Mental Health Atlas - 2017 Questionnaire

Department of Mental Health and Substance Abuse

World Health Organization

mhATLAS@who.int

Introduction

WHO first produced an Atlas of Mental Health Resources around the world in 2001; updates were produced in 2005, 2011 and, most recently, in 2014 (http://www.who.int/mental_health/evidence/atlasmnh/en/). Atlas has become a valuable resource on global information on mental health and an important tool for planning and monitoring mental health services within countries. Furthermore, data collected through Atlas is now being used to inform progress by WHO's Member States towards the objectives and targets of the *Comprehensive Mental Health Action Plan 2013-2020*, with baseline values presented in the 2014 Atlas report (http://www.who.int/mental_health/evidence/atlas/mental_health_atlas_2014/en/).

As part of the Action Plan, it was agreed that WHO Secretariat would report back to the World Health Assembly on a regular basis with an update on its implementation in and across Member States. Accordingly, a new Atlas survey is being carried out in 2017, and a further one planned for 2020, in order to obtain the necessary data on global progress towards Action Plan goals and targets.

To support mental health Atlas 2017, we are requesting that you complete the following questionnaire within the next three months. The questionnaire covers critical areas of mental health system development, including governance and financing, human resources, service availability and delivery, promotion and prevention, and surveillance. WHO Secretariat is willing and available to provide technical guidance and support in the completion of this survey. Please contact us at the email address given below.

As well as preparation of global and regional estimates, we will provide you with a standardized, up-to-date Atlas country profile. All focal points and other expert informants who assisted with the completion of this Atlas survey will be duly acknowledged in accordance with WHO rules and procedures.

Instructions for filling out the questionnaire

You have been provided with a link to an electronic version of this mental health Atlas 2017 questionnaire; please use / complete the electronic version wherever possible. Once you have started completing the questionnaire, all entered data will be saved as you go, so it is possible to pause and return to it at a later time.

A Word version is also available, and you may wish to use / print out this version in order to preview, discuss or gather specific data with colleagues and experts working in your country.

We kindly ask you to complete each section using the assistance or advice of different informants according to their personal backgrounds or expertise. For example, we encourage you to consult with senior government officials, academics and mental health professionals working in your country, as they may provide additional valuable information. Although other informants may contribute, one person only will be responsible for the completion and submission of the questionnaire using the electronic version online.

It is important to answer all of the questions because we would like mental health Atlas 2017 to be as complete as possible. We understand that it may be difficult to find aggregated national data to use for some of the questions. However, please try to respond to each question even if official data are unavailable and you need to make some estimates in collaboration with other colleagues.

All items defined in the glossary appear in *italics with an asterisk** in the questionnaire. Please refer to the glossary enclosed at the end of the questionnaire. In addition, you will find notes at the top of each section that provide additional information about some of the questions. WHO has also prepared a *Mental Health Atlas 2017 Completion Guide*, which provides additional information and tips concerning possible data sources. If after consulting the Glossary and Completion Guide you still have questions about any of the items or need help with the on-line questionnaire, please do not hesitate to contact our Atlas focal point at PAHO (castrojor@paho.org) or our team at WHO Headquarters (mhATLAS@who.int).

Please only report national data, unless otherwise specified. If healthcare in your country is administered at the provincial or state level, please collect the information at that level and then aggregate to the national level.

If data is not available for a particular question, please enter UN (unknown). If the question is not relevant, for example, if a particular facility does not exist in your country, please enter NA (not applicable).

Thank you very much for your help and cooperation!

Basic Information

Country:

WHO Region of the country

Year on which data are based :

Note: If data are based on different years (e.g., some of the data are based on 2015 and others on 2016) please enter the year for which the majority of the data are based.

Contact details of the person responsible for approving the questionnaire:

Name:

Title/Position:

Mailing Address :

E-mail :

Telephone :

Name and title/position of authorizing official *(if required)*.

