

Region of the Americas (AMR)



AMR

Antigua and Barbuda

General Information

Antigua and Barbuda is a country with an approximate area of 0.44 thousand sq.km. Its population is 0.067 million. (WHO, 2000).

The country is a higher middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 6.4% (WHO, 2000). The literacy rate is 90(1960)% for males and 88(1960)% for females.

The life expectancy at birth is 71.4 years for males and 76.8 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 1978.

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 Treatment Act is quite old. The latest legislation was enacted in 1951.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

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

The primary source of mental health financing is social insurance.

The Medical Benefit Scheme for chronic mental illness is the primary source of financing.

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 administered by the 6 mental health clinics in the country.

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 also administered from the 6 clinics.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	17.9
Psychiatric beds in mental hospitals per 10 000 population	17
Psychiatric beds in general hospitals per 10 000 population	0.7
Psychiatric beds in other settings per 10 000 population	0.2
Number of psychiatrists per 100 000 population	2
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	4.5
Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	3
Number of social workers per 100 000 population	

There are 5 social workers, but none work in mental health. Antigua and Barbuda provided long-term care services for Leeward Island for a long time in exchange for a nominal fee. There is an old style mental hospital with psychiatric care at the general hospital.

NON-GOVERNMENTAL ORGANIZATIONS

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

INFORMATION GATHERING SYSTEM

There is no mental health reporting system in the country.

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

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for children. The child and family guidance centre at the general hospital is run by an NGO (Collaborative Committee for the Promotion of Emotional Health in 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		
Ethosuximide	yes		
Phenobarbital	yes		
Phenytoin sodium	yes		
Sodium Valproate	yes		
Amitriptyline	yes		
Chlorpromazine	yes		
Diazepam	yes		
Fluphenazine	yes		
Haloperidol	yes		
Lithium	yes		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

Benzotropine is available.

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

Argentina

General Information

Argentina is a country with an approximate area of 2780 thousand sq.km. Its population is 36.577 million. (WHO, 2000). The country is a higher middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 8.2% (WHO, 2000). The literacy rate is 96.7% for males and 96.6% for females. The life expectancy at birth is 70.6 years for males and 77.8 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1957. 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 1980. The substance abuse policies are established by The National Secretariat of Prevention and Action against Narcotraffic.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1957. The National Programme of Mental Health was made by the Decree 245/98.

National Therapeutic Drug Policy/Essential List of Drugs

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

Mental Health Legislation

The most recent law in mental health is law 448 passed by the City of Buenos Aires. The National Law regarding admissions (Law 229/4) was passed in 1982. 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 sources of mental health financing in descending order are tax based, social insurance, private insurances and out of pocket expenditure by the patient or family.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders.

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

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. Facilities are not uniform across the country.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	6.8
Psychiatric beds in mental hospitals per 10 000 population	
Psychiatric beds in general hospitals per 10 000 population	
Psychiatric beds in other settings per 10 000 population	
Number of psychiatrists per 100 000 population	13.6
Number of neurosurgeons per 100 000 population	1.1
Number of psychiatric nurses per 100 000 population	
Number of neurologists per 100 000 population	1.6
Number of psychologists per 100 000 population	
Number of social workers per 100 000 population	11

The number of psychiatric nurses, occupational therapists are not known. There are 43,000 psychologists but the specific number working for mental health is not available.

NON-GOVERNMENTAL ORGANIZATIONS

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

INFORMATION GATHERING SYSTEM

There is no mental health reporting system in the country. There are no general studies, only isolated ones like the one for Buenos Aires.

The country has data collection system or epidemiological study on mental health. PRONESAM was supposed to achieve international standards but it failed to do so.

PROGRAMMES FOR SPECIAL POPULATION

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

THERAPEUTIC DRUGS

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

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

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

Bahamas

General Information

Bahamas is a country with an approximate area of 14 thousand sq.km. Its population is 0.301 million. (WHO, 2000). The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 5.9% (WHO, 2000). The literacy rate is 94.8% for males and 96.2% for females. The life expectancy at birth is 67 years for males and 73.6 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is absent.

Substance Abuse Policy

A substance abuse policy is absent.

National Mental Health Programme

A national mental health programme is absent.

National Therapeutic Drug Policy/Essential List of Drugs

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

Mental Health Legislation

Details about the mental health legislation are not available.

MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 11% of the total health budget on mental health. The primary source of mental health financing is tax based.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Case are only assessed and then referred to specialized centres. Regular training of primary care professionals is not carried out in the field of mental health. There are community care facilities for patients with mental disorders.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	11.96
Psychiatric beds in mental hospitals per 10 000 population	11.69
Psychiatric beds in general hospitals per 10 000 population	0.27
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	4.7
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	21.6
Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	3
Number of social workers per 100 000 population	3.7

Besides trained psychiatrist there are other trained doctors who deliver psychiatric care.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in prevention and treatment. The majority of the NGO's work in the field of substance abuse.

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. Data collection system is being developed.

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	18.15
Ethosuximide	no		
Phenobarbital	yes	30	3
Phenytoin sodium	yes	100	15
Sodium Valproate	yes	250	14.5
Amitriptyline	yes	25	3
Chlorpromazine	yes	100	5.35
Diazepam	yes	5	3
Fluphenazine	yes	25	8.15*
Haloperidol	yes	5	3
Lithium	yes	300	21.45
Biperiden	no		
Carbidopa	yes	25+250	41.35
Levodopa	yes	25+250	41.35

*cost of single injectible unit

OTHER INFORMATION

The country has major problems in the field of substance abuse, mainly alcoholism. The capital, Nassau has one large mental hospital – the Sandilands Rehabilitation Centre. More emphasis has to be placed on developing psychiatry in a general hospital setup.

ADDITIONAL SOURCES OF INFORMATION

Barbados

General Information

Barbados is a country with an approximate area of 0.43 thousand sq.km. Its population is 0.269 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 7.3% (WHO, 2000). The literacy rate is 99% for males and 99% for females. The life expectancy at birth is 72.7 years for males and 77.8 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is absent.

Substance Abuse Policy

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

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 1989.

Mental Health Legislation

The Mental Health Act is of 1980. The Mental Health Act- Laws of Barbados (Chapter 45) is the most recent legislation. The latest legislation was enacted in 1985.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 12% 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 has disability benefits for persons with mental disorders.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Primary care is provided through a mental health team providing services in each polyclinic.

Regular training of primary care professionals is not carried out in the field of mental health. One training programme was carried out by PAHO in May 1999.

There are community care facilities for patients with mental disorders. It is provided through mental health personnel and mental health officers working out of the psychiatric hospital. There are District Psychiatric Nursing services across the country which take care of the community care. They collectively make up to 6000 domiciliary visits per year. Therapeutic communities exist in the QE Hospital.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	23.5
Psychiatric beds in mental hospitals per 10 000 population	23.2
Psychiatric beds in general hospitals per 10 000 population	0.3
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	34
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	186
Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	0.7
Number of social workers per 100 000 population	1.9

Two social workers are trained in psychiatry social work till the masters level. Barbados has one large mental hospital. The private setups have no fixed number of psychiatric beds. There are also Mental Health Officers who play an important role in psychiatric care.

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 data collection system or epidemiological study on mental health.

PROGRAMMES FOR SPECIAL POPULATION

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

The child guidance clinic is a weekly outpatient affair. The liaison service is in its infancy. There are also substance abuse related programmes. Services in forensic psychiatry is also present.

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		
Diazepam	yes		
Fluphenazine	yes		
Haloperidol	yes		
Lithium	yes		
Biperiden	no		
Carbidopa	no		
Levodopa	yes		

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

- Evans, C. (1999). Psychiatry in Barbados: A Personal Experience. *Psychiatric Bulletin*. 23, 49-51.
- Fisher, L. E. (1981). Social Organization and Stigmatization of Mental Patients in Barbados. *Illinois Sociological Association*.

General Information

Belize is a country with an approximate area of 23 thousand sq.km. Its population is 0.235 million. (WHO, 2000). The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 4.7% (WHO, 2000). The literacy rate is 92.9% for males and 92.5% for females. The life expectancy at birth is 69.6 years for males and 75 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

There is a Law on decriminalization of suicide. The latest legislation was enacted in 1998.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 2.9% of the total health budget on mental health.

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

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. If patients have worked they are entitled to social security benefits.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Actual treatment is available mainly at secondary 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. It is provided by psychiatric nurses based in each district of the country.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	2.3
Psychiatric beds in mental hospitals per 10 000 population	2.1
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	1.3
Number of neurosurgeons per 100 000 population	0.9
Number of psychiatric nurses per 100 000 population	0.9

Number of neurologists per 100 000 population	0.9
Number of psychologists per 100 000 population	0
Number of social workers per 100 000 population	4.3

Occupational therapists would be graduating in 2001. In addition, there are 3 private hospitals which admit psychiatric patients occasionally.

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 no data collection system or epidemiological study on mental health.

PROGRAMMES FOR SPECIAL POPULATION

There is no specific programme but patients belonging to any special group of population can go for consultation as outpatients, depending on their needs.

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
Ethosuximide	yes	250	25.5
Phenobarbital	yes	30	0.06
Phenytoin sodium	unknown		
Sodium Valproate	yes	250	6.5
Amitriptyline	yes	25	1
Chlorpromazine	yes	50	21.5
Diazepam	yes	5	6.5
Fluphenazine	yes	25	2.9*
Haloperidol	yes	5	12.5
Lithium	yes	300	23.5
Biperiden	no		
Carbidopa	no		
Levodopa	no		

*cost of single injectible unit

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

- Herzberg, J.L., O'Neill-Byrne, J., O'Neill-Byrne, K., Walsh, C. and Ward, L. (1996). Belize: A New Psychiatric Service Revisited. *Psychiatric Bulletin*. 20, 237-38.

Bolivia

General Information

Bolivia is a country with an approximate area of 1099 thousand sq.km. Its population is 8.142 million. (WHO, 2000). The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 5.8% (WHO, 2000). The literacy rate is 91.3% for males and 77.8% for females. The life expectancy at birth is 60.7 years for males and 62.2 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1985. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. There is a national plan for mental health extending from 1997 to 2002.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1975.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1972.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1992. The national programme of essential drugs has grown steadily from 1991 onwards.

Mental Health Legislation

There is no existing mental health legislation. Details about the year of enactment of the mental health legislation are not available.

MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 0.22% 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

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

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	2.04
Psychiatric beds in mental hospitals per 10 000 population	0.51
Psychiatric beds in general hospitals per 10 000 population	0.04
Psychiatric beds in other settings per 10 000 population	1.49
Number of psychiatrists per 100 000 population	0.9
Number of neurosurgeons per 100 000 population	0.8
Number of psychiatric nurses per 100 000 population	
Number of neurologists per 100 000 population	0.5
Number of psychologists per 100 000 population	5
Number of social workers per 100 000 population	

NON-GOVERNMENTAL ORGANIZATIONS

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

INFORMATION GATHERING SYSTEM

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

PROGRAMMES FOR SPECIAL POPULATION

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	5.33
Ethosuximide	yes	250	
Phenobarbital	yes	100	1.4
Phenytoin sodium	yes	100	1.19
Sodium Valproate	yes	200	25.9
Amitriptyline	yes	25	1.59
Chlorpromazine	yes	100	
Diazepam	yes	5	5.56
Fluphenazine	no		
Haloperidol	yes	5	
Lithium	yes	300	52.56
Biperiden	yes	4	52.06
Carbidopa	yes	25+250	63.43
Levodopa	yes	25+250	63.43

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

- Darras, C. (1997). Local Health Services: Some Lessons From their Evolution in Bolivia. Blackwell Science Ltd. 2(4), 356-62.

General Information

Brazil is a country with an approximate area of 8547 thousand sq.km. Its population is 167.988 million. (WHO, 2000). The country is a higher middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 6.5% (WHO, 2000). The literacy rate is 84.5% for males and 84.5% for females. The life expectancy at birth is 63.7 years for males and 71.7 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

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

Substance Abuse Policy

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

National Mental Health Programme

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

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1978.

