

WHO-AIMS

WHO-AIMS REPORT
ON
MENTAL HEALTH SYSTEM
IN THE REPUBLIC OF BENIN



MINISTRY OF HEALTH
REPUBLIC OF BENIN

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IN THE REPUBLIC OF BENIN

*A report of the assessment of the mental health system in the REPUBLIC OF BENIN using the
World Health Organization - Assessment Instrument for
Mental Health Systems (WHO-AIMS)*

COTONOU, REPUBLIC OF BENIN

2007



MINISTRY OF HEALTH
REPUBLIC OF BENIN

*WHO, Benin Office
WHO, Central and West Africa Regional Office
WHO Department of Mental Health and Substance Abuse (MSD)*

This publication has been produced by the WHO, Benin Office in collaboration with WHO, Central and West Africa Regional Office and WHO, Headquarters. At WHO Headquarters this work has been supported by the Evidence and Research Team of the Department of Mental Health and Substance Abuse, Group of non Transferable Diseases and Mental Health.

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(ISBN)

World Health Organization 2006

(Suggested quotation: WHO-AIMS Report on Mental Health System in the Republic of Benin, WHO and Ministry of Health, Cotonou, Republic of Benin, 2007)

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ACKNOWLEDGEMENT

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was used to collect information on the mental health system of Republic of Benin.

The project in Benin was implemented by WHO-AIMS country team: GANSOU Magloire, Psychiatrist and psychotherapist, a multi-field team made up of: TEDONGMO T Linette, Psychiatrist; LANWOSSI Dieu-Donné, AHOTON Mélody C, psychologists; Parfait QUENUM, sociologist anthropologist and a Data processing specialist, DJITRINOUE Gildas Romaniac.

The project was supported by Akpa Raphaël Gbary, WHO Representative to Benin, WHO Benin office.

The project was also supported by Thérèse Agossou and Carina Ferreira-Borges in the WHO Regional Office.

We would also like to thank for their important contribution to this project: AHYI René Gualbert, Head of Psychiatry Services at CNHU ; EZIN-HOUNGBE Josiane, Mental Health National Programme Coordinator.

The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) has been conceptualized and developed by the Mental Health Evidence and Research team (MER) of the Department of Mental Health and Substance Abuse (MSD), World Health Organization (WHO), Geneva, in collaboration with colleagues inside and outside of WHO.

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The WHO-AIMS project is coordinated by Shekhar Saxena.

Introduction

Benin is a French-speaking country of West Africa with 114,763 km² and an estimated population of 6 769 914 inhabitants according to the third General Census of the Population and Dwelling (RGPH3, 2002) of 2002. The distribution of the population by age reveals that the Benin population is young; 46.7% of the population are less than 15 years old, 47.9% are between 15 and 60 years and, 5.3% are more than 60 years old. Life expectancy at birth is 59 years (57.18 years for males compared to 61.25 years for females). The main languages used are French (official language) and the following national languages: Fon, Adja, Yorouba, Goun, Mina, Dendi, and Bariba which also represent the main ethnic groups. The main religious groups are the traditional religions, Vodoun, Islam and Christian religions.

The economy is based principally on agriculture (cotton). Tertiary sector activities are the ones that assure the most income to the country. The proportion of the national budget devoted to health is 0.062%. There are 10 hospital beds per 100,000 general population. The annual expenses per person on health were 6,318 F CFA or 11.5 (USD) in 2004.

The ministry of health is in the process of reorganizing the structure of health services according to a health zones approach. The health zones approach has been successful in improving adequate access to care and treatment from 80% of the population as of 31 December 2001 to 89% by 30 June 2005. Twenty-seven Hospitals of Zone exist (out of the 34 planned) which constitute the first reference level, 5 Departmental Health Centers (DHC) which constitute the second reference level and, at the national level there is the National University Hospital (NUH), the National Center of Pneumo-Phthisiology, the Hospital of the Mother and the Child Lagoon (HMCL) and the National Center of Psychiatry.

The liberal private sector provides a large part of the delivery of health care, especially in urban zones. As a consequence, there were 631 private structures recorded at the time of the census of private health centres (MSP Benin) in 1998. This number had increased to approximately one thousand in 2005.

As for human resources in Benin, there is one physician for every 7,011 inhabitants, one nurse for 2,799 inhabitants, one mid-wife for 1,317 inhabitants and one laboratory technician for every 15,185 inhabitants. However, these numbers hide enormous existing disparities among departments.

We are grateful to the WHO and to the Ministry of Health which brought to us their precious contributions for the realization of this study.



EXECUTIVE SUMMARY

The World Health Organization - Assessment Instrument for Mental Health Systems (WHO-AIMS) was used to collect information on the mental health system of Benin. The goal of collecting this information is to improve the mental health system and to provide a baseline for monitoring changes. This will enable Benin to develop information-based mental health plans with clear baseline information and targets. It will also be useful to monitor progress in implementing reform policies, providing community services, and involving users, families and other stakeholders in mental health promotion, prevention care and rehabilitation.

