	5	9.89
Haloperidol	yes	5	1.21
Lithium	yes	200	1.89
Biperiden	no		
Carbidopa	no		
Levodopa	no		

Benzotropine 2mg is usually used for akathisia/dystonia.

### OTHER INFORMATION

The purposes of the National Mental Health Planning Council are 1) to serve as advocate for chronically mentally ill persons, 2) to monitor, review and evaluate not less than once a year, the allocation and adequacy of mental health services with the republic and 3) to carry out other activities that might be related to the purpose of the council.

### ADDITIONAL SOURCES OF INFORMATION

1. Government document (1997). By-laws of the RMI Mental Health Planning Council (a Standing Committee of the RMI Health Advisory Board)

# Micronesia, Federated States of

## General Information

Micronesia, Federated States of is a country with an approximate area of 0.7 thousand sq.km. Its population is 0.116 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 7.4% (WHO, 2000). The literacy rate is 91% (1980) for males and 88% (1980) for females.

The life expectancy at birth is 66.4 years for males and 70.1 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1986.

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

#### Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1989.

#### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1989.

#### National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1991.

#### Mental Health Legislation

Details about existing mental health legislation are not available. However, there is a tobacco law, all four states of Micronesia have passed the law making it illegal to sell tobacco to minors. This was formulated in 1994.

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 7.3% of the total health budget on mental health.

The primary sources of mental health financing in descending order are grants, social insurance, 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. Mentally ill children of a state/federation employee are provided with a small benefit of \$50 if the parent dies.

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 21 personnel were provided training. The Hawaii State Hospital is the primary site for teaching clinical psychiatry to the Pacific Basin Medical Officer Training Program. Transcultural issues are discussed.

There are community care facilities for patients with mental disorders. Community based care system is located in the villages.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.7
Psychiatric beds in mental hospitals per 10 000 population	0
Psychiatric beds in general hospitals per 10 000 population	0.7
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	0
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	2

Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	1
Number of social workers per 100 000 population	4

There is 1 occupational therapist, 4 hospital administrators, 5 medical assistants, 12 medical officers and 4 other kind of staff.

### 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. Quarterly and annual reports are made.

The country has data collection system or epidemiological study on mental health. There is a mental health information system. This uses EPI and epidemiological surveillance system called MHIS.

### PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for minorities, disaster affected population, indigenous population, elderly and children. The whole population is composed of minorities and indigenous people (as per SAMHSA definitions).

### 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	73
Ethosuximide	no		
Phenobarbital	yes	30	15
Phenytoin sodium	yes	100	45
Sodium Valproate	no		
Amitriptyline	yes	50	80
Chlorpromazine	yes	25	10
Diazepam	yes	5	7
Fluphenazine	yes	25	0.76*
Haloperidol	yes		
Lithium	yes	100	34
Biperiden	no		
Carbidopa	no		
Levodopa	no		

\*cost of single injectible unit

### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

- Bernstein, D., Young, D.M. (1996). Shrinking the Western Pacific: psychiatric training for medical students from Micronesia. *Hawaii Medical Journal*. 55(4), 70-1.
- Government document (1994). Third Pohnpei Legislature, Fourteenth Special Session.
- Rubenstein, D. H. (1992). Suicide in Micronesia and Samoa: A Critique of Explanations. *Pacific Studies*. 15(1), 51-75.

# Mongolia

## General Information

Mongolia is a country with an approximate area of 1567 thousand sq.km. Its population is 2.621 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 89% (1995) for males and 77% (1995) for females. The life expectancy at birth is 58.9 years for males and 64.1 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is absent.

The national mental health policy had been submitted to the Parliament in March 2000.

#### Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 2000. There is a Law against Alcohol Abuse (1994 & 2000). The National Programme for Prevention of Narcotic and Drug Abuse is also available.

#### 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.

#### Mental Health Legislation

There is the Law of Mongolia on Mental Health.

The latest legislation was enacted in 2000.

### 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, 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. Disability benefits are provided according to the Law on Social Welfare adopted in 1998.

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. Training is provided through WHO projects and family doctors and nurses are provided training.

There are community care facilities for patients with mental disorders. In the community drugs are provided free of cost, psychosocial rehabilitation welfare service towards children with mental retardation is also present.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	2.4
Psychiatric beds in mental hospitals per 10 000 population	1.7
Psychiatric beds in general hospitals per 10 000 population	0.7
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	3.3
Number of neurosurgeons per 100 000 population	0.4
Number of psychiatric nurses per 100 000 population	4.4

Number of neurologists per 100 000 population	7
Number of psychologists per 100 000 population	6
Number of social workers per 100 000 population	3

Psychologist and social workers are trained by state pedagogical institutes and work in social welfare organisations.

### 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. Details are available from the Mental Health Statistics office.

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, disaster affected population, elderly and children.

There are government programmes on elderly and adolescent health and on disaster management.

### 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	3.65
Ethosuximide	no		
Phenobarbital	yes	100	0.73
Phenytoin sodium	no		
Sodium Valproate	no		
Amitriptyline	yes	25	3.2
Chlorpromazine	yes	100	3.43
Diazepam	yes	5	2.74
Fluphenazine	no		
Haloperidol	yes	5	2.74
Lithium	yes	300	2.74
Biperiden	no		
Carbidopa	yes	10+100	6.39
Levodopa	yes	10+100	6.39

Information on availability of drugs is from the Mongolian government drug supply company. At present a new essential drug list is being worked out.

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

# Nauru

## General Information

Nauru is a country with an approximate area of 0.02 thousand sq.km. Its population is 0.011 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% (WHO, 2000). The life expectancy at birth is 56.4 years for males and 63.3 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 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 present. It was formulated in 1997.

#### Mental Health Legislation

The Mentally Disordered Persons Ordinance is the latest legislation. The latest legislation was enacted in 1963.

### 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 does not have disability benefits for persons with mental disorders. Mental health is not considered a disability. Mental health is not a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Treatment is available as part of curative services. 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. Though there is a lack of community services, mentally ill persons are absorbed into the community.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0
Psychiatric beds in mental hospitals per 10 000 population	0
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
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	0
Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	0
Number of social workers per 100 000 population	0

There are no mental health personnel in the country. There are no specified beds for psychiatry.

### NON-GOVERNMENTAL ORGANIZATIONS

NGOs are not involved with mental health in the country.

### 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 special services 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	
Ethosuximide	no		
Phenobarbital	yes	30	
Phenytoin sodium	yes	100	
Sodium Valproate	no		
Amitriptyline	yes	10	
Chlorpromazine	yes	25	
Diazepam	yes	5	
Fluphenazine	no		
Haloperidol	no		
Lithium	no		
Biperiden	no		
Carbidopa	yes	100+25	
Levodopa	yes	100+25	

### OTHER INFORMATION

Suicide rates are on the increase in these islands and there is a need for mental health personnel.

### ADDITIONAL SOURCES OF INFORMATION

# New Zealand

## General Information

New Zealand is a country with an approximate area of 271 thousand sq.km. Its population is 3.828 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 99.0% for males and 99.0% for females. The life expectancy at birth is 75.3 years for males and 80.6 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1994. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. Besides these, the other components of the policy are: community based care, quality improvement, services for Maori, balancing personal rights with protection of the public, developing a national drug and alcohol policy. Further information is also available from the document "Looking Forward" which outlines the government's 10 year national mental health strategy. The strategy requires mental health services to be delivered to the 3% of adults and children and young people who are the most severely affected by mental illness. The seven strategic directions are: more mental health services, more and better services for Maori, better mental health services, balancing personal rights with protection of the public, developing and implementing the national drug policy, developing mental health services infrastructure and strengthening promotion and prevention.

#### Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1998. The National Drug Policy Part 1: Tobacco and Alcohol and Part 2: Illicit and Other Drugs released in 1998 emphasises the need for strong law enforcement (to control the supply of drugs), credible messages about drug-related harm (to reduce demand for drugs), and effective health services (to manage drug problems which do still occur).

#### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1997. In 1997, "Moving Forward" was released. This document further developed the national mental health strategy and set a national mental health plan for more and better services. In 1998, the Mental Health Commission released the Blueprint for Mental Health Services in New Zealand. The government has recently committed to implementing the blueprint. The National Mental Health Strategy and the blueprint have been endorsed by successive governments. The Blueprint for Mental Health Services in New Zealand is a description of the mental health service and workforce developments required for the implementation of the National Mental Health Strategy for the 3% of people affected most severely by mental illness. The blueprint emphasises that mental health service developments be accompanied by concurrent changes in primary and public health services to ensure wider population needs are addressed and these include mental health promotion, early intervention services and treatment of moderate and mild mental illness. The blueprint also sets out principles and components necessary for effective service provision. In New Zealand, the National Mental Health Standards set expected levels of quality performance to ensure that consumers experience consistent service provision across the country, and apply to all mental health service providers in New Zealand. There are shortages of competent managers and mental health professionals of all types in New Zealand which is consistent with international trends. More effort have been placed into understanding the dynamics of the workforce in an effort to improve the situation. In 1999-2000 approximately \$13 million was spent on mental health workforce development, including post-entry clinical training. In June 2000, the five-year mental health workforce plan was completed which identifies how additional workforce development funds would be spent over the next five years.

#### 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 Compulsory Assessment and Treatment Act of 1992 which was amended in 1999. A related legislation is the Mental Health Commission Act 1998. There is the Mental Health Compulsory Assessment and Treatment Act 1992 which was amended in 1999. The Act provides an effective framework for the compulsory assessment and treatment of people who are considered to be "mentally disordered" within the meaning of the Act, and better balances the rights of consumers and public. The latest legislation was enacted in 1992.

### 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, out of pocket expenditure by the patient or family, private insurances and social insurance. New Zealand has shown a 60% increase in the last 7 years in the budget commitment to support the implementation of the national strategy. The Accident Compensation Corporation established by an Act of the Parliament and funded by employer and employee provides some funding for sexual abuse counselling.

### MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. People are eligible for a range of government funded benefits according to need. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Acute psychosis is treated as inpatient services. Some shared care primary health pilot projects in operation treat those with severe mental illness. Funding for these services are capitated. 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. Different services as employment, education, support for recovery, home based services, service coordination are available.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	13.4
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	6.6
Number of neurosurgeons per 100 000 population	0.4
Number of psychiatric nurses per 100 000 population	74
Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	27
Number of social workers per 100 000 population	

There are 752 occupational therapists. The psychiatric beds are distributed among forensic beds, child and youth beds, acute beds, alcohol and drug related beds, community residential beds and regional specialist beds.

### NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation. The NGO's are also involved in community service, service coordination, education and support and employment among others. There has been a substantial growth of Maori (indigenous) provider development in New Zealand.

### INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. A new and better system is being developed. Details are available from the website: [www.nzhis.govt.nz](http://www.nzhis.govt.nz). The country has no data collection system or epidemiological study on mental health. Limited data is available. A study is to be undertaken. The Mental Health Information National Collection (MHINC) provides ongoing information about numbers of adults, children and young people accessing mental health services, their diagnoses and the services they receive. This information assists in the planning and development of future services. A major epidemiology study was supposed to start. This study was supposed to examine the determinants of mental health, and provide information on the prevalence of mental disorders, disability and service utilisation. The Outcome Measurement project will assess and assist the implementation of systems for measuring outcomes of mental health interventions, and also inform planning, funding and delivery of mental health services. Regular "Blueprint" reporting of FTE's and packages of care for new service developments.

### PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for minorities, refugees, disaster affected population, indigenous population, elderly and children. Services are available for the deaf, maternal, forensic and alcohol and substance abuse alongwith services for indigenous people like Maori and those living in the Pacific islands.

### 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	5.86
Ethosuximide	yes	250	6.63
Phenobarbital	yes	30	1.98
Phenytoin sodium	yes	100	2.96
Sodium Valproate	yes	500	21.06
Amitriptyline	yes	25	1.04
Chlorpromazine	yes	25	4.33
Diazepam	yes	5	0.65
Fluphenazine	yes	25	3.93*
Haloperidol	yes	0.5	1.94
Lithium	yes	250	2.13
Biperiden	yes	5	1.59
Carbidopa	yes	25+100	8.06
Levodopa	yes	25+100	8.06

\*cost of single injectible unit

Though there is no WHO style National Drug Policy or Essential Drug List, there is a therapeutic policy and regulations that has all the elements of the WHO policy and the current regulatory environment meets the WHO definitions. The government funds pharmaceuticals in New Zealand via a separate agency (PHARMAC) that apply a cost utility approach to selection of medicines to fund. Inherent within the PHARMAC approach is consideration of maintaining a number of medicines in particular therapeutic groups.

### OTHER INFORMATION

The two key goals of the mental health services are to decrease the prevalence of mental illness with in the community and to increase the health status of and reduce the impact of mental disorders on consumers. The seven strategic directions are more mental health services, more and better services for the Maori, better mental health services, balancing personal rights with protection of the public, developing and implementing the national drug policy, developing the mental health services infrastructure and strengthening promotion and prevention. Further information about the health sector is available from the website: [www.moh.govt.nz](http://www.moh.govt.nz). Discrimination creates a barrier to timely and appropriate access to services and limits recovery. In New Zealand, the government has funded a major destigmatisation campaign with a national plan for the project approved in 1999. Networks of service users involved with Like Minds, Like Mine were formed at local and regional levels. Representatives from these networks formed a national advisory group for the project. In each region, local providers, including service users, were funded to deliver community awareness programmes to counter stigma and discrimination associated with mental illness. This included work to assist public and private sector employees to understand the needs of their clients with mental illness. The destigmatisation campaign is part of a larger public health focus that has been brought to mental health. Published in 1997, *Mental Health in New Zealand from a Public Health Perspective* was instrumental in forging an alliance between mental health and public health. Importantly, this alliance has enabled the health sector to have a more united front when the time came to participate in major intersectoral government projects such as strengthening families and youth suicide prevention.

Mental health in New Zealand from a Public Health Perspective also provided a sound evidential basis for developing services. The evidence and practice suggest that population-based and intersectoral approaches that address the determinants of mental health will produce the greatest long term impact.

New Zealand places special emphasis on the Maori population. Issues of cultural identity, environmental integrity, participation in society and lifestyle choices are considered important determinants of mental health for Maori (Durie, 2000). The government has established a broad based social policy initiative, Closing the Gaps, in an attempt to reduce disparities between Maori and the general population.

### ADDITIONAL SOURCES OF INFORMATION

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11. Wright, D. (1997). *Mental Health in New Zealand: Positive Developments in Mental Health Services in New Zealand, and the role of the Mental Health Commission Healthcare Review Online*. 2, 3.

## General Information

Niue is a country with an approximate area of 0.03 thousand sq.km. Its population is 0.002 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 5.7% (WHO, 2000). The life expectancy at birth is 68.3 years for males and 70.9 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 present. It was formulated in 1998.

#### Mental Health Legislation

There is a Mental Health Act. New Zealand's mental health act is also used in the country. The latest legislation was enacted in 1969.

### 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 government budget support for disability benefits.

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 no community care facilities for patients with mental disorders.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0
Psychiatric beds in mental hospitals per 10 000 population	0
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
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	0
Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	0
Number of social workers per 100 000 population	0

### 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. Mental health reporting is available only as a statistical information. The country has no data collection system or epidemiological study on mental health.

### PROGRAMMES FOR SPECIAL POPULATION

There are no special services 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	7.66
Ethosuximide	no		
Phenobarbital	yes	30	1.25
Phenytoin sodium	yes	100	4.03
Sodium Valproate	yes	200	6.04
Amitriptyline	yes	25	2.8
Chlorpromazine	yes	25	6.04
Diazepam	yes	5	1.2
Fluphenazine	yes	25	4.52*
Haloperidol	yes	5	11.29
Lithium	no		
Biperiden	no		
Carbidopa	yes	25+100	14.1
Levodopa	yes	25+100	14.1

\*cost of single injectible unit

The drugs are dispensed from the hospital pharmacy and not through the primary health care.

