

## ◆ Definitions

- ◆ *Psychologist working in mental health*: a graduate from a recognized, university-level school of psychology with specialization in clinical psychology. These psychologists

are registered at the local board of psychologists (or equivalent) and work in a mental health setting.

## ◆ Salient Findings

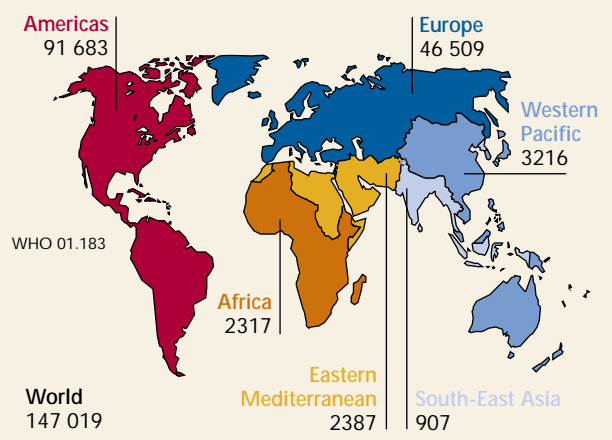
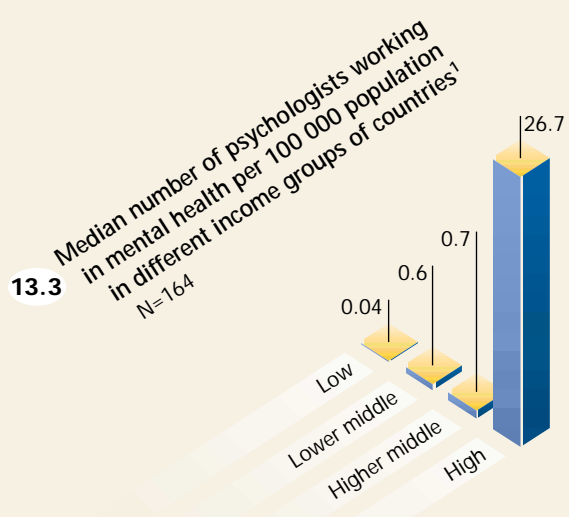
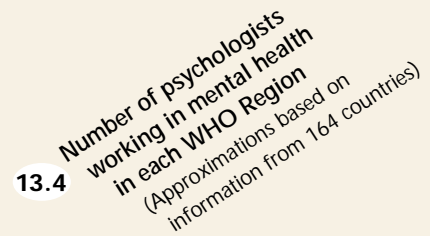
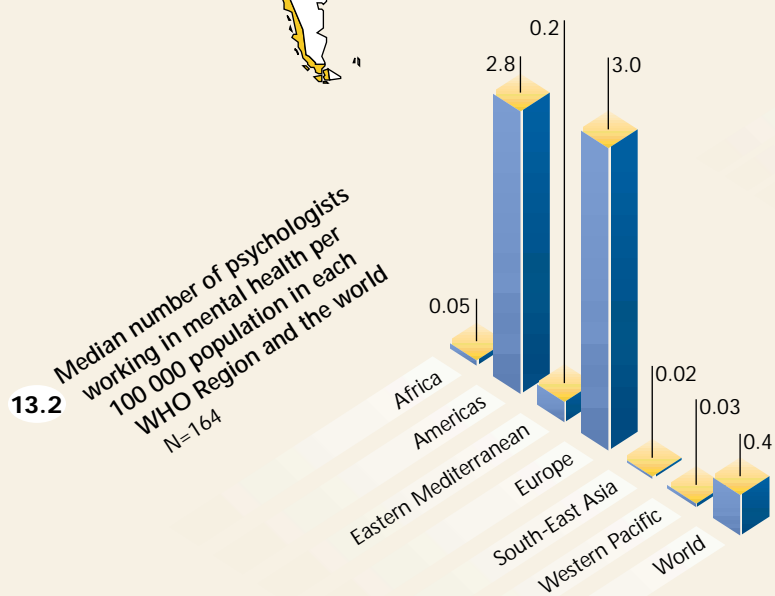
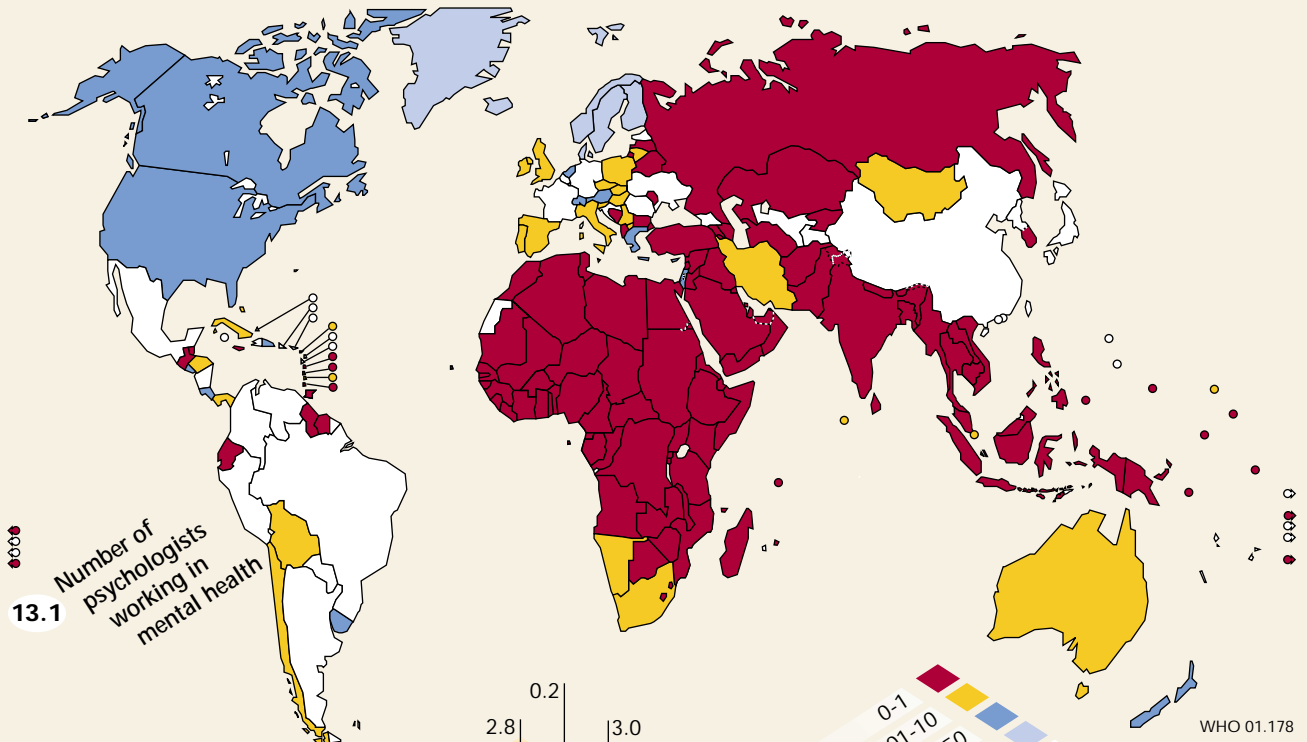
- ◆ The mean number of psychologists working in mental health per 100 000 population is 6.43 (S.D. 16.29, Median 0.4)
- ◆ More than 68% of countries accounting for more than 78% of the world's population have access to less than one psychologist per 100 000 population.
- ◆ The African and South-East Asia Regions have less than one psychologist per 100 000 population for more than 90% of the population. Even in the European Region, almost half the population have less than one psychologist per 100 000 population.
- ◆ The median distribution per 100 000 population varies from 0.02 in the South-East Asia Region to 3.0 in the European Region and 2.8 in the Americas.
- ◆ The median figures in low income countries are 0.04 per 100 000 compared to 26.7 per 100 000 in high income countries.

## ◆ Limitations

- ◆ Though the definition of "psychologist" was provided to countries, some countries may have used a wider definition including all psychologists in the country and not only those working in mental health settings.
- ◆ Information from some countries could not be analysed as they were unable to provide the specific number of psychologists working in mental health out of the total number of psychologists in the country.
- ◆ No information is available on how many psychologists are working in psychodiagnostics and how many in therapeutics or rehabilitation settings.