The general objective is to know and improve the mental health system of Benin. For the purpose of WHO-AIMS, a mental health system is defined as all the activities whose primary purpose is to encourage, restore or maintain mental health. The mental health system includes all organisations and resources that focus on improving mental health.

A research team in Benin was identified and a work methodology was defined. Data was collected using the OMS-IESM / WHO-AIMS instrument on three levels:

- Investigation at the national or central level;
- Investigation at the departmental or local regional level;
- Investigation at the institutional level

Key people at mental health facilities across Benin as well as key individuals at other central institutions assisted in providing the information summarized in this report.

DOMAIN SUMMARIES

DOMAIN 1: Policy and Legislative Frameworks

CODES OF THE DOMAIN	OBSERVATION
Mental Health Policy	A mental health policy was compiled and validated. It is waiting to be popularised.
Mental Health Plan	A mental health plan was compiled and validated . It is waiting to be popularised. The attention given to the application of the mental health program has been insufficient.
Mental Health Legislation	A bill concerning mental health is waiting to be finalised by using the WHO check list on mental health legislation . It will then be presented to the National Assembly.
Human Rights policies	None of the mental hospitals had any review or inspection of human rights protection of patients. Moreover, staff are not trained on human rights values and the importance of respecting patients' rights.

Financing of mental health services	The budget allocated to mental health is about seventy million (70.000.000) CFA per year; which is insufficient.
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RECOMMENDATION (1)

The Benin WHO-AIMS research team recommends support for the National Mental Health Program. A national mental health program has been developed to address the insufficiencies of the mental health care system.

DOMAIN 2: Mental Health Services

CODES OF THE DOMAIN	OBSERVATION
Integration and organization of mental health services	In practice, mental health care services are not integrated into primary health care. Advice to the National Mental Health Program to improve the situation is often not taken into account by the authorities.
Ambulatory structures of mental health (outpatient mental health facilities)	There are no ambulatory structures of mental health.
Day treatment facilities	Day treatment facilities are insufficient.
Community-based inpatient units	There are an insufficient number of units of hospitalisation (12); including 2 in the public sector and 10 others that are denominational and/or private for a population of 6 769 914 inhabitants.
Residential structure Community / integrated in the city (community residential facilities)	Community residential structures are not available.
Psychiatric hospitals (mental hospitals)	There are an insufficient number of psychiatric hospitals in the country. There is only 1 public psychiatric hospital and 3 private hospitals in Benin.
Forensic units	There are no forensic units/beds in the country.
Other residential structures	Other residential structures are available; however, they are not official structures of mental health. While the majority of the people residing in such facilities may have various mental disorders they are not subject to a specific diagnosis and thus, classification by diagnostic category is not available.

Availability of essential psychotropic medicines	Essential psychotropic medicines are available mental hospitals and in community based psychiatric inpatient units
Equity in the access to services/care of mental health	Ethnic, religious, and linguistic minorities are not substantially over or under represented in their use of mental health services.

RECOMMENDATION (2)

The following recommendations were formulated:

- Make effective the integration of mental health care in primary health care.
- Increase the number of psychiatric units in general hospitals throughout the country.
- Create medico-legal units of hospitalisation for prisoners.
- Encourage training and psychosocial rehabilitation.
- Make available and subsidize treatment using essential psychotropic medicines.

DOMAIN 3: Mental Health integrated into primary health care

CODES OF THE DOMAIN	OBSERVATION
Training for medical doctors on mental health related subjects	Four percent of undergraduate training hours for medical students are devoted to psychiatry and mental health related subjects.
Non-physician based primary health care	Nurses receive about 10 hours of training on psychiatry and mental health related subjects during their undergraduate training.
Interaction with complementary/alternate/traditional experts	Collaboration between primary health care clinics and complementary/alternative/ traditional healers should be reinforced

RECOMMENDATION (3)

The team recommends that particular attention is focused on the training and education (initial and re-fresher) of medical students and medical auxiliaries with regards to mental health.

DOMAIN 4: Human Resources

CODES OF THE FIELD	OBSERVATION
Human resources	There is a scarcity of professionals working in mental health at all the levels of the medical pyramid.

Mental health professionals	During the past five years only one psychiatrist graduated. No psychologists with at least a year of experience in mental health care, and no nurses specialized in mental health care were trained.
Consumer and family associations	There is only one family association in the country with around 20 members.
Activities of consumer and family associations and other NGOs involved in community and individual assistance activities	NGOs exist and are involved in activities, but they don't receive support by the government.

RECOMMENDATION (4)

The team recommends:

- Educating and informing the population on the causes and the treatment of psychoses by specialised agencies.
- That the government encourage the creation of consumer and family associations in order to facilitate the rehabilitation of mental health care patients

DOMAIN 5: Education of the public and Bonds with other sectors

CODES OF THE FIELD	OBSERVATION
Education and/or public awareness campaigns on mental health and mental disorders	No education or/and public awareness campaigns concerning mental health or mental disorders are organized for the community., except for short campaigns related with the world health day (or week) or other specific days.
Relations with other sectors: official collaboration	There is collaboration with the education and criminal justice sectors.
Relation with the other sectors: activities	No activities in collaboration with other sectors exist.