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

## General Information

Palau is a country with an approximate area of 0.46 thousand sq.km. Its population is 0.019 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% (WHO, 2000). The literacy rate is 93% (1980) for males and 90% (1980) for females. The life expectancy at birth is 64.5 years for males and 69.7 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is absent.

The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. The executive summary of the Mental Health Plan 2001 outlines programs for adults, children and technical assistance needs.

#### 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.

#### National Therapeutic Drug Policy/Essential List of Drugs

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

#### Mental Health Legislation

There are different legislation in the field of mental health of which RPL 349 amends a previous legislation by adding provisions for non-judicial, involuntary 72-hour detention period for purposes of evaluation, diagnosis and treatment of mental illness and for other purposes.

The latest legislation was enacted in 1991.

### MENTAL HEALTH FINANCING

There are no 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 tax based and grants.

### MENTAL HEALTH FACILITIES

The country does not have disability benefits for persons with mental disorders. Until now there are no benefits, but soon a bill will be passed which will provide for disability benefits for mentally ill as well as others.

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 is some training facilities for the areas of substance abuse but none for other mental health services.

There are community care facilities for patients with mental disorders.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	4.7
Psychiatric beds in mental hospitals per 10 000 population	0
Psychiatric beds in general hospitals per 10 000 population	4.7
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
Number of psychiatric nurses per 100 000 population	10
Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	0
Number of social workers per 100 000 population	10

### NON-GOVERNMENTAL ORGANIZATIONS

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

### INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. There are monthly reports to the Ministry.

The country has data collection system or epidemiological study on mental health. Data are compiled every month. Details about patients and service utilization are available from the Behavioural Health Division's report.

### PROGRAMMES FOR SPECIAL POPULATION

Free medicines and counselling are provided to prisoners. A program for substance abuse exists.

### 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	20
Ethosuximide	no		
Phenobarbital	yes	30	0.46
Phenytoin sodium	yes	100	14.56
Sodium Valproate	no		
Amitriptyline	yes	25	0.59
Chlorpromazine	yes	25	2.08
Diazepam	yes	5	0.51
Fluphenazine	yes	25	4.04*
Haloperidol	yes	5	1.54
Lithium	yes	300	1.67
Biperiden	no		
Carbidopa	yes	25+100	
Levodopa	yes	25+100	

\*cost of single injectible unit

### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

1. Government document (2001). Mental Health Plan. Executive Summary.

# Papua New Guinea

## General Information

Papua New Guinea is a country with an approximate area of 463 thousand sq.km. Its population is 4.702 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 3.1% (WHO, 2000). The literacy rate is 70.9% for males and 55.1% for females.

The life expectancy at birth is 53.4 years for males and 56.6 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 absent.

#### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1962.

There is also a Mental Health and Social Change Program 2001-2010 which has the following priorities: review and update of the Public Health Act; increase staffing and training of psychiatric nurses; establish psychiatric units at all public hospitals; establish four regional referral and supervising units at level 2 hospitals; upgrade Laloki Mental Hospital; improve intersectoral collaboration in forensic psychiatry, domestic violence against women and the control and prevention of substance abuse; improve community knowledge and skills to support community mental health programs; expand community mental health programs and improve monitoring and reporting.

#### National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1950.

#### Mental Health Legislation

There is a Public Health Act with certain sections on mental health.

The latest legislation was enacted in 1985.

### MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 0.7% of the total health budget on mental health.

The primary source of mental health financing is tax based.

### MENTAL HEALTH FACILITIES

The country does not have disability benefits for persons with mental disorders. Mentally ill patients are cared for by their relatives with no support from the government.

Mental health is not 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 of primary care professionals such as Health Extension Officers is part of their curriculum. Formal training of mental health in primary health care for workers in districts are in place.

There are no community care facilities for patients with mental disorders. Community care is provided only for known patients on medications prescribed by psychiatrist.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population 0.24

Psychiatric beds in mental hospitals per 10 000 population 0.17

Psychiatric beds in general hospitals per 10 000 population 0.07

Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	0.09
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	1.2
Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	0
Number of social workers per 100 000 population	0.04

There is a lack of trained staff. Psychiatric facilities are limited. There are inpatient psychiatric facilities in only three hospitals. Since 1999, all hospitals have got psychiatric services. In seven provinces psychiatric services are provided by psychiatric nurses and in the remaining nine provinces by general physicians or general health workers. Formal training conducted in 1999 and 2000 have produced a minimum of one physician in each hospital (total 19) with sufficient skills to handle mental health problems.

### 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. National Department of Health's forms on reporting have no provision for mental health.

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

### PROGRAMMES FOR SPECIAL POPULATION

There are services for prisoners and also for other forensic services.

Special programmes for armed forces/ Defence Force of Papua New Guinea are ongoing (2001). Rehabilitation programmes for chronic mental illness are in place. Programmes for school children are ongoing.

### 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	0.62
Ethosuximide	no		
Phenobarbital	no		
Phenytoin sodium	yes	100	0.52
Sodium Valproate	yes	200	0.05
Amitriptyline	yes	25	0.17
Chlorpromazine	yes	100	0.66
Diazepam	yes	5	0.04
Fluphenazine	no		
Haloperidol	yes	5	1.73
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

All the drugs are available in primary health care.

### OTHER INFORMATION

Promoting materials such as posters, video, community awareness tape are available, street awareness programs, newspaper articles, radio talk shows are some of the array of success funded by National Department of Health.

### ADDITIONAL SOURCES OF INFORMATION

1. Noble, F. (1997). Long-term psychiatric care in Papua New Guinea. *Psychiatric Bulletin*. 21, 113-116.

# Philippines

## General Information

Philippines is a country with an approximate area of 300 thousand sq.km. Its population is 74.454 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 3.4% (WHO, 2000). The literacy rate is 95.1% for males and 94.6% for females. The life expectancy at birth is 64.1 years for males and 69.3 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1990. 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 1972.

#### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1990. The primary objective of the programme is to fully integrate mental health in the nation's health system. Its strategies include: networking; nationwide democratization of capabilities of mental health facilities; intensification and strengthening the training in psychiatry and mental health; focus on research; advocacy; social mobilization and peripheral development.

#### National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1988.

#### Mental Health Legislation

There is no mental health legislation. 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 0.02% 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. 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	0.9
Psychiatric beds in mental hospitals per 10 000 population	0.56
Psychiatric beds in general hospitals per 10 000 population	0.3
Psychiatric beds in other settings per 10 000 population	0.03
Number of psychiatrists per 100 000 population	0.4
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	0.4
Number of neurologists per 100 000 population	0.2
Number of psychologists per 100 000 population	0.9
Number of social workers per 100 000 population	16

There are 1199 occupational therapists.

### 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, 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	18.81
Ethosuximide	no		
Phenobarbital	yes	100	
Phenytoin sodium	yes	100	31.1
Sodium Valproate	no		
Amitriptyline	yes	12.5	17.42
Chlorpromazine	yes	100	8.22
Diazepam	yes	5	3.88
Fluphenazine	yes	25	1.9*
Haloperidol	yes	5	22.43
Lithium	yes	450	10
Biperiden	yes	2	16.42
Carbidopa	yes	100+25	49.29
Levodopa	yes	100+25	49.29

\*cost of single injectible unit

### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

1. Department of Health (2000). Philippine National Drug Formulary, Essential Drugs List. National Drug Committee, Philippine National Drug Policy Program, Department of Health, 1(5).
2. Government document (1982). The Dangerous Drugs Act of 1972(RA 6425). Amended by Batas Pambansa blg. 179 and R.A. 7659.

