

Eastern Mediterranean Region (EMR)



EMR

Afghanistan

General Information

Afghanistan is a country with an approximate area of 652 thousand sq.km. Its population is 21.923 million. (WHO, 2000). The country is a low income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 3.2% (WHO, 2000). The literacy rate is 47(1999)% for males and 15(1999)% for females. The life expectancy at birth is 68.2 years for males and 70.8 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1986. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. In the last 14 years there has been no new government policy regarding mental health and the mental health policy of 1986 is still followed. The policy outlines prevention, treatment and rehabilitative facilities for mentally ill patients.

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 1988. The national mental health programme has the following objectives: provision of mental health care to all, integration of mental health with primary care and community care, services for special population, especially the war affected. It also outlines services, training, administrative strategies and approaches for promotion of mental health and provision of services for the war-affected. It advocates the development of a nucleus of trained mental health professionals to act as "master trainers" for primary health care physicians and health workers in their respective provinces in order to ensure at least a minimum provision of mental health services.

National Therapeutic Drug Policy/Essential List of Drugs

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

Mental Health Legislation

There is a mental health legislation. The latest legislation was enacted in 1997.

MENTAL HEALTH FINANCING

There are budget allocations for mental health. Details about expenditure on mental health are not available. The primary 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. Disability support services are provided for persons with physical, psychiatric, intellectual, sensory or age-related disability (or a combination of these) which is likely to continue for a minimum of six months and reduces independent functioning to the extent that ongoing support is required. Mental health is not a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Regular training of primary care professionals is not carried out in the field of mental health. There are no community care facilities for patients with mental disorders.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.027
Psychiatric beds in mental hospitals per 10 000 population	0.022
Psychiatric beds in general hospitals per 10 000 population	0.004
Psychiatric beds in other settings per 10 000 population	0

Number of psychiatrists per 100 000 population	0.036
Number of neurosurgeons per 100 000 population	0.034
Number of psychiatric nurses per 100 000 population	0.07
Number of neurologists per 100 000 population	0.07
Number of psychologists per 100 000 population	0.09
Number of social workers per 100 000 population	0

Currently, there are no social workers but in future they will be trained. There are very few trained psychiatrists. Most doctors working as psychiatrists have either had in-service training or had attended short courses abroad. A three month diploma course was held in 1996 to train some doctors in psychiatry. Postgraduate training in psychiatry is not present. Psychologists get their training from Kabul University.

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. There are no country wide mental health reporting systems but quarterly reports are submitted by the mental hospital to the Ministry of Public Health. However, each hospital maintains registry books on their in-patient and outpatient information. The country has no data collection system or epidemiological study on mental health.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for disaster affected population. There is a regular programme for traumatized children (trauma and grief program) which is supported by UNICEF.

THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	13.93
Ethosuximide	no		
Phenobarbital	yes	100	3.48
Phenytoin sodium	yes	100	5.22
Sodium Valproate	no		
Amitriptyline	yes	25	2.1
Chlorpromazine	yes	25	3.48
Diazepam	yes	2	1.74
Fluphenazine	yes	25	
Haloperidol	yes	5	5.22
Lithium	yes	200	13.93
Biperiden	yes	2	4.2
Carbidopa	no		
Levodopa	yes		3.48

The cost of medicines keep on fluctuating as the local currency is unstable due to the war.

OTHER INFORMATION

There is a shortage of staff due to the war and more international support is needed.

ADDITIONAL SOURCES OF INFORMATION

1. Saeed, K., Mohit, A. and Mubbashar, M. (1999). Mental Health Manpower development in Afghanistan: A Report on a Training Course for Primary Health Care Physician. Eastern Mediterranean Health Journal. 5(2), 373-77.

Bahrain

General Information

Bahrain is a country with an approximate area of 0.62 thousand sq.km. Its population is 0.606 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 4.4% (WHO, 2000). The literacy rate is 90.2% for males and 81.2% for females. The life expectancy at birth is 70.6 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 1993. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation.

Substance Abuse Policy

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

National Mental Health Programme

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

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1975.

Mental Health Legislation

The latest mental health legislation is Decree 3. The latest legislation was enacted in 1975.

MENTAL HEALTH FINANCING

There are budget allocations for mental health. Details about expenditure on mental health are not available. The primary sources of mental health financing in descending order are 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. Primary care is provided only after stabilization of the case. Regular training of primary care professionals is carried out in the field of mental health. There are community care facilities for patients with mental disorders. There are regular home visits through outreach programs of the hospital. The psychiatric community care was started in 1979 and forms an important aspect of mental health delivery system along with primary care. There are 18 primary care centres and each are within 5 km of the catchment area and have all psychiatric drugs. Any new drugs can be procured within a day. During community visits, family members are encouraged to participate in the treatment. Patients are given information on treatment, management and other educational items related to their illness.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	3.3
Psychiatric beds in mental hospitals per 10 000 population	3.3
Psychiatric beds in general hospitals per 10 000 population	0
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	5
Number of neurosurgeons per 100 000 population	0.3
Number of psychiatric nurses per 100 000 population	23

Number of neurologists per 100 000 population	0.5
Number of psychologists per 100 000 population	0.8
Number of social workers per 100 000 population	1

NON-GOVERNMENTAL ORGANIZATIONS

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

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. Data are available from the Bahrain Health Statistics, 1999. The country has data collection system or epidemiological study on mental health. Data collection is hospital based.

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	11.97
Ethosuximide	no		
Phenobarbital	yes	30	0.88
Phenytoin sodium	yes	100	4.44
Sodium Valproate	yes	200	13.7
Amitriptyline	yes	25	3.99
Chlorpromazine	no		
Diazepam	yes	2.5	1.3
Fluphenazine	no		
Haloperidol	no		
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

1. Al-Haddad, M. K. (1989). Community Psychiatry in Bahrain. World Health Forum. 10, 432.

General Information

Cyprus is a country with an approximate area of 9 thousand sq.km. Its population is 0.778 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 98.6% for males and 94.7% for females. The life expectancy at birth is 74.8 years for males and 78.8 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1985. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. The mental health policy is concerned with updating legislation according to European standards, integrating mental health with community care and improving the living conditions of patients in the mental hospital in Nicosia.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1978.

National Mental Health Programme

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

National Therapeutic Drug Policy/Essential List of Drugs

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

Mental Health Legislation

Cyprus has a Mental Health Act. The new law covers treatment, admission and care of the mentally ill. Human rights issues are also covered. Under this law the mental hospital can admit voluntary patients, too. The latest legislation was enacted in 1997.

MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 7% of the total health budget on mental health. The primary sources of mental health financing in descending order are tax based, out of pocket expenditure by the patient or family, social insurance and grants.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. There is an ongoing cooperation of the community psychiatrists with general practitioners and there are regular workshops with the participation of WHO experts. Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 60 personnel were provided training. Ongoing training has increased. Personnel are being trained locally and abroad in psychotherapy and other interventions. Mental health services offer a three month training course for doctors trained as general practitioners. There are community care facilities for patients with mental disorders. The whole of Cyprus is covered by community nurses and there is a decentralisation process for the whole of Cyprus.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	5.2
Psychiatric beds in mental hospitals per 10 000 population	4.5
Psychiatric beds in general hospitals per 10 000 population	0.6
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	1.3
Number of psychiatric nurses per 100 000 population	45
Number of neurologists per 100 000 population	2.6
Number of psychologists per 100 000 population	19.3
Number of social workers per 100 000 population	25

Besides the mental hospital at Nicosia there are other psychiatric units and specialized units like the child psychiatry centres, detoxification centres, psychiatric units for geriatrics, mentally retarded, community centres, etc.

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. There is a possibility of having an epidemiological or data collection system by 2001 with WHO support.

