

Section III



Associate Members, Areas and Territories

American Samoa

GENERAL INFORMATION

American Samoa has an approximate area of 0.2 thousand sq. km. (UNO, 2001). It is an archipelago of 6 islands and 1 atoll. Its population is 0.057 million, and the sex ratio (men per hundred women) is 104 (UNO, 2004). The proportion of population under the age of 15 years is 41% (UNO, 2004). The literacy rate is 98% for men and 97% for women (UNESCO/MoH, 2004).

American Samoa is classified as a higher middle income group country (based on World Bank 2004 criteria).

The main language(s) used is (are) Samoan and English. The largest ethnic group(s) is (are) native Samoans who are US nationals (nine-tenths), and the other ethnic group(s) are (is) Caucasian and Tongan. The largest religious group(s) is (are) Christian Congregationalist (half), and the other religious group(s) are (is) Roman Catholic (one-fifth) and other Christian.

EPIDEMIOLOGY

There is a paucity of epidemiological data on mental illnesses in American Samoa in internationally accessible literature. Suicide was responsible for 5% of deaths in the year 2000 (Macdonald, 2004).

MENTAL HEALTH RESOURCES

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 1990.

National Mental Health Programme A national mental health programme is present. The programme was formulated in 1990.

A MNH Advisory Council oversees the mental health plan.

National Therapeutic Drug Policy/Essential List of Drugs A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1990.

Mental Health Legislation There is a mental health legislation.

The latest legislation was enacted in 1970.

Mental Health Financing There are budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary source of mental health financing is grants.

There are disability benefits for persons with mental disorders.

Mental Health Facilities Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Services are provided only in the general hospital.

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

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

Psychiatric Beds and Professionals

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

Mental Health is under the LBJ Hospital which caters to primary care as well as hospitalization needs of mentally ill patients. There is an Acute Care Unit that has 4 rooms including a seclusion unit. If necessary patients are placed in prison cells. There are 5 mental health workers including a psychiatrist who also do follow-up in the community.

Non-Governmental Organizations There are NGOs involved with mental health. They are mainly involved in advocacy and promotion. MOM (Mapusaga O le Mafaufau) consists of mainly family members of mental patients and members of the public and has an alliance with NAMI (National Alliance Mentally Ill), USA. It assists the mental health staff in community care of the mentally ill and also provides support for the families of the mentally ill.

Information Gathering System There is mental health reporting system.

There is no data collection system or epidemiological study on mental health. Some data collection is done by the staff of the Mental Health Unit.

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

Therapeutic Drugs The following therapeutic drugs are generally available at the primary health care level: carbamazepine, phenobarbital, phenytoin sodium, sodium valproate, amitriptyline, chlorpromazine, diazepam, fluphenazine, haloperidol, lithium, carbidopa, levodopa.

Benztropine is available. Newer classes of drugs are also available in the unit.

Other Information

Additional Sources of Information

MacDonald, N. C. (2004) Personal Communication (based on records available with WHO Western Pacific Regional Office).

British Virgin Islands

GENERAL INFORMATION

British Virgin Islands has an approximate area of 0.15 thousand sq. km. (UNO, 2001). It is comprised of 60 islands, cays and rocks. Its population is 0.111 million (UNO, 2004). The literacy rate is 97.8% for men and 97.8% for women (UNESCO/MoH, 2004). British Virgin Islands is classified as a high income group country (based on World Bank 2004 criteria). The proportion of health budget to GDP is 0.02%.

The main language(s) used is (are) English. The largest ethnic group(s) is (are) Black (nine-tenths of the population), and the other ethnic group(s) are (is) White, Chinese and Indian. The largest religious group(s) is (are) Christian, and the other religious group(s) are (is) Hindu and Muslim.

The life expectancy at birth is 75.24 years for males and 77.36 years for females (WHO, 2004).

EPIDEMIOLOGY

There is a paucity of epidemiological data on mental illnesses in British Virgin Islands in internationally accessible literature.

MENTAL HEALTH RESOURCES

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. Components of a mental health programme are available for guidance.

National Therapeutic Drug Policy/Essential List of Drugs A national therapeutic drug policy/essential list of drugs is absent.

Mental Health Legislation In 1985, the Mental Health Ordinance was enacted. Its purpose is to repeal the Female Lunatics (Protection) Act and the Lunacy and Mental Treatment Ordinance and make new provision for the treatment and care of the mentally ill.

The latest legislation was enacted in 1985.

Mental Health Financing There are budget allocations for mental health.

Details about expenditure on mental health are not available.

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

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

Mental Health Facilities Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Limited mental health interventions are provided in primary health care.

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

There are community care facilities for patients with mental disorders. There is a community mental health center, which provides psychiatric, psychological and nursing services. Home visits and family interventions are done as necessary. Mental health clinics are conducted regularly in the sister islands to other institutions such as prison and home for the elderly.

Psychiatric Beds and Professionals

Total psychiatric beds per 10 000 population	1
Psychiatric beds in mental hospitals per 10 000 population	0
Psychiatric beds in general hospitals per 10 000 population	1
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	5
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	20
Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	10
Number of social workers per 100 000 population	15

Non-Governmental Organizations There are no NGOs involved with mental health.

Information Gathering System There is mental health reporting system. There is no data collection system or epidemiological study on mental health.

Programmes for Special Population There are no specific programmes.

