

# MENTAL HEALTH ATLAS 2020

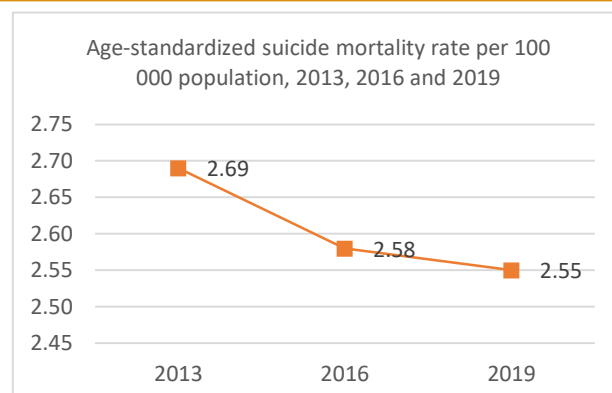
## Member State Profile

### [Indonesia]

Total population (UN official estimate): <sup>1</sup>	270 625 567	Income Group: <sup>3</sup>	Upper-middle
Total mental health expenditure per person (reported currency):	4 803.7 [Rupiah]	WHO Region:	SEARO

#### Burden of mental disorders (WHO official estimates)

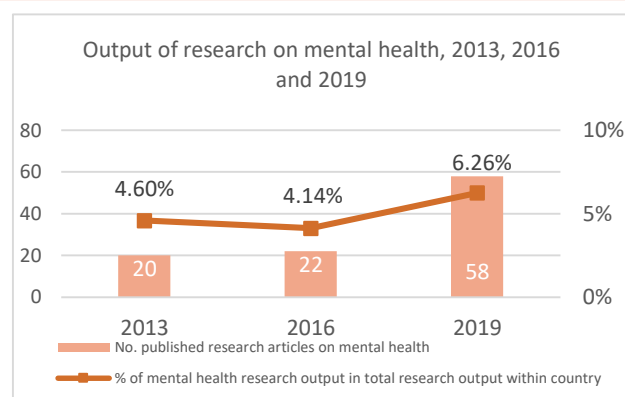
Disability-adjusted life years (per 100 000 population): <sup>2</sup>	1 241.4
Age-standardized suicide mortality rate (per 100 000 population): <sup>4</sup>	2.55



#### Mental health research and reporting

Availability / status of mental health reporting: Mental Health specific data compiled in the last two years for public and private sector

Number of published research articles on mental health <sup>5</sup>	58
Percentage of mental health research output in total research output within country	6.26%
Percentage of mental health research output of the country in total mental health research output in the region	29.7%



## MENTAL HEALTH SYSTEM GOVERNANCE

Mental health policy / plan		Mental health legislation	
Stand-alone policy or plan for mental health:	Yes	Stand-alone law for mental health:	Yes
(Year of policy / plan):	2014	(Year of law):	2014
Policy / plan is in line with human rights covenants (self-rated 5-points checklist score; 5 = fully in line) <sup>6</sup>	5	Law is in line with human rights covenants (self-rated 5-points checklist score; 5 = fully in line) <sup>7</sup>	5
Human resources are estimated and allocated for implementation of the mental health policy/plan	Yes	The existence of a dedicated authority or independent body to assess compliance of mental health legislation with international human rights	A dedicated authority undertakes regular inspections, responds to complaints, and reports its findings at least once a year
Financial resources are estimated and allocated for implementation of the mental health policy/plan	Yes		
The mental health policy / plan contains specified indicators or targets against which its implementation can be monitored		Indicators were available and used in the last two years in most components of current mental health policies	

#### Child and/or adolescent mental health policy/plan

Stand-alone or integrated policy or plan for child mental health	Yes	Stand-alone or integrated policy or plan for adolescent mental health	Yes
(Year of child mental health policy / plan):	2018	(Year of adolescent mental health policy / plan):	2018

#### Suicide prevention strategy/policy/plan

Stand-alone or integrated strategy/policy/plan for suicide prevention	No	(Year of strategy/policy/plan)	-
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## RESOURCES FOR MENTAL HEALTH

#### Mental health financing

The government's total expenditure on mental health as % of total government health expenditure	2.0%	The government's total expenditure on mental hospitals as % of total government mental health expenditure	66.1%
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### Insurance for mental health

How the majority of persons with mental health conditions pay for mental health services	Persons pay at least 20% towards the cost of services	How the majority of persons with mental health conditions pay for psychotropic medicines	Persons pay mostly or entirely out of pocket for medicines
The care and treatment of persons with mental health conditions (psychosis, bipolar disorder, depression) is included in national health insurance or reimbursement schemes in your country			Yes

