THERAPY NEAR ME

THERAPY NEAR ME RESEARCH

GLOBAL EVIDENCE BENCHMARK | 2027

Global Mental Health Care Access and Affordability Benchmark 2027

A cross-country evidence framework for practical access, timeliness, availability, unmet need, provider fees and affordability

PUBLIC RELEASE EDITION | VERSION 1.1

15 countries | 28 core indicators | Six access domains

REPORT AT A GLANCE

15-country evidence benchmark examining public coverage, access pathways, workforce, waiting, unmet need, provider fees and affordability. This integrated edition leads with the strongest cross-country findings while retaining the full audited evidence tables and reproducibility record.

15
COUNTRIES
Analytical cohort

420
EVIDENCE CELLS
28 core indicators

+39.0 pp
MHAOG
Cohort observability gap

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Contents

Executive findings

GMHCAAB 2027 examines practical mental-health access across 15 countries using 28 controlled indicators covering public coverage, access pathways, timeliness, workforce and service availability, mental-health-specific unmet need, provider fees and affordability. This integrated edition keeps the original benchmark's detailed evidence tables and reproducibility architecture, while leading with the substantive patterns revealed by the data.

13/15
public entitlement identifiable

8/15
access/referral pathway identifiable

11
complete N=20 fee samples

10-129 hrs
minimum-wage work for one observed session

Central observation

Across the cohort, countries are generally much better able to describe whether mental-health care exists and what capacity is present than the patient's practical journey into that care - including waiting, unmet need and financial burden.

Ten findings from the evidence

1. Formal entitlement is usually visible, but operational benefit detail thins out quickly.

Public outpatient mental-health entitlement is verified in 13 of 15 countries. A standard access/referral pathway is identifiable in 8, mandatory patient-contribution rules in 5, psychologist-specific public coverage in 4, an official scheduled payment in 4 and a numerical treatment limit in only 2.

2. Public mental-health access is organised through different pathway models.

Among the eight countries with a definition-compatible pathway, three support direct/open access, four use a stepped or referral-based pathway, and Chile uses a condition-specific guarantee pathway.

3. Service capacity is far easier to measure than how long patients wait.

Psychologist, psychiatrist, mental-health-nurse and service/facility measures are each available in 12 countries, yet no country has a verified common measure for time to triage or time to initial clinical assessment. Only two countries have a compatible treatment-start measure.

4. Countries deploy very different professional mixes.

Among the 11 countries with all three workforce rates observed, five have a psychologist-dominant profile, five a mental-health-nurse-dominant profile and one a psychiatrist-dominant profile. The observed psychologist-to-psychiatrist ratio ranges from 0.125 to 56.1.

5. Where patient-reported barriers are visible, the pattern differs by country.

In Canada, cost-related and waiting-related reasons are almost equally prominent in the source-defined subgroup (37% and 39%). In the United States, cost-related reasons are much more prominent (65.2%) than waiting-related reasons (16.5%).

6. A single advertised provider fee can materially misstate the centre of the observed provider sample.

Across the ten countries with both FEE-01 and a complete N=20 FEE-02 sample, the single provider observation differs from the sample median by at least 10% in seven countries and by at least 20% in four. In Nigeria it is 125% above the sample median; in Jordan it is 100% above.

7. Price dispersion differs sharply even after currency is removed from the comparison.

Relative Fee Dispersion ranges from 0.043 in Canada to 0.875 in Jordan across the 11 complete N=20 samples. Brazil (0.806) and Morocco (0.500) also show wide within-sample dispersion.

8. One psychology session can represent a large minimum-wage work burden.

Across seven countries with a compatible AFF-04 calculation, the observed standard fee represents about 10.0 to 128.6 hours of statutory minimum-wage work.

9. Even in the four countries with compatible median-income calculations, one private session is economically material.

The controlled standard fee equals about 5.4% of monthly median equivalised disposable income in Chile, 6.0% in the United States, 8.6% in Brazil and 9.1% in Mexico.

10. The evidence architecture is systematically more system-facing than person-facing.

Structural/access-condition evidence is verified in 58.1% of possible cells, compared with 19.0% for person-facing/realised-access evidence. MHAOG is therefore +39.0 percentage points.

Part I. What the data show

This section interprets the verified evidence directly. Technical caveats are retained where they affect interpretation, but they do not displace the substantive result.

1. Entitlement is common; usable benefit detail is not

Public mental-health entitlement is visible in most countries, but practical benefit detail becomes much thinner as the analysis moves toward psychologist eligibility, referral requirements, treatment limits, scheduled payments and mandatory patient contributions.

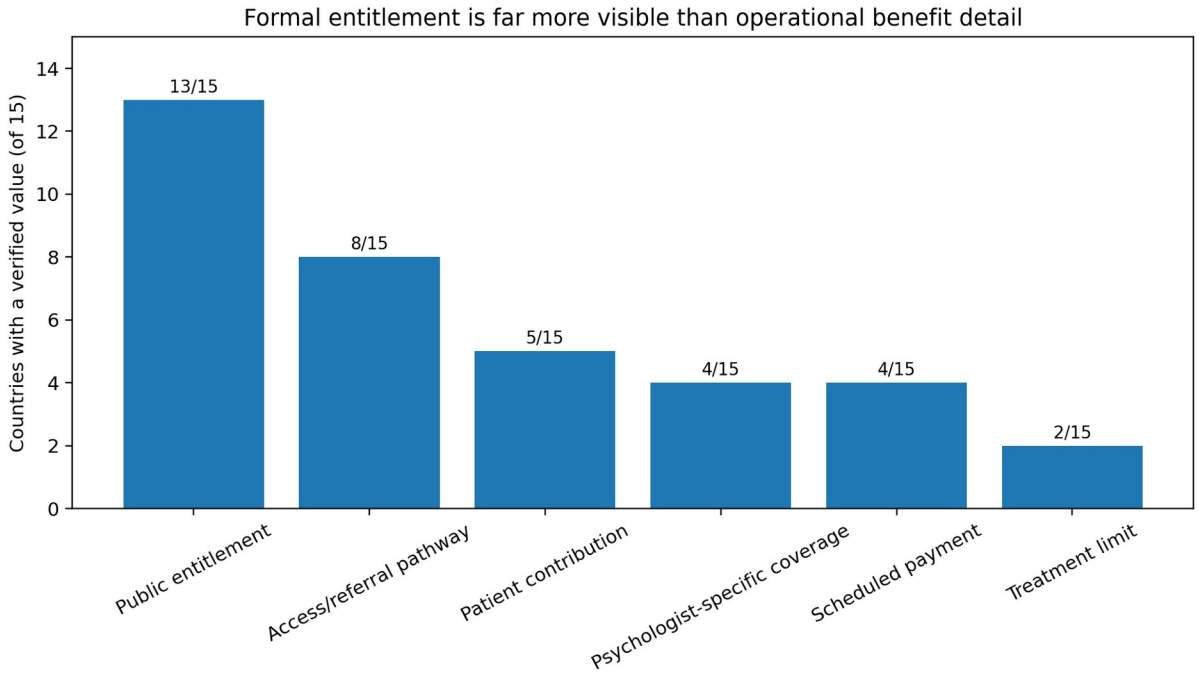

Figure 1. Observable coverage architecture across the 15-country cohort.

Interpretive finding

Broad entitlement is more than three times as observable as psychologist-specific coverage or an official scheduled payment, and more than six times as observable as a numerical treatment limit.

2. Public access pathways follow different models

Among the eight countries with a definition-compatible access pathway, three support direct/open access, four use a stepped or referral structure, and Chile uses a condition-specific guarantee pathway. The same workforce therefore sits behind quite different routes into care.