## ◆ Implications

- ◆ Clinical psychologists or psychologists working in the field of mental health are important members of mental health care teams. They have several roles including diagnostics, therapy and rehabilitation.
- ◆ In spite of the limitations of the data, it is clear that the number of psychologists working in the mental health sector is inadequate.
- ◆ Many countries train a large number of psychologists, but most of them do not work in the area of mental health care. This unsatisfactory situation needs to be improved.



<sup>1</sup> See page 41

## ◆ Definitions

- ◆ *Social workers working in mental health*: a graduate from a recognized, university-level school of social work, regis-

tered at the local board of social workers (or equivalent) and working in a mental health setting.

## ◆ Salient Findings

- ◆ The mean number of social workers in the mental health sector per 100 000 population is 8.64 (S.D. 25.37, Median 0.3)
- ◆ In the world, almost 64% of the countries accounting for 72% of the world's population have access to less than one social worker working in the mental health sector per 100 000 population.
- ◆ More than 90% of the population in the African Region and the Eastern Mediterranean Region have access to less than one social worker working in the field of mental

health per 100 000 population. In the European Region there is only one social worker working in the field of mental health per 100 000 people for more than 63% of the population.

- ◆ The median number of social workers vary from 0.04 per 100 000 population in the African Region to 2.35 per 100 000 population in the European Region.
- ◆ Low income countries have a median distribution of 0.03 per 100 000 population, whereas high income countries have 25.5 per 100 000 population.

## ◆ Limitations

- ◆ Some countries may have reported social workers working in any health department though the glossary definition specified that they should be working in a mental health setting. This may have led to over-reporting of social workers working in mental health sector.
- ◆ Information from some countries could not be analysed as they were unable to provide the specific number of