RECOMMENDATION (5)

The team recommends:

- That a coordinating committee or council be created to monitor, evaluate and supervise public education and awareness campaigns on mental health and mental disorders.
- To develop relations/official collaboration with the other sectors.

DOMAIN 6: Monitoring and search in mental health

CODES OF THE FIELD	OBSERVATION

Monitoring mental health services	There is no routine collection of key data or monitoring of mental health services. An official list of data items that ought to be collected by all mental health facilities in Benin does not exist.
Research in mental health	Research in mental health is not often supported by the government or its development partners.

RECOMMENDATION (6)

- The installation of a committee to monitor and evaluate the level of various mental health structures.
- Organize and facilitate the routine collection and submission of information collected by the various structures of mental health to the central structure (the Ministry for Health).

CONCLUSION

Using WHO-AIMS, the results presented in this report offer a more clear and comprehensive picture of the main weaknesses of the mental health system in Benin. It is hoped that this knowledge will provide the essential information for relevant public mental health action and will help to facilitate improvements over time.

POLICY AND LEGISLATIVE FRAMEWORK

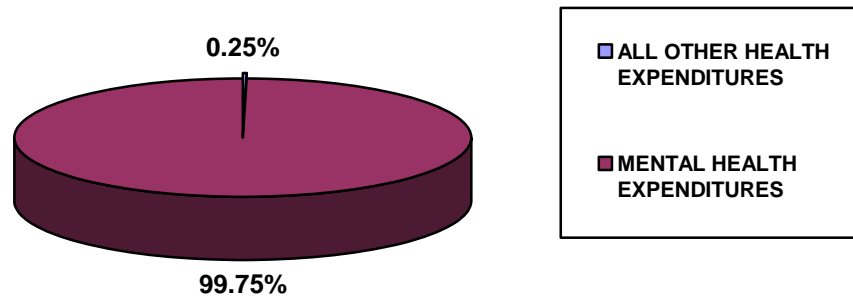
Policy, programs, and legislation

A mental health policy and plan is present. These documents were validated November 7th, 2006. Although an essential medicines list is present in the country, the medicines are not always available. The essential medicines list includes: chlorpromazine, haloperidol, diazepam, carbamazepine, phenobarbital and amitryptiline.

The mental health program in Benin contains the following components: development of community psychiatric services, development of a mental health component in primary health care and the availability of human resources. In addition, a budget, agenda and specific objectives have been identified. There is no emergency or disaster preparedness plan for mental health. Legislation related to mental health has not been validated.

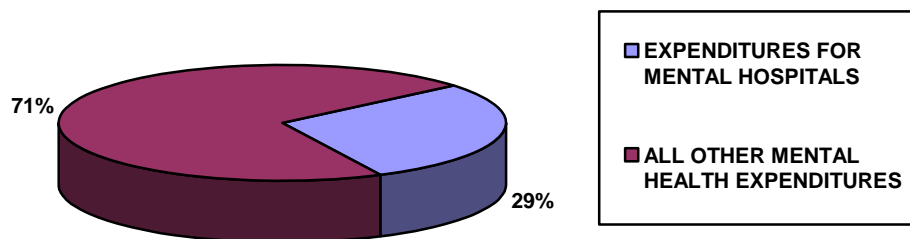
FUNDING THE SERVICES OF MENTAL HEALTH

GRAPH 1.1 HEALTH EXPENDITURE TOWARDS MENTAL HEALTH



Health care expenditures granted by the Ministry of Health that are devoted to mental health are lower than zero percent. Of all the expenditures spent on mental health, 29% of them are directed towards mental hospitals.

GRAPH 1.2 MENTAL HEALTH EXPENDITURE TOWARDS MENTAL HOSPITALS



With regard to the area of mental health services, the population does not have free access to essential psychotropic medicines. The proportion of the daily minimum wage for buying one day of generic antipsychotic (chlorpromazine or haloperidol) or antidepressant medicines (amtryptiline) is 10%.

HUMAN RIGHTS POLICY

Concerning human rights policy in Benin, there are no structures that supervise the inspection of mental health care services or hospitals at the national level. Thus, without absence of adequate control and sanctions, the risk of human rights violations is elevated. No training sessions, meetings, or other types of workshops related to the respect of human rights, particularly rights of mental health patients, have been organized during last year.

THE SERVICES OF MENTAL HEALTH

A national authority of mental health which provides advice to the government on policies and legislation exists. The mental health authority is also involved in service planning and the control and assessment of the quality of the mental health services. Mental health services are not organized in terms of catchment/ service areas.

MENTAL HEALTH OUTPATIENT FACILITIES

There are no separate outpatient facilities in Benin, however outpatient care is provided in mental hospitals and general hospitals.

DAY TREATMENT FACILITIES

There are no day treatment facilities in the country.