Therapeutic Drugs The following therapeutic drugs are generally available at the primary health care level: carbamazepine, phenobarbital, phenytoin sodium, sodium valproate, amitriptyline, chlorpromazine, diazepam, fluphenazine, haloperidol, lithium, biperiden, carbidopa, levodopa.

Many of the newer psychotropics are available for use.

Other Information The basic orientation of psychiatry in British Virgin Islands is towards community care.

Additional Sources of Information

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

La Grenade, L. (1998) Integrated primary Health care. West Indies Medical Journal, 47 (suppl. 4), 31-33.

French Polynesia

GENERAL INFORMATION

French Polynesia has an approximate area of 4 thousand sq. km. (UNO, 2001). It consists of five scattered archipelagos. Its population is 0.248 million, and the sex ratio (men per hundred women) is 106 (UNO, 2004). The proportion of population under the age of 15 years is 28% (UNO, 2004). The literacy rate is 98% for men and 98% for women (UNESCO/MoH, 2004).

French Polynesia is classified as a high income group country (based on World Bank 2004 criteria).

The main language(s) used is (are) French, Tahitian. The largest ethnic group(s) is (are) Polynesian (seven-tenths), and the other ethnic group(s) are (is) Chinese and French. The largest religious group(s) is (are) Protestant (half), and the other religious group(s) are (is) Roman Catholic (two-fifths).

EPIDEMIOLOGY

There is substantial epidemiological data on mental illnesses in French Polynesia in internationally accessible literature. No attempt was made to include this information here.

MENTAL HEALTH RESOURCES

Mental Health Policy A mental health policy is absent.

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

National Mental Health Programme A national mental health programme is absent.

National Therapeutic Drug Policy/Essential List of Drugs A national therapeutic drug policy/essential list of drugs is absent.

Mental Health Legislation There is a law on alcoholism from 1999. However, details about proper psychiatric laws are not known. Details about the year of enactment of the mental health legislation are not available.

Mental Health Financing There are budget allocations for mental health.

Details about expenditure on mental health are not available.

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

There are disability benefits for persons with mental disorders.

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

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

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

Psychiatric Beds and Professionals

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

There are 3 ergotherapists.

Non-Governmental Organizations There are NGOs involved with mental health. They are mainly involved in treatment and rehabilitation.

Information Gathering System There is mental health reporting system.

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

Programmes for Special Population There are specific programmes for mental health for disaster affected population, elderly and children.

Therapeutic Drugs The following therapeutic drugs are generally available at the primary health care level: carbamazepine, phenobarbital, phenytoin sodium, sodium valproate, amitriptyline, chlorpromazine, diazepam, haloperidol, lithium, carbidopa, levodopa.

Other Information

Additional Sources of Information

Guam

GENERAL INFORMATION

Guam has an approximate area of 0.55 thousand sq. km. (UNO, 2001). Its population is 0.165 million, and the sex ratio (men per hundred women) is 109 (UNO, 2004). The proportion of population under the age of 15 years is 30% (UNO, 2004). The literacy rate is 99% for men and 99% for women (UNESCO/MoH, 2004).

Guam is classified as a high income group country (based on World Bank 2004 criteria).

The main language(s) used is (are) English, Chamorro and Tagalog. The largest ethnic group(s) is (are) Chamorro (almost one-third) and Filipino (almost one-third), and the other ethnic group(s) are (is) Caucasian, Asian and Micronesian. The largest religious group(s) is (are) Roman Catholic.

EPIDEMIOLOGY

There is substantial epidemiological data on mental illnesses in Guam in internationally accessible literature. No attempt was made to include this information here.

MENTAL HEALTH RESOURCES

Mental Health Policy A mental health policy is present. The policy was initially formulated in 1983.

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

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

National Mental Health Programme A national mental health programme is absent.

National Therapeutic Drug Policy/Essential List of Drugs A national therapeutic drug policy/essential list of drugs is absent.

Mental Health Legislation There is a law on parity in health insurance for mental illness and chemical dependency.

The latest legislation was enacted in 1998.

Mental Health Financing There are budget allocations for mental health.

Details about expenditure on mental health are not available.

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

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

Mental Health Facilities Mental health is not a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Psychiatric patients are referred to Government psychiatric set-ups or private psychiatrists.

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

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

Psychiatric Beds and Professionals

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

Non-Governmental Organizations There are NGOs involved with mental health in the country. They are mainly involved in advocacy, promotion and prevention.

Information Gathering System There is no mental health reporting system.

There is no data collection system or epidemiological study on mental health. The University of Guam conducted a prevalence study in 2000 on the islands' senior citizen population. It also conducted a study on the prevalence and incidence of mental illness in Guam and submitted a report entitled 'Estimating the prevalence of serious mental illness and serious emotional disturbances: an appraisal survey of mental health service providers in Guam'.

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

Therapeutic Drugs The following therapeutic drugs are generally available at the primary health care level: carbamazepine, sodium valproate, amitriptyline, chlorpromazine, diazepam, fluphenazine, haloperidol, lithium.

Other Information

Additional Sources of Information

Official Mental Health and Substance Abuse Policy, P.L. 17-21: 83-92. (Government document).

Parity in Health Insurance for Mental Illness and Chemical Dependency. Most Recent Law in the Field of Mental Health, P.L. 24-303. (Government document).

