



GENERAL INFORMATION

Senegal is a country with an approximate area of 197 thousand square kilometers (UNO, 2008). The population is 12,860,717 and the sex ratio (men per hundred women) is 98 (UNO, 2009). The proportion of the population under the age of 18 years is 51% and the proportion above age 60 is 2% (UNO, 2009). The literacy rate is 58% for men and 45% for women (UN Statistics, 2008). The life expectancy at birth is 57 years for males and 59 years for females (UNO, 2005-2010). The healthy life expectancy at birth is 50 years for males and 59 years for females (UNPD, 2010). The country is in the lower middle income group (based on 2010 World Bank criteria). The total expenditure on health as a percentage of gross domestic product is 5.65% and the per capita government expenditure on health (PPP int. \$) is \$52.0 (WHO, 2006). Suicide rate information is not available. In Senegal, neuropsychiatric disorders are estimated to contribute to 7.0% of the global burden of disease (WHO, 2008).

GOVERNANCE

An officially approved mental health policy exists and was approved, or most recently revised, in 2006. Mental health is also specifically mentioned in the general health policy.

A mental health plan exists and was approved or most recently revised in 2006. The mental health plan components include:

- Timelines for the implementation of the mental health plan.
- Shift of services and resources from mental hospitals to community mental health facilities.
- Integration of mental health services into primary care.

Dedicated mental health legislation exists and was initiated or most recently revised in 1975. 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. The department of health also permits primary health care nurses to prescribe and/or to continue prescription of psychotherapeutic medicines. However, 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

Data collected in 2011

UN = information unavailable, NA = item not applicable

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 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	10	0.08	2	0.02
Day treatment facilities	0	0.00	NA	NA
Psychiatric beds in general hospitals	77	0.60	0	0.00
Community residential facilities	1	0.01	0	0.00
Beds/places in community residential facilities	66	0.51	0	0.00
Mental hospitals	5	0.04	0	0.00
Beds in mental hospitals	245	1.91	0	0.00

Access to care

	Rates per 100,000 population)	Females (%)	Under age 18 (%)
Persons treated in mental health outpatient facilities	100.17	UN	5%
Persons treated in mental health day treatment facilities	NA	NA	NA
Admissions to psychiatric beds in general hospitals	7.31	UN	UN
Persons staying in community residential facilities at the end of the year	0.44	UN	UN
Admissions to mental hospitals	18.57	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

Note : Mental health services (and human resources) are unevenly distributed in Senegal, with a concentration in the capital Dakar, with limited resources elsewhere.

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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	0.33	0.04
Medical doctors, not specialized in psychiatry	0.01	UN
Nurses	0.79	0.63
Psychologists	0.03	NA
Social workers	0.10	0.16
Occupational therapists	0.00	NA
Other health workers	0.58	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?	frequently	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	1,311
Medicines used for bipolar disorders ²	70
Medicines for psychotic disorders ³	681
Medicines used for general anxiety ⁴	UN
Medicines used for mood disorders ⁵	UN

Note: Data above are for medications supplied by the National Pharmacy.

¹ N03AG01, N05A, N05B, N05C, N06A

² N03AG01, N05A, N05B, N05C, N06A

³ N05A (excluding N05AN)

⁴ N05B & N05C

⁵ N06A

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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	No	No	No
Contacts in mental health outpatient facilities	No	No	No
Persons treated in mental health day treatment facilities	NA	NA	NA
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: No centralized health information system for acquiring mental health data exists. The limited data presented are from surveys taken by a health representative (focal point) in Senegal between May and June 2010.

No mental health data have been compiled in a report for policy, planning or management purposes in the last three years.