



Brunei Darussalam

GENERAL INFORMATION

Brunei Darussalam is a country with an approximate area of 6 thousand square kilometers (UNO, 2008). The population is 407,045 and the sex ratio (men per hundred women) is 102 (UNO, 2009). The proportion of the population under the age of 18 years is 32% and the proportion above age 60 is 4% (UNO, 2009). The literacy rate is 100% for both men and women (UN Statistics, 2008). The life expectancy at birth is 75 years for males and 80 years for females (UNO, 2005-2010). The healthy life expectancy at birth is 66 years for males and 80 years for females (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 2.91% and the per capita government expenditure on health (PPP int. \$) is \$759.0 (WHO, 2006). Suicide rate information is not available. In Brunei Darussalam, neuropsychiatric disorders are estimated to contribute to 18.9% 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 does not exist.

Dedicated mental health legislation exists and was initiated, or most recently revised, in 1929. Legal provisions concerning mental health are also covered in other laws (eg. welfare, disability, general health legislation etc.).

Note: The head of the Department of Psychiatry has plans to improve and expand existing mental health services (outpatient, inpatient, daycare, community psychiatry), and to strengthen child and adolescent mental health services which were established in 2005, at the main general hospital in the country (RIPAS Hospital). Furthermore, in 2010, the Head of Psychiatric Services was appointed to improve mental health provisions in the country, draft a new mental health policy and national mental health plan, as well as to revise the Mental Health Act.

FINANCING

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

Note: There is no specific allocation for mental health. Funding for mental health services comes from the hospital budget.

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

Data collected in 2011

UN = information unavailable, NA = item not applicable

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 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 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	6	1.47	0	0
Day treatment facilities	3	0.74	0	0
Psychiatric beds in general hospitals	40	9.83	0	0
Community residential facilities	0	0.0	NA	NA
Beds/places in community residential facilities	0	0.0	NA	NA
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	25.8	UN	UN
Persons treated in mental health day treatment facilities	22.85	UN	UN
Admissions to psychiatric beds in general hospitals	51.59	UN	UN
Persons staying in community residential facilities at the end of the year	NA	NA	NA
Admissions to mental hospitals	NA	NA	NA

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

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

Data collected in 2011

UN = information unavailable, NA = item not applicable

More than 5 years	NA
-------------------	----

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	0.98	NA
Medical doctors, not specialized in psychiatry	1.23	NA
Nurses	13.27	24.57
Psychologists	0.0	NA
Social workers	0.0	NA
Occupational therapists	0.49	NA
Other health workers	3.69	NA

Note: Although there are only 2 specialist psychiatrists, there are several other medical officers that have some psychiatry training.

Informal human resources (Family and User Associations)

	User	Family
Present in the country?	No	No
Number of members	NA	NA
Participation in the formulation/implementation of policy/plan/legislation?	NA	NA

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	1,199,380
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
--	----

Note: Expenditure on psychotropic drugs is limited. We have a very small range of atypical antipsychotic drugs available, including olanzapine, risperidone, quetiapine and clozapine. Among these slightly over a million dollars was spent on olanzapine alone. Quetiapine has only recently been added to our national drug formulary.

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	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	NA	NA	NA
Days spent in mental hospitals	NA	NA	NA
Admissions in community residential facilities	NA	NA	NA

Note: Mental health data (either on the public or private sector, 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