Hong Kong, Special Administrative Region, China

GENERAL INFORMATION

Hong Kong, Special Administrative Region, China has an approximate area of 1 thousand sq. km. (UNO, 2001). It covers Hong Kong island, the Kowloon peninsula and 235 outlying islands. Its population is 7.115 million, and the sex ratio (men per hundred women) is 96 (UNO, 2004). The proportion of population under the age of 15 years is 15% (UNO, 2004). The literacy rate is 96.6% for men and 90% for women (UNESCO/MoH, 2004).

Hong Kong SAR is classified as a high income group country (based on World Bank 2004 criteria). The proportion of health budget to GDP is 2.8%.

The main language(s) used is (are) Chinese (Cantonese) and English. The largest ethnic group(s) is (are) Chinese. The largest religious group(s) is (are) Buddhist, and the other religious group(s) are (is) Taoist and Christian.

EPIDEMIOLOGY

There is substantial epidemiological data on mental illnesses in Hong Kong SAR in internationally accessible literature. No attempt was made to include this information here.

MENTAL HEALTH RESOURCES

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

The components of the policy are promotion, prevention and rehabilitation. The policy objective for rehabilitation is to promote and provide such comprehensive and effective measures as are necessary for the prevention of disability, the development of physical, mental and social capabilities of people with disability and the realization of a physical and social environment conducive to meeting the goals of their full participation in social life and development and of equalization of opportunities. Details can be obtained from the website: www.info.gov.hk/hwb. The overall health policy of the HKSAR covers both mental health and physical health. A wide range of services and activities are run to promote mental health in the HKSAR. Rehabilitation services are also provided to mentally ill and mentally handicapped persons.

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

National Mental Health Programme A national mental health programme is present. The programme was formulated in 1993. A wide range of mental health services, including mental health promotion, disease prevention, treatment, rehabilitation and community service is provided by the HKSAR Government in collaboration with non-governmental organizations.

National Therapeutic Drug Policy/Essential List of Drugs A national therapeutic drug policy/essential list of drugs is absent.

Mental Health Legislation There is a mental health ordinance. It was enacted in 1960 and amended in 1999. The amendment was developed after negotiations with community groups. A copy can be downloaded from the website: www.justice.gov.hk/cHome.htm. It facilitates care provision in addition to supervision and control.

The latest legislation was enacted in 1960.

Mental Health Financing There are no budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary sources of mental health financing in descending order are tax based and grants.

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

There are disability benefits for persons with mental disorders.

Mental Health Facilities Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Mental disorders are managed at secondary and tertiary level.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years, about 4719 personnel were provided training.

There are community care facilities for patients with mental disorders. The Government provides services within the medical setting like psychiatric wards in the general hospital setting, day hospitals, psychiatric outpatient clinics and aftercare services for discharged patients. The Government has also coordinated and organized intensive public education programmes on mental health and mental illness in public housing estates where community care facilities were to be established. Three community psychiatry teams have been set up to serve defined geographical areas, where they target patients with severe mental illnesses. These provide continuity of care and crisis intervention through domiciliary visits, partnership with other rehabilitation organizations (e.g. advice on management of difficult cases and training of staff) and direct services for the community (e.g. public education, telephone hotlines). The

Government also finances NGOs to provide community-based psychiatric rehabilitation services like day care centres, half-way houses, long-term residential options and sheltered workshops. Social workers are the primary case managers for mental outpatients within the community.

Psychiatric Beds and Professionals

Total psychiatric beds per 10 000 population	7
Psychiatric beds in mental hospitals per 10 000 population	4.5
Psychiatric beds in general hospitals per 10 000 population	2.5
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	2
Number of neurosurgeons per 100 000 population	0.5
Number of psychiatric nurses per 100 000 population	46.4
Number of neurologists per 100 000 population	0.7
Number of psychologists per 100 000 population	1.4
Number of social workers per 100 000 population	173.5

There are 1059 occupational therapists. The beds refer to mental hospital beds and those available in general hospitals in the public sector. The number of psychologists refer to clinical psychologists working in the Hospital Authority and Department of Health. The figure for social workers is quoted from the Social Worker Registration Board where categorization is based on academic qualifications only, not on the field that they are specialized in.

Non-Governmental Organizations There are NGOs involved with mental health. They are mainly involved in advocacy, promotion, prevention and rehabilitation. NGOs provide a number of residential facilities (half-way houses, hostels, long stay care home), day facilities (activity centres and social clubs) and rehabilitation facilities (sheltered workshops, farms and other supported employment programmes). They have also played a major role in fighting stigma and public opposition to community care of mentally ill patients.

Information Gathering System There is no mental health reporting system. A Centralised Suicide Information System was established in 2002 to register successful and attempted suicide reported by Government departments, schools, hospitals and other agencies. The Central Registry of Drug Abuse established in 1972 monitors the trend and characteristics of drug abuse in Hong Kong. The country has data collection system or epidemiological study on mental health. Data collection is in the form of clinical information system, integrated patient administration system and outpatient appointment system of the Hospital Authority. Mortality data and hospitalization data are also available. Details can be obtained from <http://www.info.gov.hk/dh/>.

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

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

Therapeutic Drugs The following therapeutic drugs are generally available at the primary health care level: carbamazepine, ethosuximide, phenobarbital, phenytoin sodium, sodium valproate, amitriptyline, chlorpromazine, diazepam, haloperidol, lithium, carbidopa, levodopa.

Ethosuximide is used by specialists in hospitals.