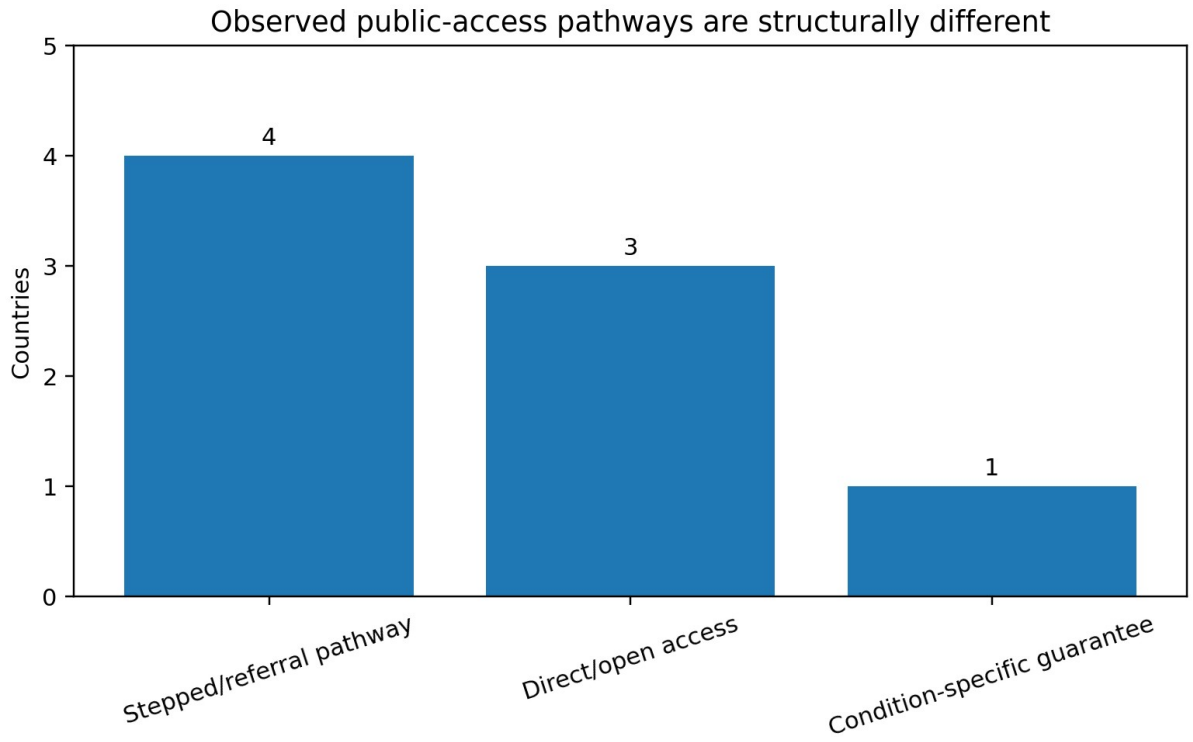

Figure 2. Access-pathway models among the eight countries with a verified pathway.

Pathway model	Countries	Observed implication
Direct / open access	Ghana; Brazil; United States	Entry to the relevant mental-health/specialist service without a standard referral in the observed pathway.
Stepped / referral	Kenya; Rwanda; South Africa; Mexico	Primary or lower-level care plays a gatekeeping or transfer role.
Condition-specific guarantee	Chile	Diagnostic confirmation and referral activate a defined GES pathway.

3. Capacity is counted far more often than waiting is measured

Psychologist, psychiatrist and mental-health-nurse rates are each available in 12 countries. Yet no country has a verified common measure for time to triage or time to initial clinical assessment, and only two countries have a compatible treatment-start measure.

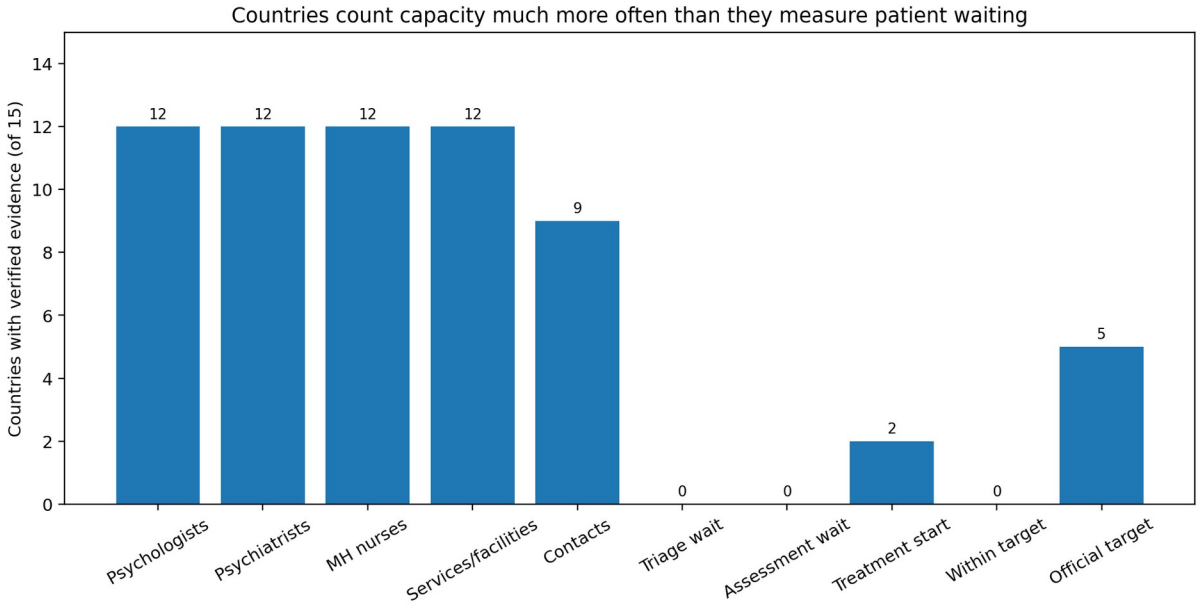

Figure 3. Verified availability and timeliness evidence across the cohort.

Patient-journey blind spot

The first two operational stages of the outpatient journey - triage and initial clinical assessment - are not comparably observed in any of the 15 countries under the common definitions.

4. Countries build mental-health capacity with very different workforce mixes

Eleven countries have compatible observations for psychologists, psychiatrists and mental-health nurses simultaneously. Five are psychologist-dominant on the three observed rates, five nurse-dominant and one - Jordan - psychiatrist-dominant.