Name:

Title/Position:

Question 1 MENTAL HEALTH POLICY / PLAN

NOTES:

1. Policies or plans for mental health may be stand-alone or integrated into other general health or disability policies or plans.
2. The mental health policy and/or plan is considered valid if it has been approved / published by the Ministry of Health or parliament.
3. If both a mental health policy or plan are available, countries should assess both documents as one entity.
4. For countries with a federated system, please refer to policies/plans of the majority of states/provinces or the majority of the population in the country.

1.1	**Does your country have a stand-alone policy or plan for mental health?**	YES ☐ NO ☐
1.1.1	If yes, please state the publication year of the policy / plan (latest revision):	|__|__|__|__|
1.1.2	If no, are policies and plans for mental health integrated into those for general health or disability?	YES ☐ NO ☐
1.1.3	If yes to 1.1.2, please state the year of the general policy / plan:	|__|__|__|__|
1.2	**Does your country have a national suicide prevention strategy?** *[i.e. as a stand-alone document or as an integrated element of the national policy/plan adopted by government]*	YES ☐ NO ☐
1.2.1	If yes, please state the publication year of the strategy (latest revision):	|__|__|__|__|
1.3	**Does your country have a plan or strategy for child and/or adolescent mental health?** *[i.e. as a stand-alone document or as an integrated element of the national policy/plan adopted by government]*	YES ☐ NO ☐
1.3.1	If yes, please state the publication year of the strategy (latest revision):	|__|__|__|__|
1.4	**Does the mental health policy / plan contain estimates of human or financial resources needed to implement it?**	YES ☐ NO ☐
1.4.1	If yes, have resources been allocated in line with indicated resource needs to enable implementation of the policy / plan?	YES ☐ NO ☐
1.4.2	If no, has a separate assessment of resource needs been undertaken to enable implementation of the policy / plan?	YES ☐ NO ☐
1.5	**Does the mental health policy / plan contain specified indicators or targets against which its implementation can be monitored?**	YES ☐ NO ☐

1.5.1 Which of the following most closely reflects the situation in your country?

1) Indicators <u>were available but not used</u> in the last two years for monitoring and evaluating the implementation of current mental health policies / plans
2) Indicators were available and used in the last two years for monitoring and evaluating implementation of <u>some / a few components</u> of current mental health policies / plans
3) Indicators were available and used in the last two years for monitoring and evaluating implementation of <u>most or all components</u> of current mental health policies / plans

Response (1-3) [ ]

1.6 <u>If the mental health policy or plan in your country been updated in 2013 or later</u>, please complete the following checklist in order to assess compliance of policy/plan with international human rights instruments:

(<u>Note</u>: The status of policies / plans up to 2013 was already assessed in Atlas 2014, hence there is only a need to request this information for countries that have updated their policy or plan since 2013.)

1.6.1	The current policy/plan promotes the transition towards mental health services based in the community (including mental health care integrated into general hospitals and primary care)	YES ☐ NO ☐
1.6.2	The current policy/plan for mental health pays <u>explicit</u> attention to respect for the human rights of people with mental disorders and psychosocial disabilities and *vulnerable and marginalized groups**	YES ☐ NO ☐
1.6.3	The current policy/plan for mental health 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, employment opportunities, housing services and supports, etc.)*]*	YES ☐ NO ☐
1.6.4	The current policy/plan for mental health promotes a *recovery approach** to mental health care, which emphasizes support for individuals to achieve their aspirations and goals, and the involvement of mental health service users in the development of their treatment and recovery plans	YES ☐ NO ☐
1.6.5	The current policy/plan for mental health promotes the participation of persons with mental disorders and psychosocial disabilities in decision making processes on issues affecting them (e.g. policy, law, service reform, service delivery)	YES ☐ NO ☐

Question 2 MENTAL HEALTH LEGISLATION

NOTES:

1. Mental health legislation refers to specific legal provisions that are primarily related to mental health, which typically focus on issues such as civil and human rights protection of people with mental disorders, treatment facilities, personnel, professional training and service structure. Laws for mental health may be stand-alone or integrated into other general health or disability laws.
2. For countries with a federated system, the indicator will refer to the laws of the majority of states/provinces within the country.