PROGRAMMES FOR SPECIAL POPULATION

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

THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	1.23
Ethosuximide	no		
Phenobarbital	yes	30	0.48
Phenytoin sodium	yes	100	3.03
Sodium Valproate	yes	500	7.97
Amitriptyline	yes	25	0.65
Chlorpromazine	yes	100	2.45
Diazepam	yes	5	0.15
Fluphenazine	yes	25	
Haloperidol	yes	5	0.58
Lithium	yes	400	2.38
Biperiden	yes	2	4.72
Carbidopa	yes	25+250	3.46
Levodopa	yes	25+250	3.46

OTHER INFORMATION

The National five-year plan proposes to divide the country into five administrative sectors with each having their own mental health centre with most facilities for rehabilitation. Non-governmental organisations, church, other health services, local authorities and other interested bodies will help. Consultants from UNHCR have proposed that a bicommunal mental health services program for the Greeks and Turks would help persons from both communities to share resources and professional expertise.

ADDITIONAL SOURCES OF INFORMATION

1. Annual Report (1999) Mental Health Services.
2. Sundel, M. (1996). Designing Mental Health Services to Improve Ethnic Relations. World Future. 47(1), 15-23.

Djibouti

General Information

Djibouti is a country with an approximate area of 22 thousand sq.km. Its population is 0.629 million. (WHO, 2000). The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 2.8% (WHO, 2000). The literacy rate is 74.0% for males and 51.4% for females. The life expectancy at birth is 45 years for males and 45 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

There is no legislation

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

MENTAL HEALTH FINANCING

There are no budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary source of mental health financing is grants.

MENTAL HEALTH FACILITIES

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

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

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

There are no community care facilities for patients with mental disorders. There are no facilities for primary care or community care mental health services.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.7
Psychiatric beds in mental hospitals per 10 000 population	0
Psychiatric beds in general hospitals per 10 000 population	0.7
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	0
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	0.16
Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	0
Number of social workers per 100 000 population	0

There are 4 nursing attendants. Psychiatric assistance is concentrated to the psychiatry department of Peltier Hospital.

Besides that, psychiatric services are non-existent.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are not involved with mental health in the country.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. Data of 1999 is available.

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

PROGRAMMES FOR SPECIAL POPULATION

No specialized services exist. International organizations like the UNHCR provide help for refugees.

THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	23.5
Ethosuximide	no		
Phenobarbital	yes	50	
Phenytoin sodium	yes	100	6.78
Sodium Valproate	yes	150	
Amitriptyline	yes	25	11.98
Chlorpromazine	yes	100	25.42
Diazepam	yes	5	
Fluphenazine	no		
Haloperidol	yes		13.22
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

These drugs are available only at the general hospital and not at primary care level. None of the anti parkinsonian drugs are available.

OTHER INFORMATION

Magico-religious treatment is present to a great extent. General knowledge about mental disorders is very limited.

ADDITIONAL SOURCES OF INFORMATION

General Information

Egypt is a country with an approximate area of 1001 thousand sq.km. Its population is 67.226 million. (WHO, 2000). The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 3.7% (WHO, 2000). The literacy rate is 65.5% for males and 41.8% for females. The life expectancy at birth is 64.2 years for males and 65.8 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1978. The components of the policy are promotion, prevention and treatment.

Substance Abuse Policy

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

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1986. The objectives of the mental health programme are to make essential mental health care available to and accessible to all and to use mental health to promote general health. Integration of mental health into community care, involvement of all levels of personnel in providing psychiatric care, promotion of proper health recording system and information gathering system and provision of essential drugs. Training facilities are also highlighted in the programme. The programme also devoted attention to psychosocial problems of drug addiction and to that extent training and resources development have been undertaken.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. Details about the year of formulation are not available. The essential drugs list was last updated in 1994.

Mental Health Legislation

There is a Mental Health Act from 1940's, but revisions are being made. There is also a more recent law on narcotics which was formulated in 1989. The latest legislation was enacted in 1944.

MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 9% of the total health budget on mental health. The primary sources of mental health financing in descending order are tax based, out of pocket expenditure by the patient or family, 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 not available at the primary level. Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 300 personnel were provided training. There is a mental health care manual for primary care physicians. Training facilities are present. Conferences, symposia, exhibitions and meetings are held at youth meeting places to sensitize the public regarding mental health. Training of school teachers, school physicians and school supervisors were also undertaken. There is a school mental health programme which has done a lot of work for mental health among the young population. It has held training programmes, has developed teaching aides, conducted orientation classes for adolescents, organized special clinics at district levels, and assessed existing skills of teachers in mental health. There are no community care facilities for patients with mental disorders.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	1.3
Psychiatric beds in mental hospitals per 10 000 population	1.1
Psychiatric beds in general hospitals per 10 000 population	0.1
Psychiatric beds in other settings per 10 000 population	0.1
Number of psychiatrists per 100 000 population	0.9
Number of neurosurgeons per 100 000 population	0.2
Number of psychiatric nurses per 100 000 population	2
Number of neurologists per 100 000 population	0.5
Number of psychologists per 100 000 population	0.2
Number of social workers per 100 000 population	0.1

There are no occupational therapists.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention and rehabilitation. The Child Mental Health Prevention Association, an NGO, was established in 1995, to spread the concept of mental health among families. There are also guidance and counselling centres at different governorates.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. Data are received only from the Ministry of Health. Many mental health services are supported by the local governates. The country has no data collection system or epidemiological study on mental health. Only researches in universities are carried out, none by the state or centre.

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	8.1
Ethosuximide	yes	250	8.1
Phenobarbital	yes	15	2.7
Phenytoin sodium	yes	100	
Sodium Valproate	yes	200	9.45
Amitriptyline	yes	25	9.45
Chlorpromazine	yes	100	2.7
Diazepam	yes	5	2.7
Fluphenazine	yes	25	
Haloperidol	yes	5	4.32
Lithium	yes	400	4.05
Biperiden	yes	2	8.1
Carbidopa	yes	25	45.94
Levodopa	yes	250	45.94

OTHER INFORMATION

Egypt is one of the sites for the WHO programme- Nations for Mental Health- which aims to integrate mental health with in primary care through training of general physicians and nurses.

ADDITIONAL SOURCES OF INFORMATION

1. Okasha, A. (1999). Mental Health in the Middle East: An Egyptian Perspective. *Clinical Psychology Review*. 19(8), 917-33.
2. WHO, EMRO (1997). Inter-country Meeting on the Mental Health Needs Assessment at the Community, Health Services and Policy Levels in the Countries of the Eastern Mediterranean Region. World Health Organization, Regional Office for the Eastern Mediterranean.
3. WHO, EMRO (1997). Inter-country Consultation on Mental Health Legislation in Different Law Traditions. World Health Organization, Regional Office for the Eastern Mediterranean.
4. WHO, EMRO (1995). Inter-country Meeting on the Evaluation of the Progress of National Mental Health Programmes in the Eastern Mediterranean Region. World Health Organization, Regional Office for the Eastern Mediterranean.

Iran, Islamic Republic of

General Information

Iran, Islamic Republic of is a country with an approximate area of 1633 thousand sq.km. Its population is 66.796 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 4.4% (WHO, 2000). The literacy rate is 81.7% for males and 67.4% for females.
The life expectancy at birth is 66.8 years for males and 67.9 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

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

Substance Abuse Policy

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

National Mental Health Programme

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

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1988.
The essential drugs list was last updated in 2001.

Mental Health Legislation

The most recent law stipulates that at least 10% of all general hospital beds should be available to psychiatry.
Details about the year of enactment of the mental health legislation are not available.