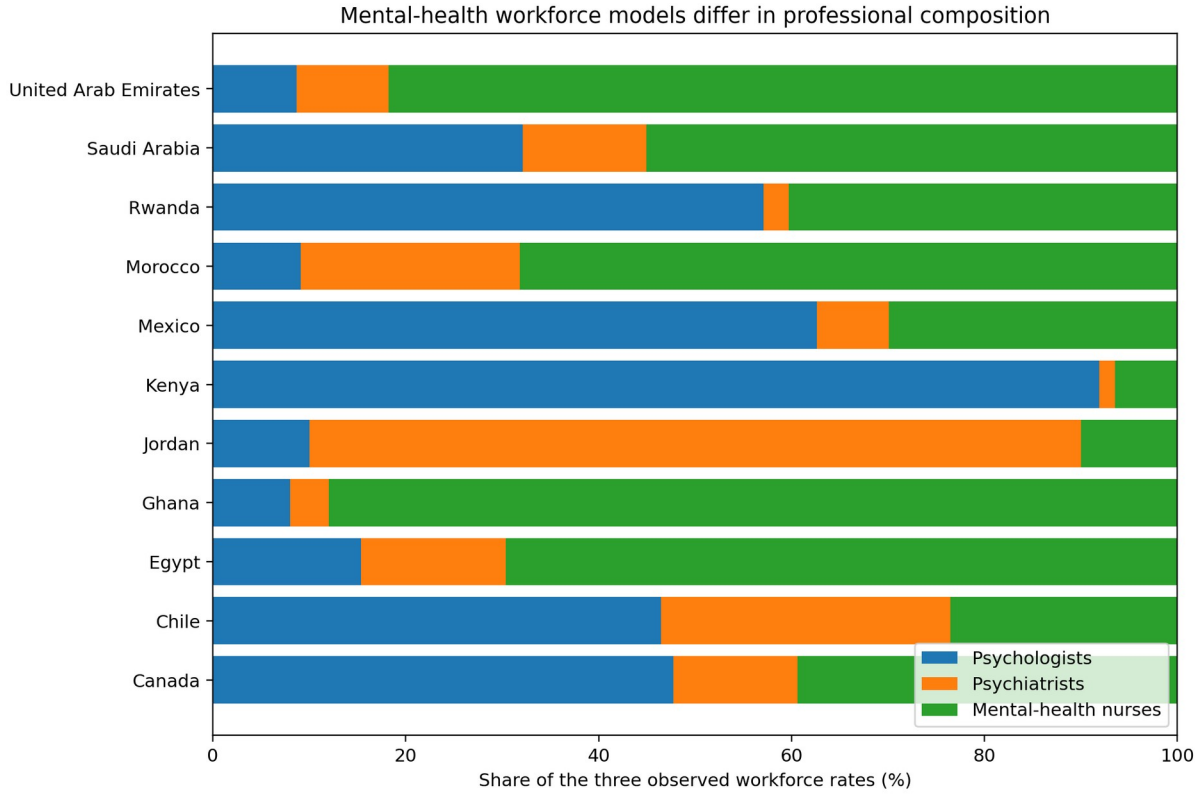

Figure 4. Professional composition of the three observed mental-health workforce rates in 11 countries.

Workforce typology

Psychologist-dominant: Canada, Chile, Kenya, Mexico and Rwanda. Nurse-dominant: Egypt, Ghana, Morocco, Saudi Arabia and the United Arab Emirates. Psychiatrist-dominant: Jordan.

5. When unmet need is measured, the barriers are not the same

Reason-specific evidence demonstrates why a single unmet-need statistic can hide different access problems. In Canada, cost and waiting are almost equally prominent in the source-defined subgroup; in the United States, cost is much more prominent.

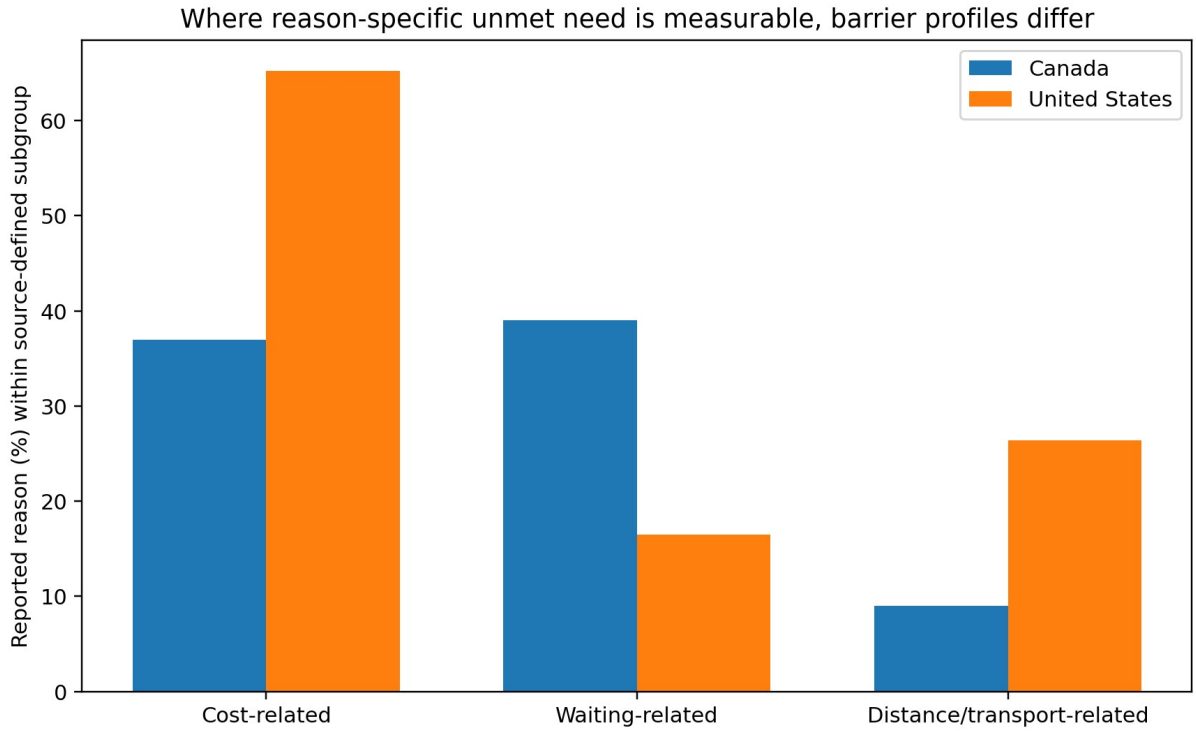

Figure 5. Reason-specific unmet-need profiles in Canada and the United States.

6. A single advertised fee can be a poor guide to the centre of the observed market

Across ten countries with both a single controlled provider observation and a complete N=20 sample median, the single observation differs from the sample median by at least 10% in seven countries and by at least 20% in four.

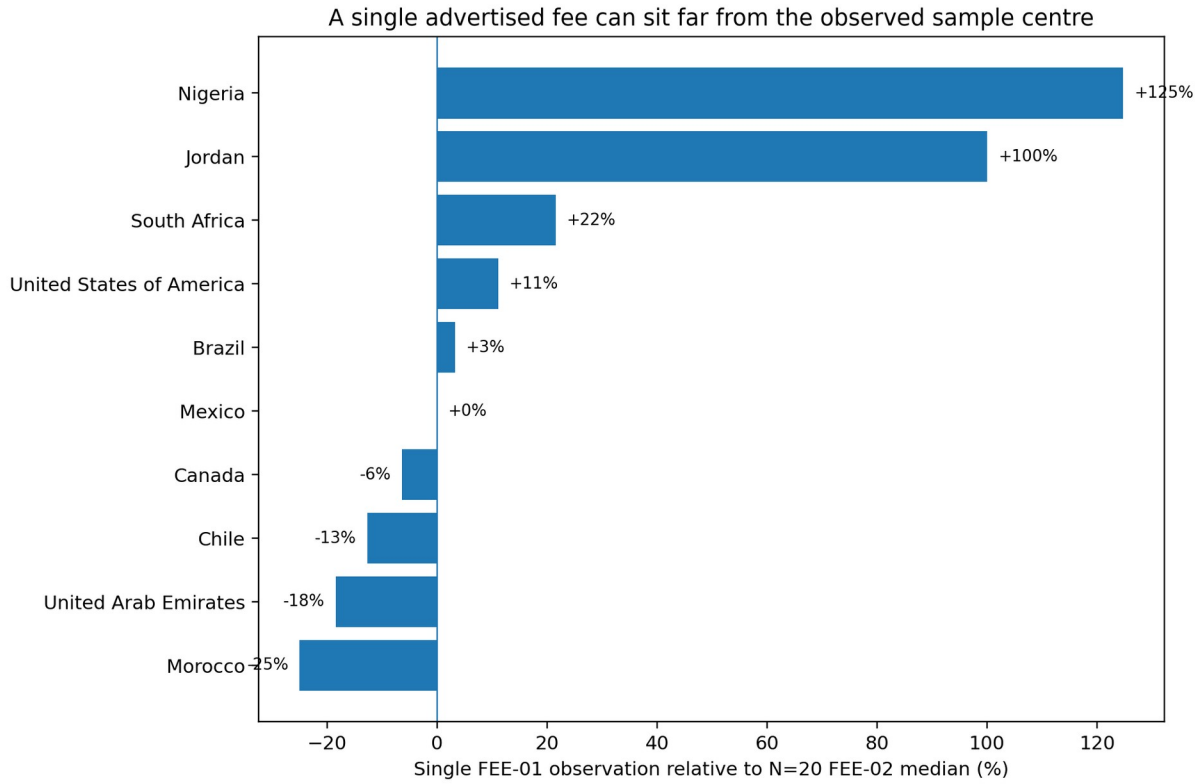

Figure 6. Difference between the single-provider fee and the N=20 sample median.