2.1 Does your country have a stand-alone law for mental health? YES ☐ NO ☐

2.1.1 If yes, please state the year the law was enacted (latest revision): |__|__|__|__|

2.1.2 If no, is mental health legislation integrated into general health or disability law? YES ☐ NO ☐

2.1.3 If yes to 2.1.2, please state the year of the general policy / plan: |__|__|__|__|

2.2 Which of the following most closely reflects the situation concerning the existence of a dedicated authority or independent body to assess compliance of mental health legislation with international human rights:

1) A dedicated authority or independent body does not exist
2) A dedicated authority or independent body exists but it is not functioning (e.g. there is no budget or staff)
3) A dedicated authority or independent body provides irregular inspections of mental health facilities and partial enforcement of mental health legislation
4) A dedicated authority or independent body provides regular inspections in mental health facilities and reports at least annually to stakeholders

Response (1-4) ☐

2.3 If the mental health law in your country been updated in 2013 or later, please complete the following checklist in order to assess compliance of the law with international human rights instruments:

2.3.1 Current legislation promotes the transition towards mental health services based in the community YES ☐ NO ☐

2.3.2 Current legislation promotes the right of persons with mental disorders to exercise their *legal capacity**, and to nominate a trusted person or network of people to support them in discussing issues and making decisions YES ☐ NO ☐

2.3.3 Current legislation promotes alternatives to coercive practice; these alternatives include voluntary admission, informed consent to treatment and substitutes for *seclusion and restraints** YES ☐ NO ☐

2.3.4 Current legislation provides for procedures to enable people with mental disorders and psychosocial disabilities to protect their rights and file appeals and complaints to an independent legal body YES ☐ NO ☐

2.4.5 Current legislation provides for regular inspections of human rights conditions in mental health facilities by an independent body YES ☐ NO ☐

Question 3 MULTISECTORAL COLLABORATION

3.1 Is there ongoing collaboration between government mental health services and other departments, services and sectors? YES ☐ NO ☐

3.1.1 If yes, indicate in the table which stakeholders are currently collaborating with government mental health services in the planning or delivery of mental health promotion, prevention, treatment and rehabilitation services:

Stakeholder	Is there ongoing collaboration in the area of mental health? Yes / No	If yes		
		Is there a formal agreement or joint plan with this partner? Yes / No	Is there dedicated funding from or to this partner for service provision Yes / No	Are there regular meetings with this partner (at least once per year)? Yes / No
1) Ministry of social affairs / social welfare				
2) Ministry of education				
3) Ministry of justice				
4) Ministry of the interior / home affairs				
5) Housing sector (government or non-governmental agencies)				
6) Employment sector (government or non-governmental agencies)				
7) Media sector				
8) Academic sector / institutions				
9) Local non-governmental organizations who deliver or advocate for mental health services				
10) International non-governmental organizations who deliver or advocate for mental health services				
11) Private sector organizations who deliver or advocate for mental health services				
12) Professional associations				
13) Faith based organizations/institutions				
14) Traditional / indigenous healers				
15) Service users and family or caregiver advocacy groups				

Question 4 GOVERNMENT MENTAL HEALTH SPENDING

NOTES:

1. Mental health spending can include activities delivered in social care and in primary or general care, as well as in specialist / secondary health care.
2. Mental health spending may include programmatic costs such as administration / management, training and supervision, and mental health promotion activities.
3. Mental health expenditure may be available from National Health Accounts or other government data sources.

