



GENERAL INFORMATION

San Marino is a country with an approximate area of 0.06 thousand square kilometers (UNO, 2008) and a population of 31,537 (UNO, 2009). The proportion of the population under the age of 18 years is 19% (UNO, 2009). The proportion of the population above age 60 is unknown. The healthy life expectancy at birth is 74 years for males and 76 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 7.11% and the per capita government expenditure on health (PPP int. \$) is \$2764.0 (WHO, 2006). Suicide rate information is not available. In San Marino, neuropsychiatric disorders are estimated to contribute to 30.6% 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 2008. 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 covered in other laws (e.g., welfare, disability, general health legislation etc.).

FINANCING

Mental health expenditures by the government health department/ministry are 2.8% of the total health budget. Mental hospital expenditures are not available.

Note: Mental health expenditures on patients under 18 are not included in the above data.

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 and nurses have 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	1	3.17	1	3.17
Day treatment facilities	2	6.34	UN	UN
Psychiatric beds in general hospitals	UN	UN	UN	UN
Community residential facilities	1	3.17	0	0.00
Beds/places in community residential facilities	7	22.20	UN	UN
Mental hospitals	UN	UN	UN	UN
Beds in mental hospitals	UN	UN	UN	UN

Access to care

	Rates per 100,000 population)	Females (%)	Under age 18 (%)
Persons treated in mental health outpatient facilities	2891.84	UN	UN
Persons treated in mental health day treatment facilities	UN	UN	UN
Admissions to psychiatric beds in general hospitals	72.93	UN	UN
Persons staying in community residential facilities at the end of the year	126.84	UN	UN
Admissions to mental hospitals	250.5	UN	UN

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

Less than 1 year	99%
More than 1 and less than 5 years	0%
More than 5 years	1%

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	15.85	UN
Medical doctors, not specialized in psychiatry	UN	UN
Nurses	15.85	UN
Psychologists	UN	UN
Social workers	9.51	UN
Occupational therapists	9.51	UN
Other health workers	19.03	NA

Informal human resources (Family and User Associations)

	User	Family
Present in the country?	Yes	No
Number of members	UN	NA
Participation in the formulation/implementation of policy/plan/legislation?	never or rarely	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	2,630,481
Medicines used for bipolar disorders ²	54,868
Medicines for psychotic disorders ³	1,362,740
Medicines used for general anxiety ⁴	527,644
Medicines used for mood disorders ⁵	685,225

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

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