COMMUNITY BASED PSYCHIATRIC UNITS

There are 4 community-based psychiatric inpatient units available in the country with a total of 0.44 beds per 100,000 inhabitants (general population). These units are located in Tlantique, Ouémé, Zou, et Borgou. However, for the past few years the psychiatry service in Zou is no longer functional. On average patients spend 10 days in the community-based psychiatric units. A few patients (1-20%) in community-based psychiatric inpatient units received at least one psychosocial intervention during the previous year. Neurotic disorders (30%), followed by schizophrenia (15%), are the most prevalent diagnoses in community based psychiatric units.

COMMUNITY RESIDENTIAL FACILITIES

There are no community residential facilities in Benin.

PSYCHIATRIC HOSPITALS

Benin has 4 mental hospitals (Cotonou, Avrankou, Bohicon and Dogbo) with a total of 700 beds; 10.34 for 100,000 people (general population).

Regarding the public mental hospital of Cotonou, 50% of patients are female and 8% are under the age of 15 years. However, there are no beds reserved for children and teenagers only in the mental hospitals. There has been no increase in the number of beds during the five last years. People in the public mental hospitals are principally from the following three diagnostic groups, 50% depressive, 25% psychotics and, 25% nervosa. Data concerning the amount of time patients spend in mental hospitals are not available. Less than 20% of the patients received one or more psychosocial intervention during the last year. All the hospitals have at least one psychotropic medicine of every therapeutic class (anti-psychotics, antidepressants, mood stabilizers, anxiolytics, and the anti-epileptic medicines) available in the structure.

Regarding the private mental hospitals in Avrankou and Bohicon coordinated by the St. Camille de Lellis Foundation, 52% of patients are female and 7% are children and adolescents. Regarding diagnoses of admission, 43% of patients suffer from schizophrenia or schizotypal disorders, 28% of mood disorders and 19% of organic disorders, such as epilepsy and dementia.¹

FORENSIC AND OTHER RESIDENTIAL FACILITIES

Forensic and other residential facilities such as homes for persons with mental retardation, detoxification, and dementia do not exist in Benin. However, there are an unknown number of other residential facilities that formally are not mental health facilities; nevertheless the majority of people in the facility have diagnosable mental health disorders (e.g. a centre run by Catholic Sisters in the department of Mono, Calavi, and certainly in the North of the country).

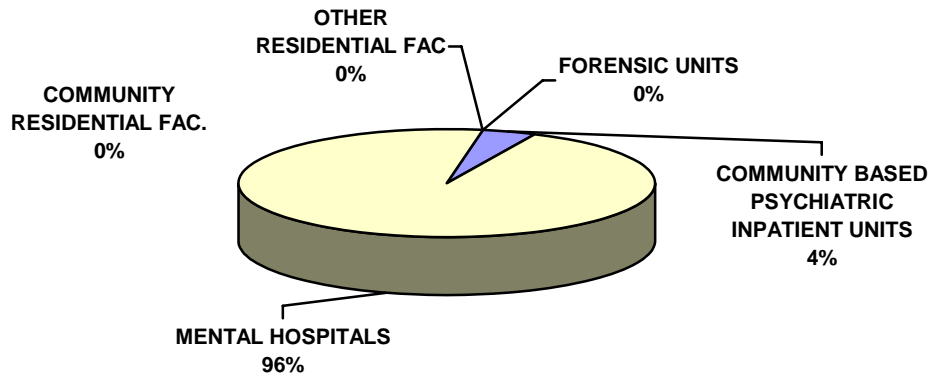
HUMAN RIGHTS AND EQUITY

There is not a formal legal system of hospitalisation or forced hospitalization (without consent of the patient) in Benin. Rather, patients are generally accompanied to consultation by their families who ask for their hospitalisation. When hospitalisation is requested by the doctor, the family's consent is required and it is generally accorded. It is estimated that ten percent of admissions to mental hospitals are involuntary. Over 20% of patients were restrained or secluded within the last year in mental hospitals. Ninety percent of psychiatric beds in the country are in big cities. The admission of patients is done without discrimination of any kind (sex, religion, ethnic group).

