

Mental Health Atlas 2024

Country profile

Senegal

| | | | |
|---|------|---------------------------|-----|
| Population (in millions; UN estimate 2023) ¹ : | 18.1 | WHO Region ² : | 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): | 2023 | (Year of law): | 1975 |
| Compliance of policy / plan with human rights (5-point checklist; 5 = fully in line) ³ : | 5 | Compliance of law with human rights (5-point checklist; 5 = fully in line) ⁴ : | 0 |
| Financial resources estimated and allocated for implementation of the policy/plan: | Partially | 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: | 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 | No |
| 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: | |
| | • Psychosis and bipolar disorder | | • Mental health inpatient services |
| | • Depression and anxiety | | • Mental health outpatient services |
| Dedicated budget line for mental health? | Yes | • Psychotropic medicines | 51-100% |
| | No | • Psychological therapies | 51-100% |
| Mental health expenditure | | | |
| Government mental health expenditure per capita (reported currency): | - | Government expenditure on mental health (% of total government health expenditure) | - |

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

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

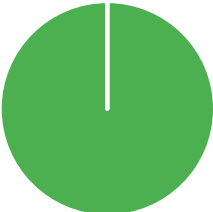
³ **Policy/plan compliance with human rights instruments** includes 5 self-reported checklist items [5 = fully in line]: 1) community-based care; 2) protection of rights of users & at-risk groups; 3) full range of supports for independent living; 4) recovery & user-driven plans; 5) user participation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

⁴ **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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MENTAL HEALTH WORKFORCE

| Mental health workers | No. per 100 000 population | Distribution of mental health workforce |
|-------------------------------|----------------------------|--|
| • Psychiatrists | 0.2 |  <p>■ Psychiatrists (100.0%)</p> |
| • Mental health nurses | - | |
| • Psychologists | - | |
| • Social workers | - | |
| • Other mental health workers | - | |
| Total mental health workers | 0.2 | |

| Mental health workers (child and adolescent) | No. per 100 000 population | Training of primary care workers in mental health |
|--|----------------------------|---|
| • Child and/or adolescent psychiatrists | 0.02 | Primary care workers receive training on management of mental health conditions: Yes |
| Total child / adolescent mental health workers | 0.02 | Mental health specialists undertake training / supervision of primary care workers: Yes |

MENTAL HEALTH PROGRAMMES AND SERVICES

| Mental health promotion and protection programmes | | | |
|---|-----|--|----|
| School-based mental health programme | Yes | At least two functioning programmes (3 point checklist score; ≥ 2 = Yes) ⁵ | No |
| Work-related mental health programme | No | | |

| Integration of mental health into primary health care | | | |
|--|--------|---|---|
| Essential medications for mental health conditions available in primary care facilities | < 10% | Functional integration of mental health into primary care (5 self-reported checklist items; ≥ 4 = functional integration) ⁶ | 3 |
| Psychosocial interventions for mental health conditions available in primary care facilities | 10-50% | | |

| Outpatient care (total facilities) | | Outpatient care (visits per 100 000 population) | |
|---|---|--|---|
| Mental health outpatient facilities attached to a hospital | 6 | Visits in last year to mental health outpatient facilities attached to a hospital | - |
| Community-based mental health outpatient facilities | 4 | Visits in last year to community-based mental health outpatient facility | - |
| Outpatient facilities specifically for children and adolescents | 1 | 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 | 1 | Psychiatric hospital beds / admissions | - / - |
| Psychiatric units in general hospitals | 5 | General hospital psychiatric unit beds / admissions | - / - |
| Community residential facilities | 2 | Community residential beds / admissions | - / - |
| Inpatient facilities specifically for children and adolescents | 2 | 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 persons seen within a month) | 51%-75% | Inpatients staying more than 5 years | - |
| | | Percentage of inpatients staying less than 1 year out of total number of inpatients | - |

⁵ **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.

⁶ **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.