



The following country profiles include available information on mental health resources for all WHO Member States.

AFR

AMR

EMR

EUR

SEAR

WPR

## African Region (AFR)



AFR

## General Information

Algeria is a country with an approximate area of 2382 thousand sq.km. Its population is 30.774 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 76.5% for males and 54.3% for females. The life expectancy at birth is 68.2 years for males and 68.8 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 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. It was formulated in 1997.

#### Mental Health Legislation

The Law no. 98.09 is the most recent legislation in mental health. The latest legislation was enacted in 1998.

### 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. The mentally ill are assessed for disability and benefits are provided accordingly. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Severe disorders are diagnosed at the primary level, but treatment is available only at 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	1.4
Psychiatric beds in mental hospitals per 10 000 population	0.86
Psychiatric beds in general hospitals per 10 000 population	0.2
Psychiatric beds in other settings per 10 000 population	0.36
Number of psychiatrists per 100 000 population	1.1
Number of neurosurgeons per 100 000 population	0.32
Number of psychiatric nurses per 100 000 population	1.1
Number of neurologists per 100 000 population	0.42
Number of psychologists per 100 000 population	0.8
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 promotion.

### INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. The country has no data collection system or epidemiological study on mental health. There are no national level epidemiological studies, but psychiatric institutions have their own epidemiological data collected through local surveys.

### 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	24.19
Ethosuximide	yes	250	16.44
Phenobarbital	yes	100	37.64
Phenytoin sodium	yes	100	2.9
Sodium Valproate	yes	500	25.94
Amitriptyline	yes		
Chlorpromazine	yes		
Diazepam	yes	2	4.95
Fluphenazine	yes	25	
Haloperidol	yes		
Lithium	unknown		
Biperiden	no		
Carbidopa	no		
Levodopa	yes		7.83

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

## General Information

Angola is a country with an approximate area of 1247 thousand sq.km. Its population is 12.479 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 57(1995)% for males and 29(1995)% for females. The life expectancy at birth is 46.3 years for males and 49.1 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 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. Details about the year of formulation are not available.

#### 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 source of mental health financing is 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 not a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. There is no facility in the primary level due to the lack of a mental health policy.

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 no community facility due to lack of training of personnel.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.13
Psychiatric beds in mental hospitals per 10 000 population	0.07
Psychiatric beds in general hospitals per 10 000 population	0.06
Psychiatric beds in other settings per 10 000 population	
Number of psychiatrists per 100 000 population	0
Number of neurosurgeons per 100 000 population	0.032
Number of psychiatric nurses per 100 000 population	0
Number of neurologists per 100 000 population	0.032
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 and rehabilitation.

### INFORMATION GATHERING SYSTEM

There is no mental health reporting system in the country.

The country has data collection system or epidemiological study on mental health. Data from the psychiatric hospital in Luanda is collected.

### PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for disaster affected population and children. There are some NGOs who work for people displaced by war, street children and victims of violence.

### THERAPEUTIC DRUGS

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

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

Prices keep on fluctuating depending on the availability of drugs.

### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

1. Ministerio da Saude (1989). Programa Nacional de Saude Mental.

## General Information

Benin is a country with an approximate area of 113 thousand sq.km. Its population is 5.937 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 53.8% for males and 22.6% for females. The life expectancy at birth is 51.3 years for males and 53.3 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is absent.

#### Substance Abuse Policy

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

#### 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. It was formulated in 1998.

#### Mental Health Legislation

Details about the mental health legislation are not available.

### MENTAL HEALTH FINANCING

Details about disability benefits for mental health are not available.

Details about expenditure on mental health are not available.

Details about sources of financing are not available.

### MENTAL HEALTH FACILITIES

The country does not have disability benefits for persons with mental disorders. Treatment is provided free.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. This will be possible only when decentralisation is done.

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. It is available only where pilot projects are going on.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.08
Psychiatric beds in mental hospitals per 10 000 population	
Psychiatric beds in general hospitals per 10 000 population	0.03
Psychiatric beds in other settings per 10 000 population	0.05
Number of psychiatrists per 100 000 population	0.2
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	0
Number of neurologists per 100 000 population	0.05
Number of psychologists per 100 000 population	0
Number of social workers per 100 000 population	0.02

Ten psychologists are in training.

### NON-GOVERNMENTAL ORGANIZATIONS

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

### INFORMATION GATHERING SYSTEM

Details about mental health reporting systems are not available.

The country has no data collection system or epidemiological study on mental health. Only thesis works related to epidemiological studies exist.

### PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for elderly and children. SMRR cares for children with psychiatric problems and the university for the elderly with psychiatric problems.

### THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	4.12
Ethosuximide	unknown		
Phenobarbital	yes		
Phenytoin sodium	yes		
Sodium Valproate	yes		
Amitriptyline	yes		4.5
Chlorpromazine	yes		3.86
Diazepam	yes		2.32
Fluphenazine	yes	25	0.64*
Haloperidol	yes	5	3.22
Lithium	unknown		
Biperiden	unknown		
Carbidopa			
unknown			
Levodopa	yes		7.72

\*cost of single injectible unit

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

## General Information

Botswana is a country with an approximate area of 582 thousand sq.km. Its population is 1.597 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 4.2% (WHO, 2000). The literacy rate is 72.8% for males and 78.2% for females. The life expectancy at birth is 39.5 years for males and 39.3 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is absent. A mental health policy has been drafted.

#### Substance Abuse Policy

A substance abuse policy is absent. The plan to develop a substance abuse policy is in the advanced stage.

#### 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 1992. Revision of the policy is underway.

#### Mental Health Legislation

The mental disorders act is under revision and will be soon replaced by the Mental Health Act of Botswana. The latest legislation was enacted in 1971.

### MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 1% 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. 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 343 personnel were provided training. Facilities for training community mental health nurses is present. It is an 18 months post-basic course which teaches nurses to function effectively in the community, district and tertiary psychiatric hospitals. The training is comprehensive. There are community care facilities for patients with mental disorders. Community care is mainly provided by family welfare educators based in primary care facilities. A community mental health nurse can provide all aspects of mental health and psychiatric nursing as well as render promotional, preventive, therapeutic and rehabilitative mental health services. They also provide consultative services due to the lack of trained psychiatrists and also train other nonspecialized colleagues in the field of mental health.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	1.1
Psychiatric beds in mental hospitals per 10 000 population	0.7
Psychiatric beds in general hospitals per 10 000 population	0.4
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	0.4
Number of neurosurgeons per 100 000 population	0.1
Number of psychiatric nurses per 100 000 population	7

Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	0.3
Number of social workers per 100 000 population	3

One neurologist visits from South Africa. There are 749 family welfare educators, 9 occupational therapists and 6 medical assistants.

### NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention and rehabilitation. Research is also an activity of NGOs.

### INFORMATION GATHERING SYSTEM

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

### PROGRAMMES FOR SPECIAL POPULATION

There are no services for special population groups.

### THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	1.49
Ethosuximide	no		
Phenobarbital	yes	30	0.34
Phenytoin sodium	yes	100	0.93
Sodium Valproate	yes	300	10.55
Amitriptyline	yes	25	0.88
Chlorpromazine	yes	100	1.26
Diazepam	yes	5	0.83
Fluphenazine	yes	25	1.88*
Haloperidol	yes	1.5	0.69
Lithium	yes	250	14.48
Biperiden	yes	5	0.95
Carbidopa	yes	100+25	13.48
Levodopa	yes	25+250	17.58

\*cost of single injectible unit

### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

- Ben-Tovim, D.I. (1987). Development Psychiatry. Mental Health and Primary Health Care in Botswana. Tavistock Publications Ltd., London, UK.
- Kgosidintsi, A. (1996). The Role of the Community Health Nurse in Botswana: The Needs and Problems of Carers of Schizophrenic Clients in the Community. Curations: South African Journal of Nursing. 19(2), 38-42.
- Wankiiri, V.B. (1994). Training of Community Health Nurses in Botswana. World Health Forum. 15, 260-261.

# Burkina Faso

## General Information

Burkina Faso is a country with an approximate area of 274 thousand sq.km. Its population is 11.616 million. (WHO, 2000). The country is a low income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 4.2% (WHO, 2000). The literacy rate is 32.0% for males and 12.6% for females. The life expectancy at birth is 44.1 years for males and 45.7 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is absent. Some features of mental health policy are defined in the Public Health Code.

#### Substance Abuse Policy

A substance abuse policy is absent. Substance abuse issues are also discussed in the Public Health Code.

#### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1987.

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

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

#### Mental Health Legislation

The Public Health Code has references to mental health. The latest legislation was enacted in 1994.

### MENTAL HEALTH FINANCING

There are 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 a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Psychiatric units are present in national, regional hospitals and one in an isolation hospital. Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 49 personnel were provided training. There are community care facilities for patients with mental disorders. Traditional treatment by healers provide community care. Since 1983 the mental health system has been gradually decentralised. "Therapeutic villages" have been set up. The psychiatric nurses along with the traditional healers, community workers, religious leaders and other administrative personnel are primarily involved in community care. Medicines are also sold by the nurse. The nurse generally visits areas during the local market days. In some places the nurses accompany personnel related to the Expanded Programme on Immunization or Maternal and Child Health Projects.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.18
Psychiatric beds in mental hospitals per 10 000 population	0.06
Psychiatric beds in general hospitals per 10 000 population	0.12
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	0.05
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	0.01
Number of psychologists per 100 000 population	0.03
Number of social workers per 100 000 population	0.02

### 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. Data are only available at the hospital level – abstracts can be obtained from Health Statistical Report 1996. The country has data collection system or epidemiological study on mental health. It is included in the National Health Information. A National Health Information System consists of data related to epidemiological study and hospital data. They are included in the National Health Statistics Report 1996 and the Mental Health Activities Assessment 2000.

### PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for children. In 2001, new strategies were to be developed to look into the child victims of 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	yes	200	1.87
Ethosuximide	no		
Phenobarbital	yes	100	0.74
Phenytoin sodium	no		
Sodium Valproate	no		
Amitriptyline	no		
Chlorpromazine	yes	100	0.99
Diazepam	yes	5	0.42
Fluphenazine	yes	25	0.82*
Haloperidol	yes		
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

\*cost of single injectible unit

### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

1. Ouédraogo, A. and Sanou, Z. (1995). Decentralization of Psychiatric Care in Burkina Faso. World Health Forum. 16(3), 276-277.

## General Information

Burundi is a country with an approximate area of 28 thousand sq.km. Its population is 6.565 million. (WHO, 2000). The country is a low income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 4 % (WHO, 2000). The literacy rate is 54.8 % for males and 37.5 % for females. The life expectancy at birth is 43.2 years for males and 43.8 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 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 1998.

#### 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 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 not available at the primary level. Personnel are not trained as yet and the number of drugs are limited.

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 available only in four provinces and is undertaken by an NGO.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.1
Psychiatric beds in mental hospitals per 10 000 population	0.1
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	0.02
Number of neurosurgeons per 100 000 population	0.02
Number of psychiatric nurses per 100 000 population	0
Number of neurologists per 100 000 population	0.06
Number of psychologists per 100 000 population	0.2
Number of social workers per 100 000 population	1.5

There is a special workers school and the university produces psychologists.

### 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 personnel are untrained and the questionnaires do not contain questions on mental disorders.

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

### PROGRAMMES FOR SPECIAL POPULATION

There are no special programmes for any population group.

### 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	2.54
Ethosuximide	no		
Phenobarbital	yes	100	1.52
Phenytoin sodium	yes	100	2.54
Sodium Valproate	yes	500	22.9
Amitriptyline	yes	50	15.3
Chlorpromazine	yes	25	1.02
Diazepam	yes	5	0.38
Fluphenazine	yes	25	2.54*
Haloperidol	yes	5	5.22
Lithium	yes	250	0.38
Biperiden	yes	2	3.8
Carbidopa	no		
Levodopa	yes	250	23.54

\*cost of single injectible unit

There is also an essential list of drugs which was initially made in 1980 and the last revision was done in 1994.