SUMMARY OF CHARTS

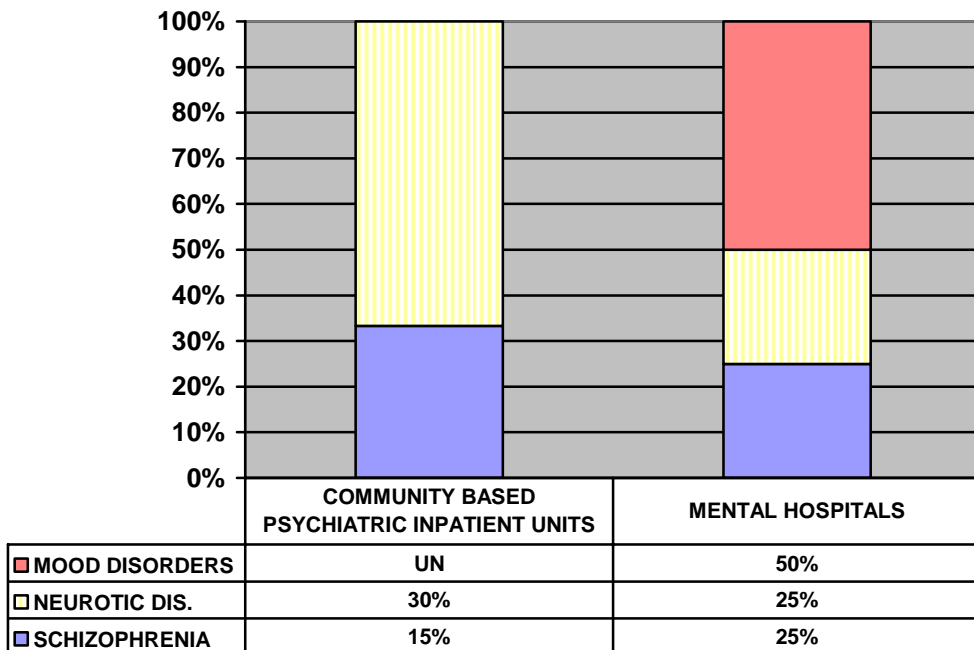
¹ Information provided by the St Camille de Lellis Foundation.

GRAPH 2.1 - BEDS IN MENTAL HEALTH FACILITIES AND OTHER RESIDENTIAL FACILITIES RATE PER 100,000 GENERAL POPULATION



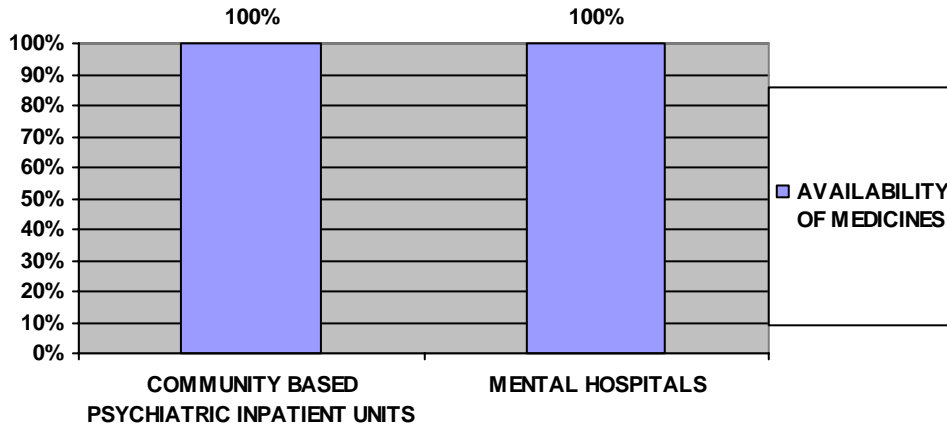
The majority of beds are in mental hospitals (96%), followed by community-based psychiatric units (4%).

GRAPH 2.2 - PATIENTS TREATED IN MENTAL HEALTH FACILITIES BY DIAGNOSIS



Mood disorders are prevalent in the public mental hospital² whereas, neurotic disorders are more present in community based psychiatric inpatient units. The data regarding the other diagnosis are not available. Patients do not consult for substance abuse; but are often hospitalised for this kind of problem.

GRAPH 2.3 - AVAILABILITY OF PSYCHOTROPIC DRUGS IN MENTAL HEALTH FACILITIES



Psychotropic drugs are available in mental hospitals and in community based psychiatric inpatient units.

MENTAL HEALTH IN PRIMARY HEALTH CARE

Training in mental health care for primary care staff

Four percent of the training for medical doctors and 1% of training for nurses is devoted to mental health. There is no refresher training in mental health for primary health care doctors, primary care nurses or non-doctor/non-nurse primary health care workers.

Mental health in primary health care

A few (1-20%) of physician-based primary health care doctors make on average at least one referral per month to a mental health professional. A few (1-20%) of non-physician based primary health care clinics make a referral to a higher level of care (e.g., mental health professional or physician-based primary health clinic).

Prescriptions in primary health care

Non-doctor and non-nurse primary health care workers are not allowed to prescribe psychotropic drugs, whereas nurses are allowed to prescribe only in emergency situations or by derogation. Physicians in primary health care are allowed to prescribe drugs without restriction. The medical clinics however, often do not have psychotropic drugs available.

² The diagnoses presented in this graph refer to the public mental hospital only.