# Republic of Korea

## General Information

Republic of Korea is a country with an approximate area of 99 thousand sq.km. Its population is 46.48 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 6.7% (WHO, 2000). The literacy rate is 99.0% for males and 95.9% for females.

The life expectancy at birth is 71.7 years for males and 79.2 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. The mental health policy of Korea is to decrease longterm hospitalization and to develop and extend community-based mental health service system. In addition the mental health policy includes enhancing the priority of mental health and developing comprehensive service system.

#### Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1970. The substance abuse policy is not only diminishing supply but also diminishing demand of substance by developing prevention programs on the substance use and abuse.

#### National Mental Health Programme

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

The national mental health program is developing community mental health service delivery system including national mental hospitals, community mental health centers and community health center.

#### National Therapeutic Drug Policy/Essential List of Drugs

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

Even though national therapeutic drug policy has not been formulated, most mentally ill patients with medical insurance are able to afford most therapeutic drugs, while the poor people with medical aid have a limited availability to expensive new drugs.

#### Mental Health Legislation

There is a Mental Health Law. It was revised in 2000.

The latest legislation was enacted in 1995.

### MENTAL HEALTH FINANCING

There are no 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, 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.

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 7565 personnel were provided training. Family physicians were trained.

There are community care facilities for patients with mental disorders.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population 12.3

Psychiatric beds in mental hospitals per 10 000 population 6

Psychiatric beds in general hospitals per 10 000 population 2.8

Psychiatric beds in other settings per 10 000 population	3.5
Number of psychiatrists per 100 000 population	3
Number of neurosurgeons per 100 000 population	2.8
Number of psychiatric nurses per 100 000 population	7.8
Number of neurologists per 100 000 population	1.2
Number of psychologists per 100 000 population	0.5
Number of social workers per 100 000 population	1.6

### 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

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	200	9.28
Ethosuximide	yes	250	0.8
Phenobarbital	yes	30	0.8
Phenytoin sodium	yes	100	7.05
Sodium Valproate	yes	300	9.55
Amitriptyline	yes	25	1.25
Chlorpromazine	yes	100	1.88
Diazepam	yes	5	0.71
Fluphenazine	no		
Haloperidol	yes	1.5	2.68
Lithium	yes	300	1.88
Biperiden	yes	2	10.53
Carbidopa	yes	100	11.78
Levodopa	yes	100	

### OTHER INFORMATION

Since the enactment of the Mental Health Act, many private mental asylums have been changed into mental hospitals. Different psychosocial programs have been developed for rehabilitation, open wards are slowly developing in mental hospitals and unrecognised "houses of prayer" have been closed. Custodial care in mental hospitals is still present as is prolonged inappropriate stay of patients in mental hospitals, primarily due to lack of adequate staff to care for the patients in the community.

The number of mental hospitals and their beds is increasing even if the community mental health service system has been developed rapidly. The priority of mental health in Korea is increasing as the social burden from mental illness gets larger.

### ADDITIONAL SOURCES OF INFORMATION

1. Regional Office for the Western Pacific (2001). Country report on mental health – Republic of Korea.

## General Information

Samoa is a country with an approximate area of 3 thousand sq.km. Its population is 0.177 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 81.1% for males and 78.2% for females. The life expectancy at birth is 65.4 years for males and 71.9 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 present. It was formulated in 1994. There is a drug policy approved in 2001 and awaiting an implementation plan.

#### Mental Health Legislation

There is a Mental Health Law. The latest legislation was enacted in 1961.

### 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 does not have disability benefits for persons with mental disorders. There are no disability benefits for mental illness or disabilities.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Community based mental health service is family focussed. Regular training of primary care professionals is not carried out in the field of mental health. However, family care givers are receiving training. Community nurses working in the field have received focused short term (3 weeks) training sessions in 1998/99.

There are community care facilities for patients with mental disorders. Community mental health care is family focussed and is completely provided by nurses.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.2
Psychiatric beds in mental hospitals per 10 000 population	0
Psychiatric beds in general hospitals per 10 000 population	0
Psychiatric beds in other settings per 10 000 population	0.2
Number of psychiatrists per 100 000 population	0
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	0.5
Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	0
Number of social workers per 100 000 population	0

### NON-GOVERNMENTAL ORGANIZATIONS

NGOs are not involved with mental health in the country. NGOs are involved in counselling and suicide awareness groups.

### INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. There was an Annual Report by the Department of Health in 1997 & 1998.

The country has data collection system or epidemiological study on mental health. A report is prepared every month and sent to the health planning and information section.

### PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for indigenous population, elderly and children. There are programmes to look after dementias in elderly and mental retardation and developmental problems in children and also victims of abuse and 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	100	8
Ethosuximide	yes		10
Phenobarbital	yes	30	1
Phenytoin sodium	yes	100	1
Sodium Valproate	yes		1
Amitriptyline	yes	25	1
Chlorpromazine	yes	100	1
Diazepam	yes	5	1
Fluphenazine	yes	25	1*
Haloperidol	yes	5	3
Lithium	yes	250	5
Biperiden	no		
Carbidopa	yes	25+100	30
Levodopa	yes	25+100	30

\*cost of single injectible unit

The supply of drugs is not uniform.

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

# Singapore

## General Information

Singapore is a country with an approximate area of 1 thousand sq.km. Its population is 3.522 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 3.1% (WHO, 2000). The literacy rate is 96.6% for males and 88.6% for females. The life expectancy at birth is 76 years for males and 80 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1952. The components of the policy are advocacy and treatment.

#### Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1973.

#### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1993.

#### National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1979. The essential drug's list was reviewed in 2000.

#### Mental Health Legislation

The Mental Disorders and Treatment Act was enacted in 1952 but the latest revision was in 1985. The latest legislation was enacted in 1952.

### 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, out of pocket expenditure by the patient or family, social insurance and private insurances.

The National Savings Scheme helps individuals to put aside part of their incomes in their accounts to meet their personal and immediate family's hospitalisation expenses especially after retirement. For the poor there is an alternative fund setup by the government (Medifund).

### MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Those whose families are poor could apply for assistance from Medifund.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Primary care treatment is available only for stabilised patients.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 400 personnel were provided training.

There are community care facilities for patients with mental disorders. Community care is provided through outpatient services, community psychiatric nursing services and day centres, hostels, family support groups and counselling services.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	8.1
Psychiatric beds in mental hospitals per 10 000 population	7.9
Psychiatric beds in general hospitals per 10 000 population	0.2
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	2.1
Number of neurosurgeons per 100 000 population	0.5

Number of psychiatric nurses per 100 000 population	10.1
Number of neurologists per 100 000 population	0.9
Number of psychologists per 100 000 population	2.2
Number of social workers per 100 000 population	17.3

There are 215 occupational therapists and 3723 healthcare assistants. All personnel are only those working in the public health sector.

### NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention and rehabilitation. Some day-care services are 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.

Details can be obtained from the Quarterly Statistics Bulletin of the Ministry of Health.

### PROGRAMMES FOR SPECIAL POPULATION

There are no special services 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	4.32
Ethosuximide	no		
Phenobarbital	yes	60	2.55
Phenytoin sodium	yes	100	3.59
Sodium Valproate	yes	200	10.17
Amitriptyline	yes	25	2.23
Chlorpromazine	yes	25	0.89
Diazepam	yes	10	1.26
Fluphenazine	no		
Haloperidol	yes	1.5	0.4
Lithium	yes	250	1.54
Biperiden	no		
Carbidopa	yes	25+100	23.3
Levodopa	yes	25+100	23.3

### OTHER INFORMATION

The mental health services is largely provided by the public health sector and the contributions from the private sector and voluntary donations. Both community and hospital-based services are provided. Some details can be obtained from the document "Mental Health Services in Singapore" (Tan et al., 1993).

### ADDITIONAL SOURCES OF INFORMATION

1. Chew, K., Eu, P. and Lee, E. (1994). The community psychiatric nurse in Singapore. Singapore Med. 35, 93-95.
2. Ministry of Health. (2000). A Guide to Medisave.
3. Ministry of Health. (1999). A Guide to Medifund.