Mental Health Legislation

There is a law on assistance to psychopaths. The latest legislation was enacted in 2001. The latest legislation was enacted in 2001.

MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 2.5% of the total health budget on mental health. The primary sources of mental health financing in descending order are tax based, social insurance, private insurances and out of pocket expenditure by the patient or family.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Serious mental health disorders are being included in primary health care. 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	3.87
Psychiatric beds in mental hospitals per 10 000 population	3.63
Psychiatric beds in general hospitals per 10 000 population	0.12
Psychiatric beds in other settings per 10 000 population	0.12
Number of psychiatrists per 100 000 population	4.8
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	
Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	
Number of social workers per 100 000 population	

More data are being collected on human resources in mental health. There are 107,000 psychologists but the specific number working in mental health is not available.

NON-GOVERNMENTAL ORGANIZATIONS

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

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. The country has data collection system or epidemiological study on mental health. Data are available on the Ministry of Health website (www.datasus.gov.br).

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	
Ethosuximide	no		
Phenobarbital	yes	100	
Phenytoin sodium	yes	100	
Sodium Valproate	unknown		
Amitriptyline	yes	25	
Chlorpromazine	yes	100	
Diazepam	yes	10	
Fluphenazine	no		
Haloperidol	yes	5	
Lithium	yes	300	
Biperiden	yes	2	
Carbidopa	no		
Levodopa	no		

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

Canada

General Information

Canada is a country with an approximate area of 9971 thousand sq.km. Its population is 30.857 million. (WHO, 2000). The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 8.6% (WHO, 2000). The literacy rate is 99% for males and 99% for females. The life expectancy at birth is 76.2 years for males and 81.9 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1988. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. Canada has a Mental Health Promotion Policy. Each of Canada's 13 provinces/ territories has the legal authority to make laws in relation to the establishment and maintenance of provincial health care systems and to provide health and mental health services. The Federal Government is involved in health care at several broad levels: maintaining Canada's Health Act (the overarching legal framework that sets the minimum standards for health insurance in each province), financing (through taxation), health promotion, provision of services to federal inmates in custody and direct funding of services to aboriginal populations and military personnel. By virtue of having to meet the standards outlined in Canada's Health Act, Canada has thirteen interlocking health insurance plans and thirteen separate service delivery systems. Provided minimum standards are met, each province may adapt services and legislation to meet its own needs. Thus, there can be a significant variation in service access, program coverage, funding, human resources and legislation across the country. Since the Federal involvement in health and therefore mental health, is restricted, there are few national policies or programmes relating to mental health treatment or service delivery. One exception to this is the "Report on the Task Force on Mental Health" (1991) published by the Correctional Services of Canada pertaining to federally incarcerated inmates. The Federal Government regularly releases National Action Plans, strategies and discussion documents relating to health and mental health. Often these are the result of national consensus-building exercises. While these are not policy statements per se, they are meant to stimulate thinking and guide provincial service developments. Perhaps the most important of these policy-type document is the "Mental Health for Canadians: Striking a Balance" (1988) which provided a set of guiding principles to assist Canadians engaged in developing and reviewing mental health related policies and programmes. The Federal Government does not have jurisdiction over treatment / rehabilitation but is involved in policy co-ordination, knowledge development, strengthening communities, professional participation, mutual aid, human rights and citizenship and reducing inequalities. Since Canada's drug policy includes many issues related to Federal law enforcement, the Federal Government provides leadership and undertakes national co-ordination on issues pertaining to alcohol and drugs by working collaboratively with provincial governments. Canada's Health Act limits the powers of the federal Government in matters of health delivery and programming. Provision is under the provinces or territories. In all provinces but one, the local ministries have divested authorities for direct service delivery to regional authorities and they carry out functions within the geographical areas. At the provincial level, mental health services are provided through a variety of means: primary care, general hospital care, community service, specialized treatment facilities, psychiatric hospitals, community providers, NGOs and consumer-run organizations. The extent to which all of these are organized under a single administration differ from one province to another. Implementation of evidence-based therapies and best practice models of service delivery are explicit aims of the mental health policies in most provinces.

Substance Abuse Policy

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

National Mental Health Programme

A national mental health programme is absent. Mental health programming occurs in the provincial level.

National Therapeutic Drug Policy/Essential List of Drugs

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

Mental Health Legislation

The latest legislation on mental health is Ontario's Brian's Law. Each of Canada's provinces can frame their own laws. While certain themes run throughout with respect to the key criteria for civil commitment (such as dangerousness to others) and underlying principles (such as promotion the least restrictive alternative), provincial mental health acts may differ widely on specific issues such as the extent to which they permit grave disability or need for treatment as criteria for involuntary confinement. The most recent legislation in mental health has been the Amendment to Ontario's Mental Health Act (Brian's Law). Across the country people are debating about including Community Treatment Orders, a legal mechanism for ensuring compliance to treatment outside hospital settings and three provinces have legislated involuntary community commitment. The latest legislation was enacted in 2000.

MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 11% of the total health budget on mental health. The primary sources of mental health financing in descending order are tax based, out of pocket expenditure by the patient or family, private insurances and social insurance. There are no Federal budgets for mental health, but each province has its own health and mental health budget. Virtually all necessary medical services are have a tax based funding source. However private services are paid for by patients themselves or through private insurances.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. In a "shared care" system primary practitioners provide care while in collaboration with a psychiatrist. However, serious patients are often referred to the psychiatrist and primary practitioners take care of stabilized and less serious patients. About 50% of medical treatment for mental and emotional disorders are provided through the primary care system. Regular training of primary care professionals is carried out in the field of mental health. Though training is provided regularly, there are no official national figures for the number of person trained per year. There are community care facilities for patients with mental disorders. Canada uses a range of assertive community based treatment strategies in combination with crisis intervention and residential treatment options.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	19.34
Psychiatric beds in mental hospitals per 10 000 population	9.1
Psychiatric beds in general hospitals per 10 000 population	5.06
Psychiatric beds in other settings per 10 000 population	5.18
Number of psychiatrists per 100 000 population	12
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	44
Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	35
Number of social workers per 100 000 population	

The figures for professionals date back to 1991-93. The figures for social workers, occupational therapists and recreational therapists working for mental health are not known. Psychiatrists are mainly concentrated in the cities and vast remote areas lack psychiatrists. Non-medical professionals usually work within agencies or hospital settings on a salaried basis but may also offer services in a private practice. Secondary level care is provided by general hospital psychiatry units. They form an important part of the crisis response system, consultation and family education and general assessment and treatment. There is an increasing trend to have community based tertiary care units having well-staffed specialized units.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are not involved with mental health in the country. Though there are no official NGOs in Canada, there are a numerous self-help and advocacy groups.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. Hospital morbidity data, mortality data, national surveys, etc, provide sources for annual reporting on mental health.

The country has data collection system or epidemiological study on mental health. There are surveys on selected epidemiological data on mental health (such as stress and depression). Administrative databases describing hospital morbidity and mortality also exist. The "Population Mental Health in Canada" provides a good summary of the population mental health indicators taken from the most recent National Population Health Survey.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for minorities, refugees, disaster affected population, indigenous population, elderly and children. There are services for the mentally disordered offenders and developmentally disabled patients.

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	8.05
Ethosuximide	yes	250	18.5
Phenobarbital	yes	4	0.97
Phenytoin sodium	yes	30	3.27
Sodium Valproate	yes		
Amitriptyline	yes	10	0.39
Chlorpromazine	yes	10	0.53
Diazepam	yes	2	0.36
Fluphenazine	yes	1	5.91
Haloperidol	yes	0.5	2.37
Lithium	yes	150	4.16
Biperiden	yes		
Carbidopa	yes	10	16.64
Levodopa	yes	100	16.64

Costing and dosing has been taken from the Ontario Drug Benefit Formulary/Comparative Index (1998). These are recommended prices. At times people pay more eg as dispensing fees, or at times pay less as their insurances cover them. Elderly patients are eligible for special benefits.

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

- Arboleda-Flórez, J. El Sistema de Salud Mental en el Canadá.
- Durbin, J., Goering, P. and Wasylenki, D. (2000). Canada's Mental Health System. International Journal of Law and Psychiatry. 23(3-4), 345-59.
- Gourlay, D. (1998). A Fiscal and Legislative Governance Map of the Canadian Health and Mental Health Systems in Canada. For: Mental Health Promotion Unit, Health Issues Division, Health Programs and Promotions Branch and Health Canada.
- Government of Ontario Press Releases (1988). Mental Health for Canadians: Striking a Balance. Authority of the Minister of National Health and Welfare.
- Stephens, T. (1998). Population mental health in Canada. Ottawa Mental Health Promotion Unit, Health Canada.

Chile

General Information

Chile is a country with an approximate area of 757 thousand sq.km. Its population is 15.019 million. (WHO, 2000).

The country is a higher middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 6.1% (WHO, 2000). The literacy rate is 95.1% for males and 95.4% for females.

The life expectancy at birth is 73.4 years for males and 79.9 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1993.

The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. There is a National Plan on Mental Health and Psychiatry (2000). Activities with sectors other than health, support to consumers and family organizations and social insertion are components of the policy.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1993. It was formulated by the Ministry of Interior with the participation of different sectors (Justice, Health, Education, Labour, Police, etc). A review of the policy is currently undergoing.

National Mental Health Programme

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

The priorities of the programme are: depression, alcohol and drug abuse and dependence, victims of domestic violence, schizophrenia, dementia and ADHD.

National Therapeutic Drug Policy/Essential List of Drugs

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

The policy is meant, both for primary and specialized level. It allows for psychotropic medications for specialized treatment.

Mental Health Legislation

There are rules governing admittance of patients with mental illness and about the centres providing such care. There is also a legislation about domestic violence and for alcohol and drug abuse. The latest legislation was enacted in 2000.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 1.49% of the total health budget on mental health.

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

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. There are two types of disability benefits: Total or partial disability benefits for active, paying workers who get ill and have different disability levels and Aid pension for persons who have not worked, get ill and obtain a pension.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Treatment of severe mental disorders is available at specialized centres in all regions, mainly on an ambulatory basis.

Primary care is available for depression, victims of domestic violence and alcohol abuse in most areas of the country. About half of the primary care facilities include a psychologist in their staff.

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

There are community care facilities for patients with mental disorders. A community care network has been developed with different programmes (protected homes, day hospitals, admittance service, outpatient care, psychosocial rehabilitation programmes, social clubs, protected workshops, etc) which are at different levels of development within the country, but which are far from meeting the people's needs.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	1.83
Psychiatric beds in mental hospitals per 10 000 population	1.5
Psychiatric beds in general hospitals per 10 000 population	0.2
Psychiatric beds in other settings per 10 000 population	0.13
Number of psychiatrists per 100 000 population	4
Number of neurosurgeons per 100 000 population	0.4
Number of psychiatric nurses per 100 000 population	0.7
Number of neurologists per 100 000 population	0.8
Number of psychologists per 100 000 population	3.89
Number of social workers per 100 000 population	1.33

The number of personnel are approximations since no registration exists. Among the 8021 social workers only a small number work in mental health. There are 200 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. There are two main types of mental health NGOs: those formed by professionals, which act as service providers (e.g., therapeutic communities for alcohol and drug abuse, psychosocial rehabilitation programmes, treatment for survivors of torture), and those formed by consumers and families (e.g., self-help groups for alcohol and drug abuse, relatives and friends of people with mental disabilities).