MENTAL HEALTH FINANCING

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

MENTAL HEALTH FACILITIES

The country does not have disability benefits for persons with mental disorders.
Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Mental health delivery for severe illnesses is one of the objectives in rural and deprived areas.
Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 20185 personnel were provided training. Postgraduate training facilities for medical and nursing graduates are available. Training facilities for general physicians and mental health workers or Behvarz is also present.
There are community care facilities for patients with mental disorders. Mental health is integrated into the primary care system whose basis is community care. Community participation in the form of religious establishments' involvement and educational seminars during the mental health week for the common people are carried out in order to promote better understanding of mental health.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	1.24
Psychiatric beds in mental hospitals per 10 000 population	1
Psychiatric beds in general hospitals per 10 000 population	0.2
Psychiatric beds in other settings per 10 000 population	0.04
Number of psychiatrists per 100 000 population	1

Number of neurosurgeons per 100 000 population	0.4
Number of psychiatric nurses per 100 000 population	0.5
Number of neurologists per 100 000 population	0.4
Number of psychologists per 100 000 population	2
Number of social workers per 100 000 population	0.6

Among the other 325 professionals are occupational therapists, medical assistants. There are numerous psychologists working outside the mental health sector.

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 mental health reporting system in the country. There is a simple information system for mental disorders like psychosis, depression, epilepsy, mental retardation, etc.

The country has no data collection system or epidemiological study on mental health. Only regional and local data are available.

PROGRAMMES FOR SPECIAL POPULATION

There are no programmes for special population. The mental health programme caters to all populations and not to any specific group.

There are special facilities for child and adolescent psychiatry in the form of special hospitals, training facilities, school mental health 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	1.72
Ethosuximide	yes	250	2
Phenobarbital	yes	30	0.4
Phenytoin sodium	yes	100	0.6
Sodium Valproate	yes	200	1.15
Amitriptyline	yes	25	0.28
Chlorpromazine	yes	100	1.12
Diazepam	yes	5	0.34
Fluphenazine	yes		0.7
Haloperidol	yes	5	0.32
Lithium	yes	300	0.65
Biperiden	yes	2	0.86
Carbidopa	yes		3.98
Levodopa	yes		3.98

OTHER INFORMATION

The history of development of mental health services in the country can be divided into four periods: the period of asylum care, covering most of the early decades of the century, which had many poorly developed asylums which were either connected to or were extensions of collection areas for beggars; period from the 1940's to the 1960's when psychiatry was introduced to universities and medical education; from the 1970's community mental health programmes were started and the concept of comprehensive mental health care initiated the construction of new hospitals, started researches, established specialized training facilities like psychiatric nursing and resulted in construction of the Teheran Psychiatric Institute; the period of integration of mental health services into primary health care system started in the mid 1980's.

ADDITIONAL SOURCES OF INFORMATION

Iraq

General Information

Iraq is a country with an approximate area of 437 thousand sq.km. Its population is 22.45 million. (WHO, 2000). The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 4.2% (WHO, 2000). The literacy rate is 63.9% for males and 43.2% for females. The life expectancy at birth is 61.6 years for males and 62.8 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1981. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1965.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1987. The national mental health programme was started in 1989 and is concerned primarily with the integration of mental health with primary care leading to improvement of the mental health status of the country. Promotion of proper research facilities and information gathering systems is also a part of the programme. Coordination of mental health is done by the Iraqi Committee for Mental Health Promotion, an advisory body to the Minister of Health.

National Therapeutic Drug Policy/Essential List of Drugs

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

Mental Health Legislation

There is a Public Health Act (No. 89/1981). This included mental health issues. The latest legislation was enacted in 1981.

MENTAL HEALTH FINANCING

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

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. The services provided by the government are free, though payment has to be made for private services. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. The drugs are supplied to needy patients at the primary care level after confirmation of the diagnosis by specialists. Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 900 personnel were provided training. Postgraduation in psychology and training for paramedical staff is also present. Training is also provided to teachers, primary care physicians and schools and universities. General practitioners in the primary health centres are being trained in psychiatry in order to deliver better psychiatric services at the primary level. Short training courses for orientation are provided. There are community care facilities for patients with mental disorders. Care is provided via the facilities of the Ministry of Social Welfare.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.63
Psychiatric beds in mental hospitals per 10 000 population	0.55
Psychiatric beds in general hospitals per 10 000 population	0.06

Psychiatric beds in other settings per 10 000 population	0.02
Number of psychiatrists per 100 000 population	0.5
Number of neurosurgeons per 100 000 population	0.09
Number of psychiatric nurses per 100 000 population	0.02
Number of neurologists per 100 000 population	0.04
Number of psychologists per 100 000 population	0.05
Number of social workers per 100 000 population	0.2

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, prevention, treatment and rehabilitation. Training facilities are also provided by NGOs. The Iraqi Society of Psychiatrists, which is a NGO, is actively involved in the promotion of mental health.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country.

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

There is a lack of proper information gathering system and monitoring of existing mental health services is not possible due to lack of operational data and other information.

PROGRAMMES FOR SPECIAL POPULATION

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

THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	0.28
Ethosuximide	no		
Phenobarbital	yes		0.28
Phenytoin sodium	yes		0.14
Sodium Valproate	yes	200	0.14
Amitriptyline	yes	25	0.28
Chlorpromazine	yes	50	0.28
Diazepam	yes	2	0.28
Fluphenazine	yes	25	
Haloperidol	yes	1.5	0.14
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	yes	250	0.14

OTHER INFORMATION

One of the earliest psychiatric centres was set up in Baghdad, but since 1990, mental health facilities have suffered due to the war and embargo.

ADDITIONAL SOURCES OF INFORMATION

Jordan

General Information

Jordan is a country with an approximate area of 89 thousand sq.km. Its population is 6.482 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 5.2% (WHO, 2000). The literacy rate is 94.2% for males and 82.6% for females.

The life expectancy at birth is 66.3 years for males and 67.5 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is absent. A draft for the mental health policy had been prepared in 1986, but is still to be implemented.

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 1994.

The national mental health programme aims to integrate mental health into public health and promote mental health awareness. It also outlines service strategies, training strategies, and management and promotion strategies.

National Therapeutic Drug Policy/Essential List of Drugs

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

Mental Health Legislation

Chapter 49/50/51, from the Law of Common Health regarding the compulsory admission to psychiatric hospitals of patients is the latest legislation on mental health, though there is no proper mental health act. The Jordan Mental Health Act is being reviewed.

The latest legislation was enacted in 1971.

MENTAL HEALTH FINANCING

There are no budget allocations for mental health.

Details about expenditure on mental health are not available.

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

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders.

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

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

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

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.72
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	0.07
Number of psychiatrists per 100 000 population	1
Number of neurosurgeons per 100 000 population	0.2
Number of psychiatric nurses per 100 000 population	0.1
Number of neurologists per 100 000 population	0.3
Number of psychologists per 100 000 population	0.02
Number of social workers per 100 000 population	1.5

Prior to 1966, there was only one mental hospital in Bethlehem. After the 1967 war, patients on the East Bank did not have access to the services of the hospital and so a new 60-bed mental hospital was constructed and in 1987 the National Centre for Mental Health was opened. Although there are 3000 psychologists and 2000 social workers only a few work in the field of mental health.

NON-GOVERNMENTAL ORGANIZATIONS

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

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country.

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

PROGRAMMES FOR SPECIAL POPULATION

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

THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	0.33
Ethosuximide	yes		0.33
Phenobarbital	yes	30	0.33
Phenytoin sodium	yes	100	0.33
Sodium Valproate	yes	200	0.33
Amitriptyline	yes	25	0.33
Chlorpromazine	yes	100	0.33
Diazepam	yes	5	0.33
Fluphenazine	yes	5	0.33
Haloperidol	yes	5	0.33
Lithium	yes	400	0.33
Biperiden	yes		0.33
Carbidopa	yes		0.33
Levodopa	yes		0.33

The prices of all the drugs are same.

OTHER INFORMATION

Since the inception of the national mental health programme, many initiatives have been taken to start a school mental health programme.