# Solomon Islands

## General Information

Solomon Islands is a country with an approximate area of 28 thousand sq.km. Its population is 0.43 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 3.2% (WHO, 2000). The literacy rate is 83 (1999)% for males and 68 (1999)% for females. The life expectancy at birth is 62.2 years for males and 65.3 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is absent. There are plans of drafting a mental health policy.

#### Substance Abuse Policy

A substance abuse policy is absent. There is no substance abuse programme, although it is a part of the national mental health programme.

#### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1999. It is a six year plan. Part of it was incorporated in the Ministry of Health's National Health Policies and Development Plans 1999-2003.

#### 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 national drug policy was drafted in 1999 but has still not been ratified. However, it is being applied in functions related to essential drug program, dangerous drugs and psychotherapy, administration and reporting, poison registration and pharmaceutical personnel development and training.

#### Mental Health Legislation

There is a Mental Treatment Act. This act consolidates the law relating to persons of unsound mind and makes further and better provision for the care of persons suffering from mental disorders and for custody of persons and the management and control of mental hospitals. There is now an attempt to include community and primary care facilities incorporated into the act. The Act was amended in 1995 by two consultants and attempts are being made to get it passed by the parliament by 2002. It is a part of the mental health programme. The latest legislation was enacted in 1970.

### MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 1.4% of the total health budget on mental health. The primary source of mental health financing is tax based.

### MENTAL HEALTH FACILITIES

The country does not have disability benefits for persons with mental disorders. There is no public disability benefit. The insurance system does not insure against mental illness. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. There is some basic continuum of therapy from the acute care at the outpatient hospital clinics of some centres along with outreach services but they are erratic. Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 13 personnel were provided training. Some psychiatric health coordinators have been trained and the plan is to train all registered nurses and nursing aides throughout the country over a five year period. Only four personnel were provided training. The others still discharge some minimal health services. They need a follow up training as refresher training/workshop every two years. It is also included in the national mental health programme. There are no community care facilities for patients with mental disorders. There is no proper therapeutic system. Nurses give injections to patients in rural areas.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.6
Psychiatric beds in mental hospitals per 10 000 population	0.6
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
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	1.5
Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	0
Number of social workers per 100 000 population	0

There is a lack of specialists because of difficulties in getting through the advertisement and recruitment process.

### NON-GOVERNMENTAL ORGANIZATIONS

NGOs are not involved with mental health in the country. However Richmond Fellowship has expressed a willingness to help in mental health services.

### INFORMATION GATHERING SYSTEM

There is no mental health reporting system in the country. Currently mental health is not included in the Monthly Clinic Report System (Health Information System) but it would be reported in future and is a programme under the mental health programme. There is an annual mental health report by the Mental Health Division Heads which use standard reporting systems. The country has no data collection system or epidemiological study on mental health. A prevalence survey was tried unsuccessfully and would be retried again.

### PROGRAMMES FOR SPECIAL POPULATION

There are no special services 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	400	2.33
Ethosuximide	no		
Phenobarbital	yes	30	4.12
Phenytoin sodium	yes	100	.69
Sodium Valproate	no		
Amitriptyline	no		
Chlorpromazine	yes	100	4.36
Diazepam	yes	5	8.87
Fluphenazine	no		
Haloperidol	no		
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

Only chlorpromazine is stocked to area health centres and to some rural health centres. Other drugs such as fluphenazine, haloperidol and benzhexol are supplied to the patients who have been discharged from the hospital. Supplies are ordered against patients names to ensure patients have enough supply stocked in the rural clinics.

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

# Tonga

## General Information

Tonga is a country with an approximate area of 0.75 thousand sq.km. Its population is 0.098 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 7.8% (WHO, 2000). The literacy rate is 98.4(1996)% for males and 98.7(1996)% for females. The life expectancy at birth is 68.3 years for males and 72.8 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 present. It was formulated in 2000.

The National Drug Policy has three principal objectives: to ensure the consistent availability within the country of medicinal drugs which are of acceptable quality, safety and efficacy; to provide equity of access to medicinal drugs and to ensure that medicinal drugs are used rationally by prescribers, other health professionals and consumers.

#### Mental Health Legislation

There is a Mental Health Act. It details the powers of the minister, the mental health welfare officer. It also provides guidelines for compulsory admission, detention and release of mentally ill patients.

The latest legislation was enacted in 1992.

### MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 0.5% of the total health budget on mental health.

The primary source of mental health financing is tax based.

### MENTAL HEALTH FACILITIES

The country does not have disability benefits for persons with mental disorders. There is no state disability benefit.

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 14 personnel were provided training.

There are community care facilities for patients with mental disorders.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	2.6
Psychiatric beds in mental hospitals per 10 000 population	0
Psychiatric beds in general hospitals per 10 000 population	2
Psychiatric beds in other settings per 10 000 population	0.6
Number of psychiatrists per 100 000 population	1
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	1

Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	0
Number of social workers per 100 000 population	6

There are ten psychiatric assistants and one mental health welfare officer.

### 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 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	23.33
Ethosuximide	yes	250	10.77
Phenobarbital	yes	30	4.37
Phenytoin sodium	yes	100	3.68
Sodium Valproate	yes	200	29.7
Amitriptyline	yes	25	2.86
Chlorpromazine	yes	100	2.56
Diazepam	yes	5	3.51
Fluphenazine	yes	12.5	6.33
Haloperidol	yes	5	2.3
Lithium	yes	250	2.45
Biperiden	no		
Carbidopa	yes		25.48
Levodopa	yes		25.48

### OTHER INFORMATION

Efforts have been made to study mental disorders in the country from the transcultural perspective.

### ADDITIONAL SOURCES OF INFORMATION

1. An Act to deal with mental health in Tonga and matters related there to. No 18 (1992) (Government document)
2. Jilek, W. (1988). Mental health, Ethnopsychiatry and traditional medicine in the kingdom of Tonga. *Curare*. 11, 3, 161-176.
3. Ministry of Health (2000). Kingdom of Tonga National Drug Policy.
4. Ministry of Health (1998). Standard Drug List Revisited.

# Tuvalu

## General Information

Tuvalu is a country with an approximate area of 0.03 thousand sq.km. Its population is 0.011 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 5.9% (WHO, 2000). The literacy rate is 90% for males and 90% for females. The life expectancy at birth is 64 years for males and 70 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1978.

#### 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.

The essential drug list and the national therapeutic drug policy have not been officially adopted.

#### Mental Health Legislation

There is a Mental Treatment Law.

The latest legislation was enacted in 1978.

### 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 out of pocket expenditure by the patient or family.

### 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	1.8
Psychiatric beds in mental hospitals per 10 000 population	0
Psychiatric beds in general hospitals per 10 000 population	1.8
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	0
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	0
Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	0
Number of social workers per 100 000 population	0

Psychiatric patients are managed by medical officers.

### 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 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 special services 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	2.26
Ethosuximide	no		
Phenobarbital	yes	15	12.26
Phenytoin sodium	yes	100	0.94
Sodium Valproate	no		
Amitriptyline	yes	50	0.45
Chlorpromazine	yes	100	2.32
Diazepam	yes	5	0.42
Fluphenazine	no		
Haloperidol	yes	5	1.44
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

1. Government of Tuvalu (2000). Tuvalu Essential Drug List.

# Vanuatu

## General Information

Vanuatu is a country with an approximate area of 15 thousand sq.km. Its population is 0.186 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 3.3% (WHO, 2000). The literacy rate is 57(1979)% for males and 48(1979)% for females. The life expectancy at birth is 58.7 years for males and 63 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 present. It was formulated in 1999.

#### Mental Health Legislation

There is no mental health legislation.

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.

Details about sources of financing are not available.

### MENTAL HEALTH FACILITIES

Details about disability benefits for mental health are not available.

Mental health is not a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Patients are sent to referral hospitals.