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

Additional Sources of Information

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Macao, Special Administrative Region, China

GENERAL INFORMATION

Macao, Special Administrative Region, China has an approximate area of 0.02 thousand sq. km. (UNO, 2001). Its population is 0.467 million, and the sex ratio (men per hundred women) is 91 (UNO, 2004). The proportion of population under the age of 15 years is 18% (UNO, 2004). The literacy rate is 95.3% for men and 87.8% for women (UNESCO/MoH, 2004).

Macao SAR is classified as a high income group country (based on World Bank 2004 criteria). The proportion of health budget to GDP is 2.2%.

The main language(s) used is (are) Chinese (Cantonese), Portuguese and English. The largest ethnic group(s) is (are) Chinese (almost 95%), and the other ethnic group(s) are (is) Caucasian.

The life expectancy at birth is 77.2 years for males and 81.5 years for females (WHO, 2004).

EPIDEMIOLOGY

There is a paucity of epidemiological data on mental illnesses in Macao SAR in internationally accessible literature. Da Canhota and Piterman (2001) assessed 386 elderly subjects from general practice clinics using the Hospital Anxiety and Depression Scale (HAD) and clinical records. Nearly 26.2% were found to have depression based on the cut-off score of 11/12 on HAD. Depression was associated with gender (women) and age. The following disorders were common in a treatment setting (n=2726): psychosis (28.7%), neurosis (47.8%), dementia (4.7%) and substance abuse (2.9%) (Department of Psychiatry, 2003).

MENTAL HEALTH RESOURCES

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

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

Substance Abuse Policy A substance abuse policy is present. The policy was initially formulated in 2002. The substance abuse policy is based on 'Controlling Supply and Reducing Demand' (2002 Report on Drug Control in Macao).

National Mental Health Programme A national mental health programme is absent.

National Therapeutic Drug Policy/Essential List of Drugs A national therapeutic drug policy/essential list of drugs is present. Details about the year of formulation are not available.

Mental Health Legislation There is a Mental Health Ordinance. The latest legislation was enacted in 1999.

Mental Health Financing There are no budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary source of mental health financing is tax based.

The cost of psychiatric drug prescriptions is USD 741 000.00 at an average cost for each patient of USD 271.67 per year.

There are disability benefits for persons with mental disorders.

Mental Health Facilities Mental health is not a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Screening for post-natal depression, treatment of mild psychiatric problems and education programmes in mental health are available at the primary care level.

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.

There are no community care facilities for patients with mental disorders. In 1992, an NGO introduced community psychiatric rehabilitation services under Government financing and technical support.

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	2.2
Number of neurosurgeons per 100 000 population	1.8
Number of psychiatric nurses per 100 000 population	8.5
Number of neurologists per 100 000 population	9
Number of psychologists per 100 000 population	0.2
Number of social workers per 100 000 population	1.1

There are two other types of mental health workers. Macao completed the psychiatric deinstitutionalization process in 1993. A Government-funded general hospital is the only hospital that provides mental health services. A new purpose-built psychiatric complex with 81 beds has been commissioned recently. The new services include adult, psychogeriatric and forensic inpatient units, a day hospital (45 beds) and outpatient facilities.

Non-Governmental Organizations There are NGOs involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention, treatment and rehabilitation. One NGO is involved in the rendering of community-based psychosocial and vocational rehabilitation services for psychiatric clients. It receives a fixed subsidy of about 2 million at local currency per year granted by the social welfare department.

Information Gathering System There is mental health reporting system. There is no data collection system or epidemiological study on mental health.

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

Therapeutic Drugs The following therapeutic drugs are generally available at the primary health care level: carbamazepine, ethosuximide, phenobarbital, phenytoin sodium, sodium valproate, amitriptyline, chlorpromazine, diazepam, fluphenazine, haloperidol, lithium, biperiden, carbidopa, levodopa.

Newer anti-psychotics (e.g. olanzapine and risperidone), anti-depressants (e.g. citalopram, venlafaxine), anxiolytics and hypnotics (e.g. buspirone, zolpidem), anti-epileptics (e.g. lamotrigine, vigabatrin) and other drugs (e.g. rivastigmine) are available. There is no limitation on prescription of atypical anti-psychotics and anti-depressant drugs, and these are free of charge for all psychiatric patients.

Other Information Most of the patients with mental illness and their families are no longer experiencing as much stigma due to the institution of education and public relations activities about mental illness over the last 15 years. However, there are still a significant number of people hesitant to receive psychiatric services.

Additional Sources of Information

Da Canhota, C. M., Piterman, L. (2001) Depressive disorders in elderly Chinese patients in Macau: a comparison of general practitioners' consultations with a depression screening scale. *Australian & New Zealand Journal of Psychiatry*, 35, 336-344.

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New Caledonia

GENERAL INFORMATION

New Caledonia has an approximate area of 19 thousand sq. km. (UNO, 2001). It consists of the main island of New Caledonia, the archipelago of Iles Loyaute, and numerous small, sparsely populated islands. Its population is 0.232 million, and the sex ratio (men per hundred women) is 105 (UNO, 2004). The proportion of population under the age of 15 years is 29% (UNO, 2004). The literacy rate is 96.8% for men and 95.5% for women (UNESCO/MoH, 2004).

New Caledonia is classified as a high income group country (based on World Bank 2004 criteria). The proportion of health budget to GDP is 8.7%.