ADDITIONAL SOURCES OF INFORMATION

Kuwait

General Information

Kuwait is a country with an approximate area of 18 thousand sq.km. Its population is 1.897 million. (WHO, 2000).

The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 3.3% (WHO, 2000). The literacy rate is 83.2% for males and 78.5% 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 1957.

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

Substance Abuse Policy

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

National Mental Health Programme

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

National Therapeutic Drug Policy/Essential List of Drugs

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

Mental Health Legislation

There is no written legislation. However efforts had been made to formalise a legislation, though it has not been successful. 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 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. Treatment is provided by the government and social benefits by the Ministry of Social Affairs.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Primary care is provided by the family doctor. Facilities should be developed further.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 40 personnel were provided training. About 40 family doctors were trained in psychiatry during the last 2 years.

There are community care facilities for patients with mental disorders. Community care is provided through district and general hospitals and family doctors. Community care facilities are not well developed.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	2.6
Psychiatric beds in mental hospitals per 10 000 population	2.6
Psychiatric beds in general hospitals per 10 000 population	0
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	2.7
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	16.9
Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	0.9
Number of social workers per 100 000 population	0.4

There are 19 occupational therapists. There is a specialised unit for treating PTSD patients. Although there are more than 1000 psychologists and social workers, only a few work in the psychiatric hospital which serves as the main psychiatric setup for the whole of Kuwait.

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. Only data from the psychiatric hospital is available. The country has data collection system or epidemiological study on mental health. Only data from the psychiatric hospital is collected.

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	
Ethosuximide	yes	250	
Phenobarbital	yes	60	
Phenytoin sodium	yes	100	
Sodium Valproate	yes	200	
Amitriptyline	yes	25	
Chlorpromazine	yes	25	
Diazepam	yes	2	
Fluphenazine	yes		
Haloperidol	yes	5	
Lithium	yes	400	
Biperiden	yes	2	
Carbidopa	yes	10+100	
Levodopa	yes	10+100	

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

1. Bale, R. (2000). A project to Develop Quality Improvements in the Kuwait Mental Health Service. The Journal of Psychiatric Practice. 24(3), 112-12.

Lebanon

General Information

Lebanon is a country with an approximate area of 10 thousand sq.km. Its population is 3.236 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 10.1% (WHO, 2000). The literacy rate is 91.5% for males and 79.1% for females. The life expectancy at birth is 66.2 years for males and 67.3 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is absent.

Substance Abuse Policy

A substance abuse policy is absent.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1987. Though the national mental health programme had been initiated in 1987, its progress has not been satisfactory due to the war.

National Therapeutic Drug Policy/Essential List of Drugs

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

Mental Health Legislation

Details about the mental health legislation are not available.

MENTAL HEALTH FINANCING

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

MENTAL HEALTH FACILITIES

The country does not have disability benefits for persons with mental disorders. There is no disability funding 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. In order to improve mental health services the government is shifting from comprehensive care to areas of importance. The two areas of importance have been ambulatory mental health service within the primary care centres and a psychogeriatric care system within a comprehensive geriatric service with emphasis on a community-oriented programme. Regular training of primary care professionals is not carried out in the field of mental health. A training programme was supposed to start in 2001. There are no community care facilities for patients with mental disorders.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	7.5
Psychiatric beds in mental hospitals per 10 000 population	7.4
Psychiatric beds in general hospitals per 10 000 population	0.1
Psychiatric beds in other settings per 10 000 population	
Number of psychiatrists per 100 000 population	2
Number of neurosurgeons per 100 000 population	1
Number of psychiatric nurses per 100 000 population	4.6

Number of neurologists per 100 000 population	3
Number of psychologists per 100 000 population	0.6
Number of social workers per 100 000 population	1.5

The figures for personnel are approximations. The number of psychologists working in mental health is around 10% of the total number of psychologists. There is only one psychiatric hospital run by the nuns.

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.

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

PROGRAMMES FOR SPECIAL POPULATION

There are no special services.

THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes		
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		

All drugs are available. Drugs are purchased from private pharmacies, social security, government and army security health system and the Ministry of Health, for poor patients.

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

Libyan Arab Jamahiriya

General Information

Libyan Arab Jamahiriya is a country with an approximate area of 1760 thousand sq.km. Its population is 5.471 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 3.4 % (WHO, 2000). The literacy rate is 89.6 % for males and 65.4 % for females.

The life expectancy at birth is 65 years for males and 67 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is absent.

In Libya, the mental health policy is part of the general health policy and there is no separate mental health policy.

Substance Abuse Policy

Details about the substance abuse policy are not available.

National Mental Health Programme

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

The national mental health programme was put forward in 1988 and had the objectives of providing essential mental health care for all in all spheres of life – like work, family, community and national growth.

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

A ministerial resolution No. 654 in 1975, regulates the treatment of mentally ill in mental hospitals. It requires to be revised.

There is a national committee looking into the aspect of a new legislation.

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.

Details about sources of financing are not available.

MENTAL HEALTH FACILITIES

Details about disability benefits for mental health are not available.

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

Regular training of primary care professionals is carried out in the field of mental health. Psychiatric services are integrated in the primary care system. Training programmes for social workers, primary care physicians and clinical psychology are components of the mental health programme. However the facilities are poor and manuals for doctors and workers are not available.

There are no community care facilities for patients with mental disorders. There are no daycare or halfway houses.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population 2.4

Psychiatric beds in mental hospitals per 10 000 population

Psychiatric beds in general hospitals per 10 000 population

Psychiatric beds in other settings per 10 000 population

Number of psychiatrists per 100 000 population 0.15

Number of neurosurgeons per 100 000 population

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

There are beds for the mentally retarded, elderly and children besides the beds mentioned. There is an acute shortage of occupational therapists.

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.

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

Hospital data collection is done.

PROGRAMMES FOR SPECIAL POPULATION

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

There are services for children and elderly and also forensic psychiatry services.

THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	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

Morocco

General Information

Morocco is a country with an approximate area of 447 thousand sq.km. Its population is 27.867 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 5.3% (WHO, 2000). The literacy rate is 60.3% for males and 34.0% for females.

The life expectancy at birth is 65 years for males and 66.8 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

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

The components of the policy are promotion, prevention, treatment and rehabilitation. Decentralisation is also a component of the policy. Since 1972, the mental health policy has been reviewed several times with the help of the "Moroccan Society of Psychiatry".

The legislation on mental health, which was formulated in 1959 by "Dahir", the highest legislation form in the country.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1972.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1973.

The mental health programme has been revised in 1992 and 1995. The programme was formulated according to the "Dahir". The programme has been reviewed several times.

National Therapeutic Drug Policy/Essential List of Drugs

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

The policy was formulated in 1972. The list is revised each year. The last review was in 2000. New as well as old drugs (neuroleptics, anti-depressants, mood-regulators) are on the list.

Mental Health Legislation

The Dahir 1-58-295 relating to the prevention of mental illnesses and protection of the patients is the latest mental health legislation. Though it is old, its articles are well formulated and was examined by WHO experts in 1998. Reviews may be done in the future. The main aim is to guarantee the medical characteristics of mental institutions by entrusting them with the prime mission of treating the sick while protecting their rights and their property during their period of illness. The Law created the Central Service for Mental Health and Degenerative Diseases, created the Mental Health Committee, organized mental institutions and other psychiatric setups and specified different manners of patient admission and discharge among its many other laws, as well as the modalities of protection of the sick and of its material owns.

The latest legislation was enacted in 1959.

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.

Each state has its own budget line specified for equipment and investment work in hospitals at regional levels.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Those who become handicapped or lose their autonomy benefit from the system in the form of paid sick leave plus disability card if the disability is definite. Common diseases are supported like other illnesses.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Outpatient clinics are integrated to some extent into the primary health care system. They are carried out in ambulatory health centres.