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 0.2

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 0

Number of neurologists per 100 000 population

Number of psychologists per 100 000 population

Number of social workers per 100 000 population

There are no specific psychiatric nurses, general nurses handle patients.

### 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. Mental disorders are usually reported in the health information. 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 disaster affected population. There is a government disaster management department. All essential services are under it.

### 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		
Ethosuximide	no		
Phenobarbital	yes		
Phenytoin sodium	no		
Sodium Valproate	yes		
Amitriptyline	yes		
Chlorpromazine	yes		
Diazepam	yes		
Fluphenazine	yes		
Haloperidol	yes		
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	yes		

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

# Vietnam

## General Information

Vietnam is a country with an approximate area of 332 thousand sq.km. Its population is 78.705 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 4.8% (WHO, 2000). The literacy rate is 95.3% for males and 90.6% for females. The life expectancy at birth is 64.7 years for males and 68.8 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 1993.

#### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1999. A mental health program is one of the ten objectives listed in the National Health Program.

#### National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1980.

#### Mental Health Legislation

There is no mental health legislation.

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

The government limits financing to those patients suffering from schizophrenia and epilepsy. For other mental disorders, the patients families are required to pay for treatment.

### MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Benefits are given by Ministry of Social-Invalid-Labour. 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 for maintenance and rehabilitation.

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 mental health care is integrated in the primary care system.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.63
Psychiatric beds in mental hospitals per 10 000 population	0.59
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	0.25
Number of neurosurgeons per 100 000 population	0.03
Number of psychiatric nurses per 100 000 population	2.5

Number of neurologists per 100 000 population	0.13
Number of psychologists per 100 000 population	0.06
Number of social workers per 100 000 population	0

Most of the personnel work in institutes or hospitals in bigger cities.

### 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. Data collection is one of the activities of the national programme of mental health since 1999.

### PROGRAMMES FOR SPECIAL POPULATION

There are no special services 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	2.38
Ethosuximide	no		
Phenobarbital	yes	100	0.7
Phenytoin sodium	yes	100	
Sodium Valproate	yes		
Amitriptyline	yes	25	0.9
Chlorpromazine	yes	25	0.33
Diazepam	yes	5	0.31
Fluphenazine	yes		
Haloperidol	yes	1.5	0.73
Lithium	yes		
Biperiden	yes		
Carbidopa	yes		
Levodopa	yes		

### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

- Lambert, T., McKenzie, D., Pennella, J. and Ziguras, S. (1999). The influence of client's ethnicity on psychotropic medication management in community mental health services. *Australian and New Zealand Journal of Psychiatry*. 33(6), 882-88.
- McKelvey, R., Sang, D. and Tu, H. (1997). Is there a role for child psychiatry in Vietnam? *Australian and New Zealand Journal of Psychiatry*. 31(1), 114-19.

The following profiles include available information on mental health resources for those WHO Associate Members and Areas who responded to the questionnaire sent as a part of the project. British Virgin Islands belongs to the Region of the Americas and the others belong to the Western Pacific Region.

### Associate Members and Areas (AM&A)



# British Virgin Islands

## General Information

British Virgin Islands has an approximate area of 0.15 thousand sq.km. Its population is 0.0196 million. (WHO, 2000). The literacy rate is 98 % for males and 98 % for females. The life expectancy at birth is 74.6 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 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 present. Details about the year of formulation are not available.

#### Mental Health Legislation

In 1985 the Mental Health Ordinance was enacted. Its purpose is to repeal the Female Lunatics (Protection) Act and the Lunacy and Mental Treatment Ordinance and make new provision for the treatment and care of the mentally ill. A unit known as the Mental Health Review Board has been constituted.

The latest legislation was enacted in 1985.

### 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, private insurances and out of pocket expenditure by the patient or family.

### MENTAL HEALTH FACILITIES

There are disability benefits for persons with mental disorders. A person unable to work because of mental illness can get social security benefits if they have contributed to the scheme.

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 personnel do the necessary home visits and family counselling to encourage and support treatment at home.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	1
Psychiatric beds in mental hospitals per 10 000 population	0
Psychiatric beds in general hospitals per 10 000 population	1
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	
Number of psychiatric nurses per 100 000 population	15
Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	10
Number of social workers per 100 000 population	15

### NON-GOVERNMENTAL ORGANIZATIONS

NGOs are not involved with mental health care.

### INFORMATION GATHERING SYSTEM

There is mental health reporting system.

There are no data collection system or epidemiological study on mental health.

### PROGRAMMES FOR SPECIAL POPULATION

There are no specific programmes.

### THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	100	0.45
Ethosuximide	no		
Phenobarbital	yes	30	.5
Phenytoin sodium	yes	100	7.08
Sodium Valproate	yes	250	4.2
Amitriptyline	yes	25	0.45
Chlorpromazine	yes	100	
Diazepam	yes	5	.25
Fluphenazine	yes	25	2*
Haloperidol	yes	5	.78
Lithium	yes	300	25
Biperiden	unknown		
Carbidopa	unknown		
Levodopa	unknown		

\*cost of single injectible unit

### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

1. Government document (1985). No 10 of 1985 Mental Health Ordinance, 1985.

# American Samoa

## General Information

American Samoa has an approximate area of 0.02 thousand sq.km. Its population is 0.065 million. (WHO, 2000).

The literacy rate is 98 % for males and 97 % for females.

The life expectancy at birth is 70.7 years for males and 79.8 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. Details about the year of formulation are not available.

#### National Mental Health Programme

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

#### National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1990.

#### Mental Health Legislation

There is a mental health legislation.

The latest legislation was enacted in 1970.

### 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 grants.

### MENTAL HEALTH FACILITIES

There are 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. Services are provided only in the general hospital.

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 is hospital based care only.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0
Psychiatric beds in mental hospitals per 10 000 population	0
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	1.5
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	3
Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	0
Number of social workers per 100 000 population	

There are 10 mental health workers of other types.

### NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health care. They are mainly involved in advocacy and promotion.

### INFORMATION GATHERING SYSTEM

There is mental health reporting system.

There are no data collection system or epidemiological study on mental health.

### PROGRAMMES FOR SPECIAL POPULATION

There are specific programmes for mental health for indigenous population, elderly and children.

### THERAPEUTIC DRUGS

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

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

Benzotropine is available.

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

# French Polynesia

## General Information

French Polynesia has an approximate area of 4 thousand sq.km. Its population is 0.249 million. (WHO, 2000).

The literacy rate is 98 % for males and 98 % for females.

The life expectancy at birth is 72.5 years for males and 77.2 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 present. Details about the year of formulation are not available.

#### 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

Though details about proper psychiatric laws are not known, there is a law on alcoholism from 1999.

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

### MENTAL HEALTH FACILITIES

There are 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	2.9
Psychiatric beds in mental hospitals per 10 000 population	2.5
Psychiatric beds in general hospitals per 10 000 population	0.2
Psychiatric beds in other settings per 10 000 population	0.2
Number of psychiatrists per 100 000 population	5
Number of neurosurgeons per 100 000 population	0.4
Number of psychiatric nurses per 100 000 population	9
Number of neurologists per 100 000 population	0.4
Number of psychologists per 100 000 population	12
Number of social workers per 100 000 population	20

There are 3 ergotherapists.

### NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health care. They are mainly involved in treatment and rehabilitation.

### INFORMATION GATHERING SYSTEM

There is mental health reporting system.

There are no data collection system or epidemiological study on mental health.

### PROGRAMMES FOR SPECIAL POPULATION

There are 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.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	400	18.85
Ethosuximide	no		
Phenobarbital	yes	50	5.1
Phenytoin sodium	yes	100	2.63
Sodium Valproate	yes	500	22.88
Amitriptyline	yes	25	4.65
Chlorpromazine	yes	100	13.3
Diazepam	yes	10	4.5
Fluphenazine	no		
Haloperidol	yes	5	7.48
Lithium	yes	400	10.95
Biperiden	no		
Carbidopa	yes	25+100	10.95
Levodopa	yes	25+100	10.95

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

## General Information

Guam has an approximate area of 0.54 thousand sq.km. Its population is 0.155 million. (WHO, 2000).