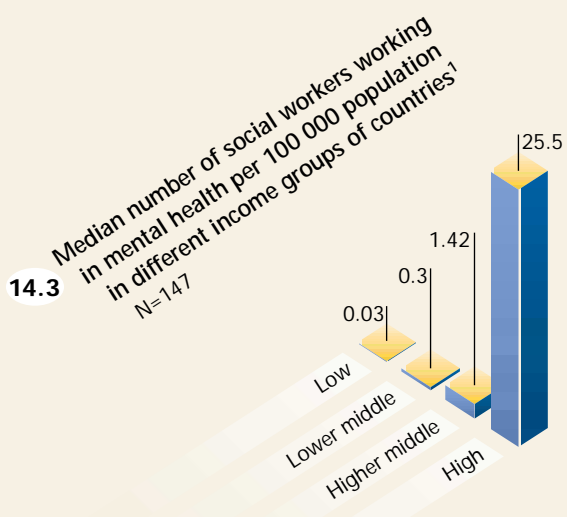
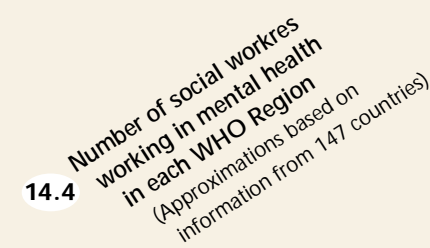
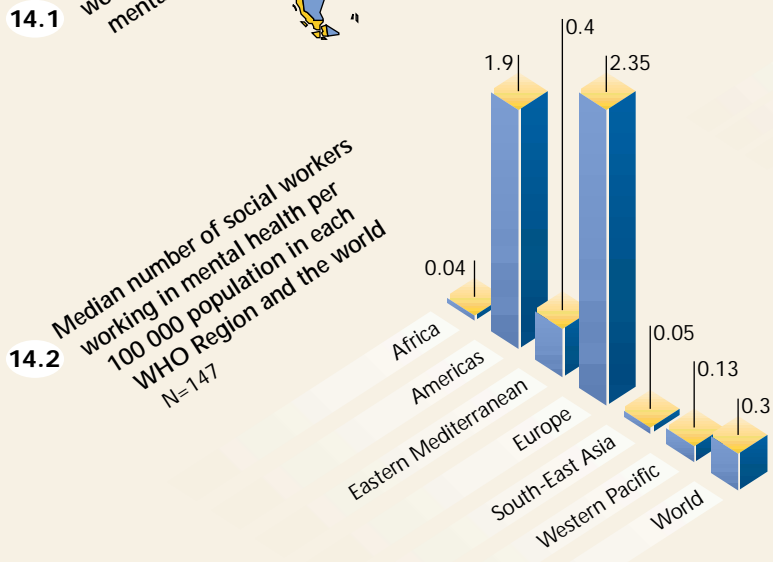
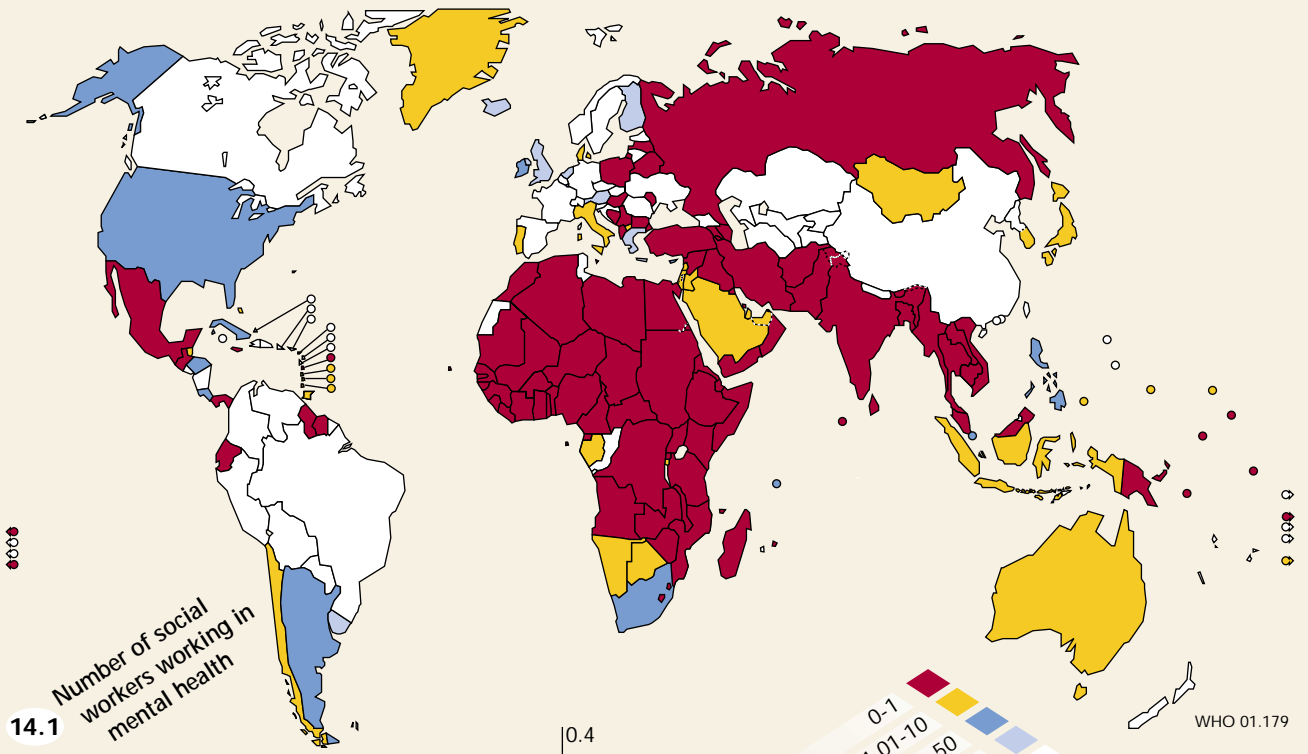
social workers working in mental health out of the total number of social workers in the country.

- ◆ No information is available on the number of social workers working in the various mental health settings, e.g., inpatient, outpatient and community services.

## ◆ Implications

- ◆ Social workers play an important role in mental health care and more social workers are needed in order to provide community care.
- ◆ Though the data reported has some limitations, it is clear that the number of social workers in most regions of the world is low.