Why multi-provider samples matter

The N=20 samples are not national market estimates, but they are demonstrably more informative than treating one provider's advertised fee as typical.

7. Private psychology fee dispersion differs sharply between observed provider samples

Relative Fee Dispersion (RFD = IQR/median) ranges from 0.043 in Canada to 0.875 in Jordan. Brazil, Morocco and Nigeria also show relatively wide dispersion, while Canada and South Africa are much more compressed.

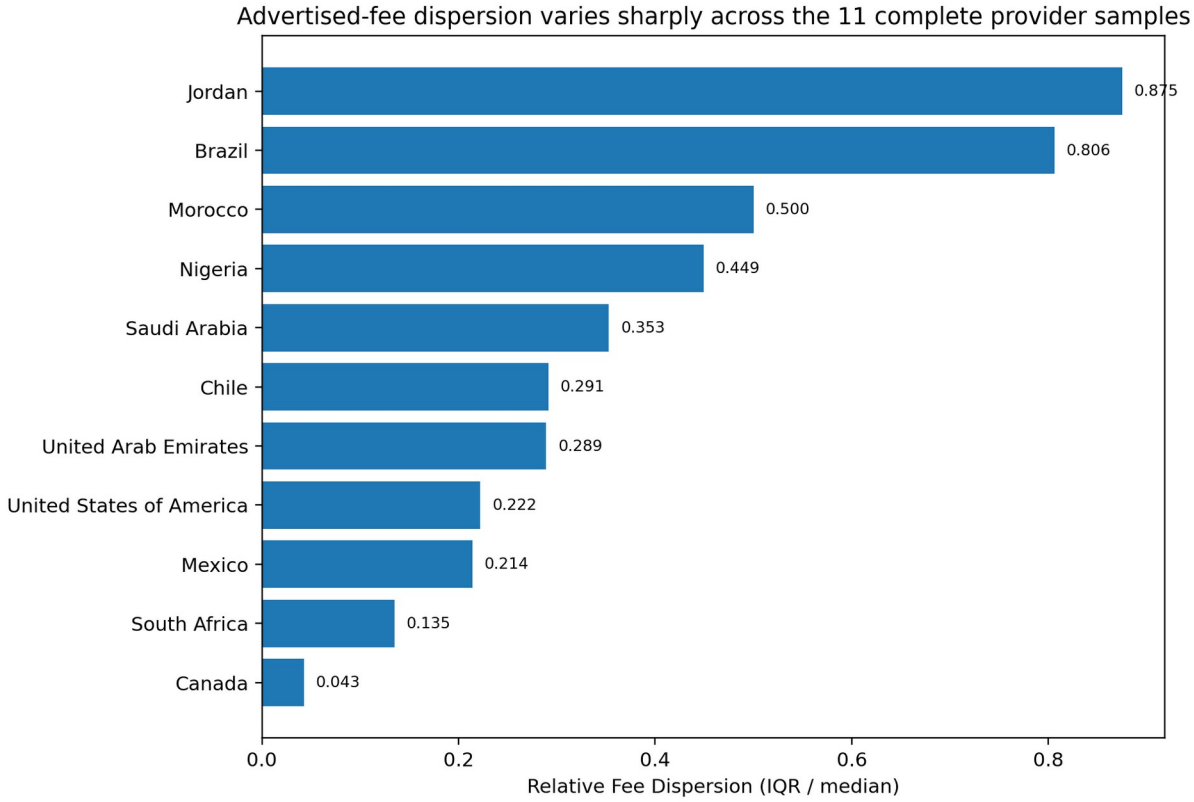

Figure 7. Relative Fee Dispersion in the 11 complete N=20 advertised-fee samples.

8. A psychology session can represent a substantial share of household economic capacity

Across seven compatible minimum-wage calculations, one observed standard session represents approximately 10.0 to 128.6 hours of statutory minimum-wage work.

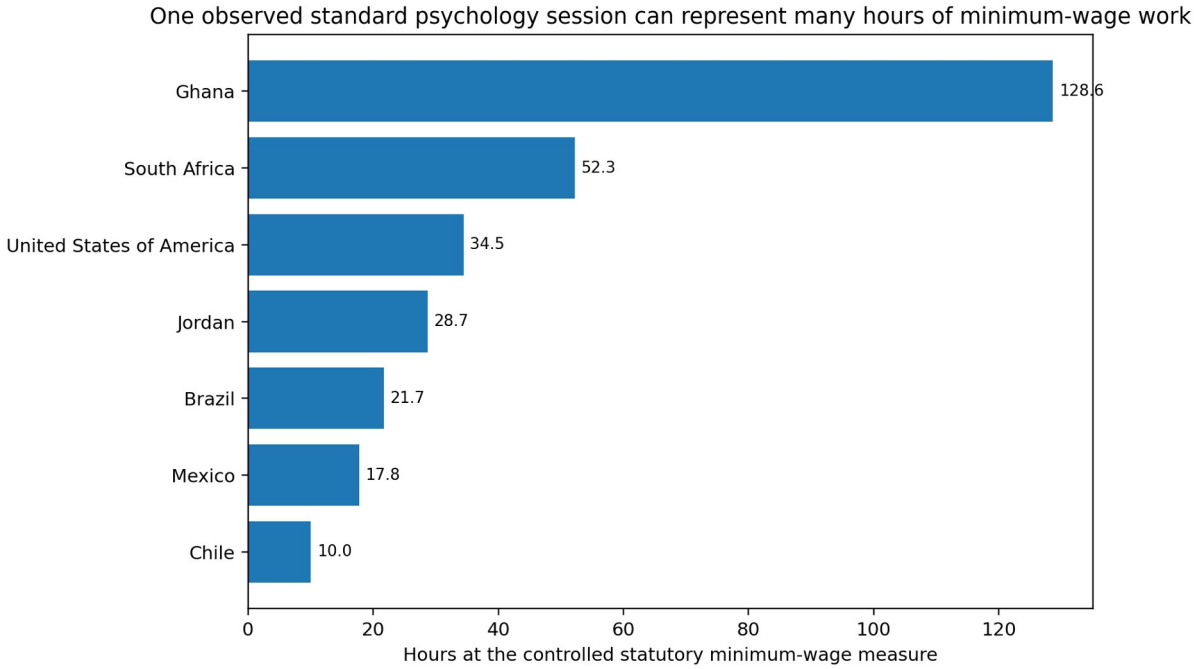

Figure 8. Minimum-wage hours represented by one observed standard psychology fee.

In the four countries with a compatible median-income calculation, one controlled standard fee represents 5.4% to 9.1% of monthly median equivalised disposable income.