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. The last report is included in the National Mental Health Report. There are reports on: (a) mental health morbidity on people admitted to hospitals, (B) number of individual consultations and psychosocial group interventions at primary care, (C) number of consultations of psychiatrists, (D) number of people attending specific programmes (eg, related to alcohol or drug abuse or dependence, sheltered homes, survivors of human rights violence). The country has data collection system or epidemiological study on mental health. The University of Concepcion (psychiatric epidemiology research group) has undertaken a national prevalence study, which is in press. Data on mental illness: magnitude and consequences are available from it. There is also a study on DALYs with information on mental illness.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for disaster affected population, elderly and children. There is a programme called PRAIS which is involved in compensation and total health care programme for victims of political violence. There are also programmes for victims of domestic violence and depression.

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	1.93
Ethosuximide	no		
Phenobarbital	yes	100	1.08
Phenytoin sodium	yes	100	1
Sodium Valproate	yes	200	16.52
Amitriptyline	yes	25	0.73
Chlorpromazine	yes	25	1.86
Diazepam	yes	10	0.51
Fluphenazine	no		
Haloperidol	yes	5	1.2
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

Fluphenazine is available in some places.

OTHER INFORMATION

Development is underway for a national forensic psychiatry system with medium complexity units (2 working, 1 in the stage of designing) and one unit of high complexity (under construction) as well as ambulatory care and sheltered homes. In 2001 the following new programmes started: primary health care programme on depression, implementation of 20 new day hospitals and development of new treatment and rehabilitation plans for people with drug dependence or abuse problems.

ADDITIONAL SOURCES OF INFORMATION

1. Diario Oficial de la Republica de Chile (1995). Sanciona el trafico ilicito de estupefacientes y sustancias sicotropicas, 11.
2. Division of Health Program (1993). Politicas y plan nacional de salud mental.
3. Executive Secretary (1993). Political and National Plan of the Prevention and Control of Drugs. Republic of Chile.
4. Ministerio de Salud (2000). Plan Nacional de Salud Mental y Psiquiatria.
5. Ministerio de Salud (2000). Plan Nacional de Salud Mental y Psiquiatria, Resumen Ejecutivo.
6. Ministerio de Salud (1999). Las Enfermedades Mentales en Chile, Magnitud y Consecuencias.

Colombia

General Information

Colombia is a country with an approximate area of 1139 thousand sq.km. Its population is 41.564 million. (WHO, 2000). The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 9.3% (WHO, 2000). The literacy rate is 91.3% for males and 91.2% for females. The life expectancy at birth is 68.1 years for males and 74.1 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1979. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. Substance abuse and the mental health programme are outlined in the national mental health policy and the primary health care plan.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1979.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1979.

National Therapeutic Drug Policy/Essential List of Drugs

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

Mental Health Legislation

The Ministerial Resolution No.2417 of 1992 allows for a charter of rights for mental health patients. Colombia has Resolution 2358 of 1998 and Law 30 of 1986 relating to drug statutes. The latest legislation was enacted in 1992.

MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 0.08% of the total health budget on mental health. The primary sources of mental health financing in descending order are social insurance, out of pocket expenditure by the patient or family, tax based and private insurances.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is 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 500 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	1.3
Psychiatric beds in mental hospitals per 10 000 population	0.57
Psychiatric beds in general hospitals per 10 000 population	0.08
Psychiatric beds in other settings per 10 000 population	0.64
Number of psychiatrists per 100 000 population	1.1
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	0.05
Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	
Number of social workers per 100 000 population	

NON-GOVERNMENTAL ORGANIZATIONS

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

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. Disorders are coded with ICD 9. The country has data collection system or epidemiological study on mental health. A new data reporting system will start in 2001.

PROGRAMMES FOR SPECIAL POPULATION

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

THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	10.05
Ethosuximide	no		
Phenobarbital	yes	50	0.56
Phenytoin sodium	yes	100	2.91
Sodium Valproate	yes	250	20.64
Amitriptyline	yes	25	4.22
Chlorpromazine	no		
Diazepam	yes	5	0.18
Fluphenazine	no		
Haloperidol	yes	5	
Lithium	yes	300	3.75
Biperiden	no		
Carbidopa	yes	25+250	71.45
Levodopa	yes	25+250	71.45

Medicines are supplied as part of the benefits from compulsory health plan (POS) within the social security system.

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

1. Ministerio de Salud (1998). Politica Nacional de Salud Mental. Direccion General de Promocion y Prevencion Subdireccion de Promocion.
2. Ministerio de Salud (1998). Politica Nacional de Salud Mental, Resolucion Numero 2358.
3. Ministerio de Salud (1996). Resolucion Numero 4288
4. Ministerio de Salud (1994). Decreto Numero 1292.
5. Ministerio de Salud (1986). Por la cual se adopta el Estatuto Nacional dfe Estupefacientes y se dictan otras disposiciones.

Costa Rica

General Information

Costa Rica is a country with an approximate area of 51 thousand sq.km. Its population is 3.933 million. (WHO, 2000). The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 8.7% (WHO, 2000). The literacy rate is 95.3% for males and 95.4% for females. The life expectancy at birth is 74.2 years for males and 78.9 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

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

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1986. It was revised 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 1980.

Mental Health Legislation

There is an executive decree no 20665-S regarding mental health. The latest legislation was enacted in 1991.

MENTAL HEALTH FINANCING

There are budget allocations for mental health. Details about expenditure on mental health are not available. The primary sources of mental health financing in descending order are social insurance and private insurances. There are no proper allocations for mental health prevention and promotion.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. There are provisions for the invalid. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Primary health workers identify psychiatric cases and refer them to secondary and tertiary levels. They followup once the cases are discharged. Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 500 personnel were provided training. There are community care facilities for patients with mental disorders.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	2.7
Psychiatric beds in mental hospitals per 10 000 population	2.6
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	5
Number of neurosurgeons per 100 000 population	0.8
Number of psychiatric nurses per 100 000 population	4
Number of neurologists per 100 000 population	1.1
Number of psychologists per 100 000 population	40.7
Number of social workers per 100 000 population	21.6

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 social security system (CCSS) includes mental disorders in its annual report. The country has data collection system or epidemiological study on mental health. The CCSS report shows the number of patients with psychiatric diagnosis.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for elderly and children. AIDS patients receive psychiatric care from CCSS. The children's hospital provides services for children, whereas the geriatric hospital has a psychiatrist on its staff.

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	1.68
Ethosuximide	no		
Phenobarbital	yes	100	7.21
Phenytoin sodium	yes	100	5.25
Sodium Valproate	yes	250	1.19
Amitriptyline	yes	10	0.98
Chlorpromazine	yes	100	0.83
Diazepam	yes	5	0.42
Fluphenazine	yes	25	1.8*
Haloperidol	yes	5	1.7
Lithium	yes	300	6.7
Biperiden	yes	2	2.79
Carbidopa	yes	25+100	7.56
Levodopa	yes	25+100	7.56

*cost of single injectible unit

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

1. Caja Costarricense de Seguro Social, Direccion Tecnica Servicios de Salud, Seccion Trabajo Social (2000) Plan Annual Operativo Trabajo Social 2000.
2. Department of Pharmaceuticals (1999) List of Official Medicines.
3. Departamento de Salud Mental (1995) Bases Programaticas para la promocion de la salud mental y la atencion psiquiatrica.
4. La Asamblea Legislativa de la Republica de Costa Rica (1996). Ley # 7600. Igualdad de oportunidades para las personas con discapacidad.
5. Government document (2000) Nuevo Modelo de Atencion en Salud Mental. Gerencia Medica, Gerencia de Modernizacion y Desarrollo.
6. Government document (2000) El nuevo rol de la CCSS frente a las adiccions como problema de Salud Publica en Costa Rica.
7. Government document (1991). Iniciativa Intergerencial. Decreto Ejecutivo N 20665-S.
8. Ministerio de Salud Caja Costarricense de Seguro Social (1991). Plan Nacional para la Atencion en Salud Mental y Psiquiatria.

General Information

Cuba is a country with an approximate area of 111 thousand sq.km. Its population is 11.16 million. (WHO, 2000). The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 6.3% (WHO, 2000). The literacy rate is 96.5% for males and 96.3% for females. The life expectancy at birth is 73.5 years for males and 77.4 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1986. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation.

Substance Abuse Policy

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

National Mental Health Programme

A national mental health programme is 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 1960.

Mental Health Legislation

Public Health Law No. 41 has subsections relating to mental health. The latest legislation was enacted in 1983.

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. Benefits cover temporary, partial or permanent invalidity.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Primary health care is offered by general physicians, specialists, basic mental health teams made up of a psychiatrists, psychologists, social workers and others.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 120 personnel were provided training.

There are community care facilities for patients with mental disorders. There are mental health teams in different health areas and community centres. There are sheltered rehabilitation centres which are located near the place of employment of the patients. These are managed by a male nurse, an occupational therapist and a work instructor. All three live together with the patients. Every three months a team from the hospital visits to assess the patients. There are different sheltered rehabilitation centres based on the occupational profile, sex and community location of the patient.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	8.8
Psychiatric beds in mental hospitals per 10 000 population	7.3
Psychiatric beds in general hospitals per 10 000 population	0.5
Psychiatric beds in other settings per 10 000 population	1
Number of psychiatrists per 100 000 population	9.8
Number of neurosurgeons per 100 000 population	2.3
Number of psychiatric nurses per 100 000 population	2.7

Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	7.9
Number of social workers per 100 000 population	16

There are 1328 occupational therapists, logopedia and psychometrics.

NON-GOVERNMENTAL ORGANIZATIONS

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

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. The country has data collection system or epidemiological study on mental health. There are epidemiological and data collection systems at the analysis and health trend units, offices of epidemiological surveillance, priority programmes of suicide and alcoholism and mental health community centres.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for disaster affected population, elderly and children. There are no ethnic minorities, indigenous people or refugees for whom special mental health facilities should be present.

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	12.2
Ethosuximide	yes	250	3.3
Phenobarbital	yes	100	0.5
Phenytoin sodium	yes	100	2.5
Sodium Valproate	no		
Amitriptyline	yes	25	4.5
Chlorpromazine	yes	25	7.75
Diazepam	yes	5	6
Fluphenazine	yes	2.5	12
Haloperidol	yes	1.5	1.5
Lithium	yes	250	0.37
Biperiden	no		
Carbidopa	no		
Levodopa	no		

Medicines are free for inpatients and daily hospital patients and for those entitled to public invalidity benefits.

OTHER INFORMATION

Mental health is integrated in one programme and several sub programmes, all administered by the National Commission of Mental Health and the groups of psychiatry, child psychiatry and psychology and are present at the provincial level with a town hall person responsible. Psychiatry is being reoriented towards primary health care.

ADDITIONAL SOURCES OF INFORMATION

1. Ordaz, E. (1993). The Cuba Experience. Nursing RSA Verpleging. 8(1), 19-21, 44.

Dominica

General Information

Dominica is a country with an approximate area of 0.75 thousand sq.km. Its population is 0.071 million. (WHO, 2000). The country is a higher middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 6% (WHO, 2000). The literacy rate is 94(1970)% for males and 94(1970)% for females. The life expectancy at birth is 74 years for males and 80.2 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

Details about the mental health policy are not available.

Substance Abuse Policy

Details about the substance abuse policy are not available.

National Mental Health Programme

Details about the national mental health programme are not available.

National Therapeutic Drug Policy/Essential List of Drugs

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

Mental Health Legislation

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

Details about disability benefits for mental health are not available.

Details about mental health facilities at the primary care level are not available. There is a need to develop primary and community care.

Details about training facilities are not available.

Details about community care facilities in mental health are not available.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population

Psychiatric beds in mental hospitals per 10 000 population

Psychiatric beds in general hospitals per 10 000 population

Psychiatric beds in other settings per 10 000 population

Number of psychiatrists per 100 000 population

Number of neurosurgeons per 100 000 population

Number of psychiatric nurses per 100 000 population

Number of neurologists per 100 000 population

Number of psychologists per 100 000 population

Number of social workers per 100 000 population

The old mental hospital was destroyed in the hurricane of 1979 and was not rebuilt. A new inpatient psychiatric facility was created in the general hospital.

