



Andorra

GENERAL INFORMATION

Andorra is a country with an approximate area of 0.45 thousand square kilometers (UNO, 2008) and a population of 86,685 (UNO, 2009). The sex ratio (men per hundred women) is unknown. The proportion of the population under the age of 18 years is 18% (UNO, 2009). Information regarding the proportion of the population above 60 years is unavailable. The healthy life expectancy at birth for males is 72 years and for females is 76 years (UNPD, 2010). The country is in the high income group (based on 2010 World Bank criteria). The total expenditure on health as a percentage of gross domestic product is 7.74% and the per capita government expenditure on health (PPP int. \$) is \$2099.0 (WHO, 2006). Suicide rate information is not available. In Andorra, neuropsychiatric disorders are estimated to contribute to 30.1% of the global burden of disease (WHO, 2008).

GOVERNANCE

An officially approved mental health policy does not exist, and mental health is not specifically mentioned in the general health policy.

A mental health plan and dedicated mental health legislation do not exist. However, legal provisions concerning mental health are covered in other laws (e.g. welfare, disability, general health legislation etc.).

FINANCING

Mental health and mental hospital expenditures by the government health department/ministry are not available.

MENTAL HEALTH CARE DELIVERY

Primary Care

Prescription regulations authorize primary health care doctors to prescribe and/or to continue prescription of psychotherapeutic medicines. In contrast, the department of health does not authorize primary health care nurses to prescribe and/or to continue prescription of psychotherapeutic medicines. Official policy also does not permit primary health care nurses to independently diagnose and treat mental disorders within the primary care system.

The majority of primary health care doctors and nurses have not received official in-service training on mental health within the last five years. Officially approved manuals on the management and treatment of mental disorders are not available in the majority of primary health care clinics. Official referral procedures for referring persons from primary care to secondary/tertiary care do not exist. Referral procedures from tertiary/secondary care to primary care also do not exist.

Data collected in 2011

UN = information unavailable, NA = item not applicable

Mental Health Services

Availability of mental health facilities

	Total number of facilities/beds	Rate per 100,000 population	Number of facilities/beds reserved for children and adolescents only	Rate per 100,000 population
Mental health outpatient facilities	2	2.31	0	00
Day treatment facilities	3	3.46	1	1.15
Psychiatric beds in general hospitals	12	13.84	UN	UN
Community residential facilities	2	2.31	UN	UN
Beds/places in community residential facilities	6	6.92	UN	UN
Mental hospitals	0	0.0	NA	NA
Beds in mental hospitals	0	0.0	NA	NA

Access to care

	Rates per 100,000 population)	Females (%)	Under age 18 (%)
Persons treated in mental health outpatient facilities	UN	UN	UN
Persons treated in mental health day treatment facilities	UN	UN	UN
Admissions to psychiatric beds in general hospitals	274.56	UN	UN
Persons staying in community residential facilities at the end of the year	5.77	60%	0%
Admissions to mental hospitals	NA	NA	NA

Note: Although the exact number of mental health patients is not established, we do have some useful data regarding the provision of care. The total number of visits to the Mental Health Center was 11,578, of which 3503 (30%) of patients were below 18 years old.

Long term care in mental hospitals (% of persons staying):

Less than 1 year	NA
More than 1 and less than 5 years	NA
More than 5 years	NA

Data collected in 2011

UN = information unavailable, NA = item not applicable

HUMAN RESOURCES

Workforce and training

	Health professionals working in the mental health sector Rate per 100,000	Training of health professions in educational institutions Rate per 100,000
Psychiatrists	6.92	UN
Medical doctors, not specialized in psychiatry	0.0	NA
Nurses	10.38	17.3
Psychologists	28.84	UN
Social workers	2.31	UN
Occupational therapists	2.31	UN
Other health workers	UN	NA

Informal human resources (Family and User Associations)

	User	Family
Present in the country?	No	Yes
Number of members	NA	UN
Participation in the formulation/implementation of policy/plan/legislation?	NA	Not routinely

MEDICINES

Expenditures for medicines for mental and behavioral disorders at country level

Type of Medicines	Expenditures at country level per year and per 100,000 population (in USD)
All the psychotherapeutic medicines ¹	UN
Medicines used for bipolar disorders ²	UN
Medicines for psychotic disorders ³	UN
Medicines used for general anxiety ⁴	UN

¹ N03AG01, N05A, N05B, N05C, N06A

² N03AG01, N05A, N05B, N05C, N06A

³ N05A (excluding N05AN)

⁴ N05B & N05C

Data collected in 2011

UN = information unavailable, NA = item not applicable

Medicines used for mood disorders ⁵	UN
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INFORMATION SYSTEMS

	Data on number of people/ activities are collected and reported	Data on age and gender are collected and reported	Data on patient's diagnosis are collected and reported
Persons with mental disorders treated in primary health care	No	No	No
Interventions (psychopharmacological and psychosocial) delivered in primary health care for people with mental disorders	No	No	No
Persons treated in mental health outpatient facilities	Yes	No	No
Contacts in mental health outpatient facilities	Yes	No	No
Persons treated in mental health day treatment facilities	Yes	No	No
Admissions in general hospitals with psychiatric beds	Yes	Yes	Yes
Admissions in mental hospitals	No	No	No
Days spent in mental hospitals	No	No	No
Admissions in community residential facilities	Yes	Yes	Yes

Note: Mental health data (either in the public system, private system, or both) have been compiled for general health statistics in the last three years, but not in a specific mental health report.

⁵ N06A

Data collected in 2011

UN = information unavailable, NA = item not applicable