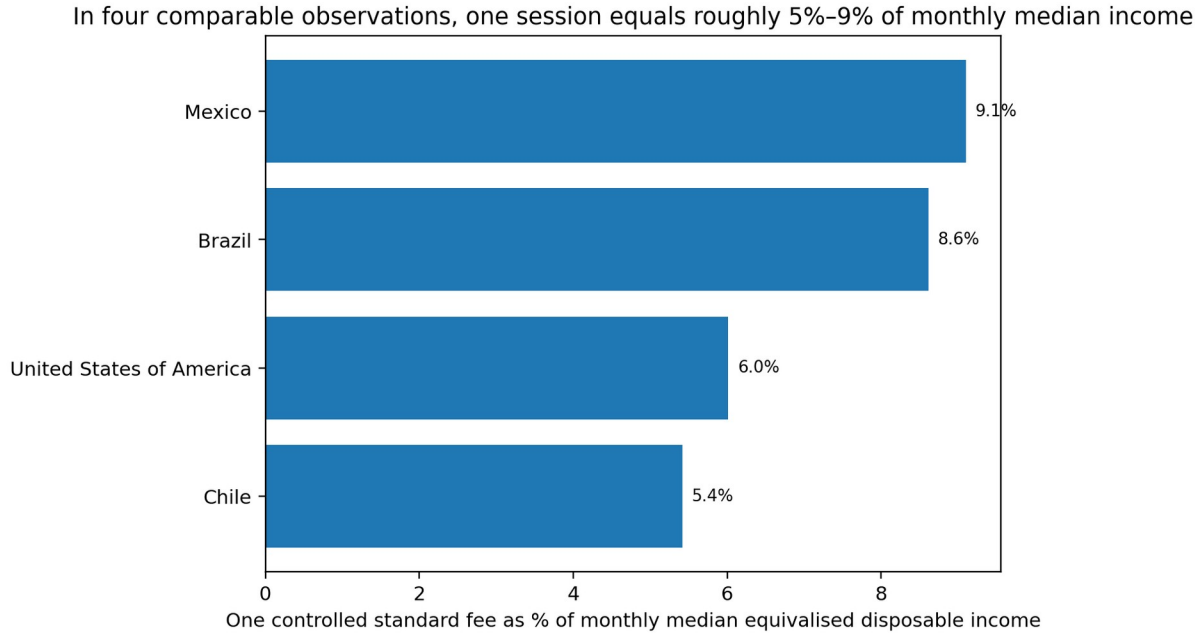

Figure 9. One standard private psychology fee as a share of monthly median equivalised disposable income.

Practical interpretation

Affordability is not captured by fee level alone. The economic meaning of a session depends on wages, household income, reimbursement and repeat-session requirements.

9. MHAOG: the person-facing side of access is systematically less visible

The Mental Health Access Observability Gap is retained as a secondary finding about the information environment. Structural/access-condition evidence is verified in 58.1% of possible cells compared with 19.0% for person-facing/realised-access evidence.

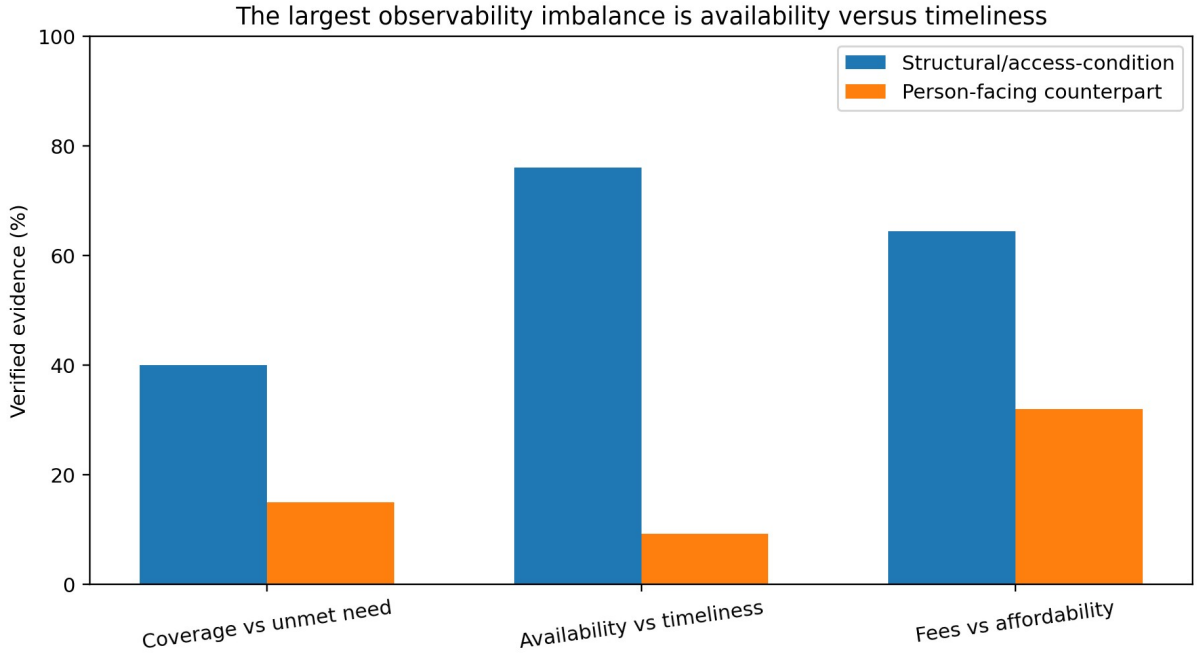

Figure 10. Paired observability gaps in the MHAOG framework.

MHAOG is +39.0 percentage points and the largest paired gap is availability versus timeliness: 76.0% versus 9.3%. The substantive implication is that systems are generally more transparent about what they contain than about what happens to a person attempting to use them.

Part II. Methods and detailed comparative evidence

10. Methods in brief

GMHCAAB 2027 uses a fixed 28-indicator framework across six domains: Coverage, Timeliness, Availability, Unmet need, Fee and Affordability. The analytical cohort contains 15 countries across the WHO African, Americas and Eastern Mediterranean regions.

- Primary official national sources were prioritised; WHO and other intergovernmental evidence was used where definition-compatible.
- A value was accepted only when the population, service type, pathway, unit, denominator and reference period matched the controlled indicator definition closely enough for the permitted comparison.
- Provider-fee medians require 20 accepted observations and are described as controlled non-probability country-profile samples rather than national market estimates.
- Missing or non-comparable evidence is left unfilled rather than converted into a zero or replaced with a definition-incompatible proxy.
- MHAOG and RFD are additive derived measures and do not change the underlying 28 indicator values.
- The report does not collapse the six domains into one country score; it reports direct comparisons where the evidence supports them.

Reproducibility

The complete 420-row dataset, citation crosswalk, source index, MHAOG files and RFD files are public supplements on the permanent report page.

11. Detailed comparative evidence tables

The following tables retain the original controlled values and caveats for readers who need the underlying cross-country evidence behind the findings above.

11.1 Coverage

Coverage evidence is strongest for the existence of a public entitlement and weakest for the exact operational rules of that entitlement. COV-01 is observed in 13 of 15 countries, but COV-02 is observed in 4, COV-04 in 2, COV-05 in 4 and COV-06 in 5. This means that a statement that mental-health care is covered often cannot be translated into one common answer about psychologist eligibility, number of sessions, reimbursement amount or patient contribution.

Table 1. Verified coverage findings by country and indicator.

Country	Indicator	Controlled finding	Caveat
Ghana	COV-01	Four priority mental health conditions — psychosis, anxiety, bipolar disorder and depression — formally included in the NHIS benefits package	Coverage is condition-specific. The source does not provide an exact psychologist entitlement, session limit or reimbur…
Ghana	COV-03	A person in need of treatment for mental disorder may go directly, with or without referral, to a mental-health facility for treatment.	The law establishes direct access but does not guarantee availability, waiting time or psychologist delivery.
Kenya	COV-01	Entitlement subject to Social Health Insurance Fund registration, facility level and referral requirements	The regulations identify mental-health services within benefit packages but do not specify psychologist-delivered thera…
Kenya	COV-03	Primary-care access at level 2 or 3; referral required for further review, treatment and management at level 4, 5 or 6	The pathway is scheme-level and facility-level specific; emergency and private self-pay routes are outside this record.