The main language(s) used is (are) French and Melanesian/Polynesian dialects. The largest ethnic group(s) is (are) Melanesian (two-fifths) and European (two-fifths), and the other ethnic group(s) are (is) Wallisian. The largest religious group(s) is (are) Roman Catholic (three-fifths), and the other religious group(s) are (is) Protestant.

EPIDEMIOLOGY

There is substantial epidemiological data on mental illnesses in New Caledonia in internationally accessible literature. No attempt was made to include this information here.

MENTAL HEALTH RESOURCES

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. There is a programme for alcohol prevention.

National Mental Health Programme A national mental health programme is absent.

National Therapeutic Drug Policy/Essential List of Drugs A national therapeutic drug policy/essential list of drugs is present. Details about the year of formulation are not available.

Mental Health Legislation Details about the mental health legislation are not available.

Mental Health Financing There are budget allocations for mental health.

Details about expenditure on mental health are not available.

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

There are disability benefits for persons with mental disorders.

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

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

There are community care facilities for patients with mental disorders. There are 12 centres for medico-psychiatry and one for alcohol.

Psychiatric Beds and Professionals

Total psychiatric beds per 10 000 population	85.5
Psychiatric beds in mental hospitals per 10 000 population	85.5
Psychiatric beds in general hospitals per 10 000 population	0
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	9
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	31.53
Number of neurologists per 100 000 population	1
Number of psychologists per 100 000 population	
Number of social workers per 100 000 population	

The figures for psychiatrists include those of child psychiatrists. Hospital beds include 4.86 places per 10 000 population in traditional therapeutic setting and 3.69 places per 10 000 population in day hospitalization setting.

Non-Governmental Organizations There are no NGOs are involved with mental health.

Information Gathering System There is no mental health reporting system.

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

Programmes for Special Population There are specific programmes for mental health for disaster affected population and children. Specialized mental health services are also available for adolescents.

Therapeutic Drugs The following therapeutic drugs are generally available at the primary health care level: carbamazepine, ethosuximide, phenobarbital, phenytoin sodium, sodium valproate, amitriptyline, chlorpromazine, diazepam, fluphenazine, haloperidol, lithium, biperiden, carbidopa, levodopa.

Other Information

Additional Sources of Information

Northern Mariana Islands, Commonwealth of the

GENERAL INFORMATION

Northern Mariana Islands, Commonwealth of the has an approximate area of 0.48 thousand sq. km. (UNO, 2001). It includes 14 islands. Its population is 0.077 million, and the sex ratio (men per hundred women) is 92 (UNO, 2004). The literacy rate is 97% for men and 96% for women (UNESCO/MoH, 2004).

It is classified as a higher middle income group country (based on World Bank 2004 criteria).

The main language(s) used is (are) English, Chamorro and Carolinian. The largest ethnic group(s) is (are) Chamorro, Carolinians and other Micronesian, and the other ethnic group(s) are (is) Caucasian, Japanese, Chinese, Filipino, and Korean. The largest religious group(s) is (are) Roman Catholic, and the other religious group(s) are (is) other Christian.

EPIDEMIOLOGY

There is a paucity of epidemiological data on mental illnesses in the Northern Mariana Islands in internationally accessible literature.

MENTAL HEALTH RESOURCES

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

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

Substance Abuse Policy A substance abuse policy is present. The policy was initially formulated in 1976.

National Mental Health Programme A national mental health programme is present. The programme was formulated in 1976.

National Therapeutic Drug Policy/Essential List of Drugs Details about the national therapeutic drug policy/essential list of drugs are not available.

Mental Health Legislation The mental health legislation is entitled 'Involuntary Civil Commitment Act'.

The latest legislation was enacted in 1993.

Mental Health Financing There are budget allocations for mental health.

Details about expenditure on mental health are not available.

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

Funding is mainly tax based and is made available through local funding (Public Law 14-11), Community Mental Health Services Block Grant, Project for Assistance in Transition from Homelessness Block Grant and Substance Abuse Prevention and Treatment Block Grant.

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

Mental Health Facilities Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. Primary care is available only for stabilized patients after hospital treatment is over.

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

There are community care facilities for patients with mental disorders. A community mental health service was established and funded under the country's local fund and US grants.

Psychiatric Beds and Professionals

Total psychiatric beds per 10 000 population	1.4
Psychiatric beds in mental hospitals per 10 000 population	0
Psychiatric beds in general hospitals per 10 000 population	1.4
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	3
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	8
Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	5
Number of social workers per 100 000 population	9.7

Occupational therapists provide services to children and youth with development disabilities. In addition to registered nurses, 2 licensed practical nurses and 7 nursing assistants are present.

Non-Governmental Organizations There are NGOs involved with mental health. They are mainly involved in advocacy, promotion and prevention.

Information Gathering System There is mental health reporting system.

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

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

Therapeutic Drugs The following therapeutic drugs are generally available at the primary health care level: carbamazepine, ethosuximide, phenobarbital, phenytoin sodium, sodium valproate, amitriptyline, chlorpromazine, diazepam, fluphenazine, haloperidol, lithium, carbidopa, levodopa.

Other drugs like risperidone, clozapine, fluoxetine, venlafaxine etc. are available.

Other Information

Additional Sources of Information

Commonwealth Health Centre (2000) Purpose and Philosophy.

Tokelau

GENERAL INFORMATION

Tokelau is has an approximate area of 0.01 thousand sq. km. (UNO, 2001). It consists of 3 small atolls. Its population is 0.001 million (UNO, 2004).