HUMAN RESOURCES

Number of human resource in mental health care

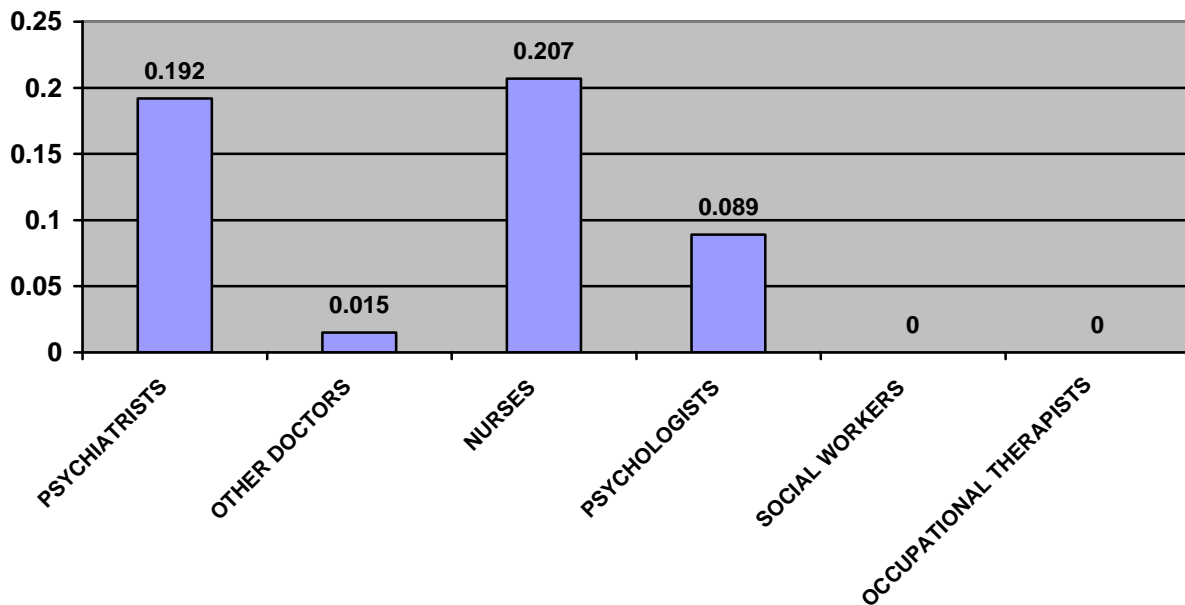
The total number of human resources working in mental health facilities or private practice per 100,000 population is 0.50. The breakdown according to profession is as follows: 13 psychiatrists (0.19 per 100,000); 1 (0.015 per 100,000) other medical doctors (not specialized in psychiatry); 14 (0.21 per 100,000) nurses; 6 (0.09 per 100,000) psychologists; 0 social workers; and 0 occupational therapists. The number of other health or mental health workers (including auxiliary staff, non-doctor/non-physician primary health care workers, health assistants, medical assistants, professional and paraprofessional psychosocial counsellors) is unknown.

Sixty-nine percent of psychiatrists work for government administered health facilities (public facilities). The remaining work for NGOs, private practice and for profit mental health facilities. All psychologists work specifically in the private sector, because they are not recruited by the state in the public area.

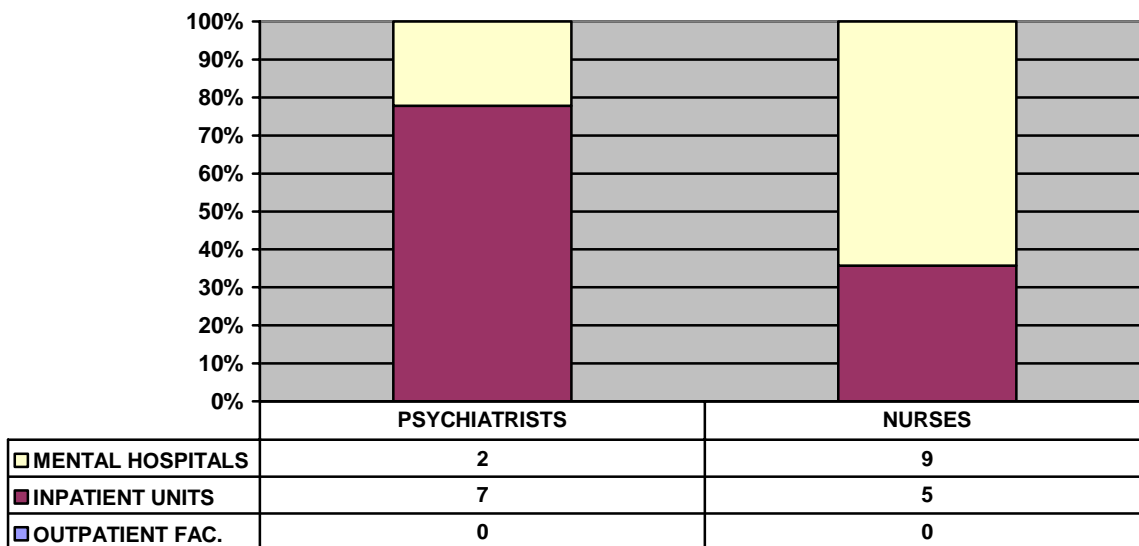
Regarding the workplace, 7 psychiatrists work in community-based psychiatric inpatient units and 2 in mental hospitals. Only one medical doctor (not specialized in mental health) works in private practice. As for nurses, 9 work in mental hospitals or private clinics and 5 work in community-based psychiatric inpatient units. Finally, for other mental health care staff (e.g., psychologists, social workers, occupational therapists, other health or mental health workers), the data does not exist.