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

# Cameroon

## General Information

Cameroon is a country with an approximate area of 475 thousand sq.km. Its population is 14.693 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% (WHO, 2000). The literacy rate is 80.3% for males and 67.1% for females. The life expectancy at birth is 49.9 years for males and 52 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. Formation and legislation are also a component of the policy.

#### Substance Abuse Policy

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

#### National Mental Health Programme

A national mental health programme is 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 1999.

#### Mental Health Legislation

Details about the mental health legislation are not available.

### MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 0.1% of the total health budget on mental health. The primary sources of mental health financing in descending order are tax based, out of pocket expenditure by the patient or family and private insurances. The 2000-2001 budget addresses mental health programme activities, with particular regard to the development of community-based mental health. This is also the plan of the authorities for the next three years.

### MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. It is available only for public servants who have mental illness. 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 care in primary health setup is being developed. Regular training of primary care professionals is not carried out in the field of mental health. Training modules exist for training primary care personnel. 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	0.07
Psychiatric beds in general hospitals per 10 000 population	0.0007
Psychiatric beds in other settings per 10 000 population	
Number of psychiatrists per 100 000 population	0.03
Number of neurosurgeons per 100 000 population	0.03
Number of psychiatric nurses per 100 000 population	0.1

Number of neurologists per 100 000 population	0.03
Number of psychologists per 100 000 population	0
Number of social workers per 100 000 population	0.1

Psychologists get training in clinical psychology while working.

### 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 no mental health reporting system in the country. Data collection is poor because of insufficient staff. The country has no data collection system or epidemiological study on mental health. Service reorganisation will allow to standardise the epidemiological collection system. Information gathering network is not yet developed due to lack of trained and motivated staff and a lack of infrastructure.

### PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for disaster affected population. Victims of disaster and wandering mentally ill benefit from such systems.

### 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	1.9
Ethosuximide	yes	250	
Phenobarbital	yes	100	0.58
Phenytoin sodium	yes	100	
Sodium Valproate	yes	200	
Amitriptyline	yes	25	
Chlorpromazine	yes	100	0.85
Diazepam	yes	5	0.24
Fluphenazine	yes	25	
Haloperidol	yes	5	0.85
Lithium	no		
Biperiden	yes	2	
Carbidopa	yes	25	
Levodopa	yes	250	

### OTHER INFORMATION

Even if political and budget programmes are present, the plans in mental health are very slow to activate because of low priority.

### ADDITIONAL SOURCES OF INFORMATION

# Cape Verde

## General Information

Cape Verde is a country with an approximate area of 4 thousand sq.km. Its population is 0.418 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 2.8% (WHO, 2000). The literacy rate is 83.7% for males and 64.6% for females. The life expectancy at birth is 64.2 years for males and 71.8 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is absent. The National Health Policy covers some aspects of mental health.

#### Substance Abuse Policy

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

#### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1986.

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

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1979.

#### Mental Health Legislation

Some old laws dating back to pre-independence period, i.e., prior to 1975 do exist, but there is no legislation after that period except one on restriction on tobacco consumption of 1995.

The latest legislation was enacted in 1975.

### 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. Disability benefits for government employees exist in the form that they are allowed to draw their salaries inspite of not working.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Patients are treated by admission to hospital. Rehabilitation is done with the help of family support.

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	0.78
Psychiatric beds in mental hospitals per 10 000 population	0
Psychiatric beds in general hospitals per 10 000 population	0.78
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	0.9
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	0.9
Number of social workers per 100 000 population	0.2

Occupational therapy is present at the centre for occupational therapy. Only one occupational therapist is present.

### NON-GOVERNMENTAL ORGANIZATIONS

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

### INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country.

The country has no data collection system or epidemiological study on mental health. The central hospitals have systems of registering admissions/discharges of inpatients.

Hospital data from the central hospital is collected.

### PROGRAMMES FOR SPECIAL POPULATION

There are no special programmes for any specified 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	3.96
Ethosuximide	yes	250	3.39
Phenobarbital	yes	100	1.12
Phenytoin sodium	yes	100	4.5
Sodium Valproate	yes	200	17.21
Amitriptyline	yes	25	2.98
Chlorpromazine	yes	100	6.6
Diazepam	yes	5	0.28
Fluphenazine	yes	25	1.04*
Haloperidol	yes	5	2.81
Lithium	no		
Biperiden	yes	2	6.02
Carbidopa	yes	10+100	25
Levodopa	yes	10+100	25

\*cost of single injectible unit

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

# Central African Republic

## General Information

Central African Republic is a country with an approximate area of 623 thousand sq.km. Its population is 3.55 million. (WHO, 2000).

The country is a low income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 2.9% (WHO, 2000). The literacy rate is 57.5% for males and 31.7% for females.

The life expectancy at birth is 43.3 years for males and 44.9 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 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 present. Details about the year of formulation are not available.

#### 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.

Details about sources of financing are not available.

### 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. Neuroleptics are very cheap. A campaign against drug abuse has been undertaken by the Ministry of Health.

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	0.07
Psychiatric beds in mental hospitals per 10 000 population	0
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	0.03
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	0.03
Number of neurologists per 100 000 population	0.03
Number of psychologists per 100 000 population	0.08
Number of social workers per 100 000 population	0.03

### NON-GOVERNMENTAL ORGANIZATIONS

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

### INFORMATION GATHERING SYSTEM

There is no mental health reporting system in the country.

The country has data collection system or epidemiological study on mental health. An Annual Statistics Report in psychiatry and mental health service does exist.

### PROGRAMMES FOR SPECIAL POPULATION

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

### THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	no		
Ethosuximide	no		
Phenobarbital	yes	100	1.28
Phenytoin sodium	no		
Sodium Valproate	no		
Amitriptyline	no		
Chlorpromazine	yes	100	1.28
Diazepam	yes	10	0.64
Fluphenazine	no		
Haloperidol	no		
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

## General Information

Chad is a country with an approximate area of 1284 thousand sq.km. Its population is 7.458 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 62(1995)% for males and 35(1995)% for females. The life expectancy at birth is 47.3 years for males and 50.1 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 1996.

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

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

### MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Benefits are available only for public servants who get their full salary for the initial 6 months and then half salary.

Mental health is not a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Very few psychotropics are included in the essential drug list and treatment is difficult.

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. Only traditional treatment is available at the community level.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.02
Psychiatric beds in mental hospitals per 10 000 population	0.01
Psychiatric beds in general hospitals per 10 000 population	0.01
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	0.01
Number of neurosurgeons per 100 000 population	0.01
Number of psychiatric nurses per 100 000 population	0.01
Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	0.01
Number of social workers per 100 000 population	0

These resources are not widely used.

### 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. Mental disorders are grouped as "other disorders". The country has data collection system or epidemiological study on mental health.

### PROGRAMMES FOR SPECIAL POPULATION

There are no special programmes for any population group.

### 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	2.56
Ethosuximide	no		
Phenobarbital	yes	50	1.28
Phenytoin sodium	no		
Sodium Valproate	no		
Amitriptyline	no		
Chlorpromazine	yes	50	1.28
Diazepam	yes	5	1.28
Fluphenazine	no		
Haloperidol	yes		
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	yes	10+100	

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

## General Information

Comoros is a country with an approximate area of 2170 thousand sq.km. Its population is 0.676 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 4.5% (WHO, 2000). The literacy rate is 65.5% for males and 51.6% for females. The life expectancy at birth is 56 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 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 1991.

#### 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 source of mental health financing is out of pocket expenditure by the patient or family.

### MENTAL HEALTH FACILITIES

The country does not have disability benefits for persons with mental disorders. Illness insurance has not been clearly defined by the government so benefits are not present.

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 hospitalised in 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. A centre was created but it is not operational even after 2 years. Patients are kept by their families.

### 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	0.1
Number of psychologists per 100 000 population	0.4
Number of social workers per 100 000 population	0.15

### 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 reporting system has not worked for the last four years. The country has no data collection system or epidemiological study on mental health. A survey had been done in 1998 but it has not been circulated.

### PROGRAMMES FOR SPECIAL POPULATION

There are no special services for any population group.

### 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	0.86
Phenytoin sodium	no		
Sodium Valproate	no		
Amitriptyline	no		
Chlorpromazine	yes	25	0.86
Diazepam	yes	5	1.76
Fluphenazine	no		
Haloperidol	no		
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

If the drugs are not available in the PNAC they have to be bought from private pharmacies. Haloperidol may be ordered outside the PNAC by doctors.

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

## General Information

Congo is a country with an approximate area of 342 thousand sq.km. Its population is 2.864 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% (WHO, 2000). The literacy rate is 85.7% for males and 71.5% for females. The life expectancy at birth is 53.6 years for males and 55.2 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

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

#### Substance Abuse Policy

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

#### National Mental Health Programme

A national mental health programme is 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 1983.

#### 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. Details about sources of financing are not available.

### MENTAL HEALTH FACILITIES

The country does not have disability benefits for persons with mental disorders. Mental disorders are treated as any other disorder.

Mental health is not a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. There are no facilities for therapy.

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	0.15
Psychiatric beds in mental hospitals per 10 000 population	0
Psychiatric beds in general hospitals per 10 000 population	0.15
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	0.03
Number of neurosurgeons per 100 000 population	0.03
Number of psychiatric nurses per 100 000 population	0.18
Number of neurologists per 100 000 population	0.15
Number of psychologists per 100 000 population	0.7
Number of social workers per 100 000 population	

There are 3000 social workers but the specific number working in mental health is not available.

### NON-GOVERNMENTAL ORGANIZATIONS

NGOs are 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 specific programmes for special population groups.

### THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes		
Ethosuximide	no		
Phenobarbital	yes	100	7.82
Phenytoin sodium	yes		
Sodium Valproate	no		
Amitriptyline	yes	100	
Chlorpromazine	yes	100	18.42
Diazepam	yes	5	3.54
Fluphenazine	yes		
Haloperidol	yes	5	0.44
Lithium	no		
Biperiden	no		
Carbidopa	yes		
Levodopa	yes		

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

## General Information

Cote d'Ivoire is a country with an approximate area of 322 thousand sq.km. Its population is 14.526 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 52.8% for males and 35.7% for females. The life expectancy at birth is 47.2 years for males and 48.3 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1962. The components of the policy are treatment and rehabilitation.

#### Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1984.

#### 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 1995.

#### Mental Health Legislation

Details about the mental health legislation are not available.

### MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 0.1% of the total health budget on mental health.

The primary source of mental health financing is 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.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.15
Psychiatric beds in mental hospitals per 10 000 population	0.13
Psychiatric beds in general hospitals per 10 000 population	0.02
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	0.2
Number of neurosurgeons per 100 000 population	0.02
Number of psychiatric nurses per 100 000 population	0.2
Number of neurologists per 100 000 population	0.07
Number of psychologists per 100 000 population	0.07
Number of social workers per 100 000 population	0.03

There are 3 occupational therapists.

### NON-GOVERNMENTAL ORGANIZATIONS

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

### INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. It exists as the Annual Report of mental health activities. 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	9.52
Ethosuximide	no		
Phenobarbital	yes	10	2.3
Phenytoin sodium	yes		
Sodium Valproate	yes		
Amitriptyline	yes	25	21.36
Chlorpromazine	yes	100	7.6
Diazepam	yes	5	21.6
Fluphenazine	no		
Haloperidol	yes	5	7.2
Lithium	yes	250	5.92
Biperiden	no		
Carbidopa	no		
Levodopa	no		

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

# Democratic Republic of the Congo

## General Information

Democratic Republic of the Congo is a country with an approximate area of 2345 thousand sq.km. Its population is 60 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 82.3(1988)% for males and 57(1988)% for females.