Tokelau is classified as a high income group country (based on World Bank 2004 criteria).

The main language(s) used is (are) Tokelauan and English. The largest ethnic group(s) is (are) Polynesian (New Zealand citizens). The largest religious group(s) is (are) Congregational Christian (Church of Samoa, almost three-fourths of the population), and the other religious group(s) are (is) Roman Catholic (one-fourth).

EPIDEMIOLOGY

There is a paucity of epidemiological data on mental illnesses in Tokelau in internationally accessible literature.

MENTAL HEALTH RESOURCES

Mental Health Policy A mental health policy is absent.

Substance Abuse Policy A substance abuse policy is absent.

National Mental Health Programme A national mental health programme is absent.

National Therapeutic Drug Policy/Essential List of Drugs A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1998.

Mental Health Legislation There is no mental health legislation.

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

Mental Health Financing There are no budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary source of mental health financing is tax based.

Funding for mental health is supported by New Zealand.

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

Mental Health Facilities Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. Each of the three villages has a small hospital that provides basic primary health care services to its residents. Health services are provided by a small group of nurses who are assisted by locum doctors, usually recruited from New Zealand. When patients have medical conditions that are beyond the expertise of the village health services, they are referred to Samoa or New Zealand for diagnosis and/or treatment.

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

There are community care facilities for patients with mental disorders.

Psychiatric Beds and Professionals

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

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

Non-Governmental Organizations There are no NGOs are involved with mental health.

Information Gathering System There is mental health reporting system.

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

Programmes for Special Population No specific programme exists for any special population group.

Therapeutic Drugs The following therapeutic drugs are generally available at the primary health care level: carbamazepine, phenytoin sodium, chlorpromazine, diazepam, fluphenazine, carbidopa, levodopa.

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

Other Information

Additional Sources of Information

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

Wallis and Futuna

GENERAL INFORMATION

Wallis and Futuna has an approximate area of 0.2 thousand sq. km. (UNO, 2001). It includes Ile Uvea (Wallis), Ile Futuna, Ile Alofi, and 20 islets. Its population is 0.014 million (UNO, 2004). The literacy rate is 50% for men and 50% for women (UNESCO/MoH, 2004).

Wallis and Futuna is classified as a high income group country (based on World Bank 2004 criteria).

The main language(s) used is (are) French and Wallisian. The largest ethnic group(s) is (are) Polynesian. The largest religious group(s) is (are) Roman Catholic.

EPIDEMIOLOGY

There is a paucity of epidemiological data on mental illnesses in Wallis and Futuna in internationally accessible literature.

MENTAL HEALTH RESOURCES

Mental Health Policy A mental health policy is absent.

Substance Abuse Policy A substance abuse policy is absent.

National Mental Health Programme A national mental health programme is absent.

National Therapeutic Drug Policy/Essential List of Drugs A national therapeutic drug policy/essential list of drugs is absent.

Mental Health Legislation There is no mental health legislation.

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

Mental Health Financing There are no budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary source of mental health financing is grants.

There are no disability benefits for persons with mental disorders. Rehabilitation of mentally ill is included in the mandate of Directorate for Rehabilitation Services under the Ministry of Health, but it is short on financial, human and other resources.

Mental Health Facilities Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. There is one doctor in each primary health centre.

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

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

Psychiatric Beds and Professionals

Total psychiatric beds per 10 000 population	0
Psychiatric beds in mental hospitals per 10 000 population	0
Psychiatric beds in general hospitals per 10 000 population	0
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	0
Number of neurosurgeons per 100 000 population	0
Number of psychiatric nurses per 100 000 population	0
Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	7
Number of social workers per 100 000 population	0

Non-Governmental Organizations There are no NGOs involved with mental health.

Information Gathering System There is no mental health reporting system.

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

Programmes for Special Population There are no specific programmes for the special populations.

Therapeutic Drugs The following therapeutic drugs are generally available at the primary health care level: carbamazepine, phenobarbital, phenytoin sodium, sodium valproate, amitriptyline, chlorpromazine, diazepam, haloperidol, lithium, levodopa.

Other Information

Additional Sources of Information

West Bank and Gaza Strip

GENERAL INFORMATION

West Bank and Gaza Strip has an approximate area of 6.2 thousand sq. km. (UNO, 2001). Its population is 3.685 million, and the sex ratio (men per hundred women) is 104 (UNO, 2004). The proportion of population under the age of 15 years is 47% (UNO, 2004). The literacy rate is 96.3% for men and 87.4% for women (UNESCO/MoH, 2004).

West Bank and Gaza Strip is classified as a lower middle income group country (based on World Bank 2004 criteria). The proportion of health budget to GDP is 8.6%.

The main language(s) used is (are) Arabic and English. The largest ethnic group(s) is (are) Palestinian Arabs (nine-tenths). The largest religious group(s) is (are) Muslim (four-fifths, predominantly Sunni), and the other religious group(s) are (is) Christians.

