



## GENERAL INFORMATION

Suriname is a country with an approximate area of 163 thousand square kilometers (UNO, 2008). The population is 524,345 and the sex ratio (men per hundred women) is 101 (UNO, 2009). The proportion of the population under the age of 18 years is 34% and the proportion above age 60 is 7% (UNO, 2009). The literacy rate is 96% for men and 95% for women (UN Statistics, 2008). The life expectancy at birth is 66 years for males and 73 years for females (UNO, 2005-2010). The healthy life expectancy at birth is 58 years for males and 73 years for females (UNPD, 2010). The country is in the upper middle income group (based on 2010 World Bank criteria). The total expenditure on health as a percentage of gross domestic product is 7.17% and the per capita government expenditure on health (PPP int. \$) is \$167.0 (WHO, 2006). The suicide rate for males is 23.9 per 100,000 population and for females is 4.8 per 100,000 population. In Suriname, neuropsychiatric disorders are estimated to contribute to 15.7% of the global burden of disease (WHO, 2008).

## GOVERNANCE

An officially approved mental health policy does not exist (available in 2012. See note). 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 1912. Legal provisions concerning mental health are also covered in other laws (e.g., welfare, disability, general health legislation etc.).

Note: Suriname, with technical support from the Pan-American Health Organization, has been working on a National Policy Plan on Mental Health (2012-2016) with priority areas being: 1.) decentralization of services; 2.) integration of mental health into the primary care setting and 3.) mental health in Emergency and Disaster preparedness. A plan is already finalized and a Mental Health focus group will be established to carry the plan forward on behalf of the Ministry of Health.

The mental health plan 2012-2016 has been developed and will be launched by the government.

## FINANCING

Mental health and mental hospital expenditures by the government health department/ministry are unknown.

## 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 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 do not exist. Referral procedures from tertiary/secondary to primary care also 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	4	0.76	0	0.00
Day treatment facilities	1	0.19	0	0.00
Psychiatric beds in general hospitals	0	0.00	NA	NA
Community residential facilities	0	0.00	NA	NA
Beds/places in community residential facilities	0	0.00	NA	NA
Mental hospitals	1	0.19	0	0.00
Beds in mental hospitals	251	47.90	16	3.05

### Access to care

	Rates per 100,000 population)	Females (%)	Under age 18 (%)
Persons treated in mental health outpatient facilities	14.56	UN	UN
Persons treated in mental health day treatment facilities	3.22	UN	UN
Admissions to psychiatric beds in general hospitals	NA	NA	NA
Persons staying in community residential facilities at the end of the year	NA	NA	NA
Admissions to mental hospitals	52.63	28%	0%

### 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

Data collected in 2011

UN = information unavailable, NA = item not applicable

## 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	1.14	0.00
Medical doctors, not specialized in psychiatry	1.14	UN
Nurses	12.21	UN
Psychologists	0.57	UN
Social workers	0.76	UN
Occupational therapists	0.00	UN
Other health workers	31.47	NA

### Informal human resources (Family and User Associations)

	User	Family
Present in the country?	Yes	Yes
Number of members	UN	35
Participation in the formulation/implementation of policy/plan/legislation?	frequently	frequently

## 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 <sup>1</sup>	UN
Medicines used for bipolar disorders <sup>2</sup>	UN
Medicines for psychotic disorders <sup>3</sup>	UN
Medicines used for general anxiety <sup>4</sup>	UN
Medicines used for mood disorders <sup>5</sup>	UN

<sup>1</sup> N03AG01, N05A, N05B, N05C, N06A

<sup>2</sup> N03AG01, N05A, N05B, N05C, N06A

<sup>3</sup> N05A (excluding N05AN)

<sup>4</sup> N05B & N05C

<sup>5</sup> 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	Yes	No	No
Contacts in mental health outpatient facilities	Yes	No	No
Persons treated in mental health day treatment facilities	Yes	No	No
Admissions in general hospitals with psychiatric beds	NA	NA	NA
Admissions in mental hospitals	Yes	Yes	Yes
Days spent in mental hospitals	Yes	Yes	Yes
Admissions in community residential facilities	NA	NA	NA

Note: The only source for mental health data is the annual report of the Psychiatric Hospital.

## OTHER INFORMATION

There is no formal body at the Ministry level for the coordination of mental health, but the MOH has appointed focal persons for mental health. These persons are responsible for mental health policy development and monitoring. The MOH has also indicated mental health as one of their priority area for the coming years.