

◆ Definitions

- ◆ *Mental health legislation*: legal provisions for the protection of the basic human and civil rights of people with mental disorders. It deals with treatment facilities, personnel, professional training and service structure. Mental health legislation includes provisions concerned with the restraint and protection of individual patients, regulation of compulsory admission, discharge procedures, appeals, protection of property, etc.
- ◆ *Disability benefits*: benefits that are payable, as part of legal right, from public funds in cases of mental disorders that reduce a person's capacity to function.

◆ Salient Findings

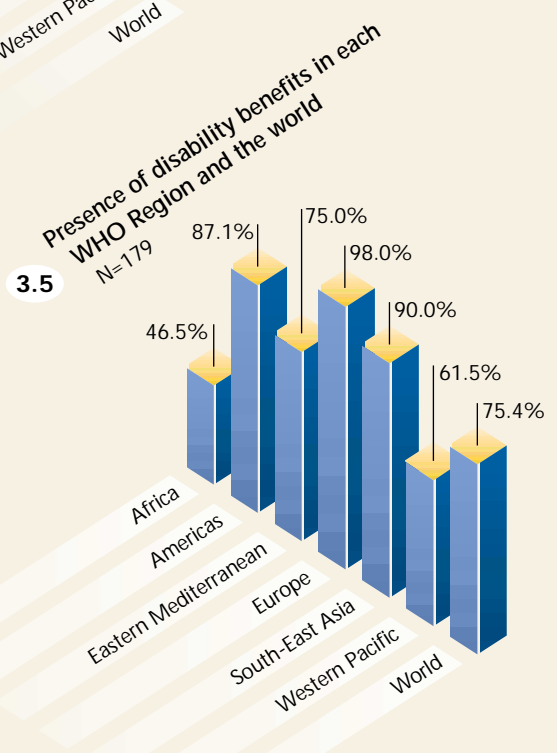
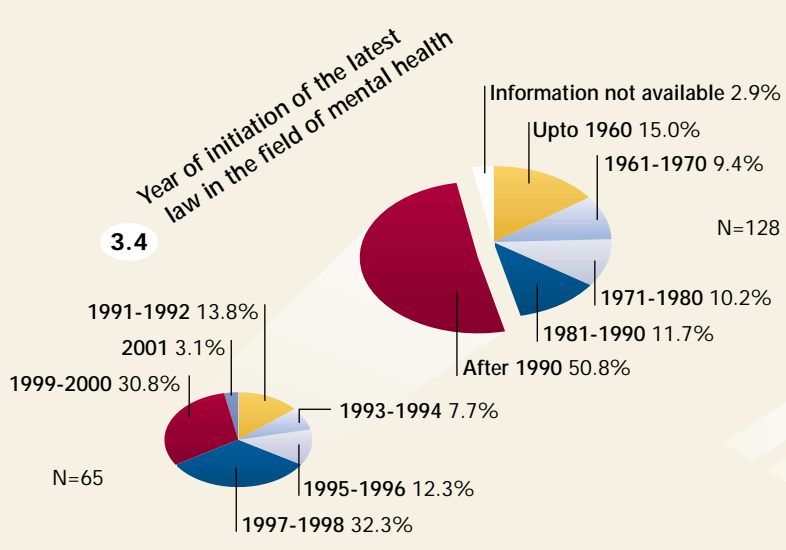
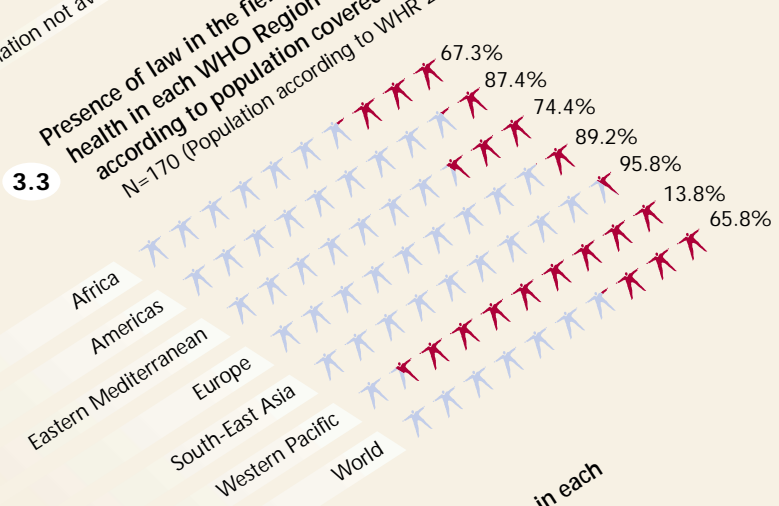
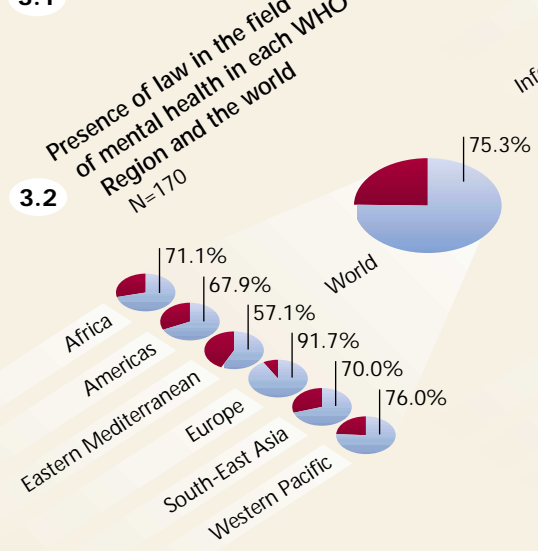
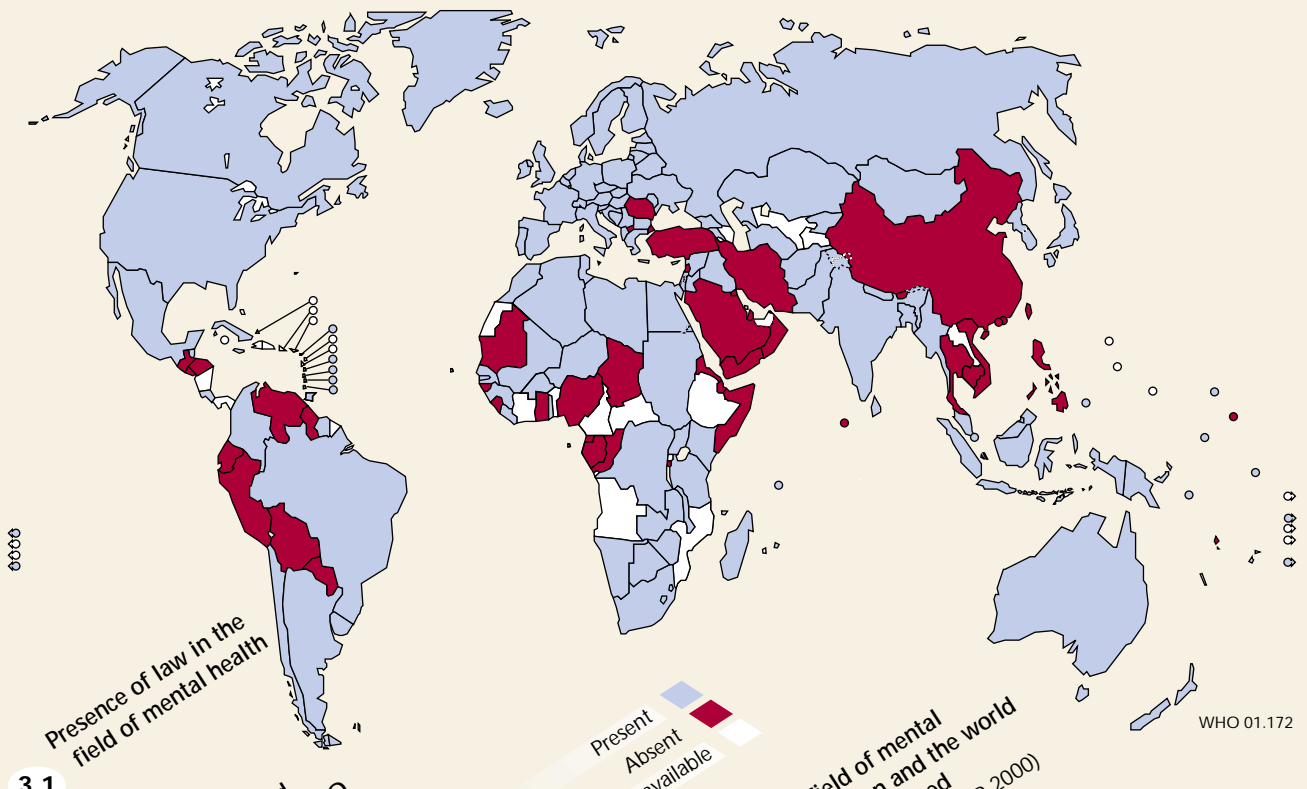
- ◆ A law in the field of mental health can be found in 75.3% of countries covering 65.8% of the world's population. While, 91.7% of the European countries have a law in the field of mental health, the rate is 57.1% in the Eastern Mediterranean countries.
- ◆ About 51% of the laws were passed after 1990 and of those, 66.2% were developed after 1996. In the European Region 74.4% of the countries created their latest law in the field of mental health after 1990.
- ◆ 15% of countries have laws that date back to a period before 1960, before most of the currently used treatment methods became available.
- ◆ 75.4% of the countries, accounting for 93.2% of the population, have reported some form of disability benefit for persons suffering from mental disorders. Availability of these benefits varies across regions. In the African Region only 46.5% of countries have disability benefits covering 63.4% of the population.
- ◆ Disability benefits vary from monthly monetary benefits to special retirement benefits or tax exemptions. However, the information about these benefits is not widely available and procedures for receiving them are often more cumbersome than receiving benefits for physical disabilities.