EPIDEMIOLOGY

Samour (2002) reported that 69% of postpartum women (n=364) met the criteria for caseness 4 weeks after their delivery when assessed by the Edinburgh Postnatal Depression Scale (EPDS) and that prevalence of depression in these women was associated with political violence and other physical and psychosocial stressors. Qouta et al (1997) found depression, anxiety and paranoia to be more common among subjects who had suffered demolition of their own homes compared to those who had witnessed such acts or controls who had no such experience. Haj-Yahia and Muhammad (2000) reported findings from the Second Palestinian National Survey on wife abuse and battering (n=1334). The experience of abuse explained significant variances in women's low self-esteem, depression and anxiety. Al-Krenawi et al (2001) interviewed 187 women in polygamous marriages using Rosenberg's Self-Esteem Questionnaire and the Brief Symptom Inventory and found greater psychopathology among the senior wives compared to junior wives. Haj-Yahi and Tamish (2001) found similar rates of abuse among female and male undergraduate students (n= 652). Sexual abuse explained between 20.7% and 35.8% of the variance in psychological symptoms. Miller et al (1999) found high rates of conduct disorder, attention deficit-hyperactivity disorders and PTSD among 669 school children in their survey of families living in the Gaza Strip, when they applied the Ontario Child Health Scale (OCHS), the Child Post-Traumatic Stress Reaction Index (CPTS-RI) and the Health Reach Modified War Questionnaire. A significant correlation was found between higher rates of lifetime trauma exposure and higher prevalence rates of mental health problems. Haj-Yahia and Shor (1995), who used the Child Behaviour Checklist in a sample of 150 children from West Bank, also found that exposure to violence and war were related to behavioural problems. Under conditions of high accumulated risk, boys and younger children tended to be affected more. Community context (as indicated by a high or low level of political violence) was a significant factor for girls but not for boys. Kostelny and Garbarino (1994) interviewed mothers of a small group of children and adolescents aged 5-15 years using direct interviews and the Achenbach Child Behaviour Checklist (ACBC). The results showed that younger children suffered more personality and behavioural changes during the Intifada than adolescents did, including sleep disturbances, bedwetting, anxiety and withdrawal. Thabet and Vostanis (1998) interviewed 237 randomly selected children aged 9 to 13 years from 112 schools in Gaza strip. Children completed the Revised Manifest Anxiety Scale and teachers completed the Rutter Scale. Children reported high rates of significant anxiety problems (21.5%), and teachers reported high rates of mental health problems in the children (43.4%). Anxiety problems were associated with age and gender (girls) and living in inner city areas or camps. Low socioeconomic status was the strongest predictor of general mental health problems. Thabet and Vostanis (2000) did a longitudinal assessment of 234 children aged 7-12 years over a one year period using the Child Post Traumatic Stress Reaction Index (CPTS-RI) and the Rutter A2 and B2 Scales for parents and teachers, respectively. The rate of moderate to severe PTSD decreased from 40.6% to 10% over the study period. One-fifth of children were rated above the cut-off for mental health problems on the Rutter A2 (parent) Scales, and one-third of children were above the cut-off on the Rutter B2 (teacher) Scales. The total scores on all three measures had significantly decreased during the 1-year period. The total CPTS-RI score at follow-up was best predicted by the number of traumatic experiences recalled at the first assessment. Barber (1999) conducted a study on 7000 Palestinian families from the West Bank and Gaza Strip. Structural equation analysis of self-reported survey data revealed that Intifada experience increased antisocial behaviour in both male and female children and depression in female children 1-2 years after the end of the Intifada (as adolescents). These behaviours were unrelated to family values, educational values, academic performance or aggression.

MENTAL HEALTH RESOURCES

Mental Health Policy A mental health policy is present. The policy was initially formulated in 2004.

The components of the policy are advocacy, promotion, prevention, treatment and rehabilitation. The Mental Health Plan was made with the assistance of WHO and in consultation with a wide range of stakeholders. It aims to develop a well-coordinated community-based mental health system.

Substance Abuse Policy A substance abuse policy is absent. A High Committee on Drug Issues has been formed under the chairpersonship of the Minister of Social Affairs.

National Mental Health Programme Details about the national mental health programme are not available.

National Therapeutic Drug Policy/Essential List of Drugs A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1999.

Psychotropics are available at the Primary Health Centres. UNRWA and some of the NGOs use essential drug lists.

Mental Health Legislation A workgroup has been formed and comprises members from various stakeholder groups. The major emphasis is on protection of patients' rights.

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

Mental Health Financing There are no budget allocations for mental health.

Details about expenditure on mental health are not available.

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

Mental Health services are free of charge to patients. Psychotropic medication account for 6.42% of the total expenditure on medications.

There are no disability benefits for persons with mental disorders. Rehabilitation of mentally ill is included in the mandate of Directorate for Rehabilitation Services under MoH, but it is short on financial, human and other resources.

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

Regular training of primary care professionals is not carried out in the field of mental health. Planned with the help of WHO and the French Government, NGOs and UN agencies (particularly UNICEF) in collaboration with many Ministries run short- and long-term courses on counselling, crisis intervention, nursing and social-work in relation to mental health for health professionals, teachers, parents, adolescents, law enforcement officers etc.

There are community care facilities for patients with mental disorders. The Ministry of Health operates 15 community mental health clinics (CMHC). They are staffed by a psychiatrist and nurses (without specialist training). There is one mental health clinic for children. They provide case management, home visits, school consultation, counselling, public education, emergency and crisis services, substance abuse services, rehabilitation and training, education and research programmes. The Gaza Community Mental Health Programme (GCMHP), an NGO, runs four community mental health clinics. The United Nations Relief and Works Agency (UNRWA) initiated its mental health programme in 1989. It provides services to about 250 patients per week. UNRWA has started day care centres for the disabled. Almost one-third of all mental health patients are seen at the CMHCs.