The literacy rate is 99 % for males and 99 % for females.

The life expectancy at birth is 75.5 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 1983.

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 1983.

#### 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

Law on parity in health insurance for mental illness and chemical dependency.

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, private insurances, grants, out of pocket expenditure by the patient or family and social insurance.

### MENTAL HEALTH FACILITIES

There are disability benefits for persons with mental disorders. An individual must be certified by a licensed doctor.

Mental health is not a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Psychiatric patients are referred to government psychiatric setups or private psychiatrists.

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

Details about community care facilities in mental health are not available. The psychiatric department abides by the legislation PL 17-21 to provide community-based out patient mental health, alcohol and drug abuse programs and services for the people.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	2.2
Psychiatric beds in mental hospitals per 10 000 population	2.2
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	5
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	8
Number of neurologists per 100 000 population	1.3
Number of psychologists per 100 000 population	5
Number of social workers per 100 000 population	39

### NON-GOVERNMENTAL ORGANIZATIONS

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

### INFORMATION GATHERING SYSTEM

There is no mental health reporting system.

There are no data collection system or epidemiological study on mental health. The University of Guam conducted in 2000 a prevalence study on the islands senior citizen population.

### PROGRAMMES FOR SPECIAL POPULATION

There are specific programmes for mental health for disaster affected population and children. DMHSA follows the 'territorial emergency plan' when serving disaster affected population. DMHSA's child and adolescent unit serves the mental health needs of the youth.

### THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	19.46
Ethosuximide	no		
Phenobarbital	no		
Phenytoin sodium	no		
Sodium Valproate	yes	250	41.3
Amitriptyline	yes	50	1.62
Chlorpromazine	yes	50	2.07
Diazepam	yes	5	0.9
Fluphenazine	yes	10	12.65
Haloperidol	yes	2	0.97
Lithium	yes	300	1.89
Biperiden	no		
Carbidopa	no		
Levodopa	no		

### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

1. Official Mental Health and Substance Abuse Policy, P.L. 17-21: 83-92. (Government document)
2. Parity in Health Insurance for Mental Illness and Chemical Dependency. Most Recent Law in the Field of Mental Health, P.L. 24-303. (Government document)

# Hong Kong, China

## General Information

Hong Kong, China has an approximate area of 1 thousand sq.km. Its population is 7.116 million. (WHO, 2000).

The literacy rate is 96 % for males and 88.2 % for females.

The life expectancy at birth is 77.2 years for males and 82.4 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1995.

The components of the policy are promotion, prevention and rehabilitation. The policy objective for rehabilitation is to promote and provide such comprehensive and effective measures as are necessary for the prevention of disability, the development of physical, mental and social capabilities of people with disability and the realisation of a physical and social environment conducive to meeting the goals of their full participation in social life and development and of equalisation of opportunities. Details can be obtained from the website: [www.info.gov.hk/hwb](http://www.info.gov.hk/hwb).

The overall health policy of the HKSAR covers both mental health and physical health. A wide range of services and activities are run to promote mental health in the HKSAR. Rehabilitation services are also provided to mentally ill and mentally handicapped persons.

#### Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1965. The government of Hong Kong Special Administrative Region adopts a five-pronged approach to tackle the problem of psychotropic substance abuse which includes legislation and law enforcement, preventive education and publicity, treatment and rehabilitation, research and international cooperation. In view of the rising trend of substance use, a task force on psychotropic substance abuse was setup in early 2000 to recommend measures to more effectively tackle the problem of substance abuse. It comprised of experts from the field of policy making, law enforcement, medicine, social work, education, etc.

#### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1993.

A wide range of mental health services, including mental health promotion, disease prevention, treatment, rehabilitation and community service is provided by the HKSAR Government in collaboration with non-governmental organizations.

#### 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 ordinance. It was enacted in 1960 and amended in 1999. A copy can be downloaded from the website: [www.justice.gov.hk/cHome.htm](http://www.justice.gov.hk/cHome.htm).

The latest legislation was enacted in 1960.

### 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 grants.

Since mental illness and mental handicap are integral parts of disabilities, there is no separate budget line for mental health programme. The services and programs pertaining to mental health cut across different policy bureaus and departments.

### MENTAL HEALTH FACILITIES

There are 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. Mental disorders are managed at secondary and tertiary level.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 300 personnel were provided training.

There are community care facilities for patients with mental disorders. Community psychiatry has only recently been developed in Hongkong.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	7.9
Psychiatric beds in mental hospitals per 10 000 population	5.6
Psychiatric beds in general hospitals per 10 000 population	2.4
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	1.3
Number of neurosurgeons per 100 000 population	0.4
Number of psychiatric nurses per 100 000 population	43.4
Number of neurologists per 100 000 population	0.5
Number of psychologists per 100 000 population	
Number of social workers per 100 000 population	2.2

There are 825 occupational therapists.

### NON-GOVERNMENTAL ORGANIZATIONS

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

### INFORMATION GATHERING SYSTEM

There is no mental health reporting system. Though there is no annual health reporting system, mental disorders is included in the Rehabilitation Programme Plan, which is reviewed and updated regularly. The plan reviews and plans forward for development of rehabilitative services. Details can be obtained from the site: [www.info.gov.hk/hwb](http://www.info.gov.hk/hwb). Mortality and hospitalization data are also available.

There are data collection system or epidemiological study on mental health. Data collection is present in the form of clinical information system, integrated patient administration system, outpatient appointment system of the hospital authority.

### PROGRAMMES FOR SPECIAL POPULATION

There are specific programmes for mental health for elderly and children. There are services for students and parents of children with developmental problems.

Traditionally child psychiatric services were heavily skewed towards neuropsychiatric and developmental disorders but with new setups, this is changing.

### THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	5.77
Ethosuximide	yes	250	11.85
Phenobarbital	yes	30	0.4
Phenytoin sodium	yes	100	0.54
Sodium Valproate	yes	200	5.5
Amitriptyline	yes	10	0.71
Chlorpromazine	yes	50	1.7
Diazepam	yes	2	3.6
Fluphenazine	yes	2.5	9.23
Haloperidol	yes	5	1.7
Lithium	yes	250	1.7
Biperiden	yes	2	12.82
Carbidopa	yes	25+100	20.5
Levodopa	yes	25+100	20.5

Ethosuximide, chlorpromazine, fluphenazine, haloperidol, lithium and biperiden are used by specialists in hospitals.

#### OTHER INFORMATION

Mental health services in Hong Kong can be divided into the preasylum period (1841-1924), asylum period (1925-1948), organization period (1948-1965), initial rehabilitation period (1966-1973), centralized rehabilitation period (1974-1981), civic control versus community care period (1982-1995). Details can be obtained from the work of Yip (1998).

#### ADDITIONAL SOURCES OF INFORMATION

1. Tang, O. (1997). General hospital psychiatry in Hong Kong. *Hong Kong Journal of Psychiatry*. 7(1), 14-18.

## Macao, China

### General Information

Macao, China has an approximate area of 0.02 thousand sq.km. Its population is 0.446 million. (WHO, 2000). The literacy rate is 93 % for males and 86 % for females. The life expectancy at birth is 78.8 years for males and 84.5 years for females.

### Mental Health Resources

#### POLICIES AND LEGISLATION

##### Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1994. 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 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 present. Details about the year of formulation are not available.

##### Mental Health Legislation

There is a Mental Health Ordinance. 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 source of mental health financing is tax based.

#### MENTAL HEALTH FACILITIES

There are 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. Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 35 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	0.7
Psychiatric beds in mental hospitals per 10 000 population	0
Psychiatric beds in general hospitals per 10 000 population	0.7
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	1.6
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	3
Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	0.2
Number of social workers per 100 000 population	0.2

There are two other types of mental health workers.