4.1 **Is the care and treatment of persons with major mental disorders (psychosis, bipolar disorder, depression) included in national health insurance or reimbursement schemes in your country?** YES ☐ NO ☐

4.1.2 If yes, are these disorders *explicitly* listed as included conditions? YES ☐ NO ☐

4.1.2 If no, are these disorders *explicitly* listed as excluded conditions YES ☐ NO ☐

4.2 **How do the majority of persons with mental disorders pay for care?**

	Mental health services	***Psychotropic medicines***
1) Persons pay nothing at the point of service use (fully insured)		
2) Persons pay mostly or entirely out of pocket for services and medicines		
3) Persons pay at least 20% towards the cost of services and medicines		
	Response (1-3)	*Response (1-3)*

4.3 **What is the government's total expenditure on mental health** (combined national and sub-national government expenditure)**?**
(for the latest year that data are available)

YEAR: |_|_|_|_|

CURRENCY:	
EXPENDITURE AMOUNT:	
AS % OF TOTAL GOVERNMENT HEALTH EXPENDITURE:	

4.4 **What expenditures are included in this reported estimate?** ***(tick all that apply)***

Mental hospitals	☐	Other hospital inpatient care	☐	Community residential care	☐
Hospital outpatient care	☐	Community mental health care	☐	Primary health care	☐
Social care services	☐	Prevention and promotion	☐	Training and management	☐

4.5 **What is the government's total expenditure on mental hospitals** (combined national and sub-national government expenditure)**?**
(for the latest year that data are available and reported)

YEAR: |_|_|_|_|

CURRENCY:	
EXPENDITURE:	

Question 5 MENTAL HEALTH WORKFORCE

NOTES:

1. *Exclude* non-specialized health workers working in general health care facilities or services (i.e. staff working in primary care and in general hospitals)
2. *Include* specialized mental health workers working partly or fully in general and specialist health care settings
3. *Include* mental health staff (both full-time or part-time) working in government facilities for Table 5.1, while for Table 5.2 include not only staff working in government facilities but also staff working in voluntary / NGO and private (for-profit) mental health facilities and services.
4. To avoid double-counting, if staff work in more than one setting (e.g. private practice as well as government hospital), please allocate the staff to the care setting where the professional spends most of their time.

5.1 Please complete the table below showing the total number of mental health workers in (local and national) governmental mental health services in your country:

Category of mental health worker	TOTAL NUMBER OF STAFF WORKING IN GOVERNMENT MENTAL HEALTH SERVICES	OUT OF TOTAL, NUMBER OF STAFF WORKING IN GOVERNMENT MENTAL HOSPITALS	OUT OF TOTAL, NUMBER OF STAFF WORKING IN GOVERNMENT CHILD AND ADOLESCENT MENTAL HEALTH SERVICES
• Psychiatrists			
• Child psychiatrists			
• Other specialist doctors			
• Nurses (e.g. psychiatric nurse)			
• Psychologists			
• Social workers			
• Occupational therapists			
• Speech therapist			
• Other paid mental health workers			
Total number of professionals			

5.2 Please complete the table below showing the total number of (local and national) mental health workers in your country *(governmental and non-governmental mental health facilities, including private practice; exclude primary / general health care staff)***:**

TOTAL NUMBER OF MENTAL HEALTH WORKERS (government and non-government)	
• Psychiatrists	
• Child psychiatrists	
• Other specialist doctors	
• Nurses (e.g. psychiatric nurse)	
• Psychologists	
• Social workers	
• Occupational therapists	
• Speech therapist	
• Other paid mental health workers	
Total number of professionals	

Question 6 MENTAL HEALTH TRAINING IN GENERAL HEALTH CARE

NOTES:

1. One day of training is equivalent to at least 6 hours
2. Only in-service training is included. *In service training* course covers general principles of care, core competencies needed, introduction to priority disorder and their appropriate assessment and management, and/or focuses on the assessment and management of one or more specific disorders.
3. General health care refers to non-specialist services, including primary health care. Specialized mental health care services and workers are to be excluded from consideration.

6.1 Please indicate the number of mental health training courses (lasting at least two days) and the number of trained health care workers in non-specialized / general health care settings in the last year:

Category of primary health care worker	Number of mental health training courses carried out in non-specialized / general health care settings in the last year	Number of health care workers (not specialized in mental health) who received mental health training in the last year
• Physicians / Doctors		
• Nurses		
• Other health care workers *(community health workers, etc.)*		
• **Mixed groups *(combination of above groups)***		**Not applicable**
TOTAL		

Question 7 SERVICE AVAILABILITY

NOTES:

1. For outpatient visits, please include total visits made by service users, not total service users who used the service.
2. In the last two rows (inpatient and outpatient care for children and adolescents only) include only inpatient and outpatient facilities where children and adolescents are the only users (adults are not admitted), and exclude those facilities/services where users include both adults and children and adolescents. Facilities catering to both adults and children and adolescent are counted under inpatient and outpatient care for adults.

