MENTAL HEALTH ATLAS 2020

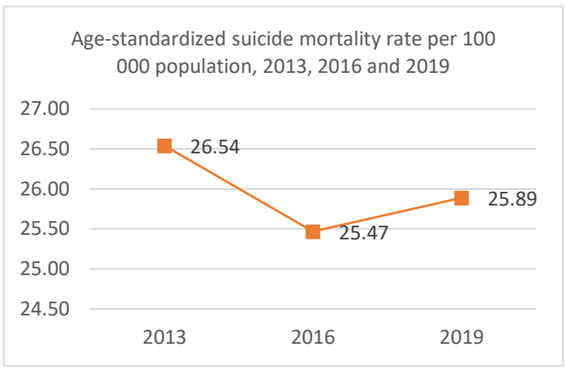
Member State Profile

[Suriname]

Total population (UN official estimate):[1]	581 363	Income Group:[3]	Upper-middle
Total mental health expenditure per person (reported currency):	24.6 [SRD]	WHO Region:	AMRO

Burden of mental disorders (WHO official estimates)

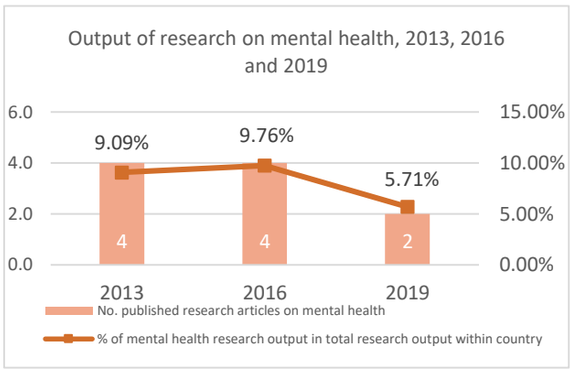
Disability-adjusted life years (per 100 000 population):[2]	1 959.6
Age-standardized suicide mortality rate (per 100 000 population):[4]	25.89



Mental health research and reporting

Availability / status of mental health reporting: No mental health data have been compiled in the last two years

Number of published research articles on mental health[5]	2
Percentage of mental health research output in total research output within country	5.71%
Percentage of mental health research output of the country in total mental health research output in the region	0.03%



MENTAL HEALTH SYSTEM GOVERNANCE

Mental health policy / plan

Stand-alone policy or plan for mental health:	Yes
(Year of policy / plan):	2015
Policy / plan is in line with human rights covenants (self-rated 5-points checklist score; 5 = fully in line)[6]	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	Indicators were available but not used

Mental health legislation

Stand-alone law for mental health:	Yes
(Year of law):	1953
Law is in line with human rights covenants (self-rated 5-points checklist score; 5 = fully in line)[7]	3
The existence of a dedicated authority or independent body to assess compliance of mental health legislation with international human rights	A dedicated authority body exists but it is not functioning well

Child and/or adolescent mental health policy/plan

Stand-alone or integrated policy or plan for child mental health	No	Stand-alone or integrated policy or plan for adolescent mental health	No
(Year of child mental health policy / plan):	-	(Year of adolescent mental health policy / plan):	-

Suicide prevention strategy/policy/plan

Stand-alone or integrated strategy/policy/plan for suicide prevention	Yes	(Year of strategy/policy/plan)	2016

RESOURCES FOR MENTAL HEALTH

Mental health financing

The government's total expenditure on mental health as % of total government health expenditure	-	The government's total expenditure on mental hospitals as % of total government mental health expenditure	-

MENTAL HEALTH ATLAS 2020

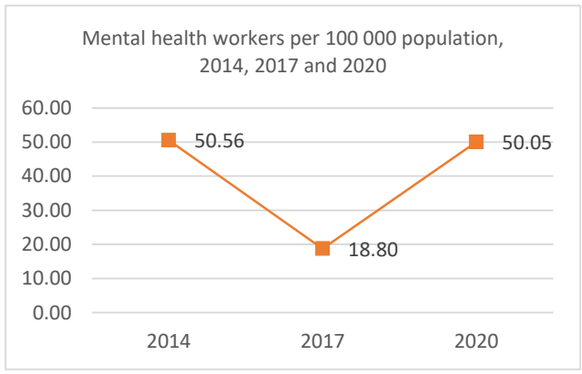
Member State Profile

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)
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	10	1.72
Mental health nurses	-	-
Psychologists	39	6.71
Social workers	11	1.89
Other specialized mental health workers (e.g. Occupational Therapists)	231	39.73
Total mental health professionals	291	50.05



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

Child and/or adolescent psychiatrists	1	0.48	Total mental health workers in child and adolescent mental health services	8	3.87

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)[8]	3

Outpatient care (total facilities)		Outpatient care (visits per 100 000 population)	
Mental health outpatient facilities attached to a hospital	1	Number of visits made by service users in the last year in mental health outpatient facilities attached to a hospital	4 310.73
"Community-based / non-hospital" mental health outpatient facility	51	Number of visits made by service users in the last year in "Community-based / non-hospital" mental health outpatient facility	98.73
Other outpatient facility (e.g. Mental health day care or treatment facility)	-	Number of visits made by service users in the last year in other outpatient facility (e.g. Mental health day care or treatment facility)	-
Total number of outpatient facilities specifically for children and adolescents	2	Number of visits made by service users in the last year in outpatient facility specifically for children and adolescents	-

Inpatient care (total facilities)		Inpatient care (beds/admissions per 100 000 population)	
Mental hospitals	1	Mental hospital beds / annual admissions	48.16 / 125.57
Psychiatric units in general hospitals	-	General hospital psychiatric unit beds / annual admissions	- / -
Community residential facilities	-	Community residential beds / annual admissions	- / -
Inpatient facilities specifically for children and adolescents	1	Child and adolescent specific inpatient beds / annual admissions	- / -

Mental hospitals		Mental hospitals (length of stay)	
Total number of admissions	-	Inpatients staying less than 1 year	62
Admissions that are involuntary	-	Inpatients staying 1-5 years	5
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	164
		Percentage of inpatients staying less than 1 year in the total number of inpatients	26.8%
Inpatients receiving timely diagnosis, treatment and follow-up for physical health conditions(e.g. cancer, diabetes or TB)			More than 75%

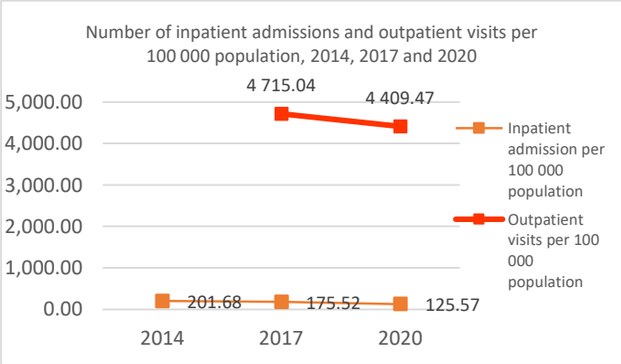
Community based mental health services[9]

Total number of community based mental health facilities	51	Number of community-based mental health facilities per 100 000 population	8.77

Treated prevalence of psychosis and by sex	*Total cases*	*Male*	*Female*
Treated cases of psychosis (inpatient and outpatient)	553	376	177

MENTAL HEALTH ATLAS 2020

Member State Profile



MENTAL HEALTH PROMOTION AND PREVENTION

Existence of at least two functioning programmes (self-rated 3 points checklist score; ≥ 2 = functioning programme)[10]	-

Category of mental health promotion & prevention programme	Programme examples	Scope of programme	Programme management	Functionality of programme
Suicide prevention programme	-	-	-	-
Mental Health Awareness /Anti-stigma	-	-	-	-
Early Child Development	-	-	-	-
School based mental health prevention and promotion	-	-	-	-
Parental / Maternal mental health promotion and prevention	-	-	-	-
Work-related mental health prevention and promotion	-	-	-	-
Mental health and psychosocial component of disaster preparedness, disaster risk reduction	-	-	-	-

Endnotes

[1] UN, 2019. World Population Prospects. https://population.un.org/wpp/

[2] 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.

[3] World Bank, 2019. Country classification. https://datahelpdesk.worldbank.org/knowledgebase/topics/19280-country-classification

[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)