The life expectancy at birth is 45.1 years for males and 46.5 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. Formation is also a component of the policy.

#### 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. 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 1998.

#### 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 source of mental health financing is 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. Mental health is being included in the primary health care and process charts are being defined for mental disorders.

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. There is one mental health care centre.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.17
Psychiatric beds in mental hospitals per 10 000 population	0.15
Psychiatric beds in general hospitals per 10 000 population	0.009
Psychiatric beds in other settings per 10 000 population	0.009
Number of psychiatrists per 100 000 population	0.04
Number of neurosurgeons per 100 000 population	0.004
Number of psychiatric nurses per 100 000 population	0.03
Number of neurologists per 100 000 population	0.04
Number of psychologists per 100 000 population	0.01
Number of social workers per 100 000 population	0.4

One occupational therapist is present.

### 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 no mental health reporting system in the country. Only epilepsy 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 disaster affected population, elderly and children.

There is a project for street children and also one for affected 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	0.29
Ethosuximide	no		
Phenobarbital	yes	100	0.24
Phenytoin sodium	yes	100	0.2
Sodium Valproate	no		
Amitriptyline	yes	25	0.1
Chlorpromazine	yes	100	0.17
Diazepam	yes	10	0.07
Fluphenazine	no		
Haloperidol	yes	5	0.4
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	yes	125	0.94

The drugs mentioned are dispensed by private sector and not by the government.

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

# Equatorial Guinea

## General Information

Equatorial Guinea is a country with an approximate area of 28 thousand sq.km. Its population is 0.442 million. (WHO, 2000). The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 3.5% (WHO, 2000). The literacy rate is 91.4% for males and 71.5% for females. The life expectancy at birth is 54.8 years for males and 55.8 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is present. The policy was initially formulated in 2000. 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. 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. It was formulated in 1996.

#### 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 source of mental health financing is grants.

### 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. The country has only a few psychiatrists which do not fulfil the national needs and so actual treatment at the primary care level is difficult. 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. Only traditional healers offer treatment at community levels with the exception of the regional hospitals of Malabo and Bata.

### 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	0.4
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 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

There are no specific programmes.

### THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	400	334.5
Ethosuximide	no		
Phenobarbital	yes	30	3.2
Phenytoin sodium	no		
Sodium Valproate	no		
Amitriptyline	no		
Chlorpromazine	no		
Diazepam	yes	5	3.2
Fluphenazine	yes		
Haloperidol	no		
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	yes	250	43.74

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

**General Information**

Eritrea is a country with an approximate area of 118 thousand sq.km. Its population is 3.719 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 3.4 % (WHO, 2000). The literacy rate is 65.7 % for males and 38.2 % for females. The life expectancy at birth is 46.6 years for males and 46.5 years for females.

**Mental Health Resources**

**POLICIES AND LEGISLATION**

**Mental Health Policy**

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

**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 country has no mental health legislation except those mentioned in the penal code. 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**

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 community care facilities for patients with mental disorders. The community based rehabilitation programme run by the Ministry of Labour and Human Welfare gives the opportunity for priority rehabilitation and also referral for those severely ill patients who need active treatment.

**PSYCHIATRIC BEDS AND PROFESSIONALS**

Total psychiatric beds per 10 000 population	0.64
Psychiatric beds in mental hospitals per 10 000 population	0.64
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	0.03
Number of neurosurgeons per 100 000 population	0.03
Number of psychiatric nurses per 100 000 population	0.18
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. The country has no data collection system or epidemiological study on mental health.

**PROGRAMMES FOR SPECIAL POPULATION**

There are no programmes for special population.

**THERAPEUTIC DRUGS**

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	no		
Ethosuximide	no		
Phenobarbital	yes	30	1.1
Phenytoin sodium	no		
Sodium Valproate	no		
Amitriptyline	no		
Chlorpromazine	yes	25	0.98
Diazepam	yes	5	0.95
Fluphenazine	no		
Haloperidol	no		
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

**OTHER INFORMATION**

**ADDITIONAL SOURCES OF INFORMATION**

## General Information

Ethiopia is a country with an approximate area of 1104 thousand sq.km. Its population is 61.095 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 3.8% (WHO, 2000). The literacy rate is 42.1% for males and 30.5% for females. The life expectancy at birth is 41.4 years for males and 43.1 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 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

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 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. Pension and transfer are allowed on the basis of psychiatric certification.

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 350 personnel were provided training.

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

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.07
Psychiatric beds in mental hospitals per 10 000 population	0.06
Psychiatric beds in general hospitals per 10 000 population	0.01
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	0.02
Number of neurosurgeons per 100 000 population	0.003
Number of psychiatric nurses per 100 000 population	0.3
Number of neurologists per 100 000 population	0.006
Number of psychologists per 100 000 population	0.08
Number of social workers per 100 000 population	0.08

There are different medical assistants for other fields, around 10000, but not for psychiatry.

### NON-GOVERNMENTAL ORGANIZATIONS

NGOs are not involved with mental health in the country. One NGO is being formed

### INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. Hospitals send annual report to the Ministry of Health.

The country has data collection system or epidemiological study on mental health. The training and research division of the Amanvel Mental hospital has been established recently for this purpose.

### PROGRAMMES FOR SPECIAL POPULATION

There are no programmes for special population.

### THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	4.48
Ethosuximide	yes	250	10.3
Phenobarbital	yes	100	0.7
Phenytoin sodium	yes	100	0.9
Sodium Valproate	yes	200	17
Amitriptyline	yes	25	1.57
Chlorpromazine	yes	100	1.2
Diazepam	yes	5	0.96
Fluphenazine	yes	25	1.5*
Haloperidol	yes	5	3.2
Lithium	yes	400	1.7
Biperiden	no		
Carbidopa	yes	250+25	19.21
Levodopa	yes	250+25	19.21

\*cost of single injectible unit

### OTHER INFORMATION

Traditional healers play a major role in the treatment of mental health and in one study (Alem, et al 1999) 85% of emotionally disturbed people sought help from traditional healers

### ADDITIONAL SOURCES OF INFORMATION

- Alem, A. (2000). Human Rights and Psychiatric Care in Africa with Particular Reference to the Ethiopian Situation. *Acta Psychiatrica Scandinavica. Supplementum 399*, 93-96.
- Alem, A., Araya, M., Jacobsson, L., Kebede, D., and Kullgren, G. (1999). How are Mental Disorders Seen and Where is Help Sought in a Rural Ethiopian Community? A Key Informant Study in Butajira, Ethiopia. *Acta Psychiatrica Scandinavica. Supplementum 397*, 40-47.
- Giel, R. (1999). The Prehistory of Psychiatry in Ethiopia. *Acta Psychiatrica Scandinavica. Supplementum 397*, 2-4.

## General Information

Gabon is a country with an approximate area of 268 thousand sq.km. Its population is 1.197 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 3% (WHO, 2000). The literacy rate is 74(1995)% for males and 53(1995)% for females. The life expectancy at birth is 54.6 years for males and 57.5 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is absent.

#### Substance Abuse Policy

A substance abuse policy is absent.

#### National Mental Health Programme

A national mental health programme is absent.

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

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

#### Mental Health Legislation

There are no existing mental health legislation but one is being formulated. 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 0.3% 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, social insurance and grants.

### MENTAL HEALTH FACILITIES

The country does not have disability benefits for persons with mental disorders. No benefits are present except where mental disorders result from industrial accidents. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Treatment for the unemployed villagers are present. 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	0.7
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	0.06
Number of psychiatrists per 100 000 population	0.3
Number of neurosurgeons per 100 000 population	0.2
Number of psychiatric nurses per 100 000 population	1
Number of neurologists per 100 000 population	0.4
Number of psychologists per 100 000 population	0.5
Number of social workers per 100 000 population	2

There is a need to have training centres for health workers in the field of mental health.

### NON-GOVERNMENTAL ORGANIZATIONS

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

### INFORMATION GATHERING SYSTEM

There is no mental health reporting system in the country. The national health reporting system is being finalised. The country has no data collection system or epidemiological study on mental health. There is a lack of logistics to allow such data collection.

### PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for indigenous population. Due to a lack of technical people and resources it is not possible to have services for all special groups of 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	8.36
Ethosuximide	no		
Phenobarbital	yes	100	
Phenytoin sodium	yes	100	2.56
Sodium Valproate	no		
Amitriptyline	no		
Chlorpromazine	yes	100	3.47
Diazepam	yes	2	1.54
Fluphenazine	yes	25	
Haloperidol	yes	1	15.4
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

## General Information

Gambia is a country with an approximate area of 11 thousand sq.km. Its population is 1.268 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 4.5% (WHO, 2000). The literacy rate is 41.9% for males and 27.5% for females. The life expectancy at birth is 56 years for males and 58.9 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is absent. The Department of State for Health and Social Welfare in collaboration with the WHO is in the process of developing a national mental health policy. A national task force, headed by the Assistant Director for Health Promotion and Protection, has been set up and a draft policy produced for further review.

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

#### Mental Health Legislation

There is a Mental Health Act.

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

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 available at the primary level. Treatment is available and mental health is being integrated into the primary health system.

Regular training of primary care professionals is carried out in the field of mental health. A good number of doctors and nurses were trained on the diagnosis, treatment and management of mental health disorders through WHO support last year.

There are community care facilities for patients with mental disorders. There is a community mental health service that conducts country wide mental health promotional activities.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.78
Psychiatric beds in mental hospitals per 10 000 population	0.78
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	0.08
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	0.6
Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	0
Number of social workers per 100 000 population	0.08

There are 2 assistant occupational therapists.

### NON-GOVERNMENTAL ORGANIZATIONS

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

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

Benzhexol is the only anti parkinsonian available. Some of the other drugs though not available at primary level are present in secondary and tertiary level.

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

## General Information

Ghana is a country with an approximate area of 239 thousand sq.km. Its population is 19.678 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 3.1 % (WHO, 2000). The literacy rate is 78.5 % for males and 59.9 % for females. The life expectancy at birth is 54.2 years for males and 55.6 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. The Mental Health Policy has been revised in 2000.

#### Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1990. On substance abuse there are three laws. The Narcotic Drugs (Control, Enforcement and Sanctions) Law 1990, PNDC Law 236 and Pharmacy and Drugs Act 1961.

#### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1994. The National Mental Health Programme was revised in 2000.

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

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

#### Mental Health Legislation

The NRC Decree 1972, Mental Health Law, was revised in 1992 and 1995 but they have not been ratified by the parliament as yet. There are no current 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 0.5 % 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. Treatment, boarding and lodging in government institutions are free. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Trained community psychiatric nurses have been posted to regions and most districts. Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 250 personnel were provided training. There are community care facilities for patients with mental disorders. Community psychiatric nurses are available. Trained volunteers are being considered. There are also "healing churches" which help in community care, few halfway houses and charitable institutions also help in community care.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	1.03
Psychiatric beds in mental hospitals per 10 000 population	1
Psychiatric beds in general hospitals per 10 000 population	0.01
Psychiatric beds in other settings per 10 000 population	0.2
Number of psychiatrists per 100 000 population	0.08
Number of neurosurgeons per 100 000 population	0.01

Number of psychiatric nurses per 100 000 population	2
Number of neurologists per 100 000 population	0.01
Number of psychologists per 100 000 population	0.04
Number of social workers per 100 000 population	0.03

One qualified occupational therapist and six assistants are present. The first asylum for mental health was opened in Accra in 1888. By 1960 it housed 1700 patients. There are also other regional and district hospitals. The military and police hospitals have no beds allocated to psychiatric persons. Patients are treated in medical wards or transferred to the Accra Psychiatric hospital.