◆ Limitations

- ◆ Some countries do not have separate mental health legislation, though some issues may be covered as a part of a larger health legislation.
- ◆ Details on specific components of the laws related to mental health are not available. Some laws are comprehensive, while others cover only a few of the necessary components.
- ◆ Information on the exact kind of disability benefits and their coverage within the country is not available.

◆ Implications

- ◆ Earlier mental health legislation was often implemented to legally deprive those suffering from mental disorders of their liberty and keep them isolated from society. These laws served more to safeguard others from "dangerous" mentally disordered than to protect the latter.
- ◆ In recent years the focus of legislation has shifted to human rights of people with mental disorders and their right for treatment. Progressive legislation is essential for care of those with serious mental disorders.
- ◆ Mental health legislation should cover parity in services, entitlements, housing and social support. These are often inadequately covered.
- ◆ Consumers of mental health services need to be involved in formulating and revising mental health legislation and disability benefits.
- ◆ There needs to be a parity between physical and mental disabilities for benefits. This is more important because mental disability is often not obvious in spite of its effects being severe and long lasting.



◆ Definitions

- ◆ *Substance abuse policy*: a specifically written document of the government or Ministry of Health containing goals of prevention and treatment activities related to the use,

abuse and dependence of alcohol, prescription and non-prescription including illicit drugs.