7.1 Please complete the following tables in order to assess the level of mental health service availability:

INPATIENT CARE FOR ADULTS	Facility exists in the country (Yes or No)	Number of facilities	Number of beds	Number of admissions in the last year
Mental hospital*				
Forensic inpatient unit * (outside mental hospital)				
Psychiatric unit in general hospital*				
Mental health community residential facility*				

INPATIENT CARE FOR CHILDREN AND ADOLESCENTS	Facility exists in the country (Yes or No)	Number of facilities	Number of beds	Number of admissions in the last year
Mental health inpatient service specifically for children and adolescents *(both in mental hospital and in general hospital)*				

OUTPATIENT CARE FOR ADULTS	Facility exists in the country (Yes or No)	Number of facilities	Number of visits made by service users in the last year
(Hospital-based) mental health outpatient facility*			
(Community-based / non-hospital) mental health outpatient facility*			
Other outpatient facility *(e.g. Mental health day care or treatment facility*)*			

OUTPATIENT CARE FOR CHILDREN AND ADOLESCENTS	Facility exists in the country (Yes or No)	Number of facilities	Number of visits in the last year
Mental health outpatient services specifically for children and adolescents *(including services for developmental disorders)* *			
Other outpatient services for children and adolescents *(e.g. day care)*			

Question 8 SERVICE UTILISATION FOR SEVERE MENTAL DISORDERS

NOTES:

1. *Certain* diagnoses are specifically considered: non affective psychosis (ICD-10 F2); bipolar affective disorder (ICD-10 F30-31); depression (ICD-10 F32-F33);. All other diagnoses should be counted under "Other mental disorders". If data by diagnostic group is incomplete or reported differently in your country, please contact the WHO secretariat in the Department of Mental Health and Substance Abuse to discuss the completion of this exercise
2. Health care facilities cover those run both by government and non-governmental (profit or not-for-profit) providers
3. For outpatient visits, please include total service users who used the service, not total visits made by service users The sum of persons who received care from the various inpatient and outpatient health facilities can be considered a reasonable approximation of treated prevalence. However, without unique personal identifiers, this sum may include some patients treated in more than one setting and therefore count these persons more than once.
4. If MHIS is unavailable or insufficient, a baseline and repeat survey of facilities providing mental health services to persons with severe mental disorders in one or more defined geographical areas of a country can be carried out.

8.1 Please complete the table below in order to show the number of persons with severe mental disorder who received mental health care in the last year:

NUMBER OF PERSONS WITH SEVERE MENTAL DISORDER WHO RECEIVED MENTAL HEALTH CARE FROM MENTAL HEALTH SERVICES IN THE LAST YEAR			
	Non-affective psychosis	*Bipolar disorder*	*Depression*
Inpatient mental health services (*Mental hospital*, Forensic inpatient Unit*, Psychiatric unit in a general hospital*, Mental health community residential facility**)			
Outpatient mental health services (*Mental health day treatment facility*, Mental health outpatient facility*, other mental health outpatient facility or services**)			
TOTAL			

8.1.1 Indicate if the population used for completing the table refers to:

1) National level (the total population of the country)
2) Regional / provincial level (the total population of one or more regions/provinces)
3) Specific sites / localities (local areas where the data are available or have been collected)

Response (1-3): [ ]

8.1.2 What is the total number of persons in the specified population? *Population size:* [ ]

8.1.3 Indicate from what source reported data are taken:

1) Routine health information systems
2) Periodic or occasional survey

Response (1-2): [ ]

Question 9 INPATIENT CARE

NOTES:

1. Length of stay of people staying in *mental hospitals* on December 31st of the year on which data are based (leave without discharge, such as visits home for holidays, is not considered as an interruption of the stay).