Regular training of primary care professionals is carried out in the field of mental health. Training of primary care of all professionals and actors in the field of mental health is carried out, and is integrated in basic academic courses of general physicians, in faculties of medicine and in the institutes of health works (Instituts de Formation en Carrières de Santé: IFCS). There are community care facilities for patients with mental disorders. The community programme includes the family which plays an important role in the therapeutic programme.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.78
Psychiatric beds in mental hospitals per 10 000 population	0.5
Psychiatric beds in general hospitals per 10 000 population	0.17
Psychiatric beds in other settings per 10 000 population	0.1
Number of psychiatrists per 100 000 population	0.4
Number of neurosurgeons per 100 000 population	0.12
Number of psychiatric nurses per 100 000 population	2.2
Number of neurologists per 100 000 population	0.3
Number of psychologists per 100 000 population	0.03
Number of social workers per 100 000 population	0.007

The condition is unsatisfactory, especially in public sector, occupational therapy is provided by psychiatrists, nurses and social workers.

NON-GOVERNMENTAL ORGANIZATIONS

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

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country.

The country has data collection system or epidemiological study on mental health. Epidemiological studies are carried out in hospitals and units. A national study on a representative sample of the general population is planned.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for children. Little is done in this field. Every patient having a mental illness is supported in public and private mental health care system.

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	50	1.69
Phenytoin sodium	yes		
Sodium Valproate	yes	200	
Amitriptyline	yes	50	
Chlorpromazine	yes	100	2.37
Diazepam	yes	10	4.72
Fluphenazine	yes	25	
Haloperidol	yes	25	65.15
Lithium	yes		
Biperiden	no		
Carbidopa	no		
Levodopa	yes		

Other drugs are available in the primary health centres.

OTHER INFORMATION

There has been a psychiatric tradition in Morocco since the Middle ages – “The Moristanes” (health care places for the mentally ill) were psychiatric hospital precursors.

ADDITIONAL SOURCES OF INFORMATION

1. Des organismes charges de la prevention et du traitement des maladies mentales et de la protection des malades mentaux (Government document).

Oman

General Information

Oman is a country with an approximate area of 213 thousand sq.km. Its population is 2.46 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 78.0% for males and 57.5% for females.

The life expectancy at birth is 72.5 years for males and 74.3 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

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

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. The Royal Decree 17/99, Law on Control of Narcotics and Psychotropics was formulated in 1999. The components of the policy are prevention, treatment, rehabilitation and advocacy.

National Mental Health Programme

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

The national mental health programme was formulated in 1990 and revised in 1992. It envisages to provide mental health care for all through the primary, secondary and tertiary level, taking into account measures for prevention, treatment, promotion and rehabilitation keeping in view the culture, family and community. The aim was to involve the whole community along with religious teachers, incorporate programmes for the mentally retarded and substance abusers and train professionals.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1975.

Mental Health Legislation

There are no proper mental health legislation. The provision of mental health care is an essential component of the National Health Policy as contained in the policy statement issued by the Ministry of Health in 1992. The Royal Decree 17/99, Law on Control of Narcotics and Psychotropics was formulated in 1999.

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

MENTAL HEALTH FINANCING

There are budget allocations for mental health. Details about expenditure on mental health are not available.

The primary sources of mental health financing in descending order are tax based, private insurances and out of pocket expenditure by the patient or family. Psychiatric services are provided free of charge to most Omani patients.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Disability benefits are provided by the Ministry of Social Affairs to all Omani nationals who have physical or 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. Primary care and referral services are available. Patients with severe psychiatric disorders are referred to secondary and tertiary levels and managed at primary level only after they are stabilised.

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. Besides training during residency, there are some training facilities for nursing graduates and some for primary care doctors. The training programme for primary care doctors is held on a regular basis along with regional workshops. The Health Ministry has published a manual for primary health care professionals, which lays down the standard operating policy for primary management of psychiatric problems.

There are community care facilities for patients with mental disorders.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.49
Psychiatric beds in mental hospitals per 10 000 population	0.28
Psychiatric beds in general hospitals per 10 000 population	0.21

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	0.3
Number of psychiatric nurses per 100 000 population	4.9
Number of neurologists per 100 000 population	0.2
Number of psychologists per 100 000 population	0.2
Number of social workers per 100 000 population	0.5

There are 15 other mental health professionals. Besides the central psychiatric hospital near Muscat, there are psychiatrists at the nine regional hospitals, eight of which have four beds for psychiatry. There are also beds allotted to other major hospitals and universities. There is a 15-bed facility for the mentally retarded under the Ministry of Social Affairs with training schools for the handicapped.

NON-GOVERNMENTAL ORGANIZATIONS

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

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country.

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

PROGRAMMES FOR SPECIAL POPULATION

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

There is a school mental health programme that involves participation of administrators, schoolteachers, schoolchildren.

The programmes are mainly concentrated in rural areas and they are educated through lectures, debates, essay competitions, posters, etc. School health workers and teachers are given some training in order to pick up certain behavioural problems and learning disorders.

THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	13.95
Ethosuximide	no		
Phenobarbital	yes	30	0.53
Phenytoin sodium	no		
Sodium Valproate	no		
Amitriptyline	no		
Chlorpromazine	yes	25	4.74
Diazepam	yes	5	1.16
Fluphenazine	no		
Haloperidol	yes		
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

Procyclidine and Maprotiline are available through the PHC. Other psychotropics, except atypical antipsychotics, are also available through primary centres if they are prescribed by secondary and tertiary centres.

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

Pakistan

General Information

Pakistan is a country with an approximate area of 796 thousand sq.km. Its population is 152.331 million. (WHO, 2000). The country is a low income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 4% (WHO, 2000). The literacy rate is 58.0% for males and 28.9% for females. The life expectancy at birth is 62.6 years for males and 64.9 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1997.

The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. Intersectoral collaboration is also a component of the policy. The mental health policy envisages to train primary care providers, establishing resource centres at teaching hospitals and psychiatric and detoxification centres, setting up monitoring and evaluation systems and preparing training and teaching modules. Special facilities would be established for mentally handicapped. Crisis intervention and counselling services for special groups of population would be started. Large mental hospitals would be reorganized and upgraded.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1997. Includes interventions for both reduction of supply and demand. The policy is being implemented by planning commission Government of Pakistan.

National Mental Health Programme

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

The national mental health programme aimed to incorporate mental health in primary care, remove stigma, care for mental health and substance abuse across the country and maintain principles of equity and justice in the provision of mental health and substance abuse services.

National Therapeutic Drug Policy/Essential List of Drugs

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

Mental Health Legislation

In February 2001 a new mental health ordinance 2001 was enacted. The new ordinance puts emphasis on promotion of mental health and prevention of mental illness. It provides encouragement to community care and proposes the establishment of powerful federal mental health authority by the Government. It provides protection of the rights of the mentally ill and promotion of the mental health literacy. It also provides the guidelines for the development and establishment of new national standard for the care and the treatment of patient.

The latest legislation was enacted in 2001.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

The country spends 0.4% of the total health budget on mental health.

The primary 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. Disability benefit is paid to individuals who are not able to work due to mental illness.

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. The programme has initially started in Punjab, the largest province, in 1985 and is being extended to others over the years. There are many residential and day-care facilities, especially for people with learning disabilities providing social, vocational and educational activities.

Regular training of primary care professionals is carried out in the field of mental health. Training programmes have started in the province of Punjab as a part of in-service training for primary care personnel. Till now, approximately 2000 primary care physicians and 42000 primary care workers have been trained. Though there are training programmes for physicians, nurses and psychologists, there are no such facilities for social workers. Mental health training has been included in the programme of the District Health Development Centres. Institute of Psychiatry Rawalpindi Medical College was the first WHO collaborating Centre-EMR and is acting as a resource centre at national and regional level for training, services information system and research. Multiple training manuals for primary health care physicians, paramedics, community workers, teachers, have been developed. In addition a training package on counselling skills for health professionals and a package for rehabilitation of mentally ill have been developed. People from Sudan, Egypt, Iran, Afghanistan, Yemen, Tunisia, Morocco, Palestine and Nepal have been trained in the Institute of Psychiatry.