The distribution of human resources between urban and rural areas is disproportionate. All the mental health facilities are concentrated in cities.

GRAPH 4.1 - Human resources working in mental health facilities
(rate per 100,000 general population)



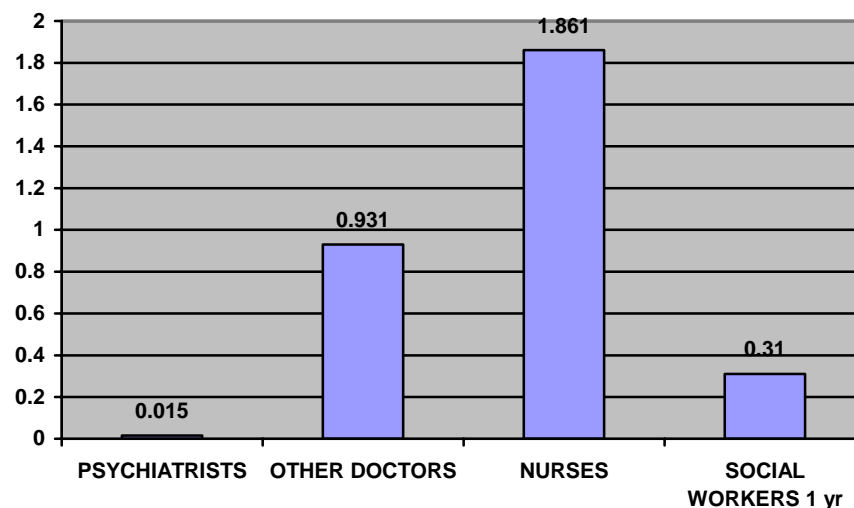
GRAPH 4.2 - STAFF WORKING IN MENTAL HEALTH FACILITIES
(percentage in the graph, number in the table)



Training professional in mental health

The number of professionals that graduated last year in academic and educational institutions per 100,000 is as follows: 0.93 medical doctors (not specialized in psychiatry), 1.86 nurses (0 nurses with at least one year training in mental health care), 0.015 psychiatrists, and 0.31 social workers with at least one year training in mental health care. No occupational therapists, other health or mental health workers (including auxiliary staff, non-doctor/non-physician primary health care workers, health assistants, medical assistants, professional and paraprofessional psychosocial counselors) graduated last year. One psychiatrist is currently abroad to complete training.

GRAPH 4.3 - PROFESSIONALS GRADUATED IN MENTAL HEALTH (rate per 100.000 population)



The number of professionals who received refresher training in the last year is unknown.

Consumers and families associations

There is only one family association in the country with around 20 members. The government does not provide economic support for the creation of consumer associations; nor does the government fund or provide economic support to the existent family association. The existent family association has not been involved in the formulation or implementation of mental health policies, plans, or legislation in the past two years. There is no interaction between mental health facilities and family associations. There are some NGOs in the country (Fondation Saint Camille, Jacquot Espoir, Cercle d'Etude Psychiatrique (CEP), Union Nationale des Familles et Amis des Malades mentaux de Bénin ..) involved in individual assistance activities such as counselling, housing, or support groups, but they don't receive support from the government.

Public education and link with others sectors

Public education and awareness campaigns on mental health

The national program that aimed to oversee public education and awareness campaigns on mental health and mental disorders has still not been implemented. No education or/and public awareness campaigns concerning mental health or mental disorders are organized for the community., except for short campaigns related with the world health day (or week) or other specific days.

Legislatives or financial measures for people with mental disorders

There are no specific legislative provisions that provide support for users. However, Benin has incorporated the provisions of the African Charter on Human and Peoples' Rights in its constitution; which requests that the state take all necessary measures in order to guarantee the respect of everyone's fundamental rights including people with disabilities or mental illness.

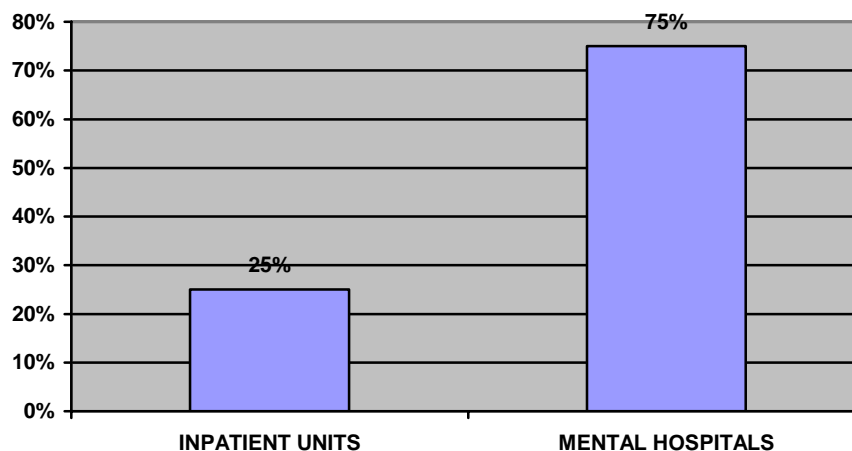
Links with others sectors

There are no links with the educational and criminal justice sectors.