◆ Salient Findings

- ◆ 69.4% of countries covering 77.7% of the world's population have a substance abuse policy.
- ◆ The African and Western Pacific Regions have substance abuse policies in only 52% and 54% of countries respectively, whereas, 85.7% of the countries in the European Region have substance abuse policies.
- ◆ 55.1% of the policies were formulated in the 1990s and more than 58% of those after 1996.
- ◆ In the European Region 73.8% of countries formulated policies after 1990 compared to the Western Pacific Region where 41.7% of countries formulated policy after 1990.
- ◆ Policies vary widely with some countries having a comprehensive policy and others having a policy related to one particular type of substance, e.g., illicit drugs or alcohol.

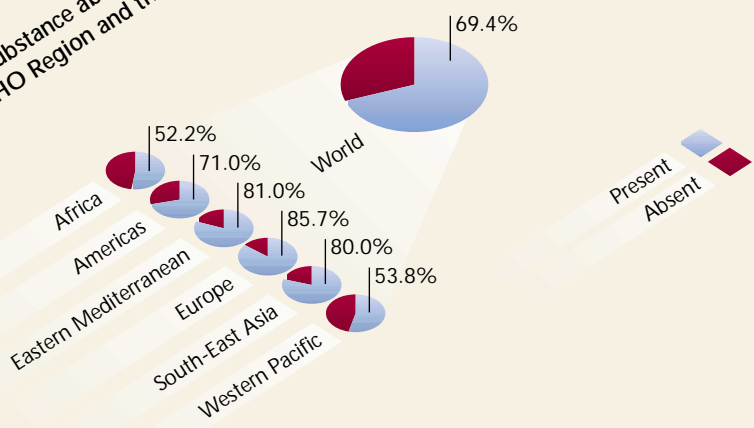
◆ Limitations

- ◆ While some countries may have reported having no policy, they may have individual plans or programmes related to drug abuse or dependence.
- ◆ Specific details about substances covered by substance abuse policy, years of revisions of the policies and degree of their implementation are not available.

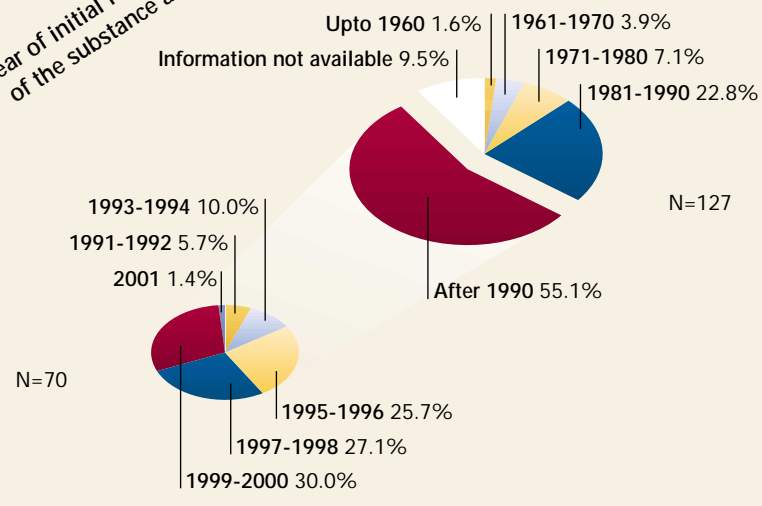
◆ Implications

- ◆ A substance abuse policy is essential for ensuring that the activities of various governmental departments are compatible and that they contribute towards preventing problems related to use of substances.
- ◆ A substance abuse policy facilitates planning and improving the services for management of persons having substance use disorders. Priorities can be defined and resources channelled to meet those priorities.
- ◆ Substance abuse policy should be comprehensive, covering all substances including alcohol, prescription and non-prescription including illicit drugs.

4.1 Presence of substance abuse policy in each WHO Region and the world
N=183



4.2 Year of initial formulation of the substance abuse policy



4.3 Countries in each WHO Region with formulation of the substance abuse policy after 1990
(From all countries having a substance abuse policy)