There are community care facilities for patients with mental disorders. Programmes have been initiated in all provinces but have not been generalised to the whole population.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.12
Psychiatric beds in mental hospitals per 10 000 population	0.06
Psychiatric beds in general hospitals per 10 000 population	0.03
Psychiatric beds in other settings per 10 000 population	0.02
Number of psychiatrists per 100 000 population	0.1
Number of neurosurgeons per 100 000 population	0.2
Number of psychiatric nurses per 100 000 population	0.08
Number of neurologists per 100 000 population	0.07
Number of psychologists per 100 000 population	0.2
Number of social workers per 100 000 population	0.4

There are about 2000 other mental health personnel. There are four mental health hospitals all over the country.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation. Some of the NGO's like the Fountain House have done exemplary work in order to build the foundation of rehabilitation psychiatry in Pakistan. Recently the organisation, the National Rural Support Programme decided to include mental health amongst their activities.

INFORMATION GATHERING SYSTEM

There is no mental health reporting system in the country. A mental health reporting system has been initiated in the National Health Management Information System.

The country has data collection system or epidemiological study on mental health. An information system for using in tertiary facilities has been developed at the WHO Collaborating Centre at Rawalpindi.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for refugees and children. NGO's are involved in service provision and advocacy for the above groups. Afghan refugees are being provided services by international organisations. There are also facilities for women and victims of torture.

There are some facilities for children in the larger hospitals and regional hospitals, but the majority of the country have no facilities for child and adolescent psychiatry. There is a school mental health programme and it aims to develop awareness of mental health among schoolchildren, schoolteachers and the community; to provide essential knowledge about mental health to teachers so that they are able to impart that to the students and are able to recognize and provide some counselling to the students for basic psychological problems. Its positive impact has been evaluated and published in international journals.

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	5.23
Ethosuximide	no		
Phenobarbital	yes	30	0.26
Phenytoin sodium	no		
Sodium Valproate	no		
Amitriptyline	no		
Chlorpromazine	yes	100	0.44
Diazepam	yes	10	0.61
Fluphenazine	no		
Haloperidol	yes	5	1.74
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

Imipramine is supplied instead of Amitriptyline; Procyclidine is supplied.

OTHER INFORMATION

Active community research has been conducted regarding mental health in the last years which have been published. The innovative community mental health programme included the faith healers. Manpower development at national and International level has been carried out. Print as well as electronic media have been utilized to spread mental health education. Collaboration with schools and NGO's like National Rural Support Programme has been established. Public educational material on sleep disturbance, anxiety disorder, phobias, drug dependence, depression and psychosis is available. Pakistan is actively involved in developing guidelines for economic analysis of community mental health care programme in low income countries.

ADDITIONAL SOURCES OF INFORMATION

1. EMRO Monograph on Mental Health (2000). Institute of Psychiatry and WHO Collaborating centre for Mental Health Research and Training.
2. Mental Health Programme Country Report of Pakistan for Regional Consultation on World Health Report (2000).
3. Ministry of Health (1998). Report of the Sub-Committee on Health and Substance Abuse. Planning Commission. Government of Pakistan.
4. Ministry of Health (1997). Mental Health Policy. Ministry of Health Government of Pakistan.
5. Mumford, D.B. (1997). Stress and psychiatric disorder in rural Punjab – A Community survey. British Journal of Psychiatry. 170, 473-78.
6. Yousaf, F. (1997). Psychiatry in Pakistan. International Journal of Psychiatry 43(4), 298-302.

General Information

Qatar is a country with an approximate area of 11 thousand sq.km. Its population is 0.589 million. (WHO, 2000). The country is a high income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 6.5% (WHO, 2000). The literacy rate is 79.8% for males and 81.7% for females. The life expectancy at birth is 71.6 years for males and 74.6 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

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

Substance Abuse Policy

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

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1990. The national mental health programme stresses on legislation, family involvement, primary health care and counselling programmes.

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

Details about the mental health legislation are not available.

MENTAL HEALTH FINANCING

There are budget allocations for mental health. The country spends 1% of the total health budget on mental health. The primary source of mental health financing is out of pocket expenditure by the patient or family.

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Primary care is provided to a small number of centres. All psychiatric drugs are dispensed except for the controlled ones. Drug abuse patients are referred to the psychiatric clinics and only referrals from the catchment areas are seen. Generally psychologists attend and handle referrals on-site. Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 15 personnel were provided training. There are community care facilities for patients with mental disorders. A community nursing service was started in 1993 and domiciliary visits for assessments and home management of patients in liaison with their families have started. There are also day-care centres at certain hospitals which impart stress control, assertive training, job training, family education, increase self knowledge, rehabilitate institutionalized chronic patients and carry out family-oriented educational programmes.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.7
Psychiatric beds in mental hospitals per 10 000 population	0.7
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	3.4
Number of neurosurgeons per 100 000 population	0.8

Number of psychiatric nurses per 100 000 population	5
Number of neurologists per 100 000 population	0.5
Number of psychologists per 100 000 population	1
Number of social workers per 100 000 population	5

There are 3 other mental health professionals of different categories.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in 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. A computerised database information system covering all psychiatric clinical services includes modern diagnostic criteria and information on treatment, referrals outcomes are possible. But this is possible only in the capital.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for elderly and children. There are facilities for imparting mental health services to schools. There are also ambulatory child psychiatry facilities. Psychogeriatric services consist of an inpatient service with followup protocol.

THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	2.47
Ethosuximide	yes	250	2.74
Phenobarbital	yes	30	0.82
Phenytoin sodium	yes	100	0.82
Sodium Valproate	yes	200	2.47
Amitriptyline	yes	25	0.27
Chlorpromazine	yes	100	0.27
Diazepam	yes	2	1.37
Fluphenazine	yes	1	2.2
Haloperidol	yes	10	1.1
Lithium	yes	400	0.82
Biperiden	no		
Carbidopa	yes	125	3.3
Levodopa	yes	125	3.3

OTHER INFORMATION

Qatar's psychiatric service was established in 1971. Almost all hospital services are controlled by the private corporation and only primary care services and peripheral clinics are under the Ministry of Health.

ADDITIONAL SOURCES OF INFORMATION

1. El-Islam, M. F. (1995). Psychiatry in Qatar. Psychiatric Bulletin 19: 779-781

Saudi Arabia

General Information

Saudi Arabia is a country with an approximate area of 2150 thousand sq.km. Its population is 20.889 million. (WHO, 2000).

The country is a higher middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 3.5% (WHO, 2000). The literacy rate is 82.8% for males and 64.4% for females.

The life expectancy at birth is 71 years for males and 72.6 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1989.

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 1989.

The national mental health programme aims at integrating mental health into primary and community care, developing a model keeping in view the social, cultural and religious values of the country in perspective, using mental health principles in promoting social health, decreasing untoward impact of social and economic development on society like drug abuse, smoking, delinquency and crime.

National Therapeutic Drug Policy/Essential List of Drugs

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

Mental Health Legislation

A Mental Health Act 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 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. All anti-depressants and neuroleptics and some anti-epileptics are exempt from control and so all primary care physicians can prescribe most of the drugs.

Regular training of primary care professionals is carried out in the field of mental health. The Directorate has a well designed training programme for the mental health component of primary health care. There are training manuals and workshops for all primary care psychiatrists on methods to train primary care personnel. All medical staff of primary care services are required to attend training programmes on the recognition and management of common mental disorders.