Monitoring and research

A formally defined list of individual data items that ought to be collected by all mental health facilities exists. However, it is not updated regularly, thus data from that list could not be credible. This list includes the number of beds, admissions, involuntary admissions, length of stay, and patient diagnoses. The government health department received data from 75% of mental hospitals, and 25% of community based psychiatric inpatient units. No report has been published based on this data.

GRAPH 6.1 - PERCENTAGES OF MENTAL HEALTH FACILITIES TRANSMITTING DATA TO HEALTH DEPARTMENT



STRENGTHS AND WEAKNESSES OF THE MENTAL HEALTH SYSTEM IN BENIN

A) STRENGTHS

The following mental health structures exist in Benin:

1. The National Program of Mental Health of the Ministry of health
2. The Jacquot National Psychiatric Hospital (CNHP-J)
3. The Department of Mental Health at the Faculty of Health Sciences of the University of Abomey-Calavi, (Benin)
4. The Mental Health Service at the National University Centre Hospital (CNHU) (Cotonou)
5. The Medico-Psycho Pedagogic Service (SMPP) (Cotonou) which is a service for children and adolescents
6. The consultation and hospitalisation service at the Departmental Health Centre (CHD) of Ouémé (Porto-Novo)
7. The consultation and hospitalisation service at the Departmental Health Centre (CHD) of Zou that is currently without a specialized medical doctor
8. A consultation service and hospitalisation at the Departmental Health Centre (CHD) of Borgou (Parakou)
9. A private consultation service and hospitalisation of integrated psychiatry in Cotonou (the Pavillon Yéhouénon Cyprien)
10. A private consultation service and hospitalisation at the Health Centre Solidarity Vidolé in Abomey. This village health unit and other psychosocial structures constitute the pilot zone for the promotion of mental health.
11. The Saint Camille of Lellie Center at Avrankou (Bohicon)
12. Collaboration with traditional African healers.

B) WEAKNESSES

1. The number of psychiatric doctors is insufficient in Benin, added to the absence of qualified nurses with training in mental health.
2. Mental health facilities and specialists are concentrated in Cotonou.
3. Psychologists are not employed within the official health care system.
4. Resources allocated to the mental health sector are insufficient with respect to its needs.

NEXT STEPS IN STRENGTHENING THE MENTAL HEALTH SYSTEM

The next stages to improve the system of mental health consist of:

1. Training a sufficient number of specialized technicians on mental health according to the three principal categories of patients (children, adults and elderly people).
2. Improve the training of the existing mental health professionals and support them in their work by supervision and evaluation.
3. Integrate mental health into the primary health care system.

4. Increasing the number of mental health facilities and multidisciplinary teams (psychiatrists, psychologists, social workers, specialized technicians) throughout the country in order to increase access to mental health care.
5. Providing sufficient financial resources to the mental health care system.
6. Plan training and education of more trained nurses

More concretely:

1. Integrate psychiatric units/departments into general hospitals
2. Create medico-legal units of hospitalisation for convicts.
3. Encourage training on and facilitate the psychosocial management of patients at home.
4. Make available, and fund, treatment with essential psychotropic medications.
5. Increase the awareness of and in interest in mental health among medical students and paramedical staff.
6. Sensitize the population to the reasons for and the treatment of mental illnesses.
7. Encourage the creation of consumer and family associations to facilitate the social and professional rehabilitation of mental patients.
8. Create a coordinating body to monitor, evaluate and supervise public education and awareness campaigns on mental health and mental disorders.
9. Develop relations / official collaborations with other sectors.
10. Create a monitoring and assessment committee to collect data from all mental health facilities. Information collected by all mental health facilities should be submitted to the Ministry of Health.
11. Reinforce the collaboration between the mental health sector and traditional African healers.
12. Reinforce the training of primary health care and mental health care staff.

Information was gathered about the mental health system in Benin. Data were collected using the World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS).

A mental health policy and plan has been compiled and validated, but is waiting to be popularized. There is a draft of the mental health legislation; but it has not yet been approved by the government. The expenditures on mental health by the government are less than 1% of the health budget. The assessment revealed that there are 4 community-based psychiatric units and 4 mental hospitals (1 public and 3 private) in Benin. There are no separate outpatient facilities in the country, however outpatient care is provided in general and mental hospitals.

Mental health professionals and mental health services are especially limited for children and adolescents and people who do not live in the capital city. Also, primary care providers have little training in mental health and there are no protocols for how to treat or refer people with mental disorders.

The results are used to discuss the status of the various aspects of mental health services in the country. The report recommends the training of mental health professionals.