9.1 Please complete the table below showing the total number of patients in mental hospitals (by length of stay):

Total number of inpatients staying in mental hospitals on December 31st	Total number
• Number of inpatients staying less than 1 year	
• Number of inpatients staying more than 1 and less than 5 years	
• Number of inpatients staying more than 5 years	

9.2 Please complete the table below showing involuntary and total admissions to inpatient mental health facilities:

TYPE OF MENTAL HEALTH INPATIENT FACILITY	Total admissions (number)	Involuntary admissions (number)
• *Mental Hospital**		
• *Psychiatric wards in General Hospital**		
• Mental Health *Community Residential Facility**		
TOTAL		

9.3 Which of the following most closely reflects the situation in your country concerning the follow-up of people with mental disorder discharged from hospital in the last year:

1) 25% or less of discharged inpatients received a follow-up outpatient visit within one month
2) 26%-50% of discharged inpatients received a follow-up outpatient visit within one month
3) 51%-75% of discharged inpatients received a follow-up outpatient visit within one month
4) More than 75% of discharged inpatients received a follow-up outpatient visit within one month

Response (1-4) [ ]

Question 10 SOCIAL SUPPORT

NOTES:

1. Social support refers to monetary / non-monetary welfare benefits from public funds that may be provided, as part of a legal right, to people with health conditions that reduce a person's capacity to function
2. *Include* persons with a mental disorder who are officially recorded / recognized as being in receipt of government support (e.g. disability payments or income support)
3. *Exclude* persons with a mental disorder who are in receipt of monetary / non-monetary support from family members, local charities and other non-governmental organizations

10.1 Please select one response only from the following checklist concerning the availability / status of government social support for persons with mental disorders in your country:

1) No persons with mental disorders receive social support from government
2) Few or some persons with severe mental disorders receive social support from government
3) The majority of persons with severe mental disorders receive social support from government
4) The majority of persons with severe mental disorders, and also some with non-severe mental disorders, receive social support from government
5) The majority of patients with severe and non-severe mental disorders receive social support from government

Response (1-5) ☐

10.2 Please indicate the main forms of government social support provided to persons with mental disorders in your country? ***(tick all that apply)***

Income support	☐	Social care support	☐
Housing support	☐	Legal support	☐
Employment support	☐	Family support	☐
Education support	☐	Other support	☐

Question 11 MENTAL HEALTH PROMOTION AND PREVENTION

NOTES:

1. **Programme type**: Include programmes whose aim is to promote positive mental health or provide primary prevention of mental disorders (primary prevention refers to a reduction in the incidence of disorder). Exclude programmes whose aim is secondary/tertiary prevention or treatment (secondary/tertiary prevention refers to interventions aimed at improving outcomes of persons with an existing disorder)

11.1 Please complete the table below describing mental health promotion and prevention programmes in your country

Name / description of programme		Functionality of the programme (Yes or No)			Nature of the programme (select number code)		
Name of programme	Web address (if available) and/or brief description (less than 50 words)	Dedicated financial & human resources	A defined plan of implementation	Documented evidence of progress and / or impact	Scope of programme *Key*: *1 = National* *2 = Regional* *3 = District* *4 = Community*	Programme Management *Key*: *1 = Government* *2 = NGO* *3 = Private* *4 = Jointly managed*	Programme type / main focus *Key*: *1 = Mental health awareness / anti-stigma / human rights protection* *2 = Suicide prevention* *3 = Violence prevention (including child abuse)* *4 = Early childhood development / stimulation* *5 = Parental / maternal mental health promotion* *6 = School-based mental health promotion* *7 = Workplace mental health promotion* *8 = Other (e.g. refugees)*
1)							
2)							
3)							
4)							
5)							

Question 12 MENTAL HEALTH INFORMATION SYSTEM

12.1 Please complete the table below describing <u>mental health data availability</u> in your country in the last one year:

Mental health data / indicator	Data source *(select code that corresponds best to primary data source)*	Data collection *(select code that corresponds best to primary data collection mechanism)*	Data reporting *(in last one year)*	Data disaggregation		
	<u>Key</u>: *1. Clinical / patient records* *2. Facility report / records* *3. Facility-based survey* *4. Household-based survey* *5. Vital registration system* *6. Administrative data source*	*<u>Key</u>:* *1. Data are collected routinely* *2. Data are collected periodically (e.g. quarterly, annually)* *3. Data are collected occasionally (e.g. every 3 or 5 years)* *4. Data are never or not collected*	*<u>Key</u>:* *1. Automatic and/or continuous* *2. Periodic / regular* *3. Occasional* *4. Not reported*	**Age** *(Yes / No)*	**Gender** *(Yes / No)*	**Diagnosis** *(Yes / No)*
1. Health status and outcome indicators						
a. Prevalence of mental disorders						
b. Suicide mortality rate						
c. Mental health status or outcomes for persons using mental health services						
2. Health system indicators						
a. Number of beds in mental hospitals						
b. Number of beds in psychiatric units of general hospitals						
c. Number of admissions to mental hospitals						
d. Number of admissions to psychiatric units of general hospitals						
e. Number of involuntary hospital admissions						
f. Number of persons with mental disorders using mental health outpatient services						
g. Number of persons with mental disorders using primary health care services						
h. Number of primary / general health workers receiving in-service training						

12.2 Please select one response only from the following checklist concerning the availability / status of <u>mental health data reporting</u> in your country:

5) No mental health data have been compiled in a report for policy, planning or management purposes in the last two years

6) Mental health data (either in the public system, private system or both) have been compiled for general health statistics in the last two years, but not in a specific mental health report

7) A specific report focusing on mental health activities in the public sector only has been published by the Health Department or any other responsible government unit in the last two years

8) A specific report focusing mental health activities in both the public and private sector has been published by the Health Department or any other responsible government unit in the last two years

Response (1-4) ☐

12.3 For 1.b. (Suicide mortality rate), please indicate who is responsible for ascertainment of suicide?

1) Coroner ☐

2) Medico-legal authorities ☐

3) Police ☐

4) Other ☐

Thank you for completing the Mental Health Atlas questionnaire 2017

We will acknowledge your contribution according to

WHO rules and procedures.

GLOSSARY

TYPES OF FACILITY

Forensic inpatient unit: An inpatient unit that is exclusively maintained for the evaluation or treatment of people with mental disorders who are involved with the criminal justice system. These units can be located in mental hospitals, general hospitals, or elsewhere.

Mental hospital: A specialized hospital-based facility that provides inpatient care and long-stay residential services for people with mental disorders. Includes: Public and private non-profit and for-profit facilities; mental hospitals for children and adolescents and other specific groups (e.g., elderly). Excludes: Community-based psychiatric inpatient units; forensic inpatient units / hospitals; facilities that treat only people with alcohol and substance abuse disorder or intellectual disability.

Psychiatric ward in a general hospital: A psychiatric unit that provides inpatient care within a community-based hospital facility (e.g. general hospital); period of stay is usually short (weeks to months). Includes: Public and private non-profit and for-profit facilities; psychiatric ward or unit in general hospital, including those for children and adolescents or other specific groups (e.g. elderly). Excludes: Mental hospitals; community residential facilities; facilities for alcohol and substance abuse disorder or intellectual disability only.

Mental health community residential facility: A non-hospital, community-based mental health facility providing overnight residence for people with mental disorders. Both public and private nonprofit and for-profit facilities are included. Includes: Staffed or un-staffed group homes or hostels for people with mental disorders; halfway houses; therapeutic communities; Excludes: mental hospitals; facilities for alcohol and substance abuse disorder or intellectual disability only; residential facilities for elderly people; institutions treating neurological disorders, or physical disability problems.

Mental health day treatment facility: A facility providing care and activities for groups of users during the day that lasts half or one full day (including those for children and adolescents only or other specifics groups; e.g. elderly). Includes: day or day care centres; sheltered workshops; club houses; drop-in centres. Both public and private non-profit and for-profit facilities are included. Excludes: Day treatment facilities for inpatients; facilities for alcohol and substance abuse disorder or intellectual disability only.