- ◆ Systematic efforts to train more social workers and to retain them in mental health setting is needed.



<sup>1</sup> See page 41

## ◆ Definitions

- ◆ *Programmes for special populations*: programmes that address the mental health concerns, including the social integration, of the most vulnerable and disorder-prone groups of population such as refugees, people affected by natural and man-made disasters, indigenous people and minorities. Special population also include people who need special care such as the elderly and children.
- ◆ *Non-governmental organizations (NGOs)*: voluntary organization, charitable group, service-user or advocacy groups or professional association.

## ◆ Salient Findings

- ◆ Across the world the availability of mental health-related programmes for special populations is limited. Programmes for indigenous people exist in only 15.1% of countries, programmes for minority groups in 17.3%, programmes for refugees in 28.3%, programmes for disaster-affected populations in 37.2%, programmes for elderly persons in 47.8% and programmes for children in 59.9% of countries.
- ◆ Programmes for children are present in 37.8% of countries in the African Region when 44.1% of the Region's population is composed of children. In the European Region, programmes for children exist in 77.1% of the countries while children account for 19.7% of the total population.
- ◆ Programmes for elderly are present in only 17.8% of the countries in the African Region and 67.7% in the Americas. The elderly population accounts for 4.8% and 11% of the total population in Regions of Africa and the Americas, respectively. While almost one-fifth of the population of countries in the European Region are aged over 60 years, about 40% of countries do not have special programmes for elderly.
- ◆ 88% of countries have NGOs in the area of mental health.
- ◆ NGOs are active in treatment, rehabilitation, prevention, promotion and advocacy.

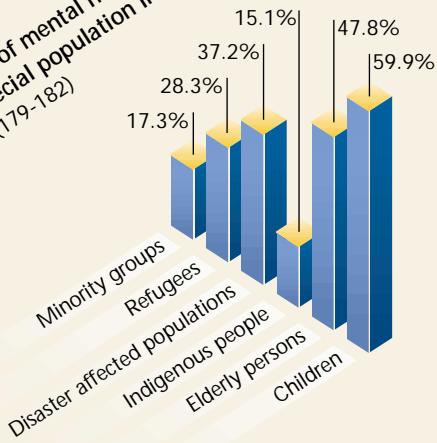
## ◆ Limitations

- ◆ Though many countries reported having specific programmes, information on the type and quality of the programmes is not available.
- ◆ Some countries may not have specific programmes, but do have psychiatric facilities attending to special groups.
- ◆ Though many countries have reported NGO activities in mental health, it is not clear to what extent they cover the population.
- ◆ Information on the quality and coverage of services of the NGOs is lacking.
- ◆ Some of the NGOs mentioned are actually international NGOs working in countries and not necessarily local NGOs.

