# MENTAL HEALTH ATLAS 2005

# **Benin**

#### **General Information**

Benin is a country with an approximate area of 113 thousand sq. km. (UNO, 2001). Its population is 6.918 million, and the sex ratio (men per hundred women) is 97 (UNO, 2004). The proportion of population under the age of 15 years is 45% (UNO, 2004), and the proportion of population above the age of 60 years is 4% (WHO, 2004). The literacy rate is 54.8% for men and 25.5% for women (UNESCO/MoH, 2004).

The country is a low income group country (based on World Bank 2004 criteria). The proportion of health budget to GDP is 4.4%. The per capita total expenditure on health is 39 international \$, and the per capita government expenditure on health is 18 international \$ (WHO, 2004).

The main language(s) used in the country is (are) French. The largest ethnic group(s) is (are) African. The largest religious group(s) is (are) indigenous groups (four-fifths), and the other religious group(s) are (is) Christian.

The life expectancy at birth is 50.1 years for males and 52.4 years for females (WHO, 2004). The healthy life expectancy at birth is 43 years for males and 44 years for females (WHO, 2004).

# **Epidemiology**

There is a paucity of epidemiological data on mental illnesses in Benin in internationally accessible literature. Some studies on common conditions like depression and panic disorder in clinical samples are available (Bertschy, 1992; Bertschy et al, 1992).

#### **Mental Health Resources**

#### **Mental Health Policy**

A mental health policy is absent.

#### **Substance Abuse Policy**

A substance abuse policy is present. The policy was initially formulated in 1999.

#### **National Mental Health Programme**

A national mental health programme is present. The programme was formulated in 1997.

#### **National Therapeutic Drug Policy/Essential List of Drugs**

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1998.

#### **Mental Health Legislation**

Details about the mental health legislation are not available.

### **Mental Health Financing**

Details about disability benefits for mental health are not available.

Details about expenditure on mental health are not available.

The primary sources of mental health financing in descending order are out of pocket expenditure by the patient or family and tax based.

Mental health care for the chronically sick persons with very low or no resources is financed from the state budget. Private insurance companies do not provide for the care of mentally ill people.

The country does not have disability benefits for persons with mental disorders. Treatment is provided free.

#### **Mental Health Facilities**

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. This will be possible only when decentralization is done.

Regular training of primary care professionals is not carried out in the field of mental health.

There are no community care facilities for patients with mental disorders. It is available only where pilot projects are going on.

## **Psychiatric Beds and Professionals**

Total psychiatric beds per 10 000 population	0.08
Psychiatric beds in mental hospitals per 10 000 population	
Psychiatric beds in general hospitals per 10 000 population	0.03
Psychiatric beds in other settings per 10 000 population	0.05
Number of psychiatrists per 100 000 population	1.2
Number of neurosurgeons per 100 000 population	0.05
Number of psychiatric nurses per 100 000 population	0
Number of neurologists per 100 000 population	0.05
Number of psychologists per 100 000 population	0.05
Number of social workers per 100 000 population	0.02

Ten psychologists are in training. Four-fifths of the psychiatrists practice in the southern side of the country where the population mainly consists of the majority ethnic community, i.e. the Fon

## **Non-Governmental Organizations**

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention and treatment.

## **Information Gathering System**

Details about mental health reporting systems are not available.

The country has no data collection system or epidemiological study on mental health. Only thesis works related to epidemiological studies exist.

## **Programmes for Special Population**

The country has specific programmes for mental health for elderly and children. SMRR cares for children with psychiatric problems and the university for the elderly with psychiatric problems.

# **Therapeutic Drugs**

The following therapeutic drugs are generally available at the primary health care level of the country: carbamazepine, phenobarbital, phenytoin sodium, sodium valproate, amitriptyline, chlorpromazine, diazepam, fluphenazine, haloperidol, levodopa.

## **Additional Sources of Information**

•Bertschy, G. (1992) Panic disorder in Benin, West Africa. American Journal of Psychiatry, 149, 1410.

•Bertschy, G., Viel, J. F., Ahyi, R. G., et al (1992) Depression in Benin: an assessment using the Comprehensive Psychopathological Rating Scale and the principal component analysis. Journal of Affective Disorders, 25, 173-180.