



Bolivia

GENERAL INFORMATION

Bolivia is a country with an approximate area of 1099 thousand square kilometers (UNO, 2008). The population is 10,030,832 and the sex ratio (men per hundred women) is 99 (UNO, 2009). The proportion of the population under the age of 18 years is 43% and the proportion above age 60 is 5% (UNO, 2009). The literacy rate is 100% for men and 99% for women (UN Statistics, 2008). The life expectancy at birth is 63 years for males and 68 years for females (UNO, 2005-2010). The healthy life expectancy at birth is 57 years for males and 68 years for females (UNPD, 2010). The country is the lower middle income group (based on 2010 World Bank criteria). The total expenditure on health as a percentage of gross domestic product is 5.07% and the per capita government expenditure on health (PPP int. \$) is \$161.0 (WHO, 2006). The suicide rate is 2.2 per 100,000 population. In Bolivia, neuropsychiatric disorders are estimated to contribute to 15.6% of the global burden of disease (WHO, 2008).

GOVERNANCE

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

A mental health plan exists and was approved or most recently revised in 2009. The mental health plan components include:

- Timelines for the implementation of the mental health plan.
- Integration of mental health services into primary care.

Dedicated mental health legislation does not exist. However, legal provisions concerning mental health are also 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 but with restrictions. 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.

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, as do referral procedures from tertiary/secondary care to primary care.

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	39	0.39	3	0.03
Day treatment facilities	12	0.12	7	0.07
Psychiatric beds in general hospitals	UN	UN	UN	UN
Community residential facilities	1	0.01	0	NA
Beds/places in community residential facilities	26	0.26	UN	UN
Mental hospitals	9	0.09	UN	UN
Beds in mental hospitals	956	9.53	105	1.05

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	UN	UN	UN
Persons staying in community residential facilities at the end of the year	UN	UN	UN
Admissions to mental hospitals	UN	UN	UN

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

HUMAN RESOURCES

Workforce and training

	Health professionals working in	Training of health professions in
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Data collected in 2011

UN = information unavailable, NA = item not applicable

	the mental health sector Rate per 100,000	educational institutions Rate per 100,000
Psychiatrists	1.06	UN
Medical doctors, not specialized in psychiatry	0.22	UN
Nurses	0.34	UN
Psychologists	0.46	UN
Social workers	0.25	UN
Occupational therapists	0.20	UN
Other health workers	1.43	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?	Never or rarely	Never or rarely

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
Medicines used for mood disorders ⁵	UN

INFORMATION SYSTEMS

	Data on number of people/ activities are	Data on age and gender are collected and	Data on patient's diagnosis are collected and

¹ N03AG01, N05A, N05B, N05C, N06A

² N03AG01, N05A, N05B, N05C, N06A

³ N05A (excluding N05AN)

⁴ N05B & N05C

⁵ N06A

Data collected in 2011

UN = information unavailable, NA = item not applicable

	collected and reported	reported	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	No	No	No
Contacts in mental health outpatient facilities	No	No	No
Persons treated in mental health day treatment facilities	No	No	No
Admissions in general hospitals with psychiatric beds	No	No	No
Admissions in mental hospitals	No	No	No
Days spent in mental hospitals	No	No	No
Admissions in community residential facilities	No	No	No

Note: Mental health data (either on 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.