## Mental Health Atlas 2024

Country profile

## **Cabo Verde**

| Population (in millions; UN estimate 2023) <sup>1</sup> :   | 0.5         | WHO Region <sup>2</sup> :   | AFR           |  |  |
|---|-------------|---|---------------|--|--|
| MENTAL HEALTH INFORMATION   |             |   |               |  |  |
| National mental health survey in last 10 years:   | No          | Nation-wide digital health records system:  | Yes           |  |  |
| Mental health report published in last 2 years:   | No          | Unique service user identifiers in place  | No            |  |  |
| 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):  | 2021        | (Year of law):  | 2013          |  |  |
| 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:                  | Partially   | A functioning authority exists to assess compliance of mental health legislation with human rights standards:                     | No            |  |  |
| Human resources estimated and allocated for implementation of the policy/plan:                      | Partially   | 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:                  | Yes         | A registry exists to record incidents of seclusion and restraints:  | No            |  |  |
| Mental health policy/plans across the life-course   |             |   |               |  |  |
| Stand-alone or integrated mental health policy or plan for children / adolescents:                  | No          | Stand-alone or integrated mental health policy or plan for older adults:  | No            |  |  |
| Policies and plans to prevent suicide and address stigma  |             |   |               |  |  |
| Specific suicide prevention strategy:   | Yes         | Specific anti-stigma strategy:  | Yes           |  |  |
| Mental health and psychosocial support (MHPSS) in   | emergencies |   |               |  |  |
| MHPSS system exists for emergency preparedness and/or disaster risk management:                     | No          | If yes, dedicated financial & human resources allocated for MHPSS components of emergency preparedness / disaster risk management | -             |  |  |
| Financial protection policies for mental health   |             |   |               |  |  |
| Mental health care and treatment included in  |             | What do majority of people with mental health   |               |  |  |
| publicly-funded financial protection schemes:   | Vaa         | conditions pay towards the cost of:   | 0.50/         |  |  |
| Psychosis and biploar disorder     Poprossion and anxiety   | Yes         | <ul><li>Mental health inpatient services</li><li>Mental health outpatient services</li></ul>                                      | 0-5%          |  |  |
| Depression and anxiety  | Yes         | Psychotropic medicines  | 0-5%          |  |  |
| Dedidcated budget line for mental health?   | Yes         | Psychological therapies   | 6-20%<br>0-5% |  |  |
| Mental health expenditure   |             |   |               |  |  |
| Government mental health expenditure per capita (reported currency):                                | -           | Government expenditure on mental health (% of total government health expenditure)  | -             |  |  |

<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

## Mental Health Atlas 2024

## Country profile

persons seen within a month)

| MENTAL HEALTH WORKFORCE  |                            |  |                        |  |
|--|----------------------------|--|------------------------|--|
| Mental health workers  | No. per 100 000 population | Distribution of mental health workforce  |                        |  |
| Psychiatrists  | 1.3                        |  | Psychiatrists (7.2%)   |  |
| Mental health nurses   | 3.5                        |  | Mental health nurses   |  |
| <ul> <li>Psychologists</li> </ul>  | 8.8                        |  | (19.4%)                |  |
| Social workers   | 4.4                        |  | Psychologists (48.9%)  |  |
| Other mental health workers  | -                          |  | 2 1 1 (24.40()         |  |
| Total mental health workers  | 18.0                       |  | Social workers (24.4%) |  |
| Mental health workers (child and adolescent)   | No. per 100 000 population | Training of primary care workers in mental health  | ı                      |  |
| Child and/or adolescent psychiatrists  | -                          | Primary care workers receive training on management of mental health conditions:               | Yes                    |  |
| Total child / adolescent mental health workers   | -                          | Mental health specialists undertake training / supervision of primary care workers:            | Yes                    |  |
| MENTAL HEALTH PROGRAMMES A   | ND SERVICE                 | ES   |                        |  |
| Mental health promotion and protection programme   | es                         |  |                        |  |
| School-based mental health programme   | Yes                        | At least two functioning programmes  |                        |  |
| Work-related mental health programme   | -                          | (3 point checklist score; ≥ 2 = Yes) <sup>5</sup>  | -                      |  |
| Integration of mental health into primary health care  | е                          |  |                        |  |
| Essential medications for mental health conditions available in primary care facilities                | 50-75%                     | Functional integration of mental health into primary care (5 self-reported checklist items;    | 4                      |  |
| Psychosocial interventions for mental health conditions available 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 attached to a hospital   | -                          | Visits in last year to mental health outpatient facilities attached to a hospital              | -                      |  |
| Community-based mental health outpatient facilities  | -                          | Visits in last year to community-based mental health outpatient facility                       | -                      |  |
| Outpatient facilities specifically for children and adolescents  | -                          | Visits in last year to outpatient facilities specifically for children and adolescents         | -                      |  |
| Inpatient care (total facilities)  |                            | Inpatient beds / annual admissions (per 100 000  | population)            |  |
| Psychiatric hospitals  | -                          | Psychiatric hospital beds / admissions   | -/-                    |  |
| Psychiatric units in general hospitals   | 3                          | General hospital psychiatric unit beds / admissions  | -/-                    |  |
| Community residential facilities   | -                          | Community residential beds / admissions  | -/-                    |  |
| Inpatient facilities specifically for children and adolescents   | -                          | Child and adolescent inpatient beds / admissions   | -/-                    |  |
| Psychiatric hospitals Psychiatric hospitals (length of stay)   |                            |  |                        |  |
| Total number of admissions   | -                          | Inpatients staying less than 1 year  | -                      |  |
| Involuntary admissions   | -                          | Inpatients staying 1-5 years   | -                      |  |
| Follow-up of people with mental health condition discharged from hospital in the last year (discharged | More than 75%              | Inpatients staying more than 5 years  Percentage of inpatients staying less than 1 year out of | -                      |  |

<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.