

This fact sheet is the updated analysis of Atlas data now available from 185 countries. The percentages may vary from the World Health Report 2001 figures, which were based on earlier data from 181 countries.

Project Atlas:

Mapping mental health resources around the world

Resources and services for mental and behavioural disorders are disproportionately low compared to the burden caused by these disorders in both developing and developed countries.

Project Atlas, a new World Health Organization (WHO) project that seeks to map mental health resources around the world, provides a snapshot of the situation on the ground in countries regarding this important public health matter. There is increasing evidence that countries may be unprepared to cope with the predicted worldwide rise in mental and behavioural disorders because of a lack of policies, programmes and resources.

Of the countries studied,

- 41% have no mental health policy.
- 25% have no legislation on mental health.
- 28% have no separate budget for mental health.
- 41% do not have treatment facilities for severe mental disorders in primary health care.
- 37% have no community care facilities.
- About 65% of the beds for mental health care are in mental hospitals.

Project Atlas was designed to provide policy-makers and WHO with data to help prioritize needs and design

programmes. While considerable information exists on the prevalence and burden of mental disorders, not enough is known about the resources that exist to reduce this burden. Project Atlas begins to fill this gap in knowledge and helps countries zero in on their specific mental health care needs.

Initiated in 2000, Atlas collects basic information on mental health resources from WHO's 191 Member States to construct global and regional databases, maps and profiles. The project is being conducted in close collaboration with WHO's six Regional Offices and WHO Country Offices all around the world. The initial data collection was done from October 2000 to March 2001. Member States were requested to provide information on mental health policy, legislation, financing and budget, mental health services, human services, information/data collection system, drugs, and care for special populations. Currently, analysis of information from 185 countries (96.9% of all Member States) covering 99.3% of the world's population is available.

POLICIES, PROGRAMMES AND LEGISLATION

National policies, programmes and legislation on mental health are basic requirements for mental health care in any country. Of the countries on which information is available, 40% have no mental health policy—that is, 60% of countries reported having a mental health policy. Most of these national policies are recent, 57%

having been developed in the 1990s, with about 62% of those framed after 1995. There is great regional variation within this data. About half of the African and Western Pacific Region countries do not have a mental health policy at all.

A substance abuse policy has been formulated and initiated by 69% of the countries studied. However, 48% of the countries in the African region and 46% in the Western Pacific Region do not have a substance abuse policy.

Seventy per cent of the countries have a national mental health programme. The programmes in the majority of these countries were initiated after 1995.

Out of the 170 countries that have provided information on mental health legislation, 25% of the countries do not have any legislation on mental health. Of the countries that do have legislation, more than 51% have a new legislation formulated in the last decade. However, about 15% have legislation that dates back to a period before 1960, before most of the currently used treatment methods became available.

Availability of essential medicines to treat mental and neurological disorders at primary care level is also crucial for providing care. A therapeutic drug policy or essential list of medicines is present in 88% of the countries, with about half having been formulated after 1990. In more than 73% of those countries where a policy has been formulated in the last decade, the policy dates back to 1995 or later, making it unlikely that the benefits of this policy have fully filtered down to the consumer level. In spite of the fact that a minimum of medicines are required to treat most of the common mental and neurological disorders, about 20% of countries do not have the three most commonly prescribed medicines for epilepsy, depression and schizophrenia available in their primary care services.

MENTAL HEALTH FINANCING

Data from Atlas confirm that mental health budgets are a very small part of overall budgets for health. Only 72%

of countries reported having a mental health budget specification in their total health budget. Specific details about how much they devoted to mental health was received from 91 countries. Of these, 36% of the countries allocate less than 1% of their health budgets for mental health.

There also is a marked regional variation in the amount spent on mental health. More than 54% of the countries in the European Region allocated more than 5% of their total health budgets for mental health, whereas more than 79% of the countries in the African Region spent less than 1% on mental health.

Among the 171 countries that provided information on the most important sources of mental health financing, tax-based financing was the primary source in 60% of countries. Out-of-pocket financing was the primary source in 16% of countries, social insurance in 19%, private insurance in 2% and grants from outside sources in 3% of the countries.

Though mental disorders cause serious disability, they are often not considered for state disability benefits. People with mental illnesses do not qualify for state or public disability benefits in about a quarter of the 179 countries where information on disability benefits is available. Many of the countries where benefits are available usually provide for very limited assistance in the form of a small monetary allowance or pension benefit for government employees.