Country	Indicator	Controlled finding	Caveat
Nigeria	COV-01	Psychotherapy is included in the National Health Insurance Authority professional fee-for-service schedule, subject to applicable scheme eligibility	The schedule establishes a covered psychotherapy line, but does not state the provider profession, session duration or…
Nigeria	COV-04	10	The schedule does not state the time period for the 10-session maximum or identify the provider profession.
Nigeria	COV-05	4000 NGN per psychotherapy service	The official amount is exact, but the schedule does not state session duration, provider profession or whether the amou…
Rwanda	COV-01	Care and treatment for psychosis, bipolar disorder and depression included in national health insurance or reimbursement schemes	Outside the preferred data window; exact eligibility, provider type, session entitlement and current benefit-package de…
Rwanda	COV-03	A CBHI member starts treatment at a health post or health centre and is transferred to a district hospital when the condition exceeds lower-level capacity.	Scheme-specific pathway; it does not establish direct access to every mental-health provider or service.
Rwanda	COV-06	RWF 200 at a health post or health centre; 10% of total cost at hospital; services free for first socio-economic class members	Conditional scheme-level contribution, not a single flat national amount. Applicability depends on facility level and s…
South Africa	COV-03	Access should occur at the lowest appropriate level of care, with upward, downward, internal and self-referral pathways governed by clinical need and service availability.	The policy applies across public health services and is not a mental-health-specific eligibility instrument.
Brazil	COV-01	Yes — psychosis/bipolar disorder and depression/anxiety are included in publicly funded financial-protection schemes	Country-reported WHO field; operative eligibility rules and service availability require national-source mapping.
Brazil	COV-02	Covered within CAPS — multidisciplinary teams include psychologists and provide psychological support and individual and group therapies	Applies to the CAPS pathway and its target populations; it does not establish uniform psychologist access across every…
Brazil	COV-03	Direct access permitted — no appointment required for the initial CAPS reception	The open-door rule applies to CAPS and does not establish that every outpatient mental-health service in Brazil uses th…
Brazil	COV-05	2.55 BRL ambulatory-service amount	Exact current mirrored SIGTAP row. Official monthly ZIP filename was located but the official binary was not ingested.…
Brazil	COV-06	0–5% for mental-health outpatient services and psychological therapies	Source-reported band does not define an exact statutory copayment or all eligibility pathways.
Chile	COV-01	Yes — psychosis/bipolar disorder and depression/anxiety are included in publicly funded financial-protection schemes	Country-reported WHO field; condition-specific GES pathways and general non-GES pathways must remain distinguished.
Chile	COV-02	Covered — GES depression treatment baskets include clinical psychologist consultation/control, individual psychotherapy and group psychotherapy	Condition- and programme-specific; does not establish psychologist coverage for every mental-health condition or non-GE…
Chile	COV-03	Medical diagnostic confirmation activates treatment access; specialist consultation follows referral	Condition-specific GES pathway; non-GES access routes may differ.

Country	Indicator	Controlled finding	Caveat
Chile	COV-05	Monthly GES tariffs: mild CLP 8,150; moderate 12,180; severe 15,130; refractory maintenance 13,770; refractory acute 46,650 CLP monthly package tariff schedule	Package-level monthly tariffs vary by severity and phase; these are not private psychologist session reimbursements.
Chile	COV-06	51–100% for mental-health outpatient services and psychological therapies	Broad source-reported band; does not replace pathway-specific GES or insurer copayment rules.
Mexico	COV-01	National right to health protection; free health services, medicines and associated supplies for people without social security	General health entitlement includes mental well-being but does not itself identify one uniform psychologist pathway.
Mexico	COV-02	Covered for IMSS beneficiaries and workers — psychologists provide assessment and intervention across IMSS levels of care	Programme-specific to IMSS; it does not represent the uninsured population or other Mexican public schemes.
Mexico	COV-03	PrevenIMSS screening followed by Family Medicine assessment; the family doctor may refer to Psychology	Programme-specific IMSS route; urgent and other public-system pathways differ.
Mexico	COV-06	6–20% for mental-health outpatient services and psychological therapies	Broad source-reported band; insurance and uninsured pathways may differ.
United States of America	COV-01	Program-limited — Medicare Part B covers outpatient mental-health services in provider offices, hospital outpatient departments and community mental-health centres	Medicare is a national public programme but not universal population entitlement.
United States of America	COV-02	Covered — individual and group therapy with psychologists authorised by the state	Programme-limited to Medicare and subject to coverage and medical-necessity criteria.
United States of America	COV-03	Original Medicare: in most cases no referral is required to see a specialist	Programme-specific; Medicare Advantage plans may require referrals and network use.
United States of America	COV-04	No specific time limit while treatment-plan, medical-necessity and expected-improvement criteria continue to be met	This is not unlimited unconditional coverage; continued coverage depends on evidence and accepted practice.
United States of America	COV-05	113.897069 USD national unadjusted non-facility amount	National unadjusted non-QP baseline with GPCI values effectively set to 1.0. Rounded non-facility amount is USD 113.90;...
United States of America	COV-06	20	Programme-limited; hospital outpatient services may add a copayment or coinsurance, and the rule is not universal acros...
Egypt	COV-01	Universal	COV-01 only. Do not infer psychologist-specific coverage, treatment limit, reimbursement amount or mandatory contributi...
Jordan	COV-01	Included for psychosis and bipolar disorder; included for depression and anxiety	National-system financing field; does not establish psychologist-specific entitlement, eligibility, referral requiremen...
Morocco	COV-01	Included for psychosis and bipolar disorder; included for depression and anxiety	National-system financing field; does not establish psychologist-specific entitlement, eligibility, referral requiremen...
Saudi Arabia	COV-01	Mental healthcare and treatment reported as included in publicly funded financial protection schemes	The profile does not identify the exact covered population or establish universal entitlement.

Country	Indicator	Controlled finding	Caveat
United Arab Emirates	COV-01	Included for psychosis and bipolar disorder; included for depression and anxiety	National-system financing field; does not establish psychologist-specific entitlement, eligibility, referral requiremen…

11.2 Timeliness

Timeliness is the least complete domain: 7 of 75 cells are observed. Neither TIM-01 (time to triage) nor TIM-02 (time to initial clinical assessment) has a verified value in the 15-country cohort. The available evidence also mixes observed waiting distributions and policy targets, so it cannot support a common national waiting-time ranking.

Table 2. Verified timeliness values and their controlled interpretation.

Country	Indicator	Controlled value	What the measure actually represents
South Africa	TIM-05	120 minutes	General public outpatient target, not mental-health-specific. Hospital outpatient targets vary by hospital level.
Brazil	TIM-05	10 business days maximum	Applies to regulated supplementary-health plans, not the SUS pathway. The operator may satisfy the guarantee through an eligible network or alternati…
Canada	TIM-03	30 median calendar days	Excludes Quebec, British Columbia and Nunavut; Manitoba coverage is partial. The service is community mental-health counselling, broader than psychol…
Chile	TIM-03	0 days from diagnostic confirmation to treatment guarantee	Guarantee-specific maximum for confirmed depression; not a national observed median and not generalisable to all mental-health conditions.
Chile	TIM-05	30 days maximum to specialist consultation after referral	Condition-specific GES guarantee; not an observed waiting-time statistic and not a universal pathway.
Mexico	TIM-05	5 days maximum	Programme-specific IMSS screening pathway. The end event is a family-physician appointment, not direct psychologist treatment, and the target is not…
United States of America	TIM-05	20 days maximum wait-time access standard	Programme-specific standard for eligible/enrolled Veterans. It is not an observed waiting-time distribution and is not a universal United States targ…

11.3 Availability

Availability is the most complete domain, with 57 of 75 cells observed. The observed workforce rates span wide ranges: psychologists 0.1-53.3 per 100,000 (12 countries), psychiatrists 0.1-14.38 per 100,000 (12 countries), and mental-health nurses 0.1-242.62 per 100,000 (12 countries). These values demonstrate material structural differences, but they remain qualified because national systems do not use identical active-practice and workforce reporting definitions.