NON-GOVERNMENTAL ORGANIZATIONS

Details about NGO facilities in mental health are not available. Efforts are underway to include NGO's in mental health.

INFORMATION GATHERING SYSTEM

Details about mental health reporting systems are not available.

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

PROGRAMMES FOR SPECIAL POPULATION

Details about any special mental health programmes are not available.

THERAPEUTIC DRUGS

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

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

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

1. Camilleri, C. P., Kohn, R., Levav, I. and Sharma, D. (2000). Attitudes Towards Mental Illness in the Commonwealth of Dominica. Pan American Journal of Public Health. 7(3), 148-54.

Dominican Republic

General Information

Dominican Republic is a country with an approximate area of 49 thousand sq.km. Its population is 8.364 million. (WHO, 2000).

The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 4.9% (WHO, 2000). The literacy rate is 82.9% for males and 82.8% for females.

The life expectancy at birth is 71.4 years for males and 72.8 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

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

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

Substance Abuse Policy

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

National Mental Health Programme

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

National Therapeutic Drug Policy/Essential List of Drugs

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

Mental Health Legislation

Details about any legislation on mental health is not available. However, there is a law pertaining to prevention of drug addiction.

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

MENTAL HEALTH FINANCING

There are no budget allocations for mental health.

Details about expenditure on mental health are not available.

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

The country doesn't have a separate budget line for mental health except for central expenses of the General Directorate of Mental Health.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. The Social Security as well as the government provide allowances to people with permanent mental health disorders.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Cases are identified and referred. Medication is supervised once they have been prescribed by specialists.

However this is not done all over the country.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 260 personnel were provided training. About 60 general physicians and 200 community workers have been trained.

There are community care facilities for patients with mental disorders. The incorporation of health promoting agents in care, prevention and mental health problems was introduced about 3 years ago. Community centres and units of prevention and social reinsertion have been organized for mental health patients. Community mental health counselling and provision of medicines for longterm patients at community level are also available. There is also a day hospital.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population 0.37

Psychiatric beds in mental hospitals per 10 000 population 0.3

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	1.8
Number of neurosurgeons per 100 000 population	0.12
Number of psychiatric nurses per 100 000 population	1
Number of neurologists per 100 000 population	0.18
Number of psychologists per 100 000 population	14
Number of social workers per 100 000 population	

There are 25 assistants in psychiatry. During the last 3 years, mental health units have started activities in 10 general hospitals.

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. Patients discharge and consultations are recorded. Suicides are notified through the institute of forensic pathology. Violence and abuse against women are also notified.

The country has no data collection system or epidemiological study on mental health. There is no comprehensive information system.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for disaster affected population, elderly and children. The country does not have any indigenous people or refugees. After the last hurricane, a mental health programme for victims of disaster was initiated, based on the experience of countries like Nicaragua and Honduras. There are some programmes with little coverage of the elderly population. There are other institutions for children like – rights and duties of children, healthy child raising, prevention of child sexual abuse also function.

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	21.47
Ethosuximide	no		
Phenobarbital	yes	100	3.83
Phenytoin sodium	yes	100	2.55
Sodium Valproate	no		
Amitriptyline	yes	25	0.76
Chlorpromazine	yes	100	4.07
Diazepam	yes	5	
Fluphenazine	unknown		
Haloperidol	yes	10	1.05
Lithium	yes	300	2.45
Biperiden	yes	5	
Carbidopa	yes	25+250	
Levodopa	yes	25+250	

OTHER INFORMATION

Since 1997, a decentralisation process has started, due to which the number of beds in mental hospitals have reduced by 50% and 15 general hospitals are receiving in-patients with acute disorders and also long term patients. Three psychology schools have started functioning with more than 100 students.

ADDITIONAL SOURCES OF INFORMATION

Ecuador

General Information

Ecuador is a country with an approximate area of 284 thousand sq.km. Its population is 12.411 million. (WHO, 2000). The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 4.6% (WHO, 2000). The literacy rate is 92.5% for males and 88.7% for females. The life expectancy at birth is 67.4 years for males and 70.3 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. 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

There is no existing mental health legislation. The law on mental health has been analysed twice at the Congress, but is still awaiting the final approval.

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 out of pocket expenditure by the patient or family.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Mental disabilities are considered disabilities under Law 180.

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 250 personnel were provided training.

There are no community care facilities for patients with mental disorders. Community care is also provided by the primary health care units and there are no separate community care facilities.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	1.16
Psychiatric beds in mental hospitals per 10 000 population	1.13
Psychiatric beds in general hospitals per 10 000 population	0.03
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	0.2
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	0.5
Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	0.5
Number of social workers per 100 000 population	0.04

The personnel refer to those in the public sector only.

NON-GOVERNMENTAL ORGANIZATIONS

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

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. All information gathered from the operational units are registered in the annual book of mental statistics.

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 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	yes	200	0.08
Ethosuximide	no		
Phenobarbital	no		
Phenytoin sodium	no		
Sodium Valproate	no		
Amitriptyline	no		
Chlorpromazine	no		
Diazepam	yes	10	0.09
Fluphenazine	no		
Haloperidol	yes	5	0.62
Lithium	yes	300	0.09
Biperiden	no		
Carbidopa	no		
Levodopa	no		

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

1. Bouwen, R., Craps, M. and Santos, E. (1999). Multi-Party Collaboration: Building Generative Knowledge and Developing Relationships Among Unequal Partners in Local Community Projects in Ecuador. *Concepts and Transformation*. 4, 2, 133-51.

El Salvador

General Information

El Salvador is a country with an approximate area of 21 thousand sq.km. Its population is 6.154 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% (WHO, 2000). The literacy rate is 80.8% for males and 75.0% for females. The life expectancy at birth is 66.9 years for males and 73 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 2000. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. Mental health is included in the Government Programme 1999-2004 called "the New Alliance", within the Solidarity Alliance, as one of its strategic areas of action and sets limits for the strategic borders. This structured programme includes six elements or "alliances" – consolidation of economic stability, work alliance, solidarity alliance, security alliance, future alliance, participating and effective government.

Substance Abuse Policy

A substance abuse policy is absent. The Ministry of Public Health and Welfare is responsible for it. Drug addiction is considered a priority area in mental health. There is the Salvadorean Anti-Drug Commission, which is made of four governmental and non-governmental institutions. Its purpose is to reduce drug demand. There is also a Commission against Drug-related Activities, which is made of four governmental institutions. Its aim is to reduce drugs offer. The National Plan Against Drugs, 2000-2005, is functional.

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 1997. Currently the seventh version of the essential drugs list is being used. The newly approved drugs list includes a lot of psychotropics for the first and second health care levels.

Mental Health Legislation

There is no mental health legislation. During 2001, a proposal was made to modify the Health Code. Details about the year of enactment of the mental health legislation are not available.

MENTAL HEALTH FINANCING

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

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Primary care is carried out by the social security and is included in the proposal of the mental health programme. 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	0.65
Psychiatric beds in mental hospitals per 10 000 population	0.65
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	0.65
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	0
Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	33
Number of social workers per 100 000 population	

The first mental health service was opened in a general hospital. Three other mental health services in general hospitals were proposed in three different regions.

NON-GOVERNMENTAL ORGANIZATIONS

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

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. The country has data collection system or epidemiological study on mental health. Some figures related to mental health, such as drug addiction, physical violence, etc, are reported in the weekly epidemiological report.

PROGRAMMES FOR SPECIAL POPULATION

The Ministry of Health is working to include the mental health component in different programmes of comprehensive health care (children, adolescents, women, elderly).

THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	1.8
Ethosuximide	no		
Phenobarbital	yes	100	1.11
Phenytoin sodium	yes	100	0.84
Sodium Valproate	no		
Amitriptyline	yes	25	0.96
Chlorpromazine	yes	100	1.78
Diazepam	yes	10	0.93
Fluphenazine	yes	25	.07*
Haloperidol	yes	5	2.42
Lithium	no		
Biperiden	yes	2	12.64
Carbidopa	no		
Levodopa	no		

*cost of single injectible unit

Some other drugs are also available, but not at primary level.

OTHER INFORMATION

The mental health team in the Health Ministry was created after the earthquake.

ADDITIONAL SOURCES OF INFORMATION

1. Fernandes, J.D., Hurst, I.H., Oliveira, M. R., Sadigursky, D. and Tavares, J.L. (1998). Psychiatric Nursing Research: Concepts and Expectations of Nurses in Psychiatric Institutions. Rev Lat Am Enfermage. 6(5), 89-98.

Grenada

General Information

Grenada is a country with an approximate area of 0.34 thousand sq.km. Its population is 0.093 million. (WHO, 2000). The country is a higher middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 6.3% (WHO, 2000). The literacy rate is 98(1970)% for males and 98(1970)% for females. The life expectancy at birth is 69.1 years for males and 75.9 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 1985.

National Therapeutic Drug Policy/Essential List of Drugs

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

Mental Health Legislation

There is a mental health legislation which is being upgraded.

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 10% 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. Mental health care services are offered within primary care setups.

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

There are community care facilities for patients with mental disorders. There are weekly community mental health clinics.

Community health workers and social workers also render community care services. The community health worker pays regular visits to patients' houses to ensure compliance to treatment. They were also trained to pick up early signs of deterioration and to intervene where necessary in order to prevent re-hospitalisation. The public health nurse supports the community mental health worker.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	10.8
Psychiatric beds in mental hospitals per 10 000 population	8.6
Psychiatric beds in general hospitals per 10 000 population	2.2
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	
Number of psychiatric nurses per 100 000 population	5.4
Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	1
Number of social workers per 100 000 population	3

There is one occupational therapist. There is an urgent demand for trained psychiatric nurses and social workers to meet the demands of the increasing mental health population.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are not involved with mental health in the country. There is a need for involvement of NGO's in mental health.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. There is not much emphasis on collection of mental health data and the information gathering system requires improvement.

The country has no data collection system or epidemiological study on mental health. Only patients charts are available for collecting data related to health services.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for elderly and children. Weekly outpatient clinics are carried out for children.

Psychiatrist and the psychiatric nurse pay regular visits to the prisons to assess any psychiatric problems among the prisoners.

THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	4.8
Ethosuximide	no		
Phenobarbital	yes	30	0.37
Phenytoin sodium	yes	100	
Sodium Valproate	no		
Amitriptyline	yes	25	
Chlorpromazine	yes	25	0.37
Diazepam	yes	5	
Fluphenazine	no		
Haloperidol	yes	5	1.1
Lithium	yes	300	1.8
Biperiden	no		
Carbidopa	no		
Levodopa	no		

OTHER INFORMATION

Since 1855, psychiatric care has largely been provided by the island's only mental hospital. Mental health had low priority and the main patients till the late 1950's were the wandering lunatics. In 1970, an acute psychiatric unit was opened adjacent to the general hospital. After the US intervention, US aids facilitated the reconstruction of the destroyed psychiatric hospital and development of psychiatry. Project HOPE was launched in 1985 to help in establishing diagnostic facilities, treatment and rehabilitation programmes and community care facilities. There is a need to establish policy and legislation for mental health and substance abuse. Additional mental health services need to be incorporated into the program, such as day hospitals and psychogeriatric facilities.

ADDITIONAL SOURCES OF INFORMATION

- DeVooght, J, Walker, K. (1989). Community Mental Health Care in Grenada. *International Nursing Review*. 36(1), 22-24.
- Fisher, F. D., Griffith, E. and May, G. (1998). Recent Developments in the Grenada Mental Health Program. *Hospital and Community Psychiatry*. 39(9), 980-85.

Guatemala

General Information

Guatemala is a country with an approximate area of 109 thousand sq.km. Its population is 11.09 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 2.4% (WHO, 2000). The literacy rate is 74.9% for males and 59.7% for females. The life expectancy at birth is 60.2 years for males and 64.7 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 promotion, prevention, treatment and rehabilitation.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1998. The national mental health programme has a sub-programme for prevention of alcoholism and other addictions, which in turn is considered within the National Steering Plan prepared by the Secretariat against addictions and illicit drug trafficking.

