



Azerbaijan

GENERAL INFORMATION

Azerbaijan is a country with an approximate area of 87 thousand square kilometers (UNO, 2008). The population is 8,933,928 and the sex ratio (men per hundred women) is 98 (UNO, 2009). The proportion of the population under the age of 18 years is 29%, while the proportion above age 60 is 7% (UNO, 2009). The literacy rate is 100% for both men and women (UN Statistics, 2008). The life expectancy at birth is 67 years for males and 73 years for females (UNO, 2005-2010). The healthy life expectancy at birth is 59 years for males and 73 years for females (UNPD, 2010). The country is in the upper middle income group (based on 2010 World Bank criteria). The total expenditure on health as a percentage of gross domestic product is 5.85% and the per capita government expenditure on health (PPP int. \$) is \$66.0 (WHO, 2006). The suicide rate for males is 1 per 100,000 population and for females is 0.3 per 100,000 population. In Azerbaijan, neuropsychiatric disorders are estimated to contribute to 14.3% of the global burden of disease (WHO, 2008).

GOVERNANCE

An official mental health policy and mental health plan, was approved in 2011. Mental health is not specifically mentioned in the general health policy. The mental health plan components include:

- Funding allocation for the implementation of half or more of the items in the mental health plan.
- Integration of mental health services into primary care.

Note: In 2011 The National Mental Health Policy and Five-year Strategic Action Plan were adopted by government in 2011. The priority areas of mental health policy include the followings:

- Improvement of governance and intersectoral coordination in mental health and human rights protection
- Development of mental health resources (human resources, physical capital, and financing)
- Strengthening measures to prevent mental health problems among population
- Integration of mental health services into primary health care
- Development of mental health and social welfare services for people with mental disorders

Dedicated mental health legislation was initiated in 2001 and most recently revised in 2011. Legal provisions concerning mental health are also covered in other laws (e.g. welfare, disability, general health legislation etc.).

FINANCING

Mental health expenditures by the government health department/ministry are estimated to be 2-3% of the total health budget. Mental hospital expenditures are approximately 85% of the total mental health budget.

Note: Although there is no separate mental health budget in the country, mental health expenditures are estimated to be 2-3% of the total health care budget of the Ministry of Health. Approximately 85% of the mental health budget is allocated to mental hospitals.

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. Similarly, official policy 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 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 available in the majority of primary health care clinics. Official referral procedures for referring persons from primary care to secondary/tertiary care exist. However, referral procedures from tertiary/secondary care to primary care do not exist.

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	7	0.08	1	0.01
Day treatment facilities	5	0.06	1	0.01
Psychiatric beds in general hospitals	70	0.78	NA	NA
Community residential facilities	7	0.07	2	0.02
Beds/places in community residential facilities	1012	11.3	605	6.7
Mental hospitals	11	0.12	3	0.03
Beds in mental hospitals	3076	34.43	60	0.67

Access to care

	Rates per 100,000 population)	Females (%)	Under age 18 (%)
Persons treated in mental health outpatient facilities	1419.58	37%	UN
Persons treated in mental health day treatment facilities	23.51	44%	UN
Admissions to psychiatric beds in general hospitals	UN	UN	UN
Persons staying in community residential facilities at the end of the year	12.4	UN	27.9
Admissions to mental hospitals	103.2	27%	UN

Data collected in 2011

UN = information unavailable, NA = item not applicable

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

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

Note: There is no differentiation between long- and short-stay mental hospital/facilities.

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	4.34	0.15
Medical doctors, not specialized in psychiatry	3.23	12.95
Nurses	7.07	4.56
Psychologists	0.22	1.00
Social workers	0.19	UN
Occupational therapists	UN	NA
Other health workers	UN	NA

Informal human resources (Family and User Associations)

	User	Family
Present in the country?	Yes	Yes
Number of members	UN	UN
Participation in the formulation/implementation of policy/plan/legislation?	UN	UN

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

¹ N03AG01, N05A, N05B, N05C, N06A

² N03AG01, N05A, N05B, N05C, N06A

Data collected in 2011

UN = information unavailable, NA = item not applicable

Medicines for psychotic disorders ³	UN
Medicines used for general anxiety ⁴	UN
Medicines used for mood disorders ⁵	UN

Note: Essential psychotropic medicines are available in mental health outpatient and inpatient facilities. However Drug Statistics Methodology is not used in the country and, as such, related data is lacking.

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	Yes	No	Yes
Interventions (psychopharmacological and psychosocial) delivered in primary health care for people with mental disorders	Yes	No	Yes
Persons treated in mental health outpatient facilities	Yes	Yes	Yes
Contacts in mental health outpatient facilities	No	No	No
Persons treated in mental health day treatment facilities	Yes	Yes	Yes
Admissions in general hospitals with psychiatric beds	Yes	Yes	Yes
Admissions in mental hospitals	Yes	Yes	Yes
Days spent in mental hospitals	Yes	Yes	Yes
Admissions in community residential facilities	Yes	Yes	No

Note: A specific report focusing on mental health activities has been published by the Health Department or any other responsible government unit in the last three years.

OTHER INFORMATION

The mental health system in Azerbaijan is in the process of dramatic reform which is intended to shift institutional services to modern integrative community-based mental health care. In the line with this reform so called psycho-neurological dispensaries (PND) have been transformed into mental health centres with new functional profiles. The most of psychiatrists working in PND were moved to district primary healthcare facilities while the newly established mental health centres have to employ not only psychiatrists but also other mental health professionals such as clinical psychologists, social workers, occupational therapists, etc. Along with implementation of community-based approach mental health centres should ensure multidisciplinary teamwork in mental health care provision.

³ N05A (excluding N05AN)

⁴ N05B & N05C

⁵ N06A

Data collected in 2011

UN = information unavailable, NA = item not applicable