Table 3. Availability indicators in original controlled source units.

Country	Psychologists	Psychiatrists	MH nurses	Community/ outpatient facilities	Outpatient contacts
Ghana	0.40 per 100,000	0.20 per 100,000	4.40 per 100,000	0.320 facilities per 100,000	766.1 visits per 100,000 population
Kenya	12.35 per 100,000	0.22 per 100,000	0.87 per 100,000	17% of health facilities offering mental-health services	Unavailable
Nigeria	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Rwanda	2.14 per 100,000	0.10 per 100,000	1.51 per 100,000	Unavailable	Unavailable

Country	Psychologists	Psychiatrists	MH nurses	Community/ outpatient facilities	Outpatient contacts
South Africa	Unavailable	Unavailable	242.62 per 100,000	8.434 facilities per 100,000	2,222.0 visits per 100,000 population
Brazil	Unavailable	Unavailable	Unavailable	1.430 facilities per 100,000	Unavailable
Canada	53.30 per 100,000	14.38 per 100,000	44 per 100,000	0.316 facilities per 100,000	2,029.1 visits per 100,000 population
Chile	7.90 per 100,000	5.10 per 100,000	4 per 100,000	0.523 facilities per 100,000	5,232 visits per 100,000 population
Mexico	6.70 per 100,000	0.80 per 100,000	3.20 per 100,000	0.263 facilities per 100,000	65.7 visits per 100,000 population
United States of America	22.23 per 100,000	8.19 per 100,000	Unavailable	Unavailable	Non-comparable
Egypt	0.86 per 100,000	0.84 per 100,000	3.90 per 100,000	0.001 facilities per 100,000	5.845 visits per 1,000 population
Jordan	0.10 per 100,000	0.80 per 100,000	0.10 per 100,000	0.149 facilities per 100,000	Unavailable
Morocco	0.60 per 100,000	1.50 per 100,000	4.50 per 100,000	0.085 facilities per 100,000	6.834 visits per 1,000 population
Saudi Arabia	10.50 per 100,000	4.20 per 100,000	18 per 100,000	0.492 facilities per 100,000	18.539 visits per 1,000 population
United Arab Emirates	4.20 per 100,000	4.60 per 100,000	39.50 per 100,000	0.009 facilities per 100,000	35.515 visits per 1,000 population

Facility and contact indicators require additional caution. AVL-04 cannot be summarised as one population-rate range because Kenya's verified observation is 17% of health facilities offering mental-health services, while the other observed AVL-04 values are population-based facility rates. AVL-05 source units are reported per 1,000 or per 100,000 population. After exact arithmetic unit normalization only, the observed AVL-05 magnitudes span 65.7 to 5,232 visits/contacts per 100,000. This unit normalization does not remove differences in facility type or contact definition, so the measure remains a qualified descriptive comparison and is not ranked.

11.4 Mental-health-specific unmet need

Only 9 of 60 unmet-need cells are observed. ACC-01 is available for Brazil, Canada and the United States; ACC-02 to ACC-04 are available only for Canada and the United States. The denominators and service populations differ, so the benchmark preserves them separately rather than treating the percentages as one homogeneous series.

Table 4. Verified mental-health-specific unmet-need measures and denominator constraints.

Country	Indicator	Controlled value	Denominator/scope constraint
Brazil	ACC-01	31.5%	National estimate for a narrow diagnosed-depression referral pathway, not all persons with mental-health need. The source year is 2019, the questions have no f…
Canada	ACC-01	10.8%	The denominator is the full survey population, not only people reporting a need. The survey excludes the territories, persons living on reserves and other Indi…
Canada	ACC-02	37%	Tightly scoped subgroup; not a full-population Canadian mental-health access rate and territories are excluded.
Canada	ACC-03	39%	Reason percentage within a tightly scoped subgroup; this is not a TIM waiting interval and not a full-population national rate.
Canada	ACC-04	9%	Estimate is marked E — use with caution; tightly scoped subgroup and territories excluded.

Country	Indicator	Controlled value	Denominator/scope constraint
United States of America	ACC-01	21%	Need-based subgroup denominator; any mental illness is model-based; 2024 treatment-question changes limit trend comparability.
United States of America	ACC-02	65.2%	Need-based subgroup denominator; respondents could report multiple reasons; AMI is model-based.
United States of America	ACC-03	16.5%	Measures unavailable openings rather than a duration-based wait interval; respondents could report multiple reasons.
United States of America	ACC-04	26.4%	Composite includes transportation, childcare and appointments at workable times; it is not a transport-only measure.

11.5 Provider fees

Fee evidence is comparatively strong, but its interpretation is deliberately narrow. FEE-01 is observed in 13 countries and represents a controlled advertised standard-session observation. FEE-02 is authorised in 11 countries, each with N=20, and represents the unweighted median of the controlled provider/practice/platform sample. It is not a probability sample and is not a national market-price estimate.

Table 5. FEE-02 controlled provider/practice/platform sample medians.

Country	FEE-02 status/value	N	Publication interpretation
Ghana	Unavailable		The structured advertised-fee search was completed and preserved, but only N=3 eligible independent provider observatio…
Kenya	Unavailable		The structured advertised-fee search was completed and preserved, but only N=7 eligible independent provider observatio…
Nigeria	NGN 22,250	20	Controlled N=20 country-profile median; not a national market-price estimate.
Rwanda	Unavailable		The structured advertised-fee search was completed and preserved, but only N=3 eligible independent provider observatio…
South Africa	ZAR 1,300	20	Controlled N=20 country-profile median; not a national market-price estimate.
Brazil	BRL 155	20	Controlled N=20 country-profile median; not a national market-price estimate.
Canada	CAD 235	20	Controlled N=20 country-profile median; not a national market-price estimate.
Chile	CLP 35,000	20	Controlled N=20 country-profile median; not a national market-price estimate.
Mexico	MXN 700	20	Controlled N=20 country-profile median; not a national market-price estimate.
United States of America	USD 225	20	Controlled N=20 country-profile median; not a national market-price estimate.
Egypt	Not estimable	13	13/20 retained; median not authorised.

Country	FEE-02 status/value	N	Publication interpretation
Jordan	JOD 20	20	Controlled N=20 country-profile median; not a national market-price estimate.
Morocco	MAD 400	20	Controlled N=20 country-profile median; not a national market-price estimate.
Saudi Arabia	SAR 425	20	Controlled N=20 country-profile median; not a national market-price estimate.
United Arab Emirates	AED 825	20	Controlled N=20 country-profile median; not a national market-price estimate.

The authorised N=20 medians are: Nigeria NGN 22,250; South Africa ZAR 1,300; Brazil BRL 155; Canada CAD 235; Chile CLP 35,000; Mexico MXN 700; United States USD 225; Jordan JOD 20; Morocco MAD 400; Saudi Arabia SAR 425; and United Arab Emirates AED 825. Local-currency medians should not be compared across currencies without a separate compatible conversion and sampling interpretation.

11.6 Affordability

Affordability is observed in 24 of 75 cells. No AFF-01 or AFF-03 value is available in the locked cohort because matched compatible fee-reimbursement-balance inputs are not simultaneously available under those definitions. AFF-05 is the most complete affordability indicator, with 13 observed PPP-converted standard-fee values; however, it is explicitly supplementary.

Table 6. Supplementary AFF-05 PPP-converted standard-fee values.