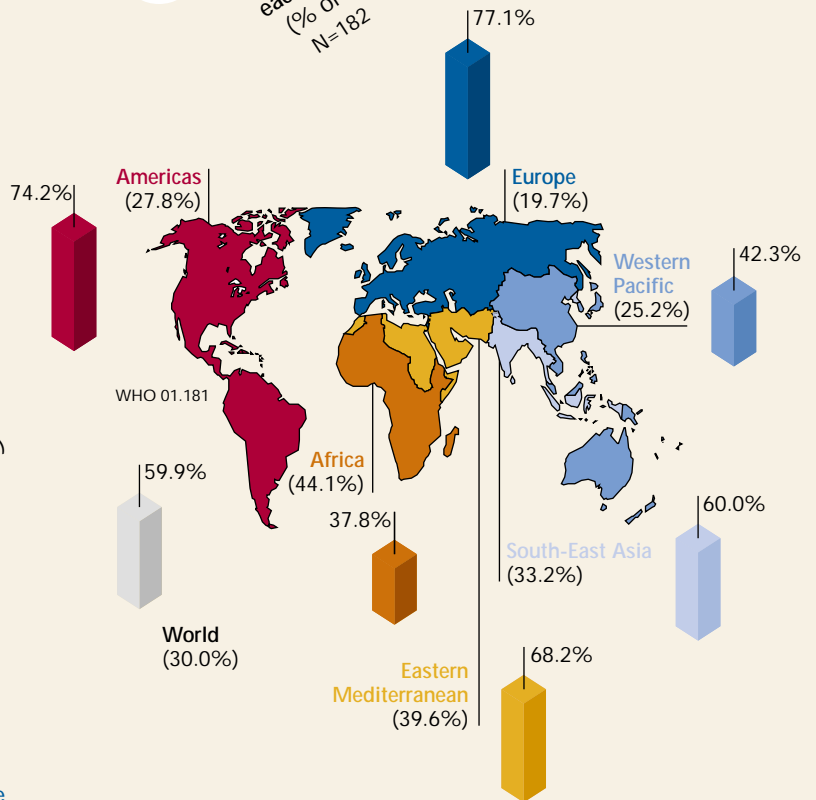
## ◆ Implications

- ◆ Problems for children or elderly are often markedly different from those of the general adult population. Special programmes and services are needed for these groups as well as other vulnerable groups.
- ◆ NGOs play an important role in mental health care. Governments need to facilitate their activities.
- ◆ Presence of NGOs in a majority of countries is reassuring since it shows the active involvement of the community in the care of mental disorders, especially where the public sector response has been slow or inadequate to meet the demands.
- ◆ Establishment of consumer and self-help groups is a significant step in building local pressure for more appropriate care for mental disorders and developing community care programmes.
- ◆ NGOs should be helped by providing personnel, financing and training facilities, as they can respond to local needs and can initiate innovative care programmes.

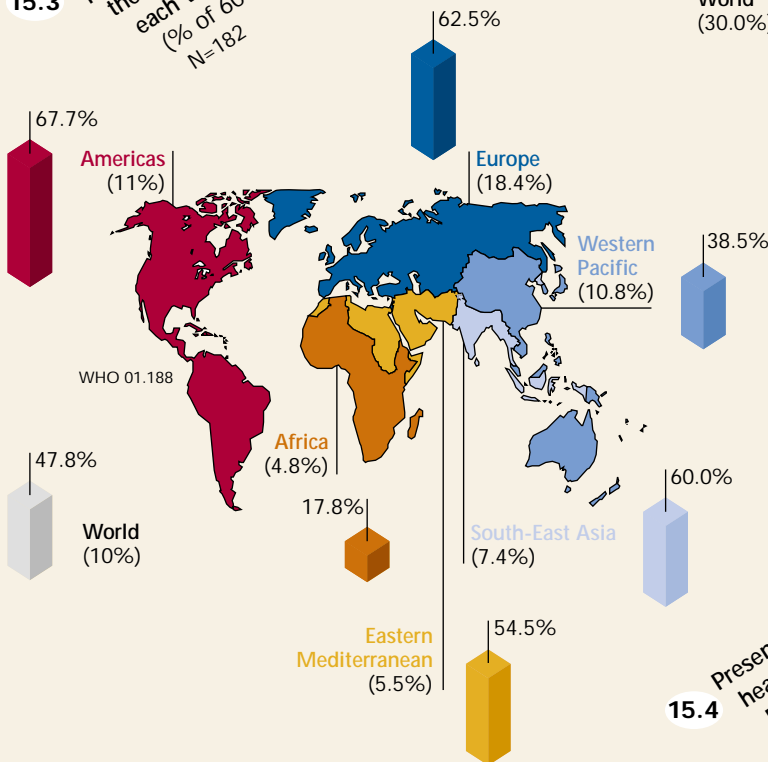
**15.1** Presence of mental health programmes for special population in the world  
N=(179-182)



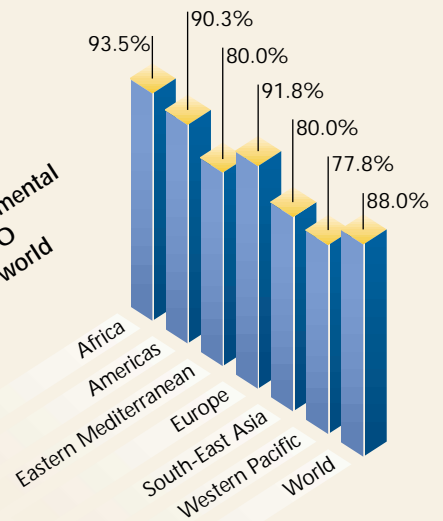
**15.2** Regional distribution of mental health programmes for children in comparison to the percentage of children population in each WHO Region  
(% of 0-14 years population in each region)  
N=182



