

## Botswana

Total population (UN official estimates): <sup>a</sup>	2,038,585	Burden of mental disorders (WHO official estimates)	
WHO Region:	AFR	Disability-adjusted life years (per 100,000 population) <sup>c</sup>	3,563
Income group:	Upper middle-income	Suicide (age-standardized rate per 100,000 population) <sup>d</sup>	3.8
Total health expenditure per person (US\$, 2013) <sup>b</sup>	\$397		
Availability / status of mental health reporting	Not reported		

### MENTAL HEALTH SYSTEM GOVERNANCE

#### Mental health policy

Stand-alone policy or plan for mental health:	Yes
(Year of policy / plan):	2003
Implementation status:	Available and fully implemented
Policy / plan is in line with human rights covenants (self-rated 5-point checklist score; 5 = fully in line)	5

#### Mental health legislation

Stand-alone law for mental health:	Yes
(Year of policy / plan):	1971
Implementation status:	Available and fully implemented
Law is in line with human rights covenants (self-rated 5-point checklist score; 5 = fully in line)	4

#### Involvement of service users and families (as reported by MoH focal point)

a. INFORMATION gathered / disseminated by MoH	Fully implemented	d. PARTICIPATION in MoH planning, policy, service development and evaluation	Fully implemented
b. POLICY on participation developed / published by MoH	Fully implemented	e. RESOURCES available for participation and reimbursement	Fully implemented
c. EARLY INVOLVEMENT in mental health policy and law	Fully implemented		

### RESOURCES FOR MENTAL HEALTH

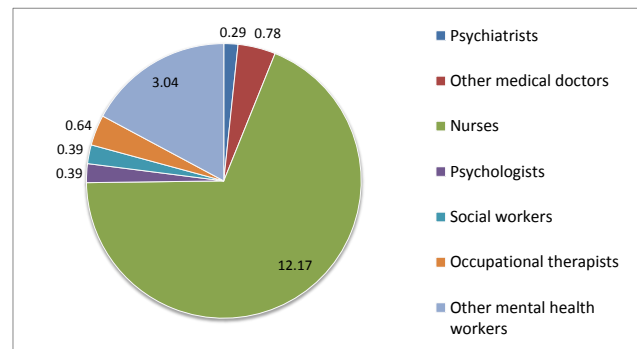
#### Mental health financing

Main source of funds for care of severe mental disorders	Not reported
Inpatient / outpatient budget breakdown reported	No
If yes, estimated mental health spending per capita (US\$)	Not applicable

#### Human resources for mental health

Total reported staff (mental health inpatient care)	361
Total reported staff (mental health outpatient care)	Not reported
Total mental health workers per 100,000 population	17.7

#### Mental health workforce (rate per 100,000 population)



### MENTAL HEALTH SERVICE AVAILABILITY AND UPTAKE

#### Outpatient care (total facilities)

Mental health outpatient facility	Not reported
Mental health day treatment facility	0

#### Outpatient care (per 100,000 population)

Mental health outpatient visits	0
Mental health day treatment sessions	0

#### Inpatient care (total facilities)

Mental hospitals	1
Psychiatric units in general hospitals	5
Residential care facilities	0

#### Inpatient care (per 100,000 population)

Mental hospital beds / annual admissions	7.1	/	77.7
General hospital psychiatric unit beds / annual admissions	4.9	/	58.8
Residential care beds / annual admissions	0.0	/	0.0

#### Mental hospitals

Total number of inpatients	46
Admissions that are involuntary	6%
Discharged inpatients followed up within one month	Not reported

#### Mental hospitals (length of stay)

Inpatients staying less than 1 year	93%
Inpatients staying 1-5 years	2%
Inpatients staying more than 5 years	4%

#### Treated prevalence (total cases)

Treated cases of severe mental disorder	Not reported
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#### Treated prevalence (per 100,000 population)

Treated cases of severe mental disorder	Not reported
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### MENTAL HEALTH PROMOTION AND PREVENTION

Existence of at least two functioning programmes	Yes	Existence of a suicide prevention strategy	No
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Programme examples	Category of programme	Target group	Scope
School health	Mental health promotion in schools	Children	Universal
Alcohol Abuse prevention	Mental health awareness/prevention/anti-stigma	All ages	Universal

<sup>a</sup> UN World Population Prospects, 2013; <http://esa.un.org/unpd/wpp/>

<sup>b</sup> WHO Global Health Expenditure Database; <http://apps.who.int/nha/database>

<sup>c</sup> WHO Global Health Estimates; [http://www.who.int/healthinfo/global\\_burden\\_disease/en/](http://www.who.int/healthinfo/global_burden_disease/en/)

<sup>d</sup> WHO, 2013: *Preventing suicide; a global imperative*; [http://www.who.int/mental\\_health/suicide-prevention](http://www.who.int/mental_health/suicide-prevention)

*Note:* Age-standardised suicide rates - computed using standard categories, definitions and methods - are reported to facilitate comparisons over time and between countries, and may not be the same as official national estimates.