### NON-GOVERNMENTAL ORGANIZATIONS

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

### INFORMATION GATHERING SYSTEM

There is no mental health reporting system in the country. The country has data collection system or epidemiological study on mental health. Data is collected but not processed.

### PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for refugees. Mental health professionals are invited occasionally to manage such groups of 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	2.73
Ethosuximide	no		
Phenobarbital	yes	30	0.14
Phenytoin sodium	yes	100	1.75
Sodium Valproate	no		
Amitriptyline	yes	25	0.24
Chlorpromazine	yes	100	2.1
Diazepam	yes	5	0.13
Fluphenazine	yes	25	0.31*
Haloperidol	yes	10	1.07
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

\*cost of single injectible unit

Benztropine and benzhexol are available.

### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

1. Kyei-Faried and Hermans, M. (1995). Primary Health Care in Ghana: No Pay No Cure? *Nederlands Tijdschrift voor Geneeskunde*. 139(45), 2321-2325.
2. Laugharne, R. and Burns, T. (1999). Mental Health Services in Kumasi, Ghana. *Psychiatric Bulletin*. 23(6), 361-363.
3. Osei, Y. (1994). Psychiatric Services in a Developing Country- the Case of Ghana. *Curare*. 17(1), 39-43.

## General Information

Guinea is a country with an approximate area of 246 thousand sq.km. Its population is 7.36 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 3.5% (WHO, 2000). The literacy rate is 50(1995)% for males and 22(1995)% for females. The life expectancy at birth is 46.2 years for males and 48.9 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

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

#### Substance Abuse Policy

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

#### National Mental Health Programme

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

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

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

#### Mental Health Legislation

Measures related to prevention, protection and treatment have been taken (chapter 11, article 209-221 of the public health code) as part of the mental health legislation. The latest legislation was enacted in 1997.

### MENTAL HEALTH FINANCING

There are no budget allocations for mental health. Details about expenditure on mental health are not available. The primary source of mental health financing is 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 not available at the primary level. Mental health in primary care is to be introduced. 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. Traditional medicine is available at the community level.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.05
Psychiatric beds in mental hospitals per 10 000 population	0.05
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	0.04
Number of neurosurgeons per 100 000 population	0.03
Number of psychiatric nurses per 100 000 population	0
Number of neurologists per 100 000 population	0.04
Number of psychologists per 100 000 population	0
Number of social workers per 100 000 population	0

Psychologists and social workers are present in the Ministry of Social Affairs.

### NON-GOVERNMENTAL ORGANIZATIONS

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

### INFORMATION GATHERING SYSTEM

There is no mental health reporting system in the country. It is proposed to start a form of reporting system for mental health. The country has no data collection system or epidemiological study on mental health. Data is collected only at the hospital level. No epidemiological survey exists.

### PROGRAMMES FOR SPECIAL POPULATION

There are no programmes for special population.

### THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes		
Ethosuximide	yes		
Phenobarbital	yes		
Phenytoin sodium	yes		
Sodium Valproate	yes		
Amitriptyline	yes		
Chlorpromazine	yes		2.74
Diazepam	yes		1.37
Fluphenazine	yes		
Haloperidol	yes		
Lithium	yes		
Biperiden	yes		
Carbidopa	yes		
Levodopa	yes		

Only chlorpromazine and diazepam are available at the primary care level. Other drugs are on the list but are not available at the primary care level.

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

# Guinea-Bissau

## General Information

Guinea-Bissau is a country with an approximate area of 36 thousand sq.km. Its population is 1.187 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 5.7% (WHO, 2000). The literacy rate is 57.1% for males and 17.3% for females. The life expectancy at birth is 45 years for males and 47 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 present. The programme was formulated in 1984.

All documents related to the national mental health programme were destroyed during the military conflict.

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

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1984.

#### Mental Health Legislation

Details about the mental health legislation are not available.

### MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 1.2% of the total health budget on mental health.

The primary source of mental health financing is out of pocket expenditure by the patient or family.

### MENTAL HEALTH FACILITIES

The country does not have disability benefits for persons with mental disorders. Government employees with a medical attestation issued by National Medical Committee receive their salaries.

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 with problems are sent to the mental health centre for treatment and followup.

Regular training of primary care professionals is carried out in the field of mental health. In 1997, a programme was started to train primary care doctor and nurses in mental health but it was interrupted due to the war.

There are no community care facilities for patients with mental disorders. No community care exists due to lack of training and integration among workers. However before the war a community mental health programme was setup in 1983-84.

The first part concentrated on epidemiological aspects. Subsequently, 850 primary health care workers were trained and supervised nationwide on their ability to manage mental disorders in patients.

### 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	0.08
Number of social workers per 100 000 population	0

There are psychologists and social workers but they do not work with the Health Ministry or national mental health programme. There was one mental health centre with 60 beds but it was destroyed during the military conflict

### 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. It is necessary to adopt criterias and models that will have to be followed.

### PROGRAMMES FOR SPECIAL POPULATION

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

The government, international organizations and NGOs help whenever there is a crisis and the situation demands activities for a special group of 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	20.58
Ethosuximide	no		
Phenobarbital	yes	100	
Phenytoin sodium	yes	100	3.86
Sodium Valproate	no		
Amitriptyline	yes	25	11.58
Chlorpromazine	yes		7.72
Diazepam	yes	5	
Fluphenazine	yes	25	3.21*
Haloperidol	yes		
Lithium	no		
Biperiden	yes	2	9.1
Carbidopa	no		
Levodopa	no		

\*cost of single injectible unit

Hospital drugstores provide the drugs free. Other drugs are available from private pharmacies. Mental health centres obtain drugs from the central warehouse. Central drug deposit provides phenobarbital, haloperidol, amitriptyline, chlorpromazine and diazepam.

### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

- De Jong, J.T. (1996). A Comprehensive Public Mental Health Program in Guinea-Bissau: A Useful Model for African, Asian and Latin-American Countries. *Psychological Medicine*. 26(1), 97-108.

## General Information

Kenya is a country with an approximate area of 580 thousand sq.km. Its population is 29.549 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 4.6% (WHO, 2000). The literacy rate is 87.6% for males and 73.5% for females. The life expectancy at birth is 47.3 years for males and 48.1 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 absent.

#### National Mental Health Programme

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

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

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

#### Mental Health Legislation

There is a Mental Health Act.

The latest legislation was enacted in 1989.

### MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 0.01% 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 not available at the primary level.

Regular training of primary care professionals is not carried out in the field of mental health. Only limited training facilities are available.

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

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.4
Psychiatric beds in mental hospitals per 10 000 population	0.3
Psychiatric beds in general hospitals per 10 000 population	0.05
Psychiatric beds in other settings per 10 000 population	0.02
Number of psychiatrists per 100 000 population	0.2
Number of neurosurgeons per 100 000 population	0.01
Number of psychiatric nurses per 100 000 population	2
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	0.2

One-third of the total psychiatrists work in the public sector.

### NON-GOVERNMENTAL ORGANIZATIONS

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

### INFORMATION GATHERING SYSTEM

There is 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	9.56
Ethosuximide	no		
Phenobarbital	yes	30	
Phenytoin sodium	yes	50	0.18
Sodium Valproate	no		
Amitriptyline	yes	25	0.32
Chlorpromazine	yes	100	5.5
Diazepam	yes	5	0.1
Fluphenazine	yes	25	2.97*
Haloperidol	yes	5	0.5
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

\*cost of single injectible unit

### OTHER INFORMATION

Initially, Kenya had a system of psychiatric practice that was dependent on traditional practices. The first western style system developed in 1912 when a small pox unit was transformed into a centre where "mad" people used to be locked up. Today, Mathare Hospital is the MNH referral and training centre.

### ADDITIONAL SOURCES OF INFORMATION

1. Ndeti, D.M. (1980). Psychiatry in Kenya: Yesterday, Today and Tomorrow. Acta Psychiatrica Scandinavica. 62, 201-211.

## General Information

Lesotho is a country with an approximate area of 30 thousand sq.km. Its population is 2.108 million. (WHO, 2000). The country is a low income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 5.6% (WHO, 2000). The literacy rate is 71.0% for males and 92.9% for females. The life expectancy at birth is 44.1 years for males and 45.1 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is absent. The mental health policy is in the draft stage.

#### Substance Abuse Policy

A substance abuse policy is absent. The substance abuse policy is in the draft stage and was to be discussed in a workshop in October 2001.

#### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1964.

#### 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 the Mental Health Law No. 7. It was to be updated in 2001. The latest legislation was enacted in 1964.

### MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 4.4% 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. Psychosocial assessment is done and needy patients are given M 50/- p.m., but this is in some areas only. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Initial assessment is done by the psychiatric nurse and treatment provided and for further treatment district hospitals (Mental Observation Units) are used. Regular training of primary care professionals is carried out in the field of mental health. There is a continuous medical education programme for mental health workers at secondary care level (psychiatric nurses and medical officers). Community health workers are trained in four project areas and in future this will be extended to other areas. There are community care facilities for patients with mental disorders. Community care to a limited degree exists as discharged patients are followed up with home visits by psychiatric nurses and social workers.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	1.1
Psychiatric beds in mental hospitals per 10 000 population	0.55
Psychiatric beds in general hospitals per 10 000 population	0.55
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	0.125
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	2

Number of neurologists per 100 000 population	0.05
Number of psychologists per 100 000 population	0.09
Number of social workers per 100 000 population	0.6
One occupational therapist is under training.	

### 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. Annual statistics are available in the report. The country has data collection system or epidemiological study on mental health. Service data collection is present.

### 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	18.2
Ethosuximide	yes	250	87.8
Phenobarbital	yes	30	0.12
Phenytoin sodium	yes	100	4.53
Sodium Valproate	yes	200	33.56
Amitriptyline	yes	25	2.49
Chlorpromazine	yes	25	13.34
Diazepam	yes	10	1.98
Fluphenazine	no		
Haloperidol	yes	5	15.2
Lithium	yes	250	10
Biperiden	yes	2	34.3
Carbidopa	unknown		
Levodopa	unknown		

Anti psychotics and anti epileptics are given free to the indoor and outdoor patients.

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

## General Information

Liberia is a country with an approximate area of 111 thousand sq.km. Its population is 2.93 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 54(1995)% for males and 22(1995)% for females. The life expectancy at birth is 42.5 years for males and 44.9 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 1970.

#### Mental Health Legislation

The Public Health Act refers to mental health. The latest legislation was enacted in 1970.

### 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 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. Treatment is available to a limited extent. Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 15 personnel were provided training. Special training programmes for mental health is not present but they are a part of general training programmes. There are community care facilities for patients with mental disorders.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.09
Psychiatric beds in mental hospitals per 10 000 population	0
Psychiatric beds in general hospitals per 10 000 population	0.01
Psychiatric beds in other settings per 10 000 population	0.08
Number of psychiatrists per 100 000 population	0.01
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	0.03
Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	0.03
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 and prevention.

### INFORMATION GATHERING SYSTEM

There is a mental health reporting system in the country. This is done at the teaching hospital, JFK Medical Centre, Monrovia. 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 and indigenous 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	no		
Ethosuximide	no		
Phenobarbital	yes	100	
Phenytoin sodium	yes	100	
Sodium Valproate	no		
Amitriptyline	yes	25	
Chlorpromazine	yes	100	
Diazepam	yes	2	
Fluphenazine	yes	25	
Haloperidol	yes	2	
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

Benzhexol 2 and 5 mg are used as anti parkinsonian drugs.

### OTHER INFORMATION

There is an urgent need for needs assessment as because of the civil war mental health problems have increased. Technical help is needed.