Psychiatric Beds and Professionals

Total psychiatric beds per 10 000 population	0.91
Psychiatric beds in mental hospitals per 10 000 population	0.87
Psychiatric beds in general hospitals per 10 000 population	0.04
Psychiatric beds in other settings per 10 000 population	0
Number of psychiatrists per 100 000 population	0.6
Number of neurosurgeons per 100 000 population	0.22
Number of psychiatric nurses per 100 000 population	2.2
Number of neurologists per 100 000 population	0.27
Number of psychologists per 100 000 population	1.2
Number of social workers per 100 000 population	3

The other category is mainly composed of school counsellors. In Bethlehem, more than 40% of the beds are earmarked for women. Mental Hospitals offer a certain number of beds for forensic psychiatry. There are no beds earmarked for patients with substance abuse. There are no private mental health beds. The University of Al Quds has introduced a Master's level course in Community Based Mental Health (CBMH) at the School of Public Health in Gaza. Bir Zeit University's postgraduate training programme in Public Health has a mental health module. The Islamic University (in association with the Community Mental Health Services of the Government) offers a Community Mental Health diploma. The Gaza Community Mental Health Programme (NGO) offers a Diploma in Community Mental Health and Human Rights. Intensive in-service professional development programmes are available and participation in continuing professional education is encouraged. Some professionals are sent for advanced courses with the help of WHO and the French, Italian and Egyptian Governments. One forensic psychiatrist is undergoing training overseas.

Non-Governmental Organizations There are NGOs involved with mental health. They are mainly involved in advocacy, promotion, prevention and treatment. Many NGOs are working in West Bank and Gaza. Almost 50 of them employ at least 2 psycho-social/ mental health staff members. Most of them provide counselling and work with specific groups like children, women, drug abusers etc. More than 80% of services offered by NGOs pertains to the urban population. The Gaza Community Mental Health Programme (GCMHP) runs 4 community mental health clinics. It is also involved in public education campaigns, occupational therapy and crisis intervention. Other NGOs offer counselling as a part of other (non-mental health) services. The United Nations Relief

Works Agency (UNRWA) provides counselling and help in supply of medication. UNICEF provides educative and promotive services, and materials for playing, reading, learning and self-expression to children. NGOs provide services to the less seriously ill population. Their services are often directed at specific segments of population like the mentally challenged, psychogeriatric, substance abusers, children, women, political victims, victims of trauma etc. The National Plan of Action for Palestinian Children has a specific website that summarizes information on organizations that specifically aim to address the psychosocial needs of children (<http://www.npasec.org/DisplayOrg.asp>).

Information Gathering System There is mental health reporting system. There is data collection system or epidemiological study on mental health.

Programmes for Special Population There are specific programmes for mental health for disaster affected population, indigenous population, elderly and children.

Specific services for children include one outpatient child mental health clinic (2 days/week) in Gaza and four psychiatric beds in Gaza Mental Hospital. A school health programme provides integrated management of childhood illnesses and promotion of health including mental health (under the Health Promotion and Education Directorate). UNRWA also identifies and manages children suffering from mental retardation and disabilities. Refugees are cared for particularly by the UNRWA, and disaster affected population are often the focus of NGOs and UN agencies. But in a situation where facing trauma is almost a norm, the whole population may be said to be disaster affected. UNICEF provides educational and promotion services and materials for children.

Therapeutic Drugs The following therapeutic drugs are generally available at the primary health care level: carbamazepine, phenobarbital, phenytoin sodium, sodium valproate, amitriptyline, chlorpromazine, diazepam, fluphenazine, haloperidol, lithium, carbidopa.

Other drugs like benzhexol, clozapine and cloimipramine are included in the essential drug list.

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Atlas Resources

The Mental Health Atlas-2005 data is also available free-of-charge on the internet. The web-based format is designed to make the information more dynamic and interactive. The site allows the user to view and analyse data at the country, region, or world level, and to create maps, tables and diagrams in ways corresponding to individual research needs. The Mental Health Atlas-2005 website can be accessed at:

http://www.who.int/mental_health/evidence/atlas/index.htm

OTHER PUBLICATIONS OF INTEREST:

ATLAS: Mental Health Resources in the World 2001, Order no. 1930191

ATLAS: Country Profiles on Mental Health Resources 2001, Order no. 1930192

ATLAS: Country Resources for Neurological Disorders 2004, ISBN 92 4 1 156283 8

ATLAS: Child and Adolescent Mental Health (*in preparation*)

ATLAS: Epilepsy (*in preparation*)

ATLAS: Psychiatric Training (WPA and WHO) (*in preparation*)

ATLAS: Role of Nurses in Mental Health Care (ICN and WHO) (*in preparation*)

ATLAS: Substance Abuse (*in preparation*)

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WHO's Project Atlas is aimed at collecting, compiling and disseminating information on mental health resources in the world. Mental Health Atlas-2005 presents updated and expanded information from 192 countries with analyses of global and regional trends as well as individual country profiles. Newly included in this volume is a section on epidemiology within the profiles of all low and middle income countries. Mental Health Atlas-2005 shows that mental health resources within most countries remain inadequate despite modest improvements since 2001. Availability of mental health resources across countries and between regions remains substantially uneven, with many countries having very few resources indeed. Mental Health Atlas-2005 reinforces the urgent need to enhance mental health resources within countries.



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