Mental health outpatient facility: An outpatient facility that manages mental disorders and related clinical and social problems. Includes: Community mental health centres; mental health outpatient clinics or departments in general or mental hospitals (including those for specific mental disorders, treatments or user groups, e.g. elderly). Both public and private non-profit and for-profit facilities are included. Excludes: Private practice; facilities for alcohol and substance abuse disorder or intellectual disability only.

Other residential facility: A residential facility that houses people with mental disorders but does not meet the definition for community residential facility or any other defined mental health facility. Includes: Residential facilities specifically for people with intellectual disability, for people with substance abuse problems, or for people with dementia; residential facilities that formally are not mental health facilities but where the majority of residents have diagnosable mental disorders.

Primary health care clinic: A clinic that often offers the first point of entry into the health care system. Primary health care clinics usually provide the initial assessment and treatment for common health conditions and refer those requiring more specialized diagnosis and treatment to facilities with staff with a higher level of training.

TYPES OF WORKER

Nurse: A health professional having completed a formal training in nursing at a recognized, university-level school for a diploma or degree in nursing.

Occupational therapist: A health professional having completed a formal training in occupational therapy at a recognized, university-level school for a diploma or degree in occupational therapy.

Other health or mental health worker: A health or mental health worker that possesses some training in health care or mental health care but does not fit into any of the defined professional categories (e.g. medical doctors, nurses, psychologists, social workers, occupational therapists). Includes**:** Non-doctor/non-nurse primary care workers, psychosocial counsellors, auxiliary staff. Excludes**:** General staff for support services within health or mental health care settings (e.g. cooking, cleaning, security).

Primary health care doctor: A general practitioner, family doctor, or other non-specialized medical doctor working in a primary health care clinic.

Primary health care nurse: A nurse working in a primary health care clinic.

Psychiatrist: A medical doctor who has had at least two years of post-graduate training in psychiatry at a recognized teaching institution. This period may include training in any sub-specialty of psychiatry.

Psychologist: A professional having completed a formal training in psychology at a recognized, university-level school for a diploma or degree in psychology. The mental health Atlas asks for information only on psychologists working in mental health care.

Social worker: A professional having completed a formal training in social work at a recognized, university-level school for a diploma or degree in social work. The mental health Atlas asks for information only on social workers working in mental health care.

OTHER TERMS USED

Legal capacity: The UN Convention on the Rights of Persons with Disabilities recognizes that people with disabilities, including mental disabilities, have the right to exercise their legal capacity and make decisions and choices on all aspects of their lives, on an equal basis with others. The Convention promotes a supported decision-making model, which enables people with mental disabilities to nominate a trusted person or a network of people with whom they can consult and discuss issues affecting them.

Recovery approach: From the perspective of the individual with mental illness, recovery means gaining and retaining hope, understanding one's abilities and disabilities, engaging in an active life, and having personal autonomy, social identity, meaning and purpose in life, and a positive sense of self. Recovery is not synonymous with cure.

Seclusion and restraints: 'Seclusion' means the voluntary placement of an individual alone in a locked room or secured area from which he or she is physically prevented from leaving. 'Restraint' means the use of a mechanical device or medication to prevent a person from moving his or her body. 'Alternatives to seclusion' include prompt assessment and rapid intervention in potential crises; using problem-solving methods and/or stress management techniques such as breathing exercises.

Vulnerable and marginalized groups: Certain groups have an elevated risk of developing mental disorders. This vulnerability is brought about by societal factors and the environments in which they live. Vulnerable groups in society will differ across countries, but in general they share common challenges related to their social and economic status, social supports, and living conditions, including: stigma and discrimination; violence and abuse; restrictions in exercising civil and political rights; exclusion from participating fully in society; reduced access to health and social services; reduced access to emergency relief services; lack of educational opportunities; exclusion from income generation and employment opportunities; increased disability and premature death.