



Latvia

GENERAL INFORMATION

Latvia is a country with an approximate area of 65 thousand square kilometers (UNO, 2008). The population is 2,240,265 and the sex ratio (men per hundred women) is 85 (UNO, 2009). The proportion of the population under the age of 18 years is 17% and the proportion above age 60 is 18% (UNO, 2009). The literacy rate is 100% for both men and for women (UN Statistics, 2008). The life expectancy at birth is 67 years for males and 77 years for females (UNO, 2005-2010). The healthy life expectancy at birth is 59 years for males and 77 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 6.52% and the per capita government expenditure on health (PPP int. \$) is \$603.0 (WHO, 2006). The suicide rate for males is 34.1 per 100,000 population and for females is 7.7 per 100,000 population. In Latvia, neuropsychiatric disorders are estimated to contribute to 20.5% of the global burden of disease (WHO, 2008).

GOVERNANCE

An officially approved mental health policy exists and was approved, or most recently revised, in 2009. Mental health is also 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 2011. Legal provisions concerning mental health are also covered in other laws (e.g., welfare, disability, general health legislation etc.).

Note: Mental health legislation is included in the Medical Law. Further information may be found at <http://www.likumi.lv/doc.php?id=44108>.

Additionally, the Policy Improvement of Mental Health initiative for 2009-2014 calls for a separate mental health law.

FINANCING

Mental health expenditures by the government health department/ministry are 5.9% of the total health budget. Mental hospital expenditures are 63.67% of the total mental health budget.

Note: Financing data is based on the year 2008.

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

Data collected in 2011

UN = information unavailable, NA = item not applicable

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, as do referral procedures from tertiary/secondary 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	75	3.35	4	0.18
Day treatment facilities	5	0.22	0	0.00
Psychiatric beds in general hospitals	275	12.28	60	2.68
Community residential facilities	UN	UN	UN	UN
Beds/places in community residential facilities	UN	UN	UN	UN
Mental hospitals	6	0.27	1	0.04
Beds in mental hospitals	2403	107.30	184	8.21

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	78.74	75%	4%
Admissions to psychiatric beds in general hospitals	102.4	UN	46%
Persons staying in community residential facilities at the end of the year	UN	UN	UN
Admissions to mental hospitals	676.13	50%	7%

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

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

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More than 5 years	UN
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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	10.85	0.27
Medical doctors, not specialized in psychiatry	2.23	4.29
Nurses	30.76	19.10
Psychologists	UN	UN
Social workers	UN	22.54
Occupational therapists	0.36	0.67
Other health workers	15.04	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	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	871,297
Medicines used for bipolar disorders ²	36,138
Medicines for psychotic disorders ³	375,552
Medicines used for general anxiety ⁴	314,960

¹ N03AG01, N05A, N05B, N05C, N06A

² N03AG01, N05A, N05B, N05C, N06A, excluding N05AN (lithium). Lithium is not included in the Latvian drug register and is only prescribed at very low doses, in exceptional cases.

³ N05A (excluding N05AN)

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Medicines used for mood disorders ⁵	144,647
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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	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	No	No	No
Contacts in mental health outpatient facilities	Yes	No	Yes
Persons treated in mental health day treatment facilities	Yes	Yes	Yes
Admissions in general hospitals with psychiatric beds	Yes	No	Yes
Admissions in mental hospitals	Yes	No	Yes
Days spent in mental hospitals	Yes	No	Yes
Admissions in community residential facilities	No	No	No

Note: The mental health information system in Latvia are based on registers of mental and behavioral disorders, and data reports from hospitals and outpatient facilities. Pertinent information is also collected by National Health Service (outpatient visits, hospital care, etc.).

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

⁴ N05B & N05C

⁵ N06A

Data collected in 2011

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