

# Swaziland

## **GENERAL INFORMATION**

Swaziland is a country with an approximate area of 17 thousand square kilometers (UNO, 2008). The population is 1,201,904 and the sex ratio (men per hundred women) is 97 (UNO, 2009). The proportion of the population under the age of 18 years is 47% and the proportion above age 60 is 3% (UNO, 2009). The literacy rate is 92% for men and 95% for women (UN Statistics, 2008). The life expectancy at birth is 48 years for males and 47 years for females (UNO, 2005-2010). The healthy life expectancy at birth is 42 years for males and 47 years for females (UNPD, 2010). The country is in the lower middle income group (based on 2010 World Bank criteria). The total expenditure on health as a percentage of gross domestic product is 6.29% and the per capita government expenditure on health (PPP int. \$) is \$197.0 (WHO, 2006). Suicide rate information is not available. In Swaziland, neuropsychiatric disorders are estimated to contribute to 4.5% of the global burden of disease (WHO, 2008).

## GOVERNANCE

An officially approved mental health policy does not exist and mental health is not specifically mentioned in the general health policy.

A mental health plan does not exist.

Dedicated mental health legislation exists and was initiated or most recently revised in 1978. Legal provisions concerning mental health are not covered in other laws (e.g., welfare, disability, general health legislation etc.).

## FINANCING

Mental health and mental hospital expenditures by the government health department/ministry are not available.

## MENTAL HEALTH CARE DELIVERY

#### **Primary Care**

Prescription regulations authorize primary health care doctors to prescribe and/or to continue prescription of psychotherapeutic medicines but with restrictions. Similarly, the department of health authorizes primary health care nurses to prescribe and/or to continue prescription of psychotherapeutic medicines with restrictions. Official policy does not permit primary health care nurses to independently diagnose and treat mental disorders within the primary care system.

The majority of primary health care doctors and nurses have not received official in-service training on mental health within the last five years. Officially approved manuals on the management and treatment of mental disorders are not available in the majority of primary health care clinics. Official referral procedures for referring persons from primary care to secondary/tertiary care do not exist. Referral procedures from tertiary/secondary to primary care also do not exist .

#### **Mental Health Services**

Availability of mental health facilities

	Total number of facilities/beds	Rate per 100,000 population	Number of facilities/beds reserved for children and adolescents only	Rate per 100,000 population
Mental health outpatient facilities	0	0.00	NA	NA
Day treatment facilities	10	0.83	0	0.00
Psychiatric beds in general hospitals	UN	UN	UN	UN
Community residential facilities	0	0.00	NA	NA
Beds/places in community residential facilities	0	0.00	NA	NA
Mental hospitals	1	0.08	0	0.00
Beds in mental hospitals	150	12.48	0	0.00

Access to care

	Rates per 100,000 population)	Females (%)	Under age 18 (%)
Persons treated in mental health outpatient facilities	NA	NA	NA
Persons treated in mental health day treatment facilities	UN	UN	UN
Admissions to psychiatric beds in general hospitals	24.96	UN	UN
Persons staying in community residential facilities at the end of the year	NA	NA	NA
Admissions to mental hospitals	41.6	UN	UN

Long term care in mental hospitals (% of persons staying):

Less than 1 year	UN
More than 1 and less than 5 years	UN
More than 5 years	UN

# **HUMAN RESOURCES**

#### Workforce and training

	Health professionals working in the mental health sector Rate per 100,000	Training of health professions in educational institutions Rate per 100,000
Psychiatrists	0.17	0.17
Medical doctors, not specialized in psychiatry	0.17	0.17
Nurses	4.66	2.00
Psychologists	0.25	0.00
Social workers	0.17	0.17
Occupational therapists	0.17	0.17
Other health workers	UN	NA

#### Informal human resources (Family and User Associations)

	User	Family
Present in the country?	No	No
Number of members	NA	NA
Participation in the	NA	NA
formulation/implementation of		
policy/plan/legislation?		

# **MEDICINES**

Expenditures for medicines for mental and behavioral disorders at country level

Type of Medicines	Expenditures at country level per year and per 100,000 population (in USD)
All the psychotherapeutic medicines <sup>1</sup>	UN
Medicines used for bipolar disorders <sup>2</sup>	UN
Medicines for psychotic disorders <sup>3</sup>	UN
Medicines used for general anxiety <sup>4</sup>	UN
Medicines used for mood disorders <sup>5</sup>	UN

<sup>&</sup>lt;sup>1</sup> N03AG01, N05A, N05B, N05C, N06A <sup>2</sup> N03AG01, N05A, N05B, N05C, N06A

<sup>&</sup>lt;sup>3</sup> N05A (excluding N05AN) <sup>4</sup> N05B & N05C

<sup>&</sup>lt;sup>5</sup> N06A

Data collected in 2011

UN = information unavailable, NA = item not applicable

## **INFORMATION SYSTEMS**

	Data on number of people/ activities are collected and reported	Data on age and gender are collected and reported	Data on patient's diagnosis are collected and reported
Persons with mental disorders treated in primary	No	No	No
health care			
Interventions (psychopharmacological and	No	No	No
psychosocial) delivered in primary health care for			
people with mental disorders			
Persons treated in mental health outpatient facilities	NA	NA	NA
Contacts in mental health outpatient facilities	No	No	No
Persons treated in mental health day treatment	No	No	No
facilities			
Admissions in general hospitals with psychiatric	No	No	No
beds			
Admissions in mental hospitals	Yes	No	No
Days spent in mental hospitals	No	No	No
Admissions in community residential facilities	NA	NA	NA

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