MENTAL HEALTH IN PRIMARY CARE AND COMMUNITY CARE

While it is agreed that most mental disorders are best managed at the primary care level, this has been difficult to achieve in practice. While 87% of countries report that mental health services are available at primary health care level, actual treatment of severe mental disorders in these settings is available only in 59% of countries. Forty-one per cent of countries have no regular programme to train primary care personnel in mental health care.

Research and experience show that community-based care achieves better treatment results than institutional care for chronic mental disorders. However, these facilities are not available in 37% of the countries. Even in countries that provide mental health care in the community, the coverage is far from complete.

HUMAN RESOURCES AND INPATIENT FACILITIES

Globally, about 70% of people have access to less than one psychiatrist per 100 000 people. Access to a neurologist is even more scarce—55% of the world have access to less than one neurologist per million people. About 44% of the world have access to less than one psychiatric nurse per 100 000 people.

Again, there are sharp regional variations. While the countries of the African Region of WHO have only about 1 200 psychiatrists and 12 000 psychiatric nurses for a population of around 626 million, the European Region has more than 77 000 psychiatrists and 285 000 nurses for a population of around 841 million.

The median number of psychiatrists for all the countries is one per 100 000 population. The median varies from .05 per 100 000 population in the African Region to 9 per 100 000 population in the European Region. The median number of psychiatrists for the lower income countries is 0.06 per 100 000 and that for the high income countries is 9 per 100 000, showing a wide disparity between countries.

Large mental institutions are no longer considered appropriate for the proper treatment and rehabilitation of people with mental disorders, yet in most countries mental health care continues to be confined to such institutions. More than 65% of all beds for patients with mental disorders are still in mental hospitals.

Though mental hospitals with large number of beds are not recommended for mental health care due to the limitations of institutional care, a certain number of beds in general hospitals for emergency care is considered

essential. There is a wide variation in general hospital beds available for mental health care. The median number of total psychiatric beds for the world population is 1.6 beds per 10 000 people. Regional medians vary from 0.33 beds per 10 000 people in the South-East Asia Region to 8.7 beds per 10 000 people in the European Region. The median number of beds per 10 000 population is 0.24 in the low income countries to 8.7 in the high income countries. More than 3.8 million people around the world have less than 1 bed per 10 000 people.

NONGOVERNMENTAL ORGANIZATIONS IN MENTAL HEALTH CARE

Nongovernmental organizations (NGOs) can serve a variety of roles in the area of mental health. These include advocacy, rehabilitation, treatment, and prevention of disorders and promotion of mental health. More than 88% of the countries seem to have some NGOs working in mental health. They have been mainly involved in rehabilitation, advocacy and promotion. Only half of them are involved in treatment. The presence of NGOs in a majority of countries is reassuring since it shows the active involvement of the community in the care of the mentally ill, especially where the public sector response has been slow or inadequate to meet the demand.

MONITORING AND DATA COLLECTION SYSTEM

More than 27% of the countries have no system of reporting mental health data in their annual health report. Where this information does exist, it lacks details that are important for planning future interventions. The number of admissions and discharges from mental hospitals is usually recorded; but without further details on treatment and follow-up care it becomes impossible for policy-makers to detect changes that are important to guide future policy directions.

Forty-four per cent of the countries have no facilities for collection of epidemiological or service data at the national level, though some countries have limited data collection facilities in some tertiary centres or some epidemiological studies that cover a limited population.

PROGRAMMES FOR SPECIAL POPULATIONS

Programmes for special populations are present in a small number of countries. Programmes for refugees, minorities and indigenous populations are not present in the majority of the countries. Programmes for the elderly and children are present in only 48% and 60% countries respectively.

CONCLUSIONS

Globally, the mental health resources in countries present a dismal picture of severe shortage and neglect. Often, the services and resources are one-tenth to one-hundredth of what is needed. The data, however, reveal that countries are beginning to act. A large number of countries have established policies, programmes and new legislation in the past five years. NGOs are also starting to become active. Consumer groups and family support groups that have the capacity to bring about a change in the system are increasingly seen in countries around world. Together with this new energy, a concerted action by governments and professionals is needed to improve the resources dedicated to mental health all over the world.