[Saudi Arabia]

Total population (UN official estimate): 34,268,529

Total mental health expenditure per person (reported currency): -

Income Group: High

WHO Region: EMRO

Burden of mental disorders (WHO official estimates)

Disability-adjusted life years (per 100 000 population): 1,846.3

Age-standardized suicide mortality rate (per 100 000 population): 5.43

Mental health research and reporting

Output of research on mental health, 2013, 2016 and 2019

<table>
<thead>
<tr>
<th>Year</th>
<th>Output of research on mental health, 2013, 2016 and 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>3.43%</td>
</tr>
<tr>
<td>2016</td>
<td>3.74%</td>
</tr>
<tr>
<td>2019</td>
<td>3.91%</td>
</tr>
</tbody>
</table>

Mental health data compiled only for general health statistics in the last two years

MENTAL HEALTH SYSTEM GOVERNANCE

Mental health policy / plan

Stand-alone policy or plan for mental health:

Yes

(Year of policy / plan):

2019

Policy / plan is in line with human rights covenants (self-rated 5-points checklist score; 5 = fully in line): 4

Human resources are estimated and allocated for implementation of the mental health policy/plan:

Yes

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:

Stand-alone or integrated policy for child mental health:

- Stand-alone or integrated policy or plan for child mental health:

- (Year of child mental health policy / plan):

Suicide prevention strategy/policy/plan:

Stand-alone or integrated strategy/policy/plan for suicide prevention:

No

(Year of strategy/policy/plan):

RESOURCES FOR MENTAL HEALTH

Mental health financing

The government’s total expenditure on mental health as % of total government health expenditure: 4.0%

The government’s total expenditure on mental hospitals as % of total government mental health expenditure: 22.0%
### Mental Health ATLAS 2020

**Insurance for mental health**

- **How the majority of persons with mental health conditions pay for mental health services**
  - Persons pay nothing at the point of service use (fully insured)

- **How the majority of persons with mental health conditions pay for psychotropic medicines**
  - Persons pay nothing at the point of service use (fully insured)

**Mental Health Workforce**

<table>
<thead>
<tr>
<th>Total/Number</th>
<th>No. per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrists</td>
<td>1,170</td>
</tr>
<tr>
<td>Mental health nurses</td>
<td>872</td>
</tr>
<tr>
<td>Psychologists</td>
<td>1,113</td>
</tr>
<tr>
<td>Social workers</td>
<td>2,909</td>
</tr>
<tr>
<td>Other specialized mental health workers (e.g. Occupational Therapists)</td>
<td>-</td>
</tr>
<tr>
<td>Total mental health professionals</td>
<td>6,064</td>
</tr>
</tbody>
</table>

**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; ≥ 4 = functional integration)

#### Outpatient care (total facilities)

- Mental health outpatient facilities attached to a hospital: 133
- "Community-based / non-hospital" mental health outpatient facility: -
- Other outpatient facility (e.g. Mental health day care or treatment facility): 17
- Total number of outpatient facilities specifically for children and adolescents: -

#### Inpatient care (total facilities)

- Mental hospitals: 19
  - Total number of admissions: 71,391
    - Admissions that are involuntary: -
    - Follow-up of people with mental health condition discharged from hospital in the last year (discharged persons seen within a month): -
    - Inpatients receiving timely diagnosis, treatment and follow-up for physical health conditions (e.g. cancer, diabetes or TB): -
  - Inpatients staying less than 1 year: -
  - Inpatients staying 1-5 years: -
  - Inpatients staying more than 5 years: -
  - Percentage of inpatients staying less than 1 year in the total number of inpatients: -

- Psychiatric units in general hospitals: 26
  - General hospital psychiatric unit beds / annual admissions: 11.98%

- Community residential facilities: 1
  - Community residential beds / annual admissions: 0.29%

- Inpatient facilities specifically for children and adolescents: 1
  - Child and adolescent specific inpatient beds / annual admissions: 0.04%

**Mental hospitals**

- Mental hospitals (length of stay)
  - Total number of admissions: 71,391
  - Admissions that are involuntary: -
  - Inpatients staying less than 1 year: -
  - Inpatients staying 1-5 years: -
  - Inpatients staying more than 5 years: -
  - Percentage of inpatients staying less than 1 year in the total number of inpatients: -

**Community based mental health services**

<table>
<thead>
<tr>
<th>Total number of community based mental health facilities</th>
<th>Number of community-based mental health facilities per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>-</td>
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</tbody>
</table>

**Treated prevalence of psychosis and by sex**

<table>
<thead>
<tr>
<th>Total cases</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>-</td>
<td>-</td>
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</tbody>
</table>
Mental Health Promotion and Prevention

<table>
<thead>
<tr>
<th>Category of mental health promotion &amp; prevention programme</th>
<th>Programme examples</th>
<th>Scope of programme</th>
<th>Programme management</th>
<th>Functionality of programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide prevention programme</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mental Health Awareness / Anti-stigma</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Early Child Development</td>
<td>-</td>
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<td>-</td>
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<tr>
<td>School based mental health prevention and promotion</td>
<td>-</td>
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<td>-</td>
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<tr>
<td>Parental / Maternal mental health promotion and prevention</td>
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<tr>
<td>Work-related mental health promotion and prevention</td>
<td>-</td>
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<td>-</td>
</tr>
<tr>
<td>Mental health and psychosocial component of disaster preparedness, disaster risk reduction</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Endnotes

4 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.
5 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.
6 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)
7 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)
8 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. (≥ 4 = functional integration)
9 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.
10 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. (≥ 2 = functioning programme)