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 1984.

Mental Health Legislation

The decree 50/2000 (Reforms to the Health Code) is an anti-tobacco legislation and was enacted in 2000. 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 0.9% of the total health budget on mental health.

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

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Only 18% of the population have social security coverage, which is the portion that could be entitled to social benefit.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. This is possible in some primary health units (10/22) where the national mental health programme have been implemented.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 9980 personnel were provided training.

There are community care facilities for patients with mental disorders. It covers 30% of the population. There are rules and health care procedures for the first level.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.35
Psychiatric beds in mental hospitals per 10 000 population	0.32
Psychiatric beds in general hospitals per 10 000 population	0.03
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	0.5
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	0.04

Number of neurologists per 100 000 population	0.009
Number of psychologists per 100 000 population	0.7
Number of social workers per 100 000 population	0.08

These professionals include those in public services and Guatemalan Mental Health Services. No information from the private sector is available. There are 4 other workers in mental health.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation. Human rights is an issue addressed by NGOs.

INFORMATION GATHERING SYSTEM

There is no mental health reporting system in the country. Work is being done to include them in the next report of public health.

The country has data collection system or epidemiological study on mental health. There is an information system of the national mental health programme wherever it has been implemented, which collects data about the public sector specialized services.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for refugees, disaster affected population, indigenous population and children. There is a school care system. Several NGO's are working in areas affected by war and Hurricane Mitch.

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	44.87
Ethosuximide	no		
Phenobarbital	yes	100	4.6
Phenytoin sodium	yes	100	25.6
Sodium Valproate	no		
Amitriptyline	yes	25	38.4
Chlorpromazine	yes	100	61.5
Diazepam	yes	10	19.2
Fluphenazine	no		
Haloperidol	yes	5	89.74
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

As the prices are high the ministry of health is establishing a network of national (popular) pharmacies which have reduced prices. Even then drugs are out of the reach of many and free distribution is done at the National Mental Health Hospital. Free services through primary health centres are being started.

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

1. Republica de Guatemala Ministerio de salud publica y asistencia social (1999). Programa Nacional de salud mental memoria de labores.

General Information

Guyana is a country with an approximate area of 215 thousand sq.km. Its population is 0.855 million. (WHO, 2000). The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 5.1% (WHO, 2000). The literacy rate is 98.8% for males and 97.8% for females. The life expectancy at birth is 65.6 years for males and 75.2 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is absent.

Substance Abuse Policy

A substance abuse policy is absent.

National Mental Health Programme

A national mental health programme is absent.

National Therapeutic Drug Policy/Essential List of Drugs

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

Mental Health Legislation

Details about the mental health legislation are not available.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary source of mental health financing is tax based.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders.

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

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

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

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	3
Psychiatric beds in mental hospitals per 10 000 population	2.6
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	0.2
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	0.6
Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	0
Number of social workers per 100 000 population	0.4

The numbers represent those working in the public health sector.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are not involved with mental health in the country.

INFORMATION GATHERING SYSTEM

There is no mental health reporting system in the country.

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

PROGRAMMES FOR SPECIAL POPULATION

There are no special programmes.

THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	1.86
Ethosuximide	no		
Phenobarbital	yes	30	0.3
Phenytoin sodium	yes	100	3.87
Sodium Valproate	yes	150	6.86
Amitriptyline	yes	25	0.64
Chlorpromazine	yes	100	0.86
Diazepam	yes	5	0.28
Fluphenazine	yes	25	0.48*
Haloperidol	yes	5	0.58
Lithium	no		
Biperiden	no		
Carbidopa	yes	25+250	28.46
Levodopa	yes	25+250	28.46

*cost of single injectible unit

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

1. Government document (1998). Essential Drug List of Guyana. Government Pharmacy Programme, 1

General Information

Haiti is a country with an approximate area of 28 thousand sq.km. Its population is 8.087 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 50.1% for males and 45.6% for females. The life expectancy at birth is 50.6 years for males and 55.1 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

Details about the mental health policy are not available.

Substance Abuse Policy

Details about the substance abuse policy are not available.

National Mental Health Programme

Details about the national mental health programme are not available.

National Therapeutic Drug Policy/Essential List of Drugs

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

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

Details about disability benefits for mental health are not available.

Details about mental health facilities at the primary care level are not available.

Details about training facilities are not available.

Details about community care facilities in mental health are not available.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population

Psychiatric beds in mental hospitals per 10 000 population

Psychiatric beds in general hospitals per 10 000 population

Psychiatric beds in other settings per 10 000 population

Number of psychiatrists per 100 000 population

Number of neurosurgeons per 100 000 population

Number of psychiatric nurses per 100 000 population

Number of neurologists per 100 000 population

Number of psychologists per 100 000 population

Number of social workers per 100 000 population

NON-GOVERNMENTAL ORGANIZATIONS

Details about NGO facilities in mental health are not available.

INFORMATION GATHERING SYSTEM

Details about mental health reporting systems are not available.

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

PROGRAMMES FOR SPECIAL POPULATION

Details about special programmes are not available.

THERAPEUTIC DRUGS

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

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

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

- Hohner, J.A., Hughes, D.A. and Jones, J. (1998). Mental Health Nursing Support During Operation Sea Signal: Cuban/Haitian Humanitarian Mission. *Military Medicine*. 163(6), 353-57.

Honduras

General Information

Honduras is a country with an approximate area of 112 thousand sq.km. Its population is 6.316 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 73.4% for males and 73.5% for females. The life expectancy at birth is 66.8 years for males and 71.8 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is absent.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1988. In 1988 the National Government created the Institute for the Prevention of Alcoholism, Drug Addiction and Pharmaceutical Dependence, with the fundamental objective to prevent the consumption of alcohol, tobacco products and other drugs especially in children and young adults.

National Mental Health Programme

A national mental health programme is present. Details about the year of formulation of the programme are not available. There is a national programme under the Secretary of Mental Health. The objective is to have community participation.

National Therapeutic Drug Policy/Essential List of Drugs

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

Mental Health Legislation

There is no mental health legislation. Although, there is a law against domestic violence which was passed in 1998. 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.

Details about sources of financing are not available.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders.

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

Regular training of primary care professionals is 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	0.6
Psychiatric beds in mental hospitals per 10 000 population	0.53
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	0.76
Number of neurosurgeons per 100 000 population	0.36
Number of psychiatric nurses per 100 000 population	0.08
Number of neurologists per 100 000 population	0.17
Number of psychologists per 100 000 population	8.7
Number of social workers per 100 000 population	11

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 elderly. There are facilities for counselling on family violence and on HIV.

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	1.71
Ethosuximide	no		
Phenobarbital	yes	30	0.6
Phenytoin sodium	yes	100	2.53
Sodium Valproate	yes	200	
Amitriptyline	yes	25	1
Chlorpromazine	yes	100	2
Diazepam	yes		
Fluphenazine	yes	25	0.38*
Haloperidol	yes	5	1.06
Lithium	yes	300	1.64
Biperiden	yes	2	9.62
Carbidopa	yes	50+250	0.83
Levodopa	yes	50+250	0.83

*cost of single injectible unit

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

Jamaica

General Information

Jamaica is a country with an approximate area of 11 thousand sq.km. Its population is 2.56 million. (WHO, 2000). The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 6% (WHO, 2000). The literacy rate is 81.9% for males and 89.9% for females. The life expectancy at birth is 75.2 years for males and 77.4 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1994. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. Integration of mental health into primary health care is a component of the policy.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1997.

National Mental Health Programme

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

Jamaica has a Mental Health Act. Under the new Mental Health Bill, provisions have been made for the admissions of patients, whether voluntary or involuntary, and the designation of psychiatric facilities for the mentally ill. The provisions relate to the establishment of the Mental Health Appeal Tribunal, the consent of patients to treatment and the discharge of patients among others. Community care and role of urbanisation on mental health are also discussed. The latest legislation was enacted in 1997.

MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 5% of the total health budget on mental health. The primary sources of mental health financing in descending order are tax based, 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. Relief for the poor and food stamps are provided to the indigent mentally ill. 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 traditionally performed by mental health officers and psychiatrists. These are now being performed by medical practitioners and nurses in primary health care. They rely on more than 1200 general practitioners across the island. They refer the more serious patients to psychiatrists, but within the community they are responsible to a substantial degree to modify drug dosages and carry out other therapies for which they are trained initially. They also liaison with the police and forensic experts and other community services linked to mental health. They also hold meetings and give lectures within their parishes to educate people about the role of mental health. Regular training of primary care professionals is carried out in the field of mental health. Training in psychiatry is provided to all medical practitioners and nurses. The most experienced nurses were called mental health officers and given further training in psychopharmacology and psychotherapy. Besides these, there are psychiatric aides- paraprofessionals trained in basic mental health and supposed to help the mental health officers in the community and enrolled assistant nurse- nurses with shorter training periods with the function of helping the registered nurses in hospitals and clinics. There are community care facilities for patients with mental disorders. Despite several changes in government over the past 30 years, continuity of public policy and fiscal support has allowed ongoing development of the island's community mental health service. The National Community Mental Health Service relies on specially trained psychiatric nurse practitioners who

provide crisis management, medication, supportive psychotherapy and make home visits and carry out treatment plans formulated by the psychiatrist. More patients are treated within the community based services than in hospitals.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	5
Psychiatric beds in mental hospitals per 10 000 population	4
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	0.7
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	8
Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	0.1
Number of social workers per 100 000 population	0.4

There are 10 occupational therapists. The main hospital is the Bellevue Hospital in Kingston and was built in 1862 by the British. In the 1970's, as a step to educate the public the hospital had started a novel programme where on one particular day the public were encouraged to come to the hospital and participate in cultural and sports activities with the patients. Weekly call-in programmes on the radio and sociodrama process was also started in 1978. These resulted in publication of a large number of studies on mental health by the lay press and stigma was reduced. The process of change from custodial care to community care was supported by four governments but after the civil war in 1980, custodial care returned to the mental hospital and the community mental health education was stopped.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, treatment and rehabilitation. There are self-help groups providing help to schizophrenics and persons with attention-deficit disorder and also shelter for the homeless.

INFORMATION GATHERING SYSTEM

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

PROGRAMMES FOR SPECIAL POPULATION

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

THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	
Ethosuximide	no		
Phenobarbital	yes	30	
Phenytoin sodium	yes	100	
Sodium Valproate	no		
Amitriptyline	yes	25	
Chlorpromazine	yes	25	
Diazepam	yes	5	
Fluphenazine	no		
Haloperidol	yes	5	
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

1. Bellevue Hospital Task Force Implementation Plan.
2. Government document (1999). Mental Health Plan Year.
3. Government document (1999). National Health Plan for Children and Adolescents.
4. Government document (1997). The Mental Health Act.
5. Hickling, F.W. (1994). Community Psychiatry and Deinstitutionalization in Jamaica. *Hospital and Community Psychiatry* 45(11): 1122-26.
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7. Hilton, C. (1996). Psychiatry in Jamaica. *Psychiatric Bulletin* 20: 437-39.
8. Integration of Mental Health Services into Primary Health Care. Health Centres in all Regions (Government document).
9. La Grenade, J. (1998). Integrated Primary Mental Health Care. *West Indian Med J* 47 Suppl 4: 31-33.
10. Ministry of Health (1998). List of Vital Essential and Necessary Drugs and Medical Sundries.
11. National Council on Drug Abuse, Ministry of Health (1997). National/Master Drug Abuse Prevention and Control Plan.
12. National Mental Health Policy (Government document).
13. The Mental Health Amendment Bill (Government document).
14. The New Mental Health Bill. Mental Health Report (Government document).