**15.3** Regional distribution of mental health programmes for edery in comparison to the percentage of edery population in each WHO Region  
(% of 60+ years population in each region)  
N=182



**15.4** Presence of NGOs in mental health in each WHO Region and the world  
N=183



## ◆ Definitions

- ◆ *Annual reporting system*: the preparation of information covering health and health services functions and use of allocated funds for each year by the government.
- ◆ *Information/data collection system*: an organized information gathering activity for service data. It usually incorporates admission or discharge rates, outpatient contacts, community contacts and patients subject to mental health legislation.
- ◆ *Epidemiological studies*: research studies focusing on extent and nature of mental disorders.

## ◆ Salient Findings

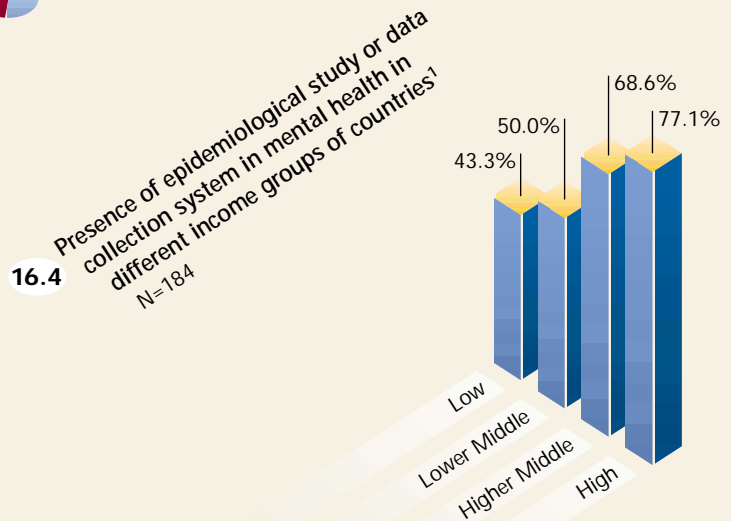
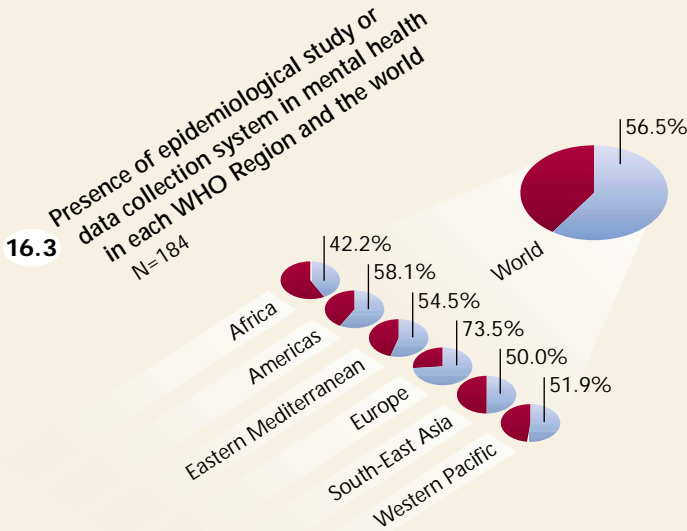
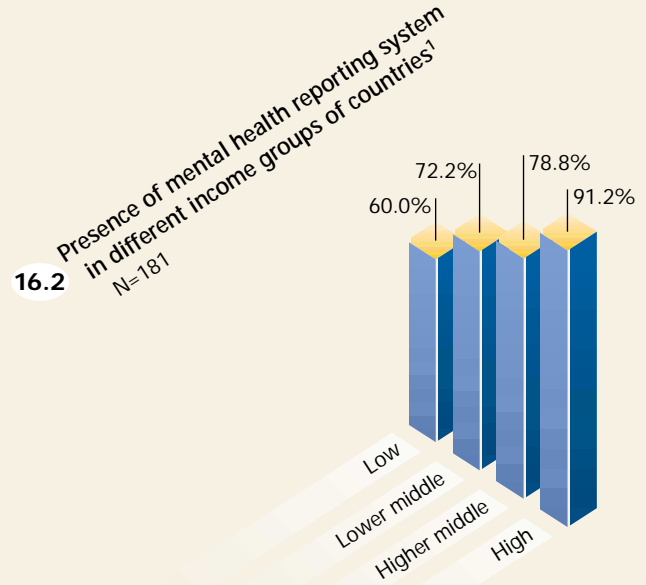
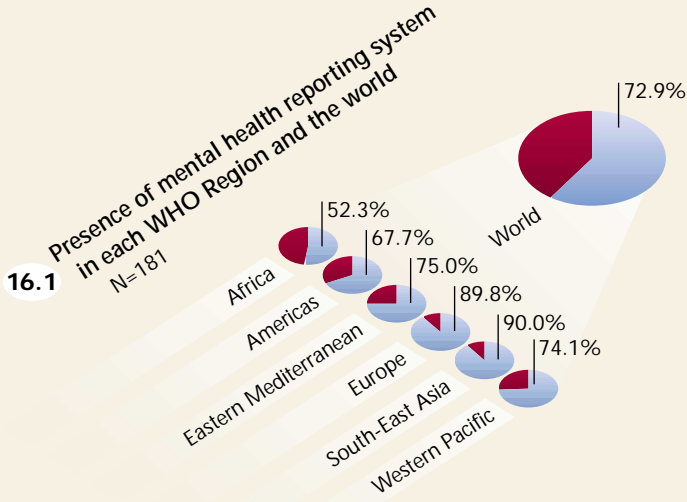
- ◆ There is an annual mental health reporting system in 72.9% of countries and a data collection system or epidemiological studies in mental health in 56.5% of countries.
- ◆ Whereas about 90% of countries in the South-East Asia Region and the European Region report having some form of annual mental health reporting system, only 52.3% of countries in the African Region have such a system.
- ◆ Only 42.2% of countries in the African Region have a mental health data collection or epidemiological study carried out at a regional level.
- ◆ A data collection or epidemiological study on mental health is present in 58.1% of countries in the Region of the Americas and in 73.5% of countries in the European Region.
- ◆ An annual mental health reporting system exists in 60% of low income countries and 91% of high income countries.
- ◆ An epidemiological study or data collection system can be found in 43% of the low income countries and 77% of the high income countries.