There are community care facilities for patients with mental disorders. Rehabilitative services were planned following a Royal decree in 1988 but it mainly concentrated among private organizations and self help groups like the Patients Friend's Committee, etc.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population 1.27

Psychiatric beds in mental hospitals per 10 000 population 0.82

Psychiatric beds in general hospitals per 10 000 population 0.05

Psychiatric beds in other settings per 10 000 population	0.4
Number of psychiatrists per 100 000 population	1.3
Number of neurosurgeons per 100 000 population	0.5
Number of psychiatric nurses per 100 000 population	19
Number of neurologists per 100 000 population	0.07
Number of psychologists per 100 000 population	0.9
Number of social workers per 100 000 population	2.4

There are 22 other mental health staff belonging to different categories. There are three Amal hospitals which take care of patients with problems with addiction. They collectively have 840 beds. Traditional healers and religious healers play an important part in mental health care.

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 no epidemiological studies but data are available for all services.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for children.

THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	yes	200	26.67
Ethosuximide	yes	250	5.87
Phenobarbital	yes	50	2.93
Phenytoin sodium	yes	100	3.2
Sodium Valproate	yes	500	29.87
Amitriptyline	yes	25	12
Chlorpromazine	yes	100	6.13
Diazepam	yes	5	14.93
Fluphenazine	yes	2.5	10.13
Haloperidol	yes	1.5	12.8
Lithium	yes	450	7.2
Biperiden	yes	2	13.3
Carbidopa	yes	10+100	14.9
Levodopa	yes	10+100	14.94

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

1. The National Scientific Committee of Mental Health in Primary Health Care (1996). National Manual for Primary Mental Health Care.

Somalia

General Information

Somalia is a country with an approximate area of 627 thousand sq.km. Its population is 9.672 million. (WHO, 2000). The country is a low income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 1.5% (WHO, 2000). The literacy rate is 36(1990)% for males and 14(1990)% for females. The life expectancy at birth is 44 years for males and 44.7 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 absent.

National Mental Health Programme

A national mental health programme is absent.

National Therapeutic Drug Policy/Essential List of Drugs

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

Mental Health Legislation

Details about the mental health legislation are not available.

MENTAL HEALTH FINANCING

There are no budget allocations for mental health. Details about expenditure on mental health are not available. Details about sources of financing are not available.

MENTAL HEALTH FACILITIES

The country does not have disability benefits for persons with mental disorders. Mental health is 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. The voluntary workers of GAVO have been trained about the principles of psychiatric interview, introduced to DSM IV, given training about psychopharmacology, psychosocial rehabilitation and hospital management. The training had lasted for 2 years and is not on a regular basis. There are no community care facilities for patients with mental disorders. Limited community care through NGO's are available in very limited areas of one region in Northwest Somalia.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.026
Psychiatric beds in mental hospitals per 10 000 population	
Psychiatric beds in general hospitals per 10 000 population	
Psychiatric beds in other settings per 10 000 population	
Number of psychiatrists per 100 000 population	0.05
Number of neurosurgeons per 100 000 population	
Number of psychiatric nurses per 100 000 population	0.03
Number of neurologists per 100 000 population	
Number of psychologists per 100 000 population	0
Number of social workers per 100 000 population	0

Among other staff there are 7 educators and 1 general physician. There are only two centres for psychiatry, the mental hospital in Berbera and the psychiatric ward in Hargesia hospital. Until the arrival of the NGO from Italy, the condition of the

mental hospital was appalling and patients were kept in chains, naked. Food was dependent on charity and so was often not possible to provide. Only limited data about one area of Somalia- Somaliland- is available.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation. The whole mental health setup of Somaliland is based on the efforts of the two NGO's – GRT-UNA of Italy and GAVO, a local Somali NGO.

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

No programmes for special population exist.

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. Mental Health in Somaliland. (Government document)

General Information

Sudan is a country with an approximate area of 2376 thousand sq.km. Its population is 28.883 million. (WHO, 2000). The country is a low income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 3.5% (WHO, 2000). The literacy rate is 68.0% for males and 43.4% for females. The life expectancy at birth is 53.1 years for males and 54.7 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1998. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation.

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 1998. The national mental health programme aims to integrate with general health facilities along with promotion of comprehensive mental health care, train mental health personnel and establish a national organizational body for systematic coordination of related activities and the promotion of mental health.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1970.

Mental Health Legislation

The most recent legislation is the state law – “Gezira Mental Health Law” of 1998. The mental health legislation forms a chapter of the Public Health Act of 1973, which was revised in 1985. The Mental Health Act has been drafted and has gone to the parliament for approval. The latest legislation was enacted in 1998.

MENTAL HEALTH FINANCING

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

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Mental health is not a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Mental health has not been integrated with the primary care and there is also a lack of personnel. Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 40 personnel were provided training. Training facilities are present for primary care physicians, police and prison officers. There are no community care facilities for patients with mental disorders. Community care is absent due to the lack of proper transportation, lack of social workers and poor health education.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.2
Psychiatric beds in mental hospitals per 10 000 population	0.18
Psychiatric beds in general hospitals per 10 000 population	0.02
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	0.09
Number of neurosurgeons per 100 000 population	0.007
Number of psychiatric nurses per 100 000 population	0.2

Number of neurologists per 100 000 population	0.014
Number of psychologists per 100 000 population	0.17
Number of social workers per 100 000 population	0.1

Most psychiatrists have left for other countries.

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are not involved with mental health in the country.

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. The data collection system is poor and unreliable. The country has no data collection system or epidemiological study on mental health. There are no funds or personnel to carry out epidemiological studies.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for refugees and children. These groups are supported by NGO's and UNICEF. Special attention has been given to migrants, elderly, refugees, displaced and homeless and children. A school mental health programme is 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	no		
Ethosuximide	no		
Phenobarbital	yes	30	
Phenytoin sodium	yes	100	
Sodium Valproate	no		
Amitriptyline	no		
Chlorpromazine	no		
Diazepam	no		
Fluphenazine	no		
Haloperidol	no		
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

Since mental health is not integrated in primary care level most of the drugs are not available at primary care level. A list of essential neuropsychiatric drugs for all levels have been formulated.

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

Syrian Arab Republic

General Information

Syrian Arab Republic is a country with an approximate area of 185 thousand sq.km. Its population is 15.725 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 2.5% (WHO, 2000). The literacy rate is 87.2% for males and 58.1% for females.

The life expectancy at birth is 64.6 years for males and 67.1 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is absent.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1993.

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 1990.

Mental Health Legislation

The legislation concerns organizing the admission and discharge of patients in government psychiatric hospitals. The latest legislation was enacted in 1965.

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

Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 60 personnel were provided training. About 110 nurses and general physicians have been trained in the last two years.

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

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.8
Psychiatric beds in mental hospitals per 10 000 population	0.78
Psychiatric beds in general hospitals per 10 000 population	0.02
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	0.5
Number of neurosurgeons per 100 000 population	0.6
Number of psychiatric nurses per 100 000 population	0.5
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	0

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. Only statistical admission data of psychiatric hospitals are reported. The country has no data collection system or epidemiological study on mental health.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for refugees and 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		4.35
Ethosuximide	no		
Phenobarbital	yes		2.72
Phenytoin sodium	yes		4.35
Sodium Valproate	yes		6.52
Amitriptyline	yes		3.26
Chlorpromazine	yes		2.72
Diazepam	yes		2.17
Fluphenazine	yes	25	3.26*
Haloperidol	yes		2.17
Lithium	no		
Biperiden	no		
Carbidopa	yes		8.26
Levodopa	yes		8.26

*cost of single injectible unit

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

Tunisia

General Information

Tunisia is a country with an approximate area of 164 thousand sq.km. Its population is 9.46 million. (WHO, 2000). The country is a lower middle income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 5.4% (WHO, 2000). The literacy rate is 79.4% for males and 57.9% for females. The life expectancy at birth is 67 years for males and 67.9 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 1986. The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. There are committees and sub-committees looking into the training of personnel, preparation of manuals for physicians at the primary care level, visits of specialists to outpatient departments on a periodic basis, review of drug list, radio and television programmes and research.