Mexico

General Information

Mexico is a country with an approximate area of 1958 thousand sq.km. Its population is 97.365 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 5.6% (WHO, 2000). The literacy rate is 92.9% for males and 88.7% for females. The life expectancy at birth is 71 years for males and 77.1 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1984. 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 1984. The National Council of Addictions was established in 1984 and upgraded to the level of Commission in 2000. It has the function of setting the policies and strategies on addiction, as well as setting up the National Programme against Addiction.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1998. The reform programme of the health sector 2001-2006, in its paragraph 5.1, includes the establishment and implementation of the national mental health programme. The Mental Health Coordination, whose present name is Mental Health Services, prepares the programme. The 2000-01 programme included the New Model of Care in Mental Health, which proposed that the psychiatric hospitals should stop being the central point in mental health care and there should be other options including health centres with trained doctors, health centres having mental health modules, community centres, half-way houses, community residences, independent departments, protected houses, mixed cooperatives, social clubs, etc. It had an approach that concentrated on prevention, treatment and rehabilitation, taking into account the patient's rights and focussing on their social reinsertion. The program implementation for the years 2001-2006 include the prevention and control of those groups that are affected with: depression, schizophrenia, epilepsy, dementia and attention deficit disorder. These are relevant with the action to combat stigma and exclusion of persons with mental disabilities.

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

Details about the mental health legislation are not available.

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

The amount spent on mental health is assigned exclusively to the mental health services and the seven units depending on it. The psychiatric units of the decentralised institutions have their own budgets.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Disability benefits are included in the New Law of the Mexican Institute of Social Security (IMSS) and the Law of the Institute of State Workers Security and Social Services (ISSSTE). Benefits are available for severe disorders, but the process of documenting the disability is complicated and often difficult to obtain. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Human resources are limited and cannot fulfil the demands of mental health.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 15628 personnel were provided training.

There are no community care facilities for patients with mental disorders. According to the New Model of Mental Health Care, community care is being considered. Until recently only NGO's were involved in providing community based care for addiction.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.83
Psychiatric beds in mental hospitals per 10 000 population	0.71
Psychiatric beds in general hospitals per 10 000 population	0.06
Psychiatric beds in other settings per 10 000 population	0.06
Number of psychiatrists per 100 000 population	2.8
Number of neurosurgeons per 100 000 population	1.5
Number of psychiatric nurses per 100 000 population	0.12
Number of neurologists per 100 000 population	1.2
Number of psychologists per 100 000 population	
Number of social workers per 100 000 population	0.2

There are 2920 other mental health workers. There are 45629 psychologists working under the Department of Health and related Ministries.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation. Joint collaboration, as well as counselling in the implementation of the New Model of Mental Health Care is done with the NGO's.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. Mental disorders of discharged hospital patients are reported in the annual statistics of the Health Ministry.

The country has data collection system or epidemiological study on mental health. Many of the activities carried out at the psychiatric health care units were not recorded in the old format provided by the Health Information System for Open Population (SISPA). At present, the Mental Health Services have introduced changes in the information format, thus achieving the inclusion of a recording proposal for specific activities in mental health.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for disaster affected population, elderly and children. There are facilities for victims of domestic 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	51.33
Ethosuximide	no		
Phenobarbital	yes	50	28.1
Phenytoin sodium	yes	100	7.05
Sodium Valproate	yes	250	49.5
Amitriptyline	yes	25	8.56
Chlorpromazine	yes	100	32.08
Diazepam	yes	10	26.74
Fluphenazine	no		
Haloperidol	yes	5	30.8
Lithium	yes	300	5.13
Biperiden	yes	2	19.39
Carbidopa	yes	25	47.38
Levodopa	yes	100	32.9

All the drugs are in the essential list and hence should be on available always but that is not so especially in the rural areas.

OTHER INFORMATION

There are two essential developments in mental health services. First, the establishment in 1997 of the Mental Health Services, formerly the Mental Health Coordination, as a decentralised institution, in order to setup, organize, supervise and evaluate the development of activities related to health care services, as well as improving psychiatric and mental health services in the country. Second, the setting up and implementation of the New Model of Mental Health Care, which is the beginning of the restructuring of the mental health care services system in Mexico.

ADDITIONAL SOURCES OF INFORMATION

1. Ley General de Salud. Titulo Decimosegundo, Control sanitario de productos y servicios y de su importacion y expotacion chp.6
2. Ley General de Salud. Titulo Primero, Disposiciones generales.
3. Ley General de Salud. Titulo Tercero, Prestacion de los servicios de salud.
4. Ley General de Salud. Titulo Decimoprimer, Programa contra las adicciones.
5. Ministerio de Salud. (2000). Plan Nacional de Salud Mental y Psiquiatria.
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7. Ministry of Health. (2000). Mental Health Policy.
8. Minoletti A y Lopez C (1999). Las Enfermedades Mentales en Chile, Magnitud y Consecuencias. Ministerio de Salud.
9. Secretaria de Salud (2000). Para la prevencion, tratamiento y control de las adicciones.
10. Secretaria de Salud (2000) Chapter 4 Sistemas de Informacion. Sistema de vigilancia epidemiológica de las adicciones, terminologia y clasificacion, Direccion General de Epidemiologia, Secretaria de Salud, Mexico.
11. Secretaria de Salud. (1995). Para la prestacion de servicios de salud en unidades de atencion integral hospitalaria medico-psiquiatricas.
12. Secretaria de Salud (1987). Para la Prestacion de servicios de atencion medica en Hospitales Psiquiatricos. Secretaria de Salud.

Nicaragua

General Information

Nicaragua is a country with an approximate area of 130 thousand sq.km. Its population is 4.938 million. (WHO, 2000). The country is a low income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 8% (WHO, 2000). The literacy rate is 66.3% for males and 69.3% for females. The life expectancy at birth is 64.8 years for males and 68.8 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

Details about the mental health policy are not available.

Substance Abuse Policy

Details about the substance abuse policy are not available.

National Mental Health Programme

Details about the national mental health programme are not available.

National Therapeutic Drug Policy/Essential List of Drugs

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

Mental Health Legislation

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

Details about disability benefits for mental health are not available.

Details about mental health facilities at the primary care level are not available.

Details about training facilities are not available.

Details about community care facilities in mental health are not available.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population

Psychiatric beds in mental hospitals per 10 000 population

Psychiatric beds in general hospitals per 10 000 population

Psychiatric beds in other settings per 10 000 population

Number of psychiatrists per 100 000 population

Number of neurosurgeons per 100 000 population

Number of psychiatric nurses per 100 000 population

Number of neurologists per 100 000 population

Number of psychologists per 100 000 population

Number of social workers per 100 000 population

NON-GOVERNMENTAL ORGANIZATIONS

Details about NGO facilities in mental health are not available.

INFORMATION GATHERING SYSTEM

Details about mental health reporting systems are not available.

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

PROGRAMMES FOR SPECIAL POPULATION

Details about any special services are not available.

THERAPEUTIC DRUGS

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

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

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

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2. Byng, R. (1993). Primary Mental Health Care in Nicaragua. *Social Science and Medicine* 36(5), 625-29.
3. Caldera, T., Jacobsson, L., Kullgren, G. and Penayo, U. (1995). Is Treatment in Groups a Useful Alternative for Psychiatry in Low-Income Countries? An Evaluation of a Psychiatric Outpatient Unit in Nicaragua. *Acta Psychiatrica Scand* 92(5), 386-91.

Panama

General Information

Panama is a country with an approximate area of 76 thousand sq.km. Its population is 2.812 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 7.5% (WHO, 2000). The literacy rate is 92.1% for males and 90.8% for females. The life expectancy at birth is 72.6 years for males and 75.8 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

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

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1972.

National Therapeutic Drug Policy/Essential List of Drugs

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

Mental Health Legislation

The law establishing provisions about hospital and community mental health services and promotion of the rights of persons with mental disorders of 1997 was presented to the Legislative Assembly, but is yet to be approved. Details about any previous legislation is not known.

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

MENTAL HEALTH FINANCING

There are no budget allocations for mental health.

Details about expenditure on mental health are not available.

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

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. A psychiatrist works at the commission for handicapped persons of the Social Security to look after the disabilities of mentally ill patients.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Some areas have facilities to take care of the discharged psychiatric patients.

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. Some facilities for community care are being developed, e.g., day care centres and hospitals, health promotion centres.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	3.3
Psychiatric beds in mental hospitals per 10 000 population	1.9
Psychiatric beds in general hospitals per 10 000 population	1.3
Psychiatric beds in other settings per 10 000 population	0.1
Number of psychiatrists per 100 000 population	3.8
Number of neurosurgeons per 100 000 population	0.6
Number of psychiatric nurses per 100 000 population	6

Number of neurologists per 100 000 population	0.35
Number of psychologists per 100 000 population	2.6
Number of social workers per 100 000 population	0.07

The figures quoted are only for those working in the government sector and with the Social Security.

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 data collection system or epidemiological study on mental health. Only diagnosis and reasons for seeking treatment are recorded.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for elderly and children. There is a health section of indigenous people who are making efforts to facilitate inclusion of services for indigenous people.

THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	7
Ethosuximide	no		
Phenobarbital	yes	64	1.2
Phenytoin sodium	yes		
Sodium Valproate	no		
Amitriptyline	yes	10	1.4
Chlorpromazine	yes	100	11.4
Diazepam	yes	5	1.77
Fluphenazine	yes	25	1.16*
Haloperidol	yes	5	5.1
Lithium	yes	300	5
Biperiden	yes	2	15.3
Carbidopa	no		
Levodopa	no		

*cost of single injectible unit

The purchasing of general and psychiatric medicines is the responsibility of the Ministry of Health.

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

1. Government document (1996). Comision Nacional para el estudio y la prevencion de los delitos relacionados con Droga.
2. Ministerio de Salud Caja de Seguro Social (1996). Programa nacional de salud mental.
3. Ministerio de Salud (1996). Plan Nacional de salud mental.
4. Ministerio de Salud (1993). Formulario nacional de medicamentos esenciales.

Paraguay

General Information

Paraguay is a country with an approximate area of 407 thousand sq.km. Its population is 5.358 million. (WHO, 2000). The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 5.6% (WHO, 2000). The literacy rate is 94.0% for males and 91.5% for females. The life expectancy at birth is 69.6 years for males and 74.1 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. Details about the year of formulation of the programme are not available. The programme focuses on development of mental health care in primary level and training of personnel.

National Therapeutic Drug Policy/Essential List of Drugs

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

Mental Health Legislation

Details about the mental health legislation are not available.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 0.05% of the total health budget on mental health.

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

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Patients with severe disorders are quickly referred to psychiatric 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. Community care exists only in one region – health region 13 – as a part of a pilot plan.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.73
Psychiatric beds in mental hospitals per 10 000 population	0.63
Psychiatric beds in general hospitals per 10 000 population	0.02
Psychiatric beds in other settings per 10 000 population	0.08
Number of psychiatrists per 100 000 population	1.3
Number of neurosurgeons per 100 000 population	0.2
Number of psychiatric nurses per 100 000 population	
Number of neurologists per 100 000 population	0.3
Number of psychologists per 100 000 population	
Number of social workers per 100 000 population	

NON-GOVERNMENTAL ORGANIZATIONS

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

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. The mental health reporting system is not done with ideal specifications. However, work is being done using ICD 10.

The country has data collection system or epidemiological study on mental health. Data collection started in 2000 and is gradually being implemented at health centres where they have mental health workers.

PROGRAMMES FOR SPECIAL POPULATION

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

THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	300	28.57
Ethosuximide	no		
Phenobarbital	yes		7.14
Phenytoin sodium	yes	100	17.14
Sodium Valproate	yes		85.7
Amitriptyline	yes		
Chlorpromazine	yes		28.57
Diazepam	yes		
Fluphenazine	unknown		
Haloperidol	yes		42.86
Lithium	yes		
Biperiden	yes		
Carbidopa	unknown		
Levodopa	unknown		

Medicines are only provided to inpatients while they are in hospital. Generally regional hospitals and health centres do not include neuroleptics in their stock as there are very few mental health workers and general physicians prescribe very few psychotropics.