### ADDITIONAL SOURCES OF INFORMATION

# Madagascar

## General Information

Madagascar is a country with an approximate area of 587 thousand sq.km. Its population is 15.497 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 2.1 % (WHO, 2000). The literacy rate is 72.2 % for males and 57.8 % for females. The life expectancy at birth is 56.2 years for males and 54.2 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

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

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

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

#### Mental Health Legislation

The mental health law dates back to the 19th century. The latest legislation was enacted in 1838.

### MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 0.82 % 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.

### MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Persons suffering from mental illness can avail 6-12 months of leave. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Mental health is being integrated into districts. Regular training of primary care professionals is carried out in the field of mental health. Training models and tools are being worked out. There are no community care facilities for patients with mental disorders.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.17
Psychiatric beds in mental hospitals per 10 000 population	0.08
Psychiatric beds in general hospitals per 10 000 population	0.08
Psychiatric beds in other settings per 10 000 population	0.01
Number of psychiatrists per 100 000 population	0.08
Number of neurosurgeons per 100 000 population	0.013
Number of psychiatric nurses per 100 000 population	0.3
Number of neurologists per 100 000 population	0.08
Number of psychologists per 100 000 population	0.03
Number of social workers per 100 000 population	0.02

### NON-GOVERNMENTAL ORGANIZATIONS

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

### INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. The country has no data collection system or epidemiological study on mental health. A documentation centre is being planned.

### PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for children. There are also programmes for workers in the enterprise having alcohol abuse problems and programmes on epilepsy.

### 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	3.68
Ethosuximide	no		
Phenobarbital	yes	50	0.74
Phenytoin sodium	no		
Sodium Valproate	yes	500	9.44
Amitriptyline	no		
Chlorpromazine	yes	100	1.47
Diazepam	yes	5	0.44
Fluphenazine	no		
Haloperidol	yes	5	22.09
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

## General Information

Malawi is a country with an approximate area of 118 thousand sq.km. Its population is 10.64 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 5.8% (WHO, 2000). The literacy rate is 73.2% for males and 44.1% for females. The life expectancy at birth is 41 years for males and 43 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. Human resource development 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 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 1995.

#### Mental Health Legislation

The Mental Treatment Act was amended in 1968. The latest legislation was enacted in 1959.

### MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 2% of the total health budget on mental health. The primary sources of mental health financing in descending order are tax based and grants.

### MENTAL HEALTH FACILITIES

The country does not have disability benefits for persons with mental disorders. Mental disorders are not considered a disability. 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 1000 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	0.37
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
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	2.5
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 one occupational therapist and 2 psychiatric clinical officers.

### NON-GOVERNMENTAL ORGANIZATIONS

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

### INFORMATION GATHERING SYSTEM

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

### PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for minorities, refugees and disaster affected 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	17.43
Ethosuximide	no		
Phenobarbital	yes	30	2.7
Phenytoin sodium	yes	100	6.24
Sodium Valproate	no		
Amitriptyline	yes	50	1.2
Chlorpromazine	yes	100	8.85
Diazepam	yes	5	2.8
Fluphenazine	yes	25	0.56*
Haloperidol	yes	5	0.47
Lithium	yes	400	9.75
Biperiden	no		
Carbidopa	no		
Levodopa	no		

\*cost of single injectible unit

Procyclidine is available.

### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

- MacLachlan, M., Nyirenda, T. and Nyando, C. (1995). Attributions for Admission to Zomba Mental Hospital: Implications for the Development of Mental Health Services in Malawi. *International Journal of Psychiatry*. 41(2), 79-87.

## General Information

Mali is a country with an approximate area of 1240 thousand sq.km. Its population is 10.96 million. (WHO, 2000). The country is a low income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 4.2% (WHO, 2000). The literacy rate is 45.8% for males and 31.1% for females. The life expectancy at birth is 41.3 years for males and 44 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 treatment and rehabilitation. Decentralisation is a component of the policy.

#### Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1983.

#### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1983.

#### 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 was a decree passed by the Governor General relating to the insane people. The latest legislation was enacted in 1938.

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

### MENTAL HEALTH FACILITIES

Details about disability benefits for mental health are not available.

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 48 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	0.2
Psychiatric beds in mental hospitals per 10 000 population	0
Psychiatric beds in general hospitals per 10 000 population	0.1
Psychiatric beds in other settings per 10 000 population	0.05
Number of psychiatrists per 100 000 population	0.06
Number of neurosurgeons per 100 000 population	0.01
Number of psychiatric nurses per 100 000 population	0.15
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	0.01

The number of personnel are insufficient.

### 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 disorders are classified under "other disorders". The country has no data collection system or epidemiological study on mental health.

### PROGRAMMES FOR SPECIAL POPULATION

There are no programmes for special population.

### THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	13.35
Ethosuximide	no		
Phenobarbital	yes	100	10
Phenytoin sodium	yes	100	4.37
Sodium Valproate	yes	500	27.98
Amitriptyline	yes	25	5.03
Chlorpromazine	yes	100	16.47
Diazepam	yes	10	
Fluphenazine	yes	25	1.5*
Haloperidol	yes	5	
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	yes	250	

\*cost of single injectible unit

Trihexiphenydyll is used. Availability of drugs is inadequate.

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

## General Information

Mauritania is a country with an approximate area of 1030 thousand sq.km. Its population is 2.598 million. (WHO, 2000). The country is a low income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 5.6% (WHO, 2000). The literacy rate is 51.7% for males and 31.0% for females. The life expectancy at birth is 51.8 years for males and 53.8 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. There is no Substance Abuse Policy but a decree was issued in November 1990 for the creation of the National commission against drugs and psychotropic substances.

#### National Mental Health Programme

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

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

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

#### Mental Health Legislation

The country does not have any 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 1% of the total health budget on mental health.

The primary source of mental health financing is out of pocket expenditure by the patient or family.

### MENTAL HEALTH FACILITIES

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

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	0.2
Psychiatric beds in mental hospitals per 10 000 population	0.2
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	0.08
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	0.6
Number of neurologists per 100 000 population	0.08
Number of psychologists per 100 000 population	0.1
Number of social workers per 100 000 population	0.1

Training of specialists in mental health is not adequate.

### NON-GOVERNMENTAL ORGANIZATIONS

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

### INFORMATION GATHERING SYSTEM

There is no mental health reporting system in the country. Mental and neurological illnesses are not mentioned in the annual health reporting.

The country has no data collection system or epidemiological study on mental health. Only hospital data collection is done.

### 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	4.17
Ethosuximide	no		
Phenobarbital	yes	100	2.92
Phenytoin sodium	no		
Sodium Valproate	yes	500	8.34
Amitriptyline	yes	25	1.61
Chlorpromazine	yes	100	2.08
Diazepam	yes	10	2.08
Fluphenazine	no		
Haloperidol	yes	5	1.25
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

Trihexiphenidyl (5mg) is present.

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

# Mauritius

## General Information

Mauritius is a country with an approximate area of 2 thousand sq.km. Its population is 1.15 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 3.5% (WHO, 2000). The literacy rate is 87.3% for males and 80.3% for females. The life expectancy at birth is 66.8 years for males and 74.4 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1983. The components of the policy are promotion, prevention, treatment and rehabilitation.

#### Substance Abuse Policy

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

#### National Mental Health Programme

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

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

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1972.

#### Mental Health Legislation

There is a Mental Health Care Act (act no 24). It repealed the older Lunacy Act. The act is detailed and has provisions for procedure of admission and discharge of patients, rights of patients, living conditions of the hospitals, legal issues pertaining to courts and ability to stand for trial. There are also provisions for actual treatment issues like person responsible for care, plan of treatment, followup, etc. The latest legislation was enacted in 1998.

### MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 0.3% 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.

### MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Two types of benefits are present: (1) basic invalidity pension for those who have 60% of mental handicap. (2) basic invalidity pension and carer's allowance for those who are nonambulant, have severe disability and who need constant carer's assistance.

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 as an out patient service and as followup after treatment at the main psychiatric hospital.

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. Two centres-Quenum and Black River have community care facilities.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	8
Psychiatric beds in mental hospitals per 10 000 population	7
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	1
Number of neurosurgeons per 100 000 population	0.3
Number of psychiatric nurses per 100 000 population	5

Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	0.2
Number of social workers per 100 000 population	1

There are 5 occupational therapists and 4 assistants.

### 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 about services, morbidity, cause of death are published in the Annual Health Statistics.

The country has data collection system or epidemiological study on mental health. Details are given in the Annual Health Statistics.

### 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	0.98
Ethosuximide	yes	250	5.63
Phenobarbital	yes	30	0.15
Phenytoin sodium	yes	100	1.88
Sodium Valproate	yes	200	4.73
Amitriptyline	yes	25	0.23
Chlorpromazine	yes	100	1.17
Diazepam	yes	2	0.1
Fluphenazine	yes	25	
Haloperidol	yes	5	0.75
Lithium	yes	400	5.49
Biperiden	no		
Carbidopa	yes	275	11
Levodopa	yes	250	16.77

In place of Biperiden, Benzhexol (2mg), Orphenadrine(50mg) and Procyclidine(5mg) is available. All the drugs are strictly controlled and dispensed against prescriptions. The prices are government controlled. Other drugs are available from private pharmacies.

### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

1. Government Gazette of Mauritius. (1998). Legal Supplement – Mental Health Care Act of 1998.

# Mozambique

## General Information

Mozambique is a country with an approximate area of 802 thousand sq.km. Its population is 19.286 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 5.8% (WHO, 2000). The literacy rate is 39.5% for males and 36.3% for females. The life expectancy at birth is 41.8 years for males and 44 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is absent.

#### Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1997. The policy is to be reviewed every two years.

#### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1990. The country has a national mental health strategic plan.

#### 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

Details on legislation on mental health are not available. However, Law No 1/99 (formulated in 1999) controls and regulates access of youngsters to the night clubs as well as projection of certain videos and also controls the sale of alcohol and tobacco.

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.

There is no specific amount mentioned for mental health. It is within the integrated national programme.

### MENTAL HEALTH FACILITIES

The country does not have disability benefits for persons with mental disorders. Patients with chronic mental illness are given a discount on their medical prescription, or file for poor income at the Ministry of Social Welfare. The country does not have disability benefits for persons with mental disorders, except those with epilepsy.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Few health centres have out-patient facilities.

Regular training of primary care professionals is not carried out in the field of mental health. Seminars are organized from time to time to train health workers in mental health.

There are community care facilities for patients with mental disorders.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.23
Psychiatric beds in mental hospitals per 10 000 population	0.2
Psychiatric beds in general hospitals per 10 000 population	0.04
Psychiatric beds in other settings per 10 000 population	0.01
Number of psychiatrists per 100 000 population	0.04
Number of neurosurgeons per 100 000 population	0.01
Number of psychiatric nurses per 100 000 population	0.01

Number of neurologists per 100 000 population	0.01
Number of psychologists per 100 000 population	0.05
Number of social workers per 100 000 population	0.01

All psychiatrists are foreigners. There are 34 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 no mental health reporting system in the country.

The country has no data collection system or epidemiological study on mental health. Data collecting systems are being tested, statistical information on patients are being collected.

### PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for disaster affected 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	0.1
Ethosuximide	no		
Phenobarbital	yes	100	0.38
Phenytoin sodium	yes	100	0.19
Sodium Valproate	yes	100	
Amitriptyline	yes	25	0.5
Chlorpromazine	yes	25	0.82
Diazepam	yes	10	0.1
Fluphenazine	yes	25	0.75*
Haloperidol	yes	5	0.5
Lithium	no		
Biperiden	yes	2	4.9
Carbidopa	no		
Levodopa	yes	50	17.96

\*cost of single injectible unit

### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

1. Essential Drug List.(Government document)

## General Information

Namibia is a country with an approximate area of 824 thousand sq.km. Its population is 1.695 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 7.5% (WHO, 2000). The literacy rate is 81.9% for males and 79.7% for females. The life expectancy at birth is 43.3 years for males and 43 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is absent. Both, the mental health policy and the national mental health programme are in the draft phase and are soon to be finalized.