### Mental health workforce

	Total Number (gov. and non gov.)	No. per 100 000 population
Psychiatrists	1 120	0.41
Mental health nurses	6 200	2.29
Psychologists	415	0.15
Social workers	250	0.09
Other specialized mental health workers (e.g. Occupational Therapists)	150	0.06
Total mental health professionals	8 135	3.01

Year	Value
2014	3.08
2017	3.00
2020	3.01

### Mental health workers in child and/or adolescent mental health services:

Child and/or adolescent psychiatrists	50	0.05	Total mental health workers in child and adolescent mental health services	1 016	1.08
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## MENTAL HEALTH SERVICE AVAILABILITY AND UPTAKE (Mental health services include care for mental health, neurological and substance use disorders)

### Integration of mental health into primary health care

Integration of mental health into primary care is considered functional (self-rated 5 points checklist score; $\geq 4$ = functional integration) <sup>8</sup>	3
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Outpatient care (total facilities)		Outpatient care (visits per 100 000 population)	
Mental health outpatient facilities attached to a hospital	449	Number of visits made by service users in the last year in mental health outpatient facilities attached to a hospital	147.98
"Community-based / non-hospital" mental health outpatient facility	150	Number of visits made by service users in the last year in "Community-based / non-hospital" mental health outpatient facility	2.75
Other outpatient facility (e.g. Mental health day care or treatment facility)	10	Number of visits made by service users in the last year in other outpatient facility (e.g. Mental health day care or treatment facility)	0.40
Total number of outpatient facilities specifically for children and adolescents	46	Number of visits made by service users in the last year in outpatient facility specifically for children and adolescents	5.94

Inpatient care (total facilities)		Inpatient care (beds/admissions per 100 000 population)	
Mental hospitals	49	Mental hospital beds / annual admissions	4.19 / 71.99
Psychiatric units in general hospitals	370	General hospital psychiatric unit beds / annual admissions	1.41 / 22.75
Community residential facilities	150	Community residential beds / annual admissions	0.74 / 2.01
Inpatient facilities specifically for children and adolescents	35	Child and adolescent specific inpatient beds / annual admissions	0.53 / 9.34

Mental hospitals		Mental hospitals (length of stay)	
Total number of admissions	55 700	Inpatients staying less than 1 year	187 590
Admissions that are involuntary	357	Inpatients staying 1-5 years	7 220
Follow-up of people with mental health condition discharged from hospital in the last year (discharged persons seen within a month)	More than 75%	Inpatients staying more than 5 years	0
		Percentage of inpatients staying less than 1 year in the total number of inpatients	96.3%
Inpatients receiving timely diagnosis, treatment and follow-up for physical health conditions (e.g. cancer, diabetes or TB)			25% or less

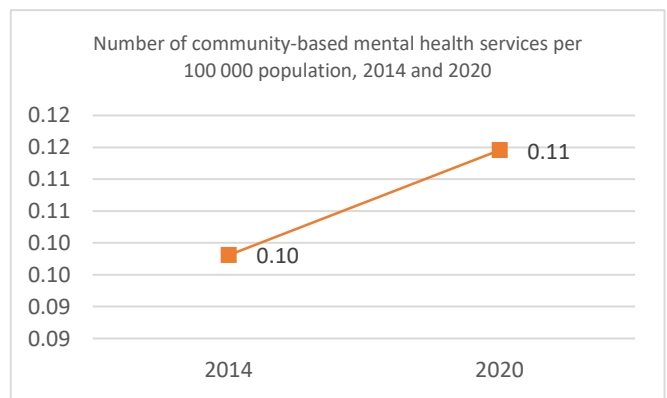
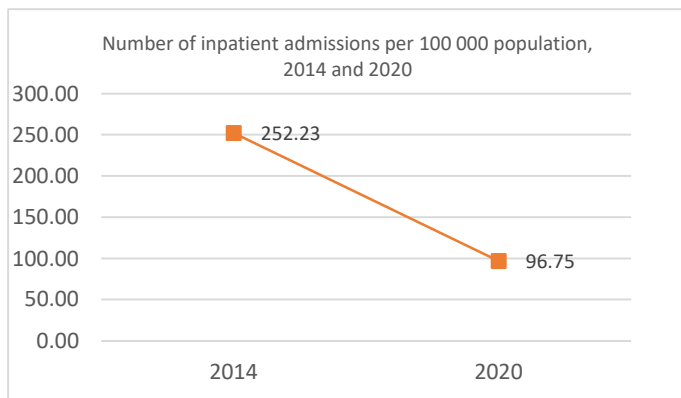
### Community based mental health services<sup>9</sup>

Total number of community based mental health facilities	310	Number of community-based mental health facilities per 100 000 population	0.11
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Treated prevalence of psychosis and by sex	Total cases	Male	Female
Treated cases of psychosis (inpatient and outpatient)	255 980	128 970	127 010

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## MENTAL HEALTH PROMOTION AND PREVENTION

Existence of at least two functioning programmes (self-rated 3 points checklist score;  $\geq 2$  = functioning programme)<sup>10</sup>

Category of mental health promotion & prevention programme	Programme examples	Scope of programme	Programme management	Functionality of programme
Suicide prevention programme	Suicide prevention guideline	National	Government	Yes
Mental Health Awareness /Anti-stigma	Anti stigma campaign with Ministry of Religious affairs	National	Jointly managed	Yes
Early Child Development	Parenting guideline in MCH book	National	Jointly managed	Yes
School based mental health prevention and promotion	Mental health training at School settings	National	Jointly managed	Yes
Parental / Maternal mental health promotion and prevention	Socialization of Guideline on Maternal depression	National	Jointly managed	Yes
Work-related mental health prevention and promotion	Wellness program	National	Jointly managed	Yes
Mental health and psychosocial component of disaster preparedness, disaster risk reduction	Deployment of mental health workers in the disaster locations	National	Jointly managed	Yes

### Endnotes

<sup>1</sup> UN, 2019. World Population Prospects. <https://population.un.org/wpp/>

<sup>2</sup> GBD, 2019. Global Health Estimates. <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/global-health-estimates-leading-causes-of-dalys>. Value represent DALY rate per 100,000 and for mental disorders only.

<sup>3</sup> World Bank, 2019. Country classification. <https://datahelpdesk.worldbank.org/knowledgebase/topics/19280-country-classification>

<sup>4</sup> WHO, 2019. Global Health Observatory. <http://www.who.int/gho/en/>. Suicide mortality rates are computed using standard categories, definitions and methods are reported to facilitate comparisons over time and between countries and may not be the same as official national estimates.

<sup>5</sup> **Output of research on mental health:** The annual published research output in peer-reviewed and indexed journals is used as a proxy for the amount (and quality) of mental health research that is being conducted or is related to a given country.

<sup>6</sup> **Policy/plan compliance with human rights instruments** self-rated 5 points checklist items: 1) Policy/plan promotes transition towards mental health services based in the community (including mental health care integrated into general hospitals and primary care); 2) Policy/plan pays explicit attention to respect of the rights of people with mental health conditions and psychosocial disabilities as well as at-risk populations; 3) Policy/plan promotes a full range of services and supports to enable people to live independently and be included in the community (including rehabilitation services, social services, educational, vocational and employment opportunities, housing services and supports, etc.); 4) Policy/plan promotes a recovery approach to mental health care, which emphasizes support for individuals to achieve their aspirations and goals, with mental health service users driving the development of their treatment and recovery plans; 5) Policy/plan promotes the participation of persons with mental health conditions and psychosocial disabilities in decision-making processes about issues affecting them (e.g. policies, laws, service reform, service delivery). (5 = fully in line)

<sup>7</sup> **Law compliance with human rights instruments** self-rated 5 points checklist items: 1) Law promotes transition towards community-based mental health services (including mental health integrated into general hospitals and primary care); 2) Law promotes the rights of people with mental health conditions and psychosocial disabilities to exercise their legal capacity; 3) Law promotes alternatives to coercive practice; 4) Law provides for procedures to enable people with mental health conditions and psychosocial disabilities to protect their rights and file appeals and complaints to an independent legal body; 5) Law provides for regular inspections of human rights conditions in mental health facilities by an independent body (79% of responding countries). (5 = fully in line)

<sup>8</sup> **Integration of mental health in primary care** self-rated 5 points checklist items: 1) guidelines for mental health integration into primary health care are available and adopted at the national level; 2) pharmacological interventions for mental health conditions are available and provided at the primary care level; 3) psychosocial interventions for mental health conditions are available and provided at the primary care level; 4) health workers at primary care level receive training on the management of mental health conditions; 5) mental health specialists are involved in the training and supervision of primary care professionals. ( $\geq 4$  = functional integration)

<sup>9</sup> **Community-based mental health services** are defined as services that are provided in the community, outside a hospital setting. Data for this indicator include countries' reported number of community-based outpatient facilities (e.g. community mental health centres), other outpatient services (e.g. day treatment facilities) and mental health community residential facilities for adults.

<sup>10</sup> **Functional mental health promotion and prevention programmes** self-rated 3 points checklist items: 1) Dedicated financial & human resources; 2) A defined plan of implementation; and 3) Documented evidence of progress and/or impact. ( $\geq 2$  = functioning programme)