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

General Information

Peru is a country with an approximate area of 1285 thousand sq.km. Its population is 25.23 million. (WHO, 2000). The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 5.6% (WHO, 2000). The literacy rate is 94.2% for males and 84.3% for females. The life expectancy at birth is 65.6 years for males and 69.1 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1991. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. At present, some provisions are being developed within the national mental health policy, with the following objectives: to favour development and dissemination of the global health approach, by promoting healthy styles and environments and taking care of mental health as a component which is inherent and necessary to the general state of complete health; to ensure access, coverage and quality of intersectorial health services and programmes, by developing specific proposals for prevention, care and rehabilitation in accordance with the cultural reality and including equity among all; to improve quality of interventions by revising, evaluating and creating efficient patterns, which include the results of alternative practice and the psychosocial resources of the community; to improve the existing infrastructure in order to increase mental health coverage and contribute to the quality of care; to improve the efficiency of mental health programmes and services, by strengthening the process of planning, monitoring and evaluation.

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 1991.

National Therapeutic Drug Policy/Essential List of Drugs

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

Mental Health Legislation

There is a law (law 27306), which modifies the protection law against domestic violence and this came into force in 2000. There is no mental health legislation but the General Health Law, in its article 11, refers to mental health. Details about the year of enactment of the mental health legislation are not available.

MENTAL HEALTH FINANCING

There are budget allocations for mental health. Details about expenditure on mental health are not available. The primary source of mental health financing is tax based.

MENTAL HEALTH FACILITIES

The country does not have disability benefits for persons with mental disorders. There is no facility under law to allow for disability benefits 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. After the initial consultation the patient is referred to a specialised centre. Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 2130 personnel were provided training. There are community care facilities for patients with mental disorders. It does not work as a system. It is intended to strengthen this intervention modality through psychosocial clubs.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.36
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	2.4
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	
Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	
Number of social workers per 100 000 population	
Most of the psychiatric beds and psychiatrists are in Lima.	

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 data collection has limitations. The HIS-MIS system does not include most important mental health problems. The mental health programme collects activities information on a parallel system. 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. Interventions are carried out in children and adolescent victims of armed 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	3.8
Ethosuximide	no		
Phenobarbital	yes	100	6.9
Phenytoin sodium	yes	100	2.5
Sodium Valproate	unknown		
Amitriptyline	yes	25	2.76
Chlorpromazine	yes	100	25.5
Diazepam	yes	5	1.38
Fluphenazine	yes	25	3.85*
Haloperidol	unknown		
Lithium	yes	300	22.5
Biperiden	yes	2	3.6
Carbidopa	unknown		
Levodopa	unknown		

*cost of single injectible unit

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

Saint Kitts and Nevis

General Information

Saint Kitts and Nevis is a country with an approximate area of 0.26 thousand sq.km. Its population is 0.039 million. (WHO, 2000).

The country is a higher middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 6% (WHO, 2000). The literacy rate is 97(1980)% for males and 98(1980)% for females.

The life expectancy at birth is 65 years for males and 71.2 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

Details about the mental health policy are not available.

Substance Abuse Policy

Details about the substance abuse policy are not available.

National Mental Health Programme

Details about the national mental health programme are not available.

National Therapeutic Drug Policy/Essential List of Drugs

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

Mental Health Legislation

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

Details about disability benefits for mental health are not available.

Details about mental health facilities at the primary care level are not available.

Details about training facilities are not available.

Details about community care facilities in mental health are not available.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population

Psychiatric beds in mental hospitals per 10 000 population

Psychiatric beds in general hospitals per 10 000 population

Psychiatric beds in other settings per 10 000 population

Number of psychiatrists per 100 000 population

Number of neurosurgeons per 100 000 population

Number of psychiatric nurses per 100 000 population

Number of neurologists per 100 000 population

Number of psychologists per 100 000 population

Number of social workers per 100 000 population

In the past patients were kept in geriatric homes. Nowadays, the mentally ill patients receive treatment through a seven bedded psychiatric unit and a network of health centres scattered all over the islands.

NON-GOVERNMENTAL ORGANIZATIONS

Details about NGO facilities in mental health are not available.

INFORMATION GATHERING SYSTEM

Details about mental health reporting systems are not available.

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

PROGRAMMES FOR SPECIAL POPULATION

Details about specific mental health programmes are not available.

THERAPEUTIC DRUGS

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

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

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

Saint Lucia

General Information

Saint Lucia is a country with an approximate area of 0.62 thousand sq.km. Its population is 0.152 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% (WHO, 2000). The literacy rate is 65(1980)% for males and 69(1980)% for females. The life expectancy at birth is 68.9 years for males and 74.9 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 1986.

Mental Health Legislation

The Mental Hospital Act is the latest legislation on mental health. The latest legislation was enacted in 1957.

MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 4% of the total health budget on mental health. The primary source of mental health financing is tax based.

MENTAL HEALTH FACILITIES

The country does not have disability benefits for persons with mental disorders. Benefits are given on a case by case basis. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Cases are referred to the mental health clinics. Regular training of primary care professionals is not carried out in the field of mental health. There are no community care facilities for patients with mental disorders. There are some facilities but they are not comprehensive.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	10.7
Psychiatric beds in mental hospitals per 10 000 population	10.7
Psychiatric beds in general hospitals per 10 000 population	0
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	1.3
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	2.6
Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	0
Number of social workers per 100 000 population	0.7

There is a mental hospital and drug rehabilitation centre. There is a psychiatrist who is responsible for the mental hospital. A medical officer looks after the mental health services in the southern part of the country. There are 20 nursing assistants. There are no 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 elderly and children.

THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	7.4
Ethosuximide	no		
Phenobarbital	yes	30	1.85
Phenytoin sodium	yes	100	7.4
Sodium Valproate	yes	200	7.4
Amitriptyline	yes	25	1.85
Chlorpromazine	yes	100	3.7
Diazepam	yes	5	1.85
Fluphenazine	yes	25	1.6*
Haloperidol	yes	10	3.7
Lithium	yes	300	29.6
Biperiden	no		
Carbidopa	yes	25+250	29.6
Levodopa	yes	25+250	29.6

*cost of single injectible unit

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

1. Jameson, M., Perks, S.M. (1999). The Effects of Witnessing Domestic Violence on Behavioural Problems and Depressive Symptomatology. A Community Sample of Pupils from Saint Lucia. West Indian Medical Journal. 48(4), 208-11.

Saint Vincent and the Grenadines

General Information

Saint Vincent and the Grenadines is a country with an approximate area of 0.39 thousand sq.km. Its population is 0.113 million. (WHO, 2000).

The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 5.9% (WHO, 2000). The literacy rate is 96(1970)% for males and 96(1970)% for females.

The life expectancy at birth is 71.9 years for males and 75.2 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1998.

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

Substance Abuse Policy

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

National Mental Health Programme

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

The mental health programme is reviewed and updated every year.

National Therapeutic Drug Policy/Essential List of Drugs

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

Mental Health Legislation

There is an Act (No. 56), which is related to mental health.

The latest legislation was enacted in 1989.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 4.6% of the total health budget on mental health.

The primary source of mental health financing is tax based.

The community care facilities are reasonably well-developed and psychiatric nurses are present.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Patients suffering from severe mental illnesses receive public disability benefits.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. District medical officers are trained and drugs administered whenever required.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 25 personnel were provided training.

There are community care facilities for patients with mental disorders. There are community psychiatric services and psychiatric clinics in the districts.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	10.6
Psychiatric beds in mental hospitals per 10 000 population	9.7
Psychiatric beds in general hospitals per 10 000 population	0.9
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	14.2

Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	1.8
Number of social workers per 100 000 population	2.7

NON-GOVERNMENTAL ORGANIZATIONS

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

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country.

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

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for elderly.

THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	18.5
Ethosuximide	no		
Phenobarbital	yes	30	5.56
Phenytoin sodium	yes	100	18.5
Sodium Valproate	yes	250	18.5
Amitriptyline	yes	25	9.25
Chlorpromazine	yes	100	11.1
Diazepam	yes	5	9.25
Fluphenazine	yes	25	3.7*
Haloperidol	yes	5	7.4
Lithium	yes	300	
Biperiden	no		
Carbidopa	no		
Levodopa	yes	250	55.55

*cost of single injectible unit

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

Suriname

General Information

Suriname is a country with an approximate area of 163 thousand sq.km. Its population is 0.415 million. (WHO, 2000). The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 7.6% (WHO, 2000). The literacy rate is 95(1995)% for males and 91(1995)% for females. The life expectancy at birth is 68.1 years for males and 73.6 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 2000. The components of the policy are 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 1984.

Mental Health Legislation

Suriname's Mental Health Act is very old. The latest legislation was enacted in 1912.

MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 4.2% of the total health budget on mental health. The primary sources of mental health financing in descending order are tax based, social insurance, out of pocket expenditure by the patient or family and private insurances.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Benefits are present but limited. Mental health is not a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Regular training of primary care professionals is not carried out in the field of mental health. There are no community care facilities for patients with mental disorders.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	8.4
Psychiatric beds in mental hospitals per 10 000 population	8.4
Psychiatric beds in general hospitals per 10 000 population	0
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	1.4
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	15
Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	0.2
Number of social workers per 100 000 population	0.4

NON-GOVERNMENTAL ORGANIZATIONS

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

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 facilities for special population groups.

THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	15.7
Ethosuximide	no		
Phenobarbital	yes	100	2.45
Phenytoin sodium	yes	100	1.53
Sodium Valproate	yes	300	12.19
Amitriptyline	no		
Chlorpromazine	yes	100	6.3
Diazepam	yes	10	0.87
Fluphenazine	yes	25	2.62*
Haloperidol	yes	5	8.57
Lithium	yes	400	5.17
Biperiden	yes	2	4.72
Carbidopa	no		
Levodopa	yes	250	30.5

*cost of single injectible unit

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

Trinidad and Tobago

General Information

Trinidad and Tobago is a country with an approximate area of 5 thousand sq.km. Its population is 1.289 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 4.3% (WHO, 2000). The literacy rate is 95.3% for males and 91.5% for females.

The life expectancy at birth is 68.4 years for males and 73.4 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. NGOs working in the field of substance abuse have developed guidelines related to activities in the field. A policy draft is nearing completion.

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 Act is old and a review committee has been set up to look into possible modifications.

The latest legislation was enacted in 1975.

MENTAL HEALTH FINANCING

Details about disability benefits for mental health are not available.

Details about expenditure on mental health are not available.

The primary source of mental health financing is tax based.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders.

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

Regular training of primary care professionals is carried out in the field of mental health. Doctors are being trained and

23 mental health officers have received training in community care.

There are community care facilities for patients with mental disorders.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	9.47
Psychiatric beds in mental hospitals per 10 000 population	7.1
Psychiatric beds in general hospitals per 10 000 population	0.55
Psychiatric beds in other settings per 10 000 population	1.82
Number of psychiatrists per 100 000 population	1
Number of neurosurgeons per 100 000 population	0.31
Number of psychiatric nurses per 100 000 population	11.5
Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	0.3
Number of social workers per 100 000 population	1.64

There are 133 nursing assistants and also other type of personnel. The island of Trinidad has one large mental hospital and a psychiatric unit at each of the two large general hospitals. The island of Tobago has a psychiatric unit but patients requiring longterm stay have to be referred to the mental hospital in Trinidad. Trinidad and Tobago have the highest number of trained mental health staff among the English speaking Caribbean countries, but distribution of staff is not adequate.

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 mental health reporting system in the country. Surveillance needs to be improved.

The country has data collection system or epidemiological study on mental health. Field studies are done for only data collection.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for elderly. There is an Alzheimer's Disease Society.