#### NON-GOVERNMENTAL ORGANIZATIONS

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

#### INFORMATION GATHERING SYSTEM

There is mental health reporting system.

There are no data collection system or epidemiological study on mental health.

#### PROGRAMMES FOR SPECIAL POPULATION

There are specific programmes for mental health for indigenous population and children.

#### THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	5.65
Ethosuximide	yes	250	16.4
Phenobarbital	yes	100	3.08
Phenytoin sodium	yes	100	3.9
Sodium Valproate	yes	200	10.2
Amitriptyline	yes	25	1.76
Chlorpromazine	yes	25	3.1
Diazepam	yes	5	2.17
Fluphenazine	yes	2.5	7.52
Haloperidol	yes	5	2.16
Lithium	yes	400	4.17
Biperiden	yes	2	6.5
Carbidopa	yes	25+100	12.12
Levodopa	yes	25+100	12.12

#### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

## New Caledonia

### General Information

New Caledonia has an approximate area of 19 thousand sq.km. Its population is 0.202 million. (WHO, 2000).

The literacy rate is 92 % for males and 90 % for females.

The life expectancy at birth is 69.8 years for males and 75.9 years for females.

### Mental Health Resources

#### POLICIES AND LEGISLATION

##### Mental Health Policy

A mental health policy is absent.

Legislation is also a component of the policy.

##### 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

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

#### MENTAL HEALTH FACILITIES

There are 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. There are four centres for medico-psychiatry and for alcohol.

#### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	16.8
Psychiatric beds in mental hospitals per 10 000 population	12.9
Psychiatric beds in general hospitals per 10 000 population	3.7
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
Number of psychiatric nurses per 100 000 population	31
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 not involved with mental health care.

## INFORMATION GATHERING SYSTEM

There is no mental health reporting system.

There are no data collection system or epidemiological study on mental health. The Central Hospital carried out a study.

## PROGRAMMES FOR SPECIAL POPULATION

There are 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.

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	400	22.65
Ethosuximide	no		
Phenobarbital	yes	100	5.66
Phenytoin sodium	no		
Sodium Valproate	yes	500	24.06
Amitriptyline	no		
Chlorpromazine	no		
Diazepam	yes		
Fluphenazine	yes	25	1.26*
Haloperidol	yes	50	304
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	yes	125	12.74

\*cost of single injectible unit

## OTHER INFORMATION

## ADDITIONAL SOURCES OF INFORMATION

## General Information

Northern Mariana Islands, Commonwealth of the, has an approximate area of 0.48 thousand sq.km. Its population is 0.072 million. (WHO, 2000).

The literacy rate is 97% for males and 96% for females.

The life expectancy at birth is 72.5 years for males and 78.8 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1976.

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 1976.

#### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1976.

#### National Therapeutic Drug Policy/Essential List of Drugs

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

#### Mental Health Legislation

In addition to the Involuntary Civil Commitment Act of 1993, there is also an existing legislation regarding the family (in particular, the Domestic Violence Protection Act - Public Law 12-19 of 2000). There are also various laws on patient's rights.

The latest legislation was enacted in 1993.

### 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, grants, private insurances and out of pocket expenditure by the patient or family.

### MENTAL HEALTH FACILITIES

There are disability benefits for persons with mental disorders. An individual must be certified by a licensed psychiatrist to receive 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 is available only for stabilised patients after hospital treatment is over.

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. A community mental health service was established and funded under local and US grants.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	1.4
Psychiatric beds in mental hospitals per 10 000 population	0
Psychiatric beds in general hospitals per 10 000 population	1.4
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	0
Number of psychiatric nurses per 100 000 population	8
Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	5
Number of social workers per 100 000 population	9.7

Occupational therapists provide services to children and youth with development disabilities. Recreational activities are also present.

## NON-GOVERNMENTAL ORGANIZATIONS

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

## INFORMATION GATHERING SYSTEM

There is mental health reporting system.

There are data collection system or epidemiological study on mental health. Data collection on inpatients and outpatients is done.

## PROGRAMMES FOR SPECIAL POPULATION

There are specific programmes for mental health for disaster affected population and children. The American Red Cross helps disaster affected population. Children and students with special needs are provided services under the public school system special education program.

## THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	10.98
Ethosuximide	yes	250	46.5
Phenobarbital	yes	30	0.46
Phenytoin sodium	yes	100	13.78
Sodium Valproate	yes	250	44.16
Amitriptyline	yes	25	2.34
Chlorpromazine	yes	50	4.87
Diazepam	yes	5	2.6
Fluphenazine	yes	5	14.26
Haloperidol	yes	5	1.53
Lithium	yes	300	3.02
Biperiden	no		
Carbidopa	yes	25+250	26.62
Levodopa	yes	250	27.85

## OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

1. Commonwealth Health Centre (2000). Purpose and Philosophy.

# Tokelau

## General Information

Tokelau has an approximate area of 0.01 thousand sq.km. Its population is 0.001 million. (WHO, 2000).

## 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 present. It was formulated in 1998.

#### Mental Health Legislation

There is no mental health legislation.

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.

Funding for mental health is supported by New Zealand.

### MENTAL HEALTH FACILITIES

There are no disability benefits for persons with mental disorders. Mental illness is not considered as a criteria for disability.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Specialised opinion is received from New Zealand and local doctors treat accordingly.

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. Only stable patients are treated by community doctors and nurses.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0
Psychiatric beds in mental hospitals per 10 000 population	0
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
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	0
Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	0
Number of social workers per 100 000 population	0

There is only one medical officer and 4 general nurses to man each of the 3 hospitals on the 3 islands. There are 3 hospitals that help in primary and secondary treatment. There are no specific mental hospital or any specific psychiatric beds.

### NON-GOVERNMENTAL ORGANIZATIONS

NGOs are not involved with mental health care.

### INFORMATION GATHERING SYSTEM

There is mental health reporting system.

There are no data collection system or epidemiological study on mental health.

### PROGRAMMES FOR SPECIAL POPULATION

No specific programme exists for any special population group.

### THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	6.03
Ethosuximide	no		
Phenobarbital	no		
Phenytoin sodium	yes	100	4.03
Sodium Valproate	no		
Amitriptyline	no		
Chlorpromazine	yes	50	12.1
Diazepam	yes	5	3.6
Fluphenazine	yes	12.5	2.78
Haloperidol	no		
Lithium	no		
Biperiden	no		
Carbidopa	yes	25+100	13.62
Levodopa	yes	25+100	13.62

Most drugs are purchased from New Zealand and emergency medicines are obtained from Samoa. All medicines are provided free in primary health care.

### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

1. Department of Health (2000). Bulk Store Drug Inventory, Drug Order Form. Government of Tokelau- Department of Health.

## Wallis and Futuna

### General Information

Wallis and Futuna has an approximate area of 0.27 thousand sq.km. Its population is 0.015 million. (WHO, 2000). The literacy rate is 50% for males and 50% 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

There is no mental health legislation.

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 grants.

#### MENTAL HEALTH FACILITIES

There are no 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. There is one doctor in each primary health centre.

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	0
Psychiatric beds in mental hospitals per 10 000 population	0
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
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	0
Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	7
Number of social workers per 100 000 population	107

There are 7 other mental health workers.

#### NON-GOVERNMENTAL ORGANIZATIONS

NGOs are not involved with mental health care.

**INFORMATION GATHERING SYSTEM**

There is no mental health reporting system.

There are no data collection system or epidemiological study on mental health.

**PROGRAMMES FOR SPECIAL POPULATION**

There is no specific programmes for the special populations.

**THERAPEUTIC DRUGS**

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

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**





**Project ATLAS is aimed at collecting, compiling and disseminating information on mental health resources in the world. This volume presents the available information on mental health resources as individual country profiles. These profiles illustrate the deficiency and uneven distribution of resources across countries. A substantial enhancement in mental health resources is needed urgently in a majority of countries to respond to the existing and increasing burden of mental disorders.**



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