Country	PPP-converted standard fee	Controlled caveat
Ghana	Intl$ 66.7	Supplementary conversion of one provider observation. PPP is not an exchange rate.
Kenya	Intl$ 111.1	Supplementary conversion of one provider observation. PPP is not an exchange rate.
Nigeria	Intl$ 157.2	Supplementary conversion of one provider observation. PPP is not an exchange rate.
Rwanda	Intl$ 67.1	Supplementary conversion of one provider observation. PPP is not an exchange rate.
South Africa	Intl$ 204.1	Supplementary conversion of one provider observation. PPP is not an exchange rate and the underlying fee is not nationally representative.
Brazil	Intl$ 62.0	Supplementary conversion of one provider observation. PPP is not an exchange rate, the provider fee is not nationally representative, and t…
Canada	Intl$ 177.4	Supplementary conversion of one provider observation. PPP is not an exchange rate, the provider fee is not nationally representative, and t…
Chile	Intl$ 65.7	Supplementary conversion of one provider observation. PPP is not an exchange rate, the provider fee is not nationally representative, and t…
Mexico	Intl$ 64.8	Supplementary conversion of one provider observation. PPP is not an exchange rate, the provider fee is not nationally representative, and t…
United States of America	Intl$ 250	Supplementary conversion of one provider observation. PPP is not an exchange rate, the provider fee is not nationally representative, and t…
Jordan	Intl$ 125	Supplementary conversion of one provider observation. PPP is not an exchange rate; the fee is not nationally representative.

Country	PPP-converted standard fee	Controlled caveat
Morocco	Intl$ 75.8	Single-provider fee; not a national market-price estimate. PPP-year and provider-scope caveats retained.
United Arab Emirates	Intl$ 262.9	Supplementary conversion of one Dubai provider observation. PPP is not an exchange rate; the fee is not nationally representative and the P…

Across the 13 observed AFF-05 values, the lowest controlled value is Brazil at approximately Intl$62.0 and the highest is the United Arab Emirates at approximately Intl$262.9; the median of the observed series is approximately Intl$111.1. The roughly 4.2-fold spread is a supplementary affordability signal, not a national price ranking, because AFF-05 is derived from the controlled standard-fee observation rather than the FEE-02 provider-sample median.

Part III. Detailed country evidence profiles

Each profile combines a findings-led takeaway with the original 28-indicator controlled evidence table. The table preserves the full analytical state for auditability; the narrative focuses on the most useful observed access, workforce, fee and affordability findings.

Ghana

COUNTRY TAKEAWAY
Formal entitlement and direct access coexist with very low specialist workforce rates and the highest minimum-wage burden in the seven-country AFF-04 subset.

Public entitlement covers four priority mental-health conditions and the observed pathway permits direct presentation to a mental-health facility. The controlled workforce rates are 0.4 psychologists, 0.2 psychiatrists and 4.4 mental-health nurses per 100,000. A GHS 350 standard private fee corresponds to about 128.6 minimum-wage hours in the compatible calculation, the highest observed burden in that seven-country subset.

Table 7. Ghana indicator profile (28 core indicators).

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
COV-01	Coverage	Four priority mental health conditions — psychosis, anxiety, bipolar disorder and depression — formally included in the NHIS benefits package	Verified value	2024	Coverage is condition-specific. The source does not provide an exact psychologist entitlement, session limit or reimbursemen…
COV-02	Coverage	Non-comparable	Resolved missing — non-comparable	—	No operative national rule was located that specifically guarantees psychologist-delivered outpatient treatment. Condition-l…
COV-03	Coverage	A person in need of treatment for mental disorder may go directly, with or without referral, to a mental-health facility for treatment.	Verified value	2012	The law establishes direct access but does not guarantee availability, waiting time or psychologist delivery.
COV-04	Coverage	Unavailable	Resolved missing — unavailable	—	No national numerical limit for publicly covered outpatient psychological treatment was reported in the inspected legal, NHI…
COV-05	Coverage	Unavailable	Resolved missing — unavailable	—	No exact operative national reimbursement or scheduled psychologist payment was located. The implementation case study descr…
COV-06	Coverage	Unavailable	Resolved missing — unavailable	—	No standard mandatory patient contribution for the matched national outpatient mental-health pathway was located.
TIM-01	Timeliness	Unavailable	Resolved missing — unavailable	—	Repeated searches across national health policy, administrative, statistical and service-standard sources did not locate a n…

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
TIM-02	Timeliness	Unavailable	Resolved missing — unavailable	—	Repeated searches across national health policy, administrative, statistical and service-standard sources did not locate a n…
TIM-03	Timeliness	Unavailable	Resolved missing — unavailable	—	Repeated searches across national health policy, administrative, statistical and service-standard sources did not locate a n…
TIM-04	Timeliness	Unavailable	Resolved missing — unavailable	—	Repeated searches across national health policy, administrative, statistical and service-standard sources did not locate a n…
TIM-05	Timeliness	Unavailable	Resolved missing — unavailable	—	Repeated searches across national health policy, administrative, statistical and service-standard sources did not locate a n…
AVL-01	Availability	0.40 per 100,000	Verified value	2024	The profile does not state whether the measure is active headcount, employed headcount or full-time equivalent under the pro…
AVL-02	Availability	0.20 per 100,000	Verified value	2024	The profile does not state whether the measure is active headcount, employed headcount or full-time equivalent under the pro…
AVL-03	Availability	4.40 per 100,000	Verified value	2024	Headcount/FTE and active-practice criteria are not specified in the country profile.
AVL-04	Availability	0.320 facilities per 100,000	Verified value	2024	The rate covers hospital-attached facilities only because community-based and child-specific facility counts are missing.
AVL-05	Availability	766.1 contacts per 100,000	Verified value	2024	Community-based outpatient visits and child-specific outpatient visits are missing; contacts are not unique patients.
ACC-01	Unmet need	Unavailable	Resolved missing — unavailable	—	No national mental-health-specific need-based unmet-care estimate with the required denominator and reason categories was lo…
ACC-02	Unmet need	Unavailable	Resolved missing — unavailable	—	No national mental-health-specific need-based unmet-care estimate with the required denominator and reason categories was lo…

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
ACC-03	Unmet need	Unavailable	Resolved missing — unavailable	—	No national mental-health-specific need-based unmet-care estimate with the required denominator and reason categories was lo…
ACC-04	Unmet need	Unavailable	Resolved missing — unavailable	—	No national mental-health-specific need-based unmet-care estimate with the required denominator and reason categories was lo…
FEE-01	Fee	GHS 350	Verified value	2026	One eligible Greater Accra provider observation; no national representativeness is claimed.
FEE-02	Fee	Unavailable	Resolved missing — unavailable	—	The structured advertised-fee search was completed and preserved, but only N=3 eligible independent provider observations we…
FEE-03	Fee	Unavailable	Resolved missing — unavailable	—	No exact advertised initial psychological assessment fee with adequate profession, assessment-stage and price detail was loc…
AFF-01	Affordability	Non-comparable	Resolved missing — non-comparable	—	A scheduled patient balance cannot be calculated because no compatible official reimbursement amount exists for the selected…
AFF-02	Affordability	Non-comparable	Resolved missing — non-comparable	—	The inspected official household survey or poverty source did not publish the protocol-required median equivalised disposabl…
AFF-03	Affordability	Non-comparable	Resolved missing — non-comparable	—	The calculation requires both a compatible patient balance and median equivalised disposable household income; neither is av…
AFF-04	Affordability	128.6 hours	Verified value	2026	Uses the statutory maximum normal working day to derive an hourly rate. One provider fee only; not nationally representative.
AFF-05	Affordability	Intl$ 66.7	Verified value	2025	Supplementary conversion of one provider observation. PPP is not an exchange rate.

Kenya

COUNTRY TAKEAWAY

The observed system is psychologist-heavy relative to psychiatry and uses a stepped pathway; comparable evidence about waiting and patient-reported unmet need remains limited.

Kenya has verified public entitlement and a stepped primary-care/referral pathway. The observed workforce profile is unusually psychologist-heavy relative to psychiatry: 12.35 psychologists versus 0.22 psychiatrists per 100,000. The observed standard private fee is KES 4,000; comparable patient-waiting and mental-health-specific unmet-need evidence is limited.

Table 8. Kenya indicator profile (28 core indicators).

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
COV-01	Coverage	Entitