
MENTAL HEALTH ATLAS 2011



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FOREWORD

I am pleased to present the World Health Organization's Mental Health Atlas 2011.

There is a substantial gap between the burden caused by mental disorders and the resources available to prevent and treat them. It is estimated that four out of five people with serious mental disorders living in low and middle income countries do not receive mental health services that they need. The mission of WHO in the area of mental health is to reduce the burden of mental disorders and to promote the mental health of the population worldwide. However, this responsibility cannot be fulfilled satisfactorily if countries lack basic information about the existing infrastructure and resources available for mental health care.

Responding to this need for more information on mental health resources, the World Health Organization launched Project Atlas in 2000. The objective of this project is to collect, compile and disseminate relevant information on mental health resources in countries. The first set of publications from the project appeared in October 2001; these were updated in 2005. These publications have already established themselves as the most authoritative source of such information globally. Responding to the continued need for accurate information, WHO has fully revised and updated the Atlas, as Mental Health Atlas 2011.

Project Atlas contributes to one of WHO's key functions – monitoring the health situation and assessing health trends. It also supports the mission of the Noncommunicable Diseases and Mental Health Cluster to develop an evidence base for international action on surveillance, prevention, and control of mental disorders. Findings from this project provide an overview of the major challenges and obstacles that countries face currently in providing care for their citizens with mental disorders. Such information is vital for mental health policy development and service delivery. Moreover, information collected through the Atlas Project is critical for advocacy and for advancing mental health services research that is most appropriate to the needs at present.

Accurate and timely information is vital for health services planning. This is as true for mental health as for any other health services. I hope that the information contained in Mental Health Atlas 2011 will have a major influence on increasing resources for mental health and will be useful to WHO's member states and a wide range of other stakeholders. I also hope that the updated information will facilitate the urgent task of scaling up mental health services as envisaged in WHO's mental health Gap Action Programme (mhGAP).

Dr Ala Alwan
Assistant Director-General
Noncommunicable Diseases and Mental Health

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PROJECT TEAM AND PARTNERS

Atlas is a project of the World Health Organization (WHO) Headquarters, Geneva and is supervised and coordinated by Shekhar Saxena. The first set of publications from this project appeared in 2001 (1), and an update was published in 2005 (2). The Mental Health Atlas 2011 represents the project's most updated and revised edition.

Key collaborators from WHO regional offices include:

Sebastiana Da Gama Nkomo & Carina Ferreira-Borges, WHO Regional Office for Africa; Zohra Abaakouk, Victor Aparicio, Hugo Cohen, Tomo Kanda, Florencia Di Masi, Devora Kestel & Jorge Rodriguez, WHO Regional Office for the Americas; Khalid Saeed, WHO Regional Office for the Eastern Mediterranean; Matthijs Muijen, WHO Regional Office for Europe; Vijay Chandra, WHO Regional Office for South-East Asia; Nina Rehn-Mendoza & Xiangdong Wang, WHO Regional Office for the Western Pacific.

They have contributed to planning the project, obtaining and validating the information from Member States, and reviewing the results.

WHO representatives and staff in WHO country offices provided crucial support and assistance with a number of tasks throughout the project.

Ministry of health officials in Member States provided the information and responded to the many requests for clarification that arose from the data.

In the course of the project, a number of colleagues at WHO Headquarters provided advice, guidance, and feedback. Significant among them are: Nicolas Clark, Daniel Chisholm, Natalie Drew, Tarun Dua, Alexandra Fleischmann, Daniela Fuhr, Michelle Funk, Vladimir Poznyak, Geoffrey Reed, Dag Rekve, Chiara Servili, Yutaro Setoya, Kanna Suguira, Isy Vromans, Mark van Ommeren, and M Taghi Yasamy.

Crick Lund, Mandisi Majavu, and Thandi Van Heyningen played an instrumental role in the collection and validation of information from the African Region countries.

A number of experts reviewed the Atlas questionnaire and provided their feedback including Jose Miguel Caldas de Almeida, Richard Hermann, Itzhak Levav, Crick Lund, Anita Marini, Alberto Minoletti, Pratap Sharan, Graham Thornicroft, and Yan Jun.

This report was peer reviewed by Graham Thornicroft, Itzhak Levav, Pallab Maulik, and Pratap Sharan.

Liubov Basova, Laurent Constantin, and David Ott provided essential support and assistance with the development of the DataCol (on-line) questionnaire.

Antonio Lora, who was seconded to the WHO from the Health Authority of Regione Lombardia to work on the Atlas Project, made significant contributions at every stage, from questionnaire development to writing the report.

Jodi Morris was the overall project manager for the Mental Health Atlas 2011. Ryan McBain, Claire Wilson, and Nirupama Yechoor actively contributed to the project during their internships with the department. In addition, Amy Daniels, Joao Correia, Ryan McBain and Gordon Shen served as consultants to the project. Leah Hathaway helped with the project as a volunteer. Adeline Loo, Grazia Motturi, and Rosemary Westermeyer provided administrative support.

The contribution of each of these team members and partners, along with the input of many other unnamed people, has been vital to the success of this project.

The graphic design of this volume has been done by Erica Lefstad and Christian Bäuerle.

PREFACE

We are pleased to present the Mental Health Atlas 2011. This publication provides the latest estimates on available resources for treatment and prevention of neuropsychiatric disorders globally, in WHO regions, and in groups of countries with different levels of economic development.

The WHO Mental Health Atlas Project was launched in 2001 and updated in 2005 to address the information gap on mental health resources. There have been a number of key changes between the 2005 and 2011 editions of Atlas. First, in order to more easily track progress over time, more quantitative indicators have been included in the 2011 edition. In addition, the indicators are now more consistent to those in the *WHO Assessment instrument for Mental Health Systems (WHO-AIMS)*, a WHO tool that allows for an in-depth assessment of a country's mental health system. Harmonization between the instruments of these two key WHO projects facilitates the comparison of data across projects and decreases the data collection burden on countries who wish to participate in both.

Results from Atlas 2011 confirm findings from prior editions that resources remain insufficient to meet the growing burden of neuropsychiatric disorders. However, the shortage of resources is not evenly distributed, as the gap between

resources and burden is far larger in low income countries in comparison to high income countries. However, one potentially positive finding is that beds located within mental hospitals appear to be decreasing in the majority of countries. This finding may indicate that countries are reducing institutional care in favor of community care, a key WHO recommendation.

The value of the Atlas is that it replaces impressions and opinions with facts and figures. We hope that the Mental Health Atlas 2011 will assist health planners and policy-makers within countries to identify areas that need urgent attention. Researchers will find the Atlas 2011 data useful for health services research. We also hope that mental health professionals and non-governmental organizations will continue to use the Mental Health Atlas in their efforts to advocate for more and better resources for mental health.

Dr Shekhar Saxena

Director, Department of Mental Health and Substance Abuse,
World Health Organization, Geneva, Switzerland

EXECUTIVE SUMMARY

KEY MESSAGES

1. RESOURCES TO TREAT AND PREVENT MENTAL DISORDERS REMAIN INSUFFICIENT

- Globally, spending on mental health is less than two US dollars per person, per year and less than 25 cents in low income countries.
- Almost half of the world's population lives in a country where, on average, there is one psychiatrist or less to serve 200,000 people.

2. RESOURCES FOR MENTAL HEALTH ARE INEQUITABLY DISTRIBUTED

- Only 36% of people living in low income countries are covered by mental health legislation. In contrast, the corresponding rate for high income countries is 92%. Dedicated mental health legislation can help to legally reinforce the goals of policies and plans in line with international human rights and practice standards.
- Outpatient mental health facilities are 58 times more prevalent in high income compared with low income countries.
- User/consumer organizations are present in 83% of high income countries in comparison to 49% of low income countries.

3. RESOURCES FOR MENTAL HEALTH ARE INEFFICIENTLY UTILIZED

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