The subspecialties of forensic psychiatry, child psychiatry, geriatric psychiatry, alcohol and substance abuse need to be developed further.

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	4.2
Ethosuximide	yes	250	41.6
Phenobarbital	yes	30	1.75
Phenytoin sodium	yes	100	8.95
Sodium Valproate	yes	200	15.55
Amitriptyline	yes	25	1
Chlorpromazine	yes	25	2.05
Diazepam	yes	5	.9
Fluphenazine	yes	25	2.4*
Haloperidol	yes	5	1.35
Lithium	yes	400	4.73
Biperiden	no		
Carbidopa	yes	25+100	33.62
Levodopa	yes	25+100	33.62

*cost of single injectible unit

OTHER INFORMATION

A new mental health plan was approved in March 2000 and the implementation is to commence as part of health sector reform with emphasis on promotion and primary care.

ADDITIONAL SOURCES OF INFORMATION

1. Cembrowicz, S. (1995). Psychiatry on Tobago in 1989. Psychiatric Bulletin. 19(7), 421-26.

United States of America

General Information

United States of America is a country with an approximate area of 9364 thousand sq.km. Its population is 276.218 million. (WHO, 2000).

The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 13.7% (WHO, 2000). The literacy rate is 99% for males and 99% for females.

The life expectancy at birth is 73.8 years for males and 79.7 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 1988.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1946.

National Therapeutic Drug Policy/Essential List of Drugs

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

Mental Health Legislation

Besides the Public Health Service Act (2000) which defines the functions of the NIMH, there are other laws. The Health Insurance Portability and Accountability Act of 1996 and covers issues like confidentiality/privacy/security, development of electronic patient record, electronic claims processing. Mental Health Parity Act of 1996 requires parity between mental health care benefits and benefits provided for health care on both an annual and lifetime basis. Children's Health Act of 2000 reauthorises the SAMHSA on carrying out programs and clarifies the types of programs that it should conduct.

In the fifties, much of the focus was given to increasing patients "freedom in the mental hospital and to employing patients" inside the mental hospital. The sixties continued with this effort via newsletters, working as aides and helping as volunteers in the hospital. When the seventies came, the ruling in (Souder v. Brennan); that states patients must be paid the minimum wage, put a damper on the patient employment movement. By the eighties the National Alliance for the Mentally Ill was formed, and they immediately started making interventions in mental health policy. The nineties were highlighted by persons with mental illness defining empowerment and creating their own philosophies.

The latest legislation was enacted in 2000.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

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

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

Total public funding is greater than total private funding. However when individual programs are considered, private insurance is greater than other publicly funded programs.

Beginning in the sixties, buildings were in use that had been built with expanded Hill-Burton funds under the Hospital Survey and Construction Act. In 1963 Congress passed the Mental Retardation Facilities and Community Mental Health Centres Construction Act. By the seventies it was apparent that a national plan was needed to address financing, comprehensive coverage, and a restructuring of the delivery system. Soon the Health Security Program was started. In the eighties mental health care, on the federal level, began to be included in federal employees insurance, Social Security Disability Insurance and Prospective payment. Federal programs or lack thereof, such as Medicaid and Social Security Disability Insurance were paid heavy attention to in the nineties. However, the major focus was specifically on managed care, public and private.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Disability entitles one to Federal Supplemental Security Income (SSI) for poor persons and Social Security Disability Insurance (SSDI) for workers and family members. Eligibility for the former results in eligibility for Medicaid; for the latter, eligibility for Medicare.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. There are activities undertaken by the public speciality sector for children and adults.

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. They are organized by states, counties and localities.

The quality of community mental health care varies from place to place. The 1950s saw the building of general hospital psychiatric units, outpatient clinics and halfway houses. The 1960s focussed on four main philosophies. First, if possible a patient should remain in his/her home community for treatment. Second, hospitalization should be short, if required, with rapid outpatient services. Third, intervention should be available to avoid hospitalization. Finally, alternative programs should be enhanced due to lesser expenses and more effective therapy. In this decade, comprehensive treatment became the primary focus of mental health services.

Case management and assertive community treatment are two relatively new forms of services. Programmes were developed to provide acute psychiatric treatment. Evaluation of services began to be undertaken. Employment programmes, traveling teams of professionals and pre-admission programmes were also developed. The 1980s were a decade of consolidating practices, evaluating efforts and facing new problems. Better-planned and developed services were promoted such as, asylum care, boarding homes, case management and many others. The message of this decade was that community services needed to be significantly improved for patients. The 1990s saw the U.S. focus shifting back to the concerns that dominated the 1970s – how was the population that uses state hospitals changing? There was also an examination of recidivism in the context of trying to gauge why people were returning to state hospitals if satisfactory community care was available. The other large focus of this decade concerned the homeless mentally ill.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	9.5
Psychiatric beds in mental hospitals per 10 000 population	3.5
Psychiatric beds in general hospitals per 10 000 population	2
Psychiatric beds in other settings per 10 000 population	4
Number of psychiatrists per 100 000 population	10.5
Number of neurosurgeons per 100 000 population	1.6
Number of psychiatric nurses per 100 000 population	6.3
Number of neurologists per 100 000 population	4
Number of psychologists per 100 000 population	26.4
Number of social workers per 100 000 population	33.6

There are other mental health professionals like mental health counsellors, psychosocial rehabilitation specialists, school psychologists. In the 50's state hospitals felt that their task was to focus on preparing patients with social skills in order for them to be successful citizens in a community setting. In the sixties state hospitals had four main focuses to ensure the hospital's future existence; institutionalism, the sufficiency of no more than symptomatic relief, families' and patients' resistance to discharge and development of community programs for individuals with chronic mental illness living in the community. The 70's were characterized by intensive debates about closing or retaining state hospitals. During this time state hospitals became more interested in community services. They also started to unify geographically by matching state hospital wards with catchment areas. Described as the least innovative decade, the 80's was a continuance of the 70's debate of "close" or "keep open." Additionally, management, hospital organization and state hospital admissions were issues being debated. Along with these issues, "deinstitutionalization" became the new controversy. The nineties was a detailed examination of the issues in the 70's and 80's. Focuses were on repeat patients, difference in the new population of patients and the need for asylum for certain patients.

NON-GOVERNMENTAL ORGANIZATIONS

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

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. The National Health Interview Survey conducted by the National Centre for Health Statistics collects information on mental disorders in adults and children.

The country has data collection system or epidemiological study on mental health. The National Institute of Mental Health is responsible for mental health epidemiology. The Centre for Mental Health Services is responsible for statistical information on mental health services

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for minorities, refugees, disaster affected population, indigenous population, elderly and children. CMHS is involved in coordinating relevant services for refugees and disaster-affected populations. Other groups are targeted as part of the SAMHSA Block Grant Programs in mental health and substance abuse. There are special programmes for HIV patients.

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		
Diazepam	yes		
Fluphenazine	yes		
Haloperidol	yes		
Lithium	yes		
Biperiden	yes		
Carbidopa	yes		
Levodopa	yes		

The FDA approves all prescription drugs for usage by Americans including psychopharmacological agents. Within the mental health field there is no specific national policy on psychopharmacological agents. Some national data are available on prescription medications through the National Health Interview Survey. From 1997 to the present, a question is asked whether children aged 17 and below had taken any medicines in the last 3 months and the adults over 18 years are asked to respond whether they had any difficulty paying. The Centre for Mental Health Services' periodic survey of persons served in mental health organizations asks a question about receipt of drugs therapy, but does not identify drug or dosage. The Agency for Healthcare Research and Quality collects prescription medication information in the Medical Expenditures Panel Survey. Data from 1996-97 are yet to be analyzed completely.

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

1. Department of Health and Human Services (1999). Mental Health: A report of the Surgeon General. DHSS. U.S. Public Health Service. Pittsburgh.
2. Geller, J. (2000). The Last Half-Century of Psychiatric Services As Reflected in Psychiatric Services. Psychiatric Services, 51(1), 41-67.

Uruguay

General Information

Uruguay is a country with an approximate area of 177 thousand sq.km. Its population is 3.313 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 10% (WHO, 2000). The literacy rate is 97.2% for males and 98.0% for females. The life expectancy at birth is 70.5 years for males and 77.8 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1985. 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 1985.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1971.

Mental Health Legislation

There are two laws. Ley N° 9581 de Asistencia de psicópatas (1936) and Ley de creación del patronato del psicópata (1948). The latest legislation was enacted in 1948.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

Details about expenditure on mental health are not available.

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

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders.

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

Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 600 personnel were provided training.

There are community care facilities for patients with mental disorders. 34 multidisciplinary units work for community health.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	5.4
Psychiatric beds in mental hospitals per 10 000 population	4.78
Psychiatric beds in general hospitals per 10 000 population	0.62
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	22.9
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	0.85
Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	15.1
Number of social workers per 100 000 population	62

There are many other psychologists working in different sectors.

NON-GOVERNMENTAL ORGANIZATIONS

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

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country.

The country has data collection system or epidemiological study on mental health. An epidemiological study has been carried out since 1998. Currently the data for the year 2000 is being compiled. Service and production data is also being collected.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for minorities, 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	3.18
Ethosuximide	no		
Phenobarbital	yes	100	4.48
Phenytoin sodium	yes	100	8.79
Sodium Valproate	yes	200	7.82
Amitriptyline	yes	25	9.12
Chlorpromazine	yes	100	2.93
Diazepam	yes	10	9.77
Fluphenazine	yes	25	8.47*
Haloperidol	yes	5	11.4
Lithium	yes	300	2.93
Biperiden	yes	2	24.43
Carbidopa	yes	25	
Levodopa	yes	250	

*cost of single injectible unit

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

Venezuela, Bolivarian Republic of

General Information

Venezuela, Bolivarian Republic of is a country with an approximate area of 912 thousand sq.km. Its population is 23.706 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 3.9% (WHO, 2000). The literacy rate is 92.6% for males and 91.4% for females.

The life expectancy at birth is 70.9 years for males and 76.2 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 1984.

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. Details about the year of formulation are not available.

Mental Health Legislation

Though, at present there is no mental health legislation, a law pertaining to protection of the mental health patients has been presented to the Congress and is awaiting approval.

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

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

Details about expenditure on mental health are not available.

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

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. A disability certificate can be provided by the Social Security.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Services are provided only by specialists.

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. However there are some isolated community care facilities in Merida and Guarico states.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	1.15
Psychiatric beds in mental hospitals per 10 000 population	0.29
Psychiatric beds in general hospitals per 10 000 population	0.15
Psychiatric beds in other settings per 10 000 population	0.76
Number of psychiatrists per 100 000 population	
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	
Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	
Number of social workers per 100 000 population	

Country-wide data for personnel is difficult to assess.

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 not classified according to separate disorders, but are reported under the rubric of mental disorders.

The country has no data collection system or epidemiological study on mental health. At present, indicators about the mental disorders have been included in the information system of the comprehensive care model.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for disaster affected population and children. There is a National Institute of Child Psychiatry. Due to the disaster of 1999, the plan for psychosocial care and rehabilitation was implemented for victims of disaster.

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	37.32
Ethosuximide	no		
Phenobarbital	yes	100	7.49
Phenytoin sodium	yes	100	6.38
Sodium Valproate	no		
Amitriptyline	yes	25	8.65
Chlorpromazine	yes	25	11.26
Diazepam	yes	5	4.78
Fluphenazine	no		
Haloperidol	yes	5	23.9
Lithium	yes	300	22.61
Biperiden	yes	2	14.37
Carbidopa	no		
Levodopa	no		

At present the essential drug list is being revised to include SSRI's, newer antipsychotics and other drugs.

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

1. Levine, P. (1996). Developing a Community Mental Health Program in the Venezuelan Andes: Implications for the International Psychosocial Rehabilitation. *Psychiatric Rehabilitation Journal* 19(3), 23-32.