#### 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 1995.

#### Mental Health Legislation

Namibia, still uses the Mental Health Act No 18 that she inherited from South Africa. The latest legislation was enacted in 1973.

### 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.

Mental health is under the primary health care programme and there is no special budget for mental health.

The budget is allocated according to the annual mental health activities.

### MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. If a person is classified as chronically mentally ill then the application is forwarded to the social services for disability grant.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Treatment is generally available at the hospital 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. Only followup of discharged psychiatric patients are done in the community.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	1.5
Psychiatric beds in mental hospitals per 10 000 population	1.5
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	0.2
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	6
Number of social workers per 100 000 population	6

The above mentioned psychologists and social workers work in the public sector. All the hospitals require to have at least one or two rooms for severely psychotic patients.

### NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention and rehabilitation. Provision of accommodation for the chronically ill is also an activity of NGOs.

### INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. If mental illness falls within the first ten reported cases then it is included in the Annual Health Reporting System.

The country has a data collection system or epidemiological study on mental health. Currently data are being recorded as "psychiatric conditions", but they will soon cover disorders as per ICD 10.

### PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for children.

### THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	1.54
Ethosuximide	no		
Phenobarbital	yes	30	0.19
Phenytoin sodium	yes	250	1.8
Sodium Valproate	yes		
Amitriptyline	yes	25	0.05
Chlorpromazine	yes	100	1.71
Diazepam	yes	5	0.31
Fluphenazine	yes	25	1.41*
Haloperidol	yes	5	0.4
Lithium	yes	25	2.66
Biperiden	yes	2	5.68
Carbidopa	yes	25+250	8.93
Levodopa	yes	25+250	8.93

\*cost of single injectible unit

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

## General Information

Niger is a country with an approximate area of 1267 thousand sq.km. Its population is 10.4 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 3.5% (WHO, 2000). The literacy rate is 22.4% for males and 7.4% for females. The life expectancy at birth is 47 years for males and 50 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

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

#### 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 2001. A new mental health programme was adopted in 2001. A national action plan in mental health is being formulated, in which activities in primary health care and mental health would be included and this would be adopted soon.

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

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

#### Mental Health Legislation

The current legislation on mental health is the decree which created psychiatric services in Western French Africa. A process to formulate new mental health legislation is under way. A draft of this legislation was expected before December, 2001. The latest legislation was enacted in 1928.

### MENTAL HEALTH FINANCING

There are no budget allocations for mental health.

Details about expenditure on mental health are not available.

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

### MENTAL HEALTH FACILITIES

The country does not have 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 community care facilities for patients with mental disorders. Traditional medicine is the only form of community treatment.

### 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	0.2
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	0.04
Number of neurosurgeons per 100 000 population	0.01
Number of psychiatric nurses per 100 000 population	0.04

Number of neurologists per 100 000 population	0.01
Number of psychologists per 100 000 population	0.03
Number of social workers per 100 000 population	0.05

### 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. Mental disorders are included in "other disorders" category. The country has no data collection system or epidemiological study on mental health.

### PROGRAMMES FOR SPECIAL POPULATION

There are no special mental health programmes for any specific 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	no		
Ethosuximide	no		
Phenobarbital	yes	50	5
Phenytoin sodium	no		
Sodium Valproate	no		
Amitriptyline	no		
Chlorpromazine	yes	100	11.68
Diazepam	yes	10	5.28
Fluphenazine	no		
Haloperidol	yes	5	11.04
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

## General Information

Nigeria is a country with an approximate area of 924 thousand sq.km. Its population is 108.945 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 3.1 % (WHO, 2000). The literacy rate is 70.1 % for males and 52.5 % for females. The life expectancy at birth is 46.8 years for males and 48.2 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. Training and research and management information system are components of the policy.

#### 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

Though there is no existing legislation on mental health, a new Mental Health Law is being reviewed by legal experts. 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, grants, social insurance and private insurances.

### MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Mental illnesses are mainly financed through out of pocket payments and as there are no health insurance or social insurance policy in place disability benefits are not adequate. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Manpower is insufficient to handle mental health at the primary care 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. Community care is provided by private medical practitioners, NGOs, healing centres and traditional healers.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.4
Psychiatric beds in mental hospitals per 10 000 population	0.3
Psychiatric beds in general hospitals per 10 000 population	0.04
Psychiatric beds in other settings per 10 000 population	0.01
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	4

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	0.02

Most of the health professionals migrate to industrialized countries leading to a shortage of personnel. Each state has a school of Health Technologists for training of primary care professionals including health care workers.

### 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 morbidity statistics are present. The country has data collection system or epidemiological study on mental health.

### PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for refugees, disaster affected population, elderly and children. There is a National Emergency Relief Agency that caters for the needs of refugees and populations affected by disasters. Mental health workers are invited to render necessary assistance, whenever required.

### 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	6.57
Ethosuximide	no		
Phenobarbital	yes	30	0.75
Phenytoin sodium	yes	100	5.16
Sodium Valproate	yes	200	15.96
Amitriptyline	yes	25	1.4
Chlorpromazine	yes	100	2.8
Diazepam	yes	5	5.16
Fluphenazine	yes		
Haloperidol	yes	5	2.06
Lithium	yes	400	9.38
Biperiden	yes		
Carbidopa	no		
Levodopa	no		

Benzhexol (5mg) is available.

### OTHER INFORMATION

#### ADDITIONAL SOURCES OF INFORMATION

1. Federal Ministry of Health (1991). The National Mental Health Policy for Nigeria.
2. The National Mental Health Programme and Action Plan for Nigeria (Government document).
3. University College Hospital Ibadan (1998). Essential Drug List.

## General Information

Rwanda is a country with an approximate area of 26 thousand sq.km. Its population is 7.235 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 71.5% for males and 56.8% for females. The life expectancy at birth is 41.2 years for males and 42.3 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

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

#### Substance Abuse Policy

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

#### National Mental Health Programme

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

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

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

#### Mental Health Legislation

Details about the mental health legislation are not available.

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

### 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 60 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	0.2
Psychiatric beds in mental hospitals per 10 000 population	0.2
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	0.03
Number of neurosurgeons per 100 000 population	0.02
Number of psychiatric nurses per 100 000 population	0.8
Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	0.8
Number of social workers per 100 000 population	0

There are 200 other mental health personnel.

### 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 no mental health reporting system in the country.

The country has data collection system or epidemiological study on mental health. The district hospitals send quarterly reports to the central level.

### 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		1.59
Ethosuximide	no		
Phenobarbital	yes		0.72
Phenytoin sodium	no		
Sodium Valproate	yes		1.49
Amitriptyline	yes		0.6
Chlorpromazine	yes		0.56
Diazepam	yes		0.2
Fluphenazine	no		
Haloperidol	yes		0.56
Lithium	yes		1.72
Biperiden	yes		2.5
Carbidopa	no		
Levodopa	no		

### OTHER INFORMATION

Rwanda's mental health delivery system is a tiered setup. At the bottom is the community workers and health centres, followed by the district hospitals with capabilities to manage mental disorders. The third tier is formed by different speciality hospitals like the Ndera which is the main neuropsychiatric setup.

### ADDITIONAL SOURCES OF INFORMATION

- Gatarayiha, F., Baro, F., Wagenfeld, M.O. and Stockman, Rene. (1991). The Development of Mental Health Services in Sub-Saharan Africa: The Case of Rwanda. *Journal of Sociology & Social Welfare*. 18(2), 25-40.
- Mental Health Policy. (Government document)

# Sao Tome and Principe

## General Information

Sao Tome and Principe is a country with an approximate area of 1 thousand sq.km. Its population is 0.144 million. (WHO, 2000).

The country is a low income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 4 % (WHO, 2000). The literacy rate is 85(1991) % for males and 62(1991) % for females.

The life expectancy at birth is 62.1 years for males and 64.9 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 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 2000.

#### Mental Health Legislation

The existing Mental Health Law is old.

The latest legislation was enacted in 1963.

### MENTAL HEALTH FINANCING

There are budget allocations for mental health.

Details about expenditure on mental health are not available.

Details about sources of financing are not available.

### MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is 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	2.1
Psychiatric beds in mental hospitals per 10 000 population	0
Psychiatric beds in general hospitals per 10 000 population	2.1
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	0
Number of neurosurgeons per 100 000 population	1
Number of psychiatric nurses per 100 000 population	0.001
Number of neurologists per 100 000 population	1
Number of psychologists per 100 000 population	0
Number of social workers per 100 000 population	0.001

### NON-GOVERNMENTAL ORGANIZATIONS

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

### INFORMATION GATHERING SYSTEM

There is no 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	no		
Ethosuximide	no		
Phenobarbital	yes	100	2
Phenytoin sodium	yes	100	0.33
Sodium Valproate	no		
Amitriptyline	yes		
Chlorpromazine	yes	25	
Diazepam	yes	10	1.38
Fluphenazine	no		
Haloperidol	yes	5	
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

## General Information

Senegal is a country with an approximate area of 197 thousand sq.km. Its population is 9.24 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 4.5% (WHO, 2000). The literacy rate is 45.4% for males and 25.8% for females. The life expectancy at birth is 53.5 years for males and 56.2 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1980. 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 1965.

#### 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

The most recent laws in mental health are law 75-80 of 9th July 1975, Decree 75-1092 of 23 October 1975 and Decree 75-1023 of 23 October 1975. The latest legislation was enacted in 1975.

### 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 private insurances, social insurance, out of pocket expenditure by the patient or family and tax based. The country spends about 6% of its total budget on health.

### 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. The programme began in 1975 with the assistance of WHO in order to develop mental health in primary care. Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 150 personnel were provided training. Out of the 150 personnel trained over the last two years, 50 were nurses and the remaining physicians. There are community care facilities for patients with mental disorders. Community care is provided by private clinics and traditional healers.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.3
Psychiatric beds in mental hospitals per 10 000 population	0.15
Psychiatric beds in general hospitals per 10 000 population	0.1
Psychiatric beds in other settings per 10 000 population	0.05
Number of psychiatrists per 100 000 population	0.1
Number of neurosurgeons per 100 000 population	0.06

Number of psychiatric nurses per 100 000 population	0.06
Number of neurologists per 100 000 population	0.09
Number of psychologists per 100 000 population	0.03
Number of social workers per 100 000 population	0.05

### 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 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	5.53
Ethosuximide	no		
Phenobarbital	yes	100	1.37
Phenytoin sodium	no		
Sodium Valproate	yes	500	12.27
Amitriptyline	yes		
Chlorpromazine	yes	100	0.77
Diazepam	yes	5	1.6
Fluphenazine	no		
Haloperidol	yes	2	0.93
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

## General Information

Seychelles is a country with an approximate area of 0.45 thousand sq.km. Its population is 0.077 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 5.9% (WHO, 2000). The literacy rate is 91.7% for males and 91.2% for females. The life expectancy at birth is 64.9 years for males and 70.5 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1992. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. The policy was revised in 1995.

#### Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1995. The policy was revised in 2001.

#### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1989. The national mental health program for the period 2000-2004 has been drafted for approval.

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

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 2001.

#### Mental Health Legislation

The existing law on mental health – The Mental Treatment Act- has been reviewed and submitted for enactment in 2001. The latest legislation was enacted in 1906.

### MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 0.3% 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. There are provisions for invalidity benefit by the social security funding.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Followup maintenance treatment is available with the support of the community psychiatry nurse along with other specialists and primary health workers.