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 1990.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1979. The national therapeutic drug policy/ essential drug's list has been re-evaluated in 1993 and is being examined again.

Mental Health Legislation

Law No 92-83 on mental health and conditions of hospitalisation of mental disorder patients is the latest law in the field of mental health. The latest legislation was enacted in 1992.

MENTAL HEALTH FINANCING

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

MENTAL HEALTH FACILITIES

The country does not have disability benefits for persons with mental disorders. Mental health patients have some benefits related to treatment and transportation. Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. The general practitioner's diagnose these severe disorders and refer them to the second or third level and to monitor them. Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 280 personnel were provided training. Though training has been provided to some primary care personnel, there is no system of follow up. There are community care facilities for patients with mental disorders. There are some NGO's that provide community based care under the umbrella of the Social Affairs Ministry.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	1.13
Psychiatric beds in mental hospitals per 10 000 population	0.85
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	1.6
Number of neurosurgeons per 100 000 population	0.2
Number of psychiatric nurses per 100 000 population	0.2
Number of neurologists per 100 000 population	0.4
Number of psychologists per 100 000 population	0.6
Number of social workers per 100 000 population	

NON-GOVERNMENTAL ORGANIZATIONS

NGOs are involved with mental health in the country. They are mainly involved in promotion, prevention and rehabilitation. Some NGO's are involved in the care of the mentally retarded.

INFORMATION GATHERING SYSTEM

There is no mental health reporting system in the country. Preparations are going on for some indicators in the annual health reporting system. The country has data collection system or epidemiological study on mental health. A data collection document is in effect; one study on depression and schizophrenia is on-going.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for indigenous population, elderly and children. There are services for delinquents, abandoned children, prostitutes, patients affected by HIV. There are some facilities for children and adolescents in the form of day care hospitals, consultancy clinics and medico-school centres. There is also a school health programme.

THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	no		
Ethosuximide	no		
Phenobarbital	yes	50	0.6
Phenytoin sodium	yes	100	1.4
Sodium Valproate	yes	200	2.9
Amitriptyline	yes	25	1.1
Chlorpromazine	yes	100	1.86
Diazepam	yes	10	10.76
Fluphenazine	yes	5	0.9
Haloperidol	yes		
Lithium	no		
Biperiden	no		
Carbidopa	no		
Levodopa	no		

The essential list is in examination and newer drugs will be added.

OTHER INFORMATION

ADDITIONAL SOURCES OF INFORMATION

1. Republique Tunisienne Ministere de la sante (1998). Programme National de Sante Mentale.

United Arab Emirates

General Information

United Arab Emirates is a country with an approximate area of 84 thousand sq.km. Its population is 2.398 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 4.2% (WHO, 2000). The literacy rate is 83% for males and 89% for females.

The life expectancy at birth is 72.2 years for males and 75.6 years for females.

Mental Health Resources

POLICIES AND LEGISLATION

Mental Health Policy

A mental health policy is absent.

Substance Abuse Policy

A substance abuse policy is present. 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.

It aims at universal provision of mental health and substance abuse services by their incorporation in primary health care. The strategies for realizing this aim are through training of personnel in mental health at all primary care levels, strengthening existing centres and opening new ones, streamlining referral services and providing essential drugs, linking community and other sectoral services to it and development of manpower.

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 details of any existing legislation is not known, though, there are some ministerial decrees relating to mental health regarding establishment of a central psychiatry register.

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

MENTAL HEALTH FINANCING

Details about disability benefits for mental health are not available.

Details about expenditure on mental health are not available.

Details about sources of financing are not available.

MENTAL HEALTH FACILITIES

Details about disability benefits for mental health are not available.

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

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

There are community care facilities for patients with mental disorders. Facilities for rehabilitation are available through CBR approach.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population 1.4

Psychiatric beds in mental hospitals per 10 000 population

Psychiatric beds in general hospitals per 10 000 population

Psychiatric beds in other settings per 10 000 population

Number of psychiatrists per 100 000 population 2

Number of neurosurgeons per 100 000 population

Number of psychiatric nurses per 100 000 population 11

Number of neurologists per 100 000 population

Number of psychologists per 100 000 population 1
Number of social workers per 100 000 population 1.2

There are 7 occupational therapists. A psychiatric hospital opened in 1995 with facilities for general psychiatry, forensic psychiatry, addiction, emergency, child and adolescent, consultation-liaison and community care. It has an attached Day Treatment Centre. There are other psychiatric facilities in different cities. Most professionals work in the hospital in Abu Dhabi. In the other parts of the Emirate the number of personnel are limited and most have 1 or 2 psychiatrists only.

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.

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

A central psychiatric register has been established by the Ministry of Health for collection of data and research statistics regarding mental health and data from all over the emirate would be pooled into this information system.

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for elderly and children. There are services for the mentally retarded and delinquents.

There are also school health centres in some areas which deal with early detection and intervention of psychological problems in school-children. Residential centres for delinquents are also present in some areas.

THERAPEUTIC DRUGS

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

Drug	Availability	Commonest Strength (mg)	Approximate cost in USD of 100 tablets of the commonest strength
Carbamazepine	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

General Information

Yemen is a country with an approximate area of 528 thousand sq.km. Its population is 17.488 million. (WHO, 2000). The country is a low income group country (based on World Bank 2000 criteria). The proportion of health budget to GDP is 3.4 % (WHO, 2000). The literacy rate is 65.7 % for males and 22.7 % for females. The life expectancy at birth is 57.3 years for males and 58 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 promotion, prevention, treatment and rehabilitation.

Substance Abuse Policy

A substance abuse policy is absent.

National Mental Health Programme

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

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

There are no mental health legislations. Islamic laws are used for mentally ill people. Details about the year of enactment of the mental health legislation are not available.

MENTAL HEALTH FINANCING

There are budget allocations for mental health.

Details about expenditure on mental health are not available.

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

MENTAL HEALTH FACILITIES

The country has disability benefits for persons with mental disorders. Monthly social benefits may be given to some 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. Primary care is available in some areas only.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years about 150 personnel were provided training.

There are no community care facilities for patients with mental disorders. Community care usually doesn't work. A community psychiatric care demonstration project has been setup with the help of WHO.

PSYCHIATRIC BEDS AND PROFESSIONALS

Total psychiatric beds per 10 000 population	0.6
Psychiatric beds in mental hospitals per 10 000 population	0.2
Psychiatric beds in general hospitals per 10 000 population	0.03
Psychiatric beds in other settings per 10 000 population	0.35
Number of psychiatrists per 100 000 population	0.2
Number of neurosurgeons per 100 000 population	0.04
Number of psychiatric nurses per 100 000 population	0.08
Number of neurologists per 100 000 population	0.06
Number of psychologists per 100 000 population	0.2
Number of social workers per 100 000 population	0.04

NON-GOVERNMENTAL ORGANIZATIONS

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

INFORMATION GATHERING SYSTEM

There is mental health reporting system in the country. It is included in the 5 years plan of health reporting.

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

PROGRAMMES FOR SPECIAL POPULATION

The country has specific programmes for mental health for refugees. There is a mental hospital for women in Sanaa.

THERAPEUTIC DRUGS

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

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

Yemen follows the WHO Essential Drug List.

OTHER INFORMATION

Mental health services were practically non-existent before 1966 and patients used to be kept in prisons. Since then a lot of improvement has occurred. Hospitals have been built, training provided to different personnel at all levels of care, the administration has been educated about psychiatric illnesses. Different NGO's and WHO helped in building the infrastructure. However, there are some difficulties in the form of inadequate financial support or poor followup facilities that have slowed down the implementation of the mental health programme.

ADDITIONAL SOURCES OF INFORMATION