## Mental Health Atlas 2024

Country profile

| Population (in millions; UN estimate 2023) <sup>1</sup> :   | 2.5         | WHO Region <sup>2</sup> :   | AFR  |  |
|---|-------------|---|------|--|
| MENTAL HEALTH INFORMATION   |             |   |      |  |
| National mental health survey in last 10 years:   | Yes         | Nation-wide digital health records system:  | Yes  |  |
| Mental health report published in last 2 years:   | Yes         | Unique service user identifiers in place  | Yes  |  |
| MENTAL HEALTH SYSTEM GOVERNANCE AND FINANCING   |             |   |      |  |
| Mental health policies and plans  |             | Mental health legislation and standards   |      |  |
| Stand-alone policy or plan for mental health:   | Yes         | Stand-alone law for mental health:  | Yes  |  |
| (Year of policy / plan):  | 2003        | (Year of law):  | 2023 |  |
| Compliance of policy / plan with human rights (5-point checklist; 5 = fully in line) <sup>3</sup> : | 5           | Compliance of law with human rights (5-point checklist; 5 = fully in line) <sup>4</sup> :   | 5    |  |
| Financial resources estimated and allocated for implementation of the policy/plan:                  | Fully       | A functioning authority exists to assess compliance of mental health legislation with human rights standards:   | Yes  |  |
| Human resources estimated and allocated for implementation of the policy/plan:                      | Fully       | Redress mechanism to address grievances and other issues related to quality standards or human rights:  | Yes  |  |
| Specified indicators or targets against which its implementation can be monitored:                  | No          | A registry exists to record incidents of seclusion and restraints:  | Yes  |  |
| Mental health policy/plans across the life-course   |             |   |      |  |
| Stand-alone or integrated mental health policy or plan for children / adolescents:                  | Yes         | Stand-alone or integrated mental health policy or plan for older adults:  | Yes  |  |
| Policies and plans to prevent suicide and address stig  | ma          |   |      |  |
| Specific suicide prevention strategy:   | No          | Specific anti-stigma strategy:  | No   |  |
| Mental health and psychosocial support (MHPSS) in   | emergencies |   |      |  |
| MHPSS system exists for emergency preparedness and/or disaster risk management:                     | Yes         | If yes, dedicated financial & human resources allocated for MHPSS components of emergency preparedness / disaster risk management   | Yes  |  |
| Financial protection policies for mental health   |             |   |      |  |
| Mental health care and treatment included in publicly-funded financial protection schemes:          |             | What do majority of people with mental health conditions pay towards the cost of:   |      |  |
| <ul> <li>Psychosis and biploar disorder</li> </ul>  | Yes         | <ul> <li>Mental health inpatient services</li> </ul>  | 0-5% |  |
| <ul> <li>Depression and anxiety</li> </ul>  | Yes         | <ul> <li>Mental health outpatient services</li> </ul>   | 0-5% |  |
| Dedidcated budget line for mental health?   | Yes         | <ul> <li>Psychotropic medicines</li> </ul>  | 0-5% |  |
|   |             | Psychological therapies   | 0-5% |  |
| Mental health expenditure   |             | Commence to a manufillation of the state of |      |  |
| Government mental health expenditure per capita (reported currency):                                | 22.8 [BWP]  | Government expenditure on mental health (% of total government health expenditure)  | 0.6% |  |

<sup>&</sup>lt;sup>1</sup> **Population**: UN, 2023. World Population Prospects. https://population.un.org/wpp/

<sup>&</sup>lt;sup>2</sup> **WHO Regions**: AFR – African; AMR – Americas; EMR – Eastern Mediterranean; EUR – European; SEAR – South-East Asia; WPR – Western Pacific.

<sup>&</sup>lt;sup>3</sup> **Policy/plan compliance with human rights instruments** includes 5 self-reported checklist items [5 = fully in line]: 1) community-based care; 2) protection of rights of users & at-risk groups; 3) full range of supports for independent living; 4) recovery & user-driven plans; 5) user participation in decision-making

<sup>&</sup>lt;sup>4</sup> Law compliance with human rights instruments includes 5 self-reported checklist items [5 = fully in line]: 1) community-based care; 2) protection of human rights & legal capacity; 3) Informed consent; 4) ≥2 of: voluntary admission protections / prevention of seclusion-restraint / complaints procedures; 5) Regular human rights inspections