## ◆ Limitations

- ◆ Information about the quality or extent of coverage of mental disorders in reporting systems is not available. Hence, it is not possible to judge whether a reporting system is adequate or needs improvement.
- ◆ Often the only information on mental health reported in the annual health bulletins of countries refers to the prevalence of "mental disorders" without clarifying the particular type of mental disorder nor the diagnostic system followed.
- ◆ Data collection varies enormously between different countries. Details on the methods and types of data collection is not available at present.
- ◆ Epidemiological studies also vary enormously in size and quality. More information on these is not available at present.

## ◆ Implications

- ◆ A mental health reporting system helps in assessing the mental health situation of a country. Therefore without one in place, it is difficult to make a proper assessment of the mental health situation and make necessary improvements. It also provides a monitoring mechanism for trends.
- ◆ Mental health reporting systems should not only include information on disorders and service utilization, but should also include indicators for mental health of the general population.
- ◆ When reporting mental disorders, a common diagnostic system should be used and specific disorders should be named as otherwise the information cannot be compared with international prevalence figures.
- ◆ Well-conceived, nationally representative epidemiological studies are expensive; but they generate local data on disorders and needs. They also enhance the local awareness of high levels of prevalence and burden of mental disorders.



<sup>1</sup> Groups are based on GNP/capita of the countries:  
 Low (<\$755)  
 Lower middle (\$ 756-\$2995)  
 Higher middle (\$2996-\$9265)  
 High (>\$9266)  
 (World Bank 2000)