Regular training of primary care professionals is carried out in the field of mental health. Training is provided to health workers as an ongoing continuous programme. Primary care doctors also attend seminars on mental health twice a year. There are community care facilities for patients with mental disorders. Community care is provided by the community psychiatry nurse with help from the primary health care workers and other specialists.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	8.9
Psychiatric beds in mental hospitals per 10 000 population	7.1
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	1
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
Number of psychologists per 100 000 population	1
Number of social workers per 100 000 population	49

There are only 3 occupational therapists working in psychiatry though there is an established network of them. The social workers are employed by different ministries.

### NON-GOVERNMENTAL ORGANIZATIONS

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

### INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. The country has data collection system or epidemiological study on mental health. Mental disorders are included in epidemiological morbidity data.

### PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for elderly and children. Support for the special population is available only when asked for and is not an outreach programme. There are also programmes for the mentally retarded.

### 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	1.55
Ethosuximide	yes	250	14.14
Phenobarbital	yes	30	1.2
Phenytoin sodium	yes	100	2.58
Sodium Valproate	yes	200	31.38
Amitriptyline	yes	25	1.38
Chlorpromazine	yes	25	2.58
Diazepam	yes	5	1
Fluphenazine	no		
Haloperidol	yes	10	10.17
Lithium	yes	250	18.1
Biperiden	no		
Carbidopa	yes	100+25	61
Levodopa	yes	25+100	61

Some drugs which are not there in the primary health care can be dispensed if prescribed by consultants.

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

## General Information

Sierra Leone is a country with an approximate area of 72 thousand sq.km. Its population is 4.717 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 45(1995)% for males and 18(1995)% for females. The life expectancy at birth is 33.2 years for males and 35.4 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 absent.

Both, the national therapeutic drug policy and the essential drug list is in the process of being developed.

#### 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 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 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	0.47
Psychiatric beds in mental hospitals per 10 000 population	0.32
Psychiatric beds in general hospitals per 10 000 population	0.11
Psychiatric beds in other settings per 10 000 population	0.03
Number of psychiatrists per 100 000 population	0.02
Number of neurosurgeons per 100 000 population	0
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
Number of social workers per 100 000 population	0.06

There are 200 psychiatric assistants.

### 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 no mental health reporting system in the country.

Details about data collection system or epidemiological study on mental health are not available.

### 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	no		
Ethosuximide	no		
Phenobarbital	yes	60	5
Phenytoin sodium	no		
Sodium Valproate	no		
Amitriptyline	no		
Chlorpromazine	yes	100	12.5
Diazepam	yes	10	5
Fluphenazine	no		
Haloperidol	yes	10	15
Lithium	no		
Biperiden	yes	5	5
Carbidopa	no		
Levodopa	no		

### OTHER INFORMATION

### ADDITIONAL SOURCES OF INFORMATION

# South Africa

## General Information

South Africa is a country with an approximate area of 1221 thousand sq.km. Its population is 39.9 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 7.1% (WHO, 2000). The literacy rate is 85.4% for males and 83.9% for females. The life expectancy at birth is 47.3 years for males and 49.7 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

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

#### Substance Abuse Policy

A substance abuse policy is absent. The substance abuse policy is in the process of being finalized.

#### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1997. The mental health programme is different for each province.

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

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

#### Mental Health Legislation

The existing legislation – The Mental Health Act- is old. A new legislation, the Mental Health Care Bill, has been drafted and submitted to the parliament for consideration. The latest legislation was enacted in 1973.

### MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 2.7% of the total health budget on mental health. The primary sources of mental health financing in descending order are tax based, private insurances, 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 available at the primary level. Care is provided in some cases by a psychiatric nurse and in others by a primary health care worker. The current psychiatric setup is varied and a new patient can be initially seen by either a psychiatrist or a community nurse or a primary nurse depending on the place. The patient is then either treated at that place or is immediately referred to a bigger hospital. The aim is to make the system more efficient so that there is a comprehensive mental care facility at the community level. However the integration of mental health into primary health care services is lagging behind due to the huge clinical load of primary care workers and their inadequate training facilities. Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 450 personnel were provided training. At different times training and reorientation programmes for primary health workers and nurses have been undertaken to educate them on diagnosis and management of mental disorders. The aim is to eventually make primary care workers competent enough to manage psychiatric cases and enable psychiatric nurses to take up more of consultative services. There are community care facilities for patients with mental disorders. Other than giving medical care, community care are very limited.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	4.5
Psychiatric beds in mental hospitals per 10 000 population	4
Psychiatric beds in general hospitals per 10 000 population	0.38
Psychiatric beds in other settings per 10 000 population	0.12
Number of psychiatrists per 100 000 population	1.2
Number of neurosurgeons per 100 000 population	0.3
Number of psychiatric nurses per 100 000 population	7.5
Number of neurologists per 100 000 population	0.3
Number of psychologists per 100 000 population	4
Number of social workers per 100 000 population	20

There are many trained psychiatric nurses working outside psychiatry as is true of social workers. Many doctors have also left South Africa. About 56% of psychiatrists in South Africa work in private setups. Most psychiatrists are biologically oriented and the few who practice psychotherapy use cognitive-behavioural models in most situations. However, Jungian School of analytical psychotherapy is practised by some in CapeTown (Emsley, 2001).

### NON-GOVERNMENTAL ORGANIZATIONS

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

### INFORMATION GATHERING SYSTEM

Details about mental health reporting systems are not available. The country has data collection system or epidemiological study on mental health. Data are collected from hospital and community services. A national epidemiological study is underway.

### PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for children. Some of the programmes are run by NGOs and the government has also started working in some areas. There are some programmes for victims of violence.

### THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	3
Ethosuximide	yes	250	15.85
Phenobarbital	yes	30	0.24
Phenytoin sodium	no		
Sodium Valproate	yes	200	6.7
Amitriptyline	yes	25	0.4
Chlorpromazine	yes	100	0.6
Diazepam	yes	5	0.2
Fluphenazine	yes	25	0.98*
Haloperidol	yes	5	0.86
Lithium	yes	400	8.92
Biperiden	yes	2	2.64
Carbidopa	yes	25+100	8.93
Levodopa	yes	25+100	8.93

\*cost of single injectible unit

## OTHER INFORMATION

The first hospital to cater specifically for mentally ill persons was established in 1711. In 1846, the prison colony on Robben Island was converted into a hospital for lepers, lunatics and other chronically ill persons (Emsley, 2001). At the time of formation of the Union of South Africa in 1910, there were 8 mental health institutions. Currently there are 24. In 1978, the APA compiled a report criticising the racial bias in psychiatric practice. Similar reports were filed by the Royal College of Psychiatrists in 1983. Isolation from international forums followed from 1987. Though currently racial bias is not present in treatment issues, a recent study (Lee et al, 1999) found that the better centres tended to be utilised more by the white community. This was due to the availability of better services in the white population dominated areas and the conclusion was to extend some of these services to the poorer sections of the community without compromising the existing structure present in the more affluent white community.

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# Swaziland

## General Information

Swaziland is a country with an approximate area of 17 thousand sq.km. Its population is 0.98 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 81 % for males and 78.6 % for females. The life expectancy at birth is 58 years for males and 65 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

A mental health policy is absent. A policy is being drafted.

#### 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

There is a Mental Health Act.

The latest legislation was enacted in 1978.

### MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 0.3 % of the total health budget on mental health.

Details about sources of financing are not available.

### 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 not available at the primary level. All severe mental disorders are transferred to central mental hospital.

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 outreach services are available.

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	2
Psychiatric beds in mental hospitals per 10 000 population	2
Psychiatric beds in general hospitals per 10 000 population	0
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	0.1
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	0.1
Number of social workers per 100 000 population	0.1

Mental health services are mainly managed by nurses.

## 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. Mental health reporting is not well established but is presently being addressed.

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

## PROGRAMMES FOR SPECIAL POPULATION

No specific programme 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	1.96
Ethosuximide	no		
Phenobarbital	yes	30	0.2
Phenytoin sodium	yes	100	
Sodium Valproate	no		
Amitriptyline	yes	25	6.22
Chlorpromazine	yes	100	1.45
Diazepam	yes	5	
Fluphenazine	yes	25	6.66*
Haloperidol	yes	5	1.05
Lithium	yes	400	8.1
Biperiden	yes	2	0.9
Carbidopa	no		
Levodopa	no		

\*cost of single injectible unit

## OTHER INFORMATION

## ADDITIONAL SOURCES OF INFORMATION

# Togo

## General Information

Togo is a country with an approximate area of 57 thousand sq.km. Its population is 4.512 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 2.8% (WHO, 2000). The literacy rate is 72.5% for males and 38.4% for females.

The life expectancy at birth is 48.9 years for males and 50.8 years for females.

## Mental Health Resources

### POLICIES AND LEGISLATION

#### Mental Health Policy

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

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

#### Substance Abuse Policy

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

#### National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1994.

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

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

#### Mental Health Legislation

There is a legislation on mental health.

The latest legislation was enacted in 1999.

### MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 0.2% 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 private insurances.

### MENTAL HEALTH FACILITIES

The country does not have disability benefits for persons with mental disorders.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Primary care is available only at the district level where the staff has been trained.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 70 personnel were provided training. Doctors and health workers have been trained in the last 2 years.

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

### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.4
Psychiatric beds in mental hospitals per 10 000 population	0.3
Psychiatric beds in general hospitals per 10 000 population	0.1
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	0.04
Number of neurosurgeons per 100 000 population	0.02
Number of psychiatric nurses per 100 000 population	0
Number of neurologists per 100 000 population	0.1
Number of psychologists per 100 000 population	0.2
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 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.

**PROGRAMMES FOR SPECIAL POPULATION**

No specific programme 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	12.54
Ethosuximide	yes	50	
Phenobarbital	yes	100	9.33
Phenytoin sodium	yes	100	3.74
Sodium Valproate	yes	200	11.58
Amitriptyline	yes	25	5.2
Chlorpromazine	yes	100	17.3
Diazepam	yes	5	3.85
Fluphenazine	yes	25	2.37*
Haloperidol	yes	5	9.6
Lithium	no		
Biperiden	no		
Carbidopa	yes	100	
Levodopa	yes	250	26.1

\*cost of single injectible unit

These drugs are available only in the capital.

**OTHER INFORMATION****ADDITIONAL SOURCES OF INFORMATION**

## Uganda

**General Information**

Uganda is a country with an approximate area of 241 thousand sq.km. Its population is 21.143 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 4.1 % (WHO, 2000). The literacy rate is 76.1 % for males and 54.2 % for females. The life expectancy at birth is 41.9 years for males and 42.4 years for females.

**Mental Health Resources****POLICIES AND LEGISLATION****Mental Health Policy**

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

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 1996.

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

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

The policy was reviewed in 1996 and 2001.

**Mental Health Legislation**

The Mental Treatment Act is currently being reviewed.

The latest legislation was enacted in 1964.

**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 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. Disability benefits are low and even lower for mental health.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Treatment for severe mental disorders are available only at the 10 regional referral centres and the National Mental Referral Hospital.

Regular training of primary care professionals is carried out in the field of mental health. Though training facilities for the primary care workers are not present, there is a training manual which can be obtained for purpose of training staff. There are community care facilities for patients with mental disorders. All community health departments at all health units provide some form of community based care but it is still in its infancy.

**PSYCHIATRIC BEDS AND PROFESSIONALS**

Total psychiatric beds per 10 000 population	0.44
Psychiatric beds in mental hospitals per 10 000 population	0.22
Psychiatric beds in general hospitals per 10 000 population	0.22
Psychiatric beds in other settings per 10 000 population	0.009
Number of psychiatrists per 100 000 population	0.04
Number of neurosurgeons per 100 000 population	0.009
Number of psychiatric nurses per 100 000 population	2

Number of neurologists per 100 000 population	0.02
Number of psychologists per 100 000 population	0.05
Number of social workers per 100 000 population	0.09

Out of the 55 other staff, 25 are psychiatric clinical officers.

#### NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation. NGOs also act as the consumer support group for mental health.

#### INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. They are mentioned broadly as "mental illness" without the breakup into different disorders.

The country has data collection system or epidemiological study on mental health. Monthly and quarterly reports are received from referral hospitals and NGOs.

#### PROGRAMMES FOR SPECIAL POPULATION

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

There are psychosocial support programmes in war affected areas.

#### 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	0.33
Phenytoin sodium	yes	100	0.66
Sodium Valproate	no		
Amitriptyline	no		
Chlorpromazine	yes	100	
Diazepam	yes	5	0.22
Fluphenazine	no		
Haloperidol	no		
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

Some of the other drugs are available at referral centres only.

#### OTHER INFORMATION

Academic psychiatry was started in the late 1960's when the Makerere University Department of Psychiatry was founded. Psychiatry suffered during the Amin regime but over the years there has been a lot of improvement. However, problems remain and there is a lack of resources and the legislation needs to be upgraded. HIV and PTSD place added burden on Ugandan psychiatry (Boardman and Ovuga, 1997).

#### ADDITIONAL SOURCES OF INFORMATION

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## United Republic of Tanzania

### General Information

United Republic of Tanzania is a country with an approximate area of 945 thousand sq.km. Its population is 32.793 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 83.3% for males and 64.3% for females.

The life expectancy at birth is 44.4 years for males and 45.6 years for females.

### Mental Health Resources

#### POLICIES AND LEGISLATION

##### Mental Health Policy

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

The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. The mental health policy is integrated into the national health policy of 1990.

##### 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. The programme was formulated in 1980.

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

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

##### Mental Health Legislation

The Mental Health Act 2000 is the revised and updated version of the Mental Disease Ordinance (cap 98 of 1958).

The latest legislation was enacted in 2000.

#### 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.

The country spends 4-7% of its total budget on health.

#### MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Psychiatric patients are exempt from cost sharing charges for treatment.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Some regions followup psychiatric patients in primary health care.

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. Regional mental health coordinators run community based care for the mentally ill. The community care teams were first formed in 1983. There are about 26 trained community care teams. There are also "agriculture psychiatric rehabilitation villages" which provide sheltered living conditions for homeless psychiatric patients, provide continued treatment and training facilities in interpersonal relationships and provide a sheltered working place. At any point in time there are about 450 patients in these villages. The villages are managed by mental health nurse, nursing assistants, artisans and agriculturists who are responsible for the farms. A psychiatrist and medical social worker makes weekly visits. Each patient stays for an average period of 6 months with a range of 3 months to 2 years. Besides these there is a network of traditional healers.

#### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.5
Psychiatric beds in mental hospitals per 10 000 population	0.36
Psychiatric beds in general hospitals per 10 000 population	0.04

Psychiatric beds in other settings per 10 000 population	0.1
Number of psychiatrists per 100 000 population	0.03
Number of neurosurgeons per 100 000 population	0.01
Number of psychiatric nurses per 100 000 population	2
Number of neurologists per 100 000 population	0.01
Number of psychologists per 100 000 population	0.003
Number of social workers per 100 000 population	0.04

More than 50% of the nurses do non-mental health related duties. There are 8 assistant medical officers in psychiatry.

#### 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. Only some hospitals have a mental disorders reporting system. The country has no data collection system or epidemiological study on mental health. Data collection will be a pilot study in two regions in 2000-01.

#### PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for refugees, disaster affected population and indigenous population. There is no specialised services for substance dependence or 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	no		
Ethosuximide	no		
Phenobarbital	yes	30	0.12
Phenytoin sodium	no		
Sodium Valproate	no		
Amitriptyline	no		
Chlorpromazine	yes	25	0.2
Diazepam	unknown		
Fluphenazine	no		
Haloperidol	no		
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

Availability of psychotropics are variable. There is more variety in large urban centres. There are very few drugs available in the primary care level.

#### OTHER INFORMATION

An inventory that covers mental health services in Tanzania mainland has been completed. It covers all 20 regions report.

#### ADDITIONAL SOURCES OF INFORMATION

1. Kilonzo, G.P. and Simmons, N. (1998). Development of Mental Health Services in Tanzania: A Reappraisal for the Future. Social Science & Medicine. 47(4), 419-428.

## Zambia

### General Information

Zambia is a country with an approximate area of 753 thousand sq.km. Its population is 8.976 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 84.0% for males and 69.1% for females. The life expectancy at birth is 38 years for males and 39 years for females.

### Mental Health Resources

#### POLICIES AND LEGISLATION

##### Mental Health Policy

A mental health policy is absent. The policy is in the draft form.

##### 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.

It is being formulated using the WHO's Public Mental Health Programme.

##### 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

The Mental Disorders Act is old and there is a new draft bill.

The latest legislation was enacted in 1951.

#### MENTAL HEALTH FINANCING

There are no budget allocations for mental health.

Details about expenditure on mental health are not available.

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

Funds for mental health have been through the basket funds under the Sector Wide Approach.

#### MENTAL HEALTH FACILITIES

The country does not have disability benefits for persons with mental disorders. There is a National Disability Fund that is available for all persons with disability. Mental patients hardly access them. Mental patients who retire on medical grounds are given full benefits. However it is difficult for the families to receive the benefits due to shortage of funds.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. District hospitals have psychiatric outpatient facilities, but they have a shortage of psychotropics due to a lack of funds. Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 75 personnel were provided training.

There are community care facilities for patients with mental disorders. Community care is not well developed and is under threat due to the lack of funds. It was started as a pilot project in one particular district with the help of outside funds.

#### PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.5
Psychiatric beds in mental hospitals per 10 000 population	0.17
Psychiatric beds in general hospitals per 10 000 population	0.18
Psychiatric beds in other settings per 10 000 population	0.07
Number of psychiatrists per 100 000 population	0.02
Number of neurosurgeons per 100 000 population	0.03
Number of psychiatric nurses per 100 000 population	5
Number of neurologists per 100 000 population	0

Number of psychologists per 100 000 population	0.04
Number of social workers per 100 000 population	0.04

There is a critical shortage of mental health providers. Most of the clinical work in psychiatry is carried out by clinical assistants or medical assistants who form a large proportion of the other types of mental health professionals. Considering the severe shortage of mental health professionals at all levels, plans are underway to reintroduce pre-service training for primary care professionals in mental health.

#### NON-GOVERNMENTAL ORGANIZATIONS

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

#### INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. The mental health reporting system requires to be reviewed to meet the challenges of the health reform program. Although psychiatric facilities keep records of mental disorders, the ICD 10 criteria has been replaced by the country specific Health Information Management System (HMIS) form which limits all types of mental illnesses under one category of "mental disorders" causing concern among mental health professionals.

The country has data collection system or epidemiological study on mental health. The country has no epidemiological study. Data are compiled at the main psychiatric hospital.

#### PROGRAMMES FOR SPECIAL POPULATION

There are no special programmes.

Due to the absence of a national mental health policy and plan of action, the country has no special programmes. Refugees had a trauma program through UNHCR, but the program is being sidelined. Proper development of programmes are being hampered due to the lack of a mental health policy and programme.

#### 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	4.18
Ethosuximide	no		
Phenobarbital	yes	30	0.9
Phenytoin sodium	yes	100	0.9
Sodium Valproate	yes	200	1.1
Amitriptyline	yes	25	0.56
Chlorpromazine	yes	100	1.46
Diazepam	yes	2	0.75
Fluphenazine	yes	25	0.75*
Haloperidol	yes	5	0.95
Lithium	yes	150	1.19
Biperiden	no		
Carbidopa	no		
Levodopa	no		

\*cost of single injectible unit

The newer antipsychotics like pimozide are not available. Benzhexol (2mg) is used.

#### OTHER INFORMATION

The overall state of mental health is not adequate from the human resources and services point of view.

Zambia participated in the European Commission funded Concerted Action report on Methods for Intervention in Mental Health in Sub-Saharan Africa coordinated by South Bank University of London from 1997-2000.

#### ADDITIONAL SOURCES OF INFORMATION

## Zimbabwe

### General Information

Zimbabwe is a country with an approximate area of 391 thousand sq.km. Its population is 11.529 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 6.2% (WHO, 2000). The literacy rate is 91.7% for males and 82.9% for females. The life expectancy at birth is 40.9 years for males and 40 years for females.

### Mental Health Resources

#### POLICIES AND LEGISLATION

##### Mental Health Policy

A mental health policy is absent. A third draft of a Mental Health policy is being finalized and will be sent to the parliament for ratification.

##### Substance Abuse Policy

A substance abuse policy is absent. The initial formulation of the Zimbabwe National Drug Control Master Plan (Substance Abuse Policy) was in 1999 and it is currently in the Parliament awaiting ratification.

##### 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 1995.

The first Essential Drug List was published in 1985. The current list was published in the year 2000. The Zimbabwe National Drug Policy was published in 1995.

##### Mental Health Legislation

There are two laws which are recent. The Mental Health Act 1996 and the Mental Health Regulation 1999.

The latest legislation was enacted in 1996.

#### 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. Mental illness falls under the category that qualifies for tax credits.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Primary health care workers have the capacity to handle patients with severe psychosis and refer only those that they feel require specialised services. The rural and district hospitals do not have facilities for psychiatric care and only 5 large hospitals have primary care teams.

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. There are training facilities for nurses, occupational therapists, rehabilitation workers and social workers. All nurses are supposed to go through a period of training in mental health. Training workshops for mental health are also organized from time to time at the district and provincial level. However the programme is very poor.

There are community care facilities for patients with mental disorders. There is a shortage of material and staff to sustain community care program.

**PSYCHIATRIC BEDS AND PROFESSIONALS**

Total psychiatric beds per 10 000 population	1.2
Psychiatric beds in mental hospitals per 10 000 population	0.9
Psychiatric beds in general hospitals per 10 000 population	0.2
Psychiatric beds in other settings per 10 000 population	0.1
Number of psychiatrists per 100 000 population	0.1
Number of neurosurgeons per 100 000 population	0.07
Number of psychiatric nurses per 100 000 population	4.6
Number of neurologists per 100 000 population	0.009
Number of psychologists per 100 000 population	0.9
Number of social workers per 100 000 population	0.2

There are 221 physiotherapists and 243 rehabilitation technicians who help in mental health. There are 71 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. NGOs also provide training.

**INFORMATION GATHERING SYSTEM**

There is mental health reporting system in the country. Although there is no mention of mental health in the secretaries annual report, mental health is included in the National Health Profile Annual Report.

The country has data collection system or epidemiological study on mental health. Plans are underway to make the data collection form more user friendly.

**PROGRAMMES FOR SPECIAL POPULATION**

There are no special services for these population but, mental health is integrated into other services and so all types of people are benefited.

**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	16.7
Ethosuximide	no		
Phenobarbital	yes	180	0.45
Phenytoin sodium	yes	100	1
Sodium Valproate	no		
Amitriptyline	yes	50	9.1
Chlorpromazine	yes	100	9.1
Diazepam	yes	5	0.36
Fluphenazine	yes	25	0.72*
Haloperidol	yes	5	1.54
Lithium	no		
Biperiden	yes		
Carbidopa	yes		48.2
Levodopa	yes		48.2

\*cost of single injectible unit

Benzhexol (5mg) is present. There is a shortage of drugs due to lack of foreign currency.

**OTHER INFORMATION**

In Zimbabwe, traditional healers have been allowed to form an association of their own through an Act of the Parliament.

**ADDITIONAL SOURCES OF INFORMATION**

1. Fidelis, C. and Manley, M. (1991). Psychiatry in Zimbabwe. Hospital and Community Psychiatry. 42(9), 943-947.