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## Country profile

persons seen within a month)

| oddittry profile  |                            |  |                                    |
|---|----------------------------|--|------------------------------------|
| MENTAL HEALTH WORKFORCE   |                            |  |                                    |
| Mental health workers   | No. per 100 000            | Distribution of mental health workforce  |                                    |
| Psychiatrists   | population<br>0.6          |  | sychiatrists (2.5%)                |
| Mental health nurses  | 11.1                       |  | Mental health nurses               |
| • Psychologists   | 2                          |  | 46.3%)<br>Psychologists (8.3%)     |
| Social workers  | 9.8                        |  | sychologists (6.5%)                |
| Other mental health workers                                       | 0.5                        | - 9  | Social workers (40.8%              |
| otal mental health workers  | 24.0                       |  | Other mental health vorkers (2.1%) |
| Viental health workers (child and adolescent)                     | No. per 100 000 population | Training of primary care workers in mental health                                      |                                    |
| Child and/or adolescent psychiatrists                             | 0.04                       | Primary care workers receive training on management of mental health conditions:       | Yes                                |
| otal child / adolescent mental health workers                     | 0.5                        | Mental health specialists undertake training /   | Yes                                |
|   |                            | supervision of primary care workers:   |                                    |
| MENTAL HEALTH PROGRAMMES A  | ND SERVICE                 | ES .   |                                    |
| Mental health promotion and protection programm                   | es                         |  |                                    |
| chool-based mental health programme                               | Yes                        | At least two functioning programmes  |                                    |
| Vork-related mental health programme                              | Yes                        | (3 point checklist score; ≥ 2 = Yes) <sup>5</sup>                                      | No                                 |
| ntegration of mental health into primary health car               |                            |  |                                    |
| ssential medications for mental health conditions                 | _                          |  |                                    |
| vailable in primary care facilities                               | > 75%                      | Functional integration of mental health into primary                                   |                                    |
| sychosocial interventions for mental health conditions            | 750/                       | care (5 self-reported checklist items;   | 4                                  |
| vailable in primary care facilities                               | > 75%                      | ≥ 4 = functional integration) <sup>6</sup>   |                                    |
| Outpatient care (total facilities)                                |                            | Outpatient care (visits per 100 000 population)  |                                    |
| Mental health outpatient facilities                               | 5                          | Visits in last year to mental health   | 18668.0                            |
| ttached to a hospital   | 5                          | outpatient facilities attached to a hospital   | 10000.0                            |
| ommunity-based mental health                                      | 3                          | Visits in last year to community-based   | _                                  |
| utpatient facilities  |                            | mental health outpatient facility  |                                    |
| outpatient facilities specifically<br>or children and adolescents | 5                          | Visits in last year to outpatient facilities specifically for children and adolescents | 544.0                              |
| npatient care (total facilities)                                  |                            | Inpatient beds / annual admissions (per 100 000  | nonulation)                        |
| sychiatric hospitals  | 1                          | Psychiatric hospital beds / admissions   | 12.1 / 97.7                        |
| sychiatric units in general hospitals                             |                            | General hospital psychiatric unit beds / admissions                                    |                                    |
| sycinative units in general nospitals                             | 4                          | General hospital psychiatric unit beus / aumissions                                    | 4.8 / 37.8                         |
| Community residential facilities                                  | 3                          | Community residential beds / admissions  | 1.25/3.75                          |
| npatient facilities specifically for children and adolescents     | 5                          | Child and adolescent inpatient beds / admissions                                       | 2/0.83                             |
| sychiatric hospitals  |                            | Psychiatric hospitals (length of stay)   |                                    |
| otal number of admissions   | 2 423                      | Inpatients staying less than 1 year  | 2324                               |
| nvoluntary admissions   | 0                          | Inpatients staying 1-5 years   | 19                                 |
| ollow-up of people with mental health condition                   |                            | Inpatients staying more than 5 years   | 80                                 |
| lischarged from hospital in the last year (discharged             | More than 75%              | Percentage of inpatients staying less than 1 year out of                               | 96%                                |

<sup>&</sup>lt;sup>5</sup> **Functional mental health promotion and prevention programmes** includes 3 self-reported checklist items [≥ 2 = functioning programme]: 1) dedicated financial & human resources; 2) defined plan for implementation; 3) documented evidence of progress and/or impact.

total number of inpatients

<sup>&</sup>lt;sup>6</sup> Integration of mental health in primary care includes 5 self-reported checklist items [≥4 = functional integration]: 1) national guidelines adopted; 2) psychoactive medications available in primary care; 3) psychosocial care available in primary care; 4) primary care workers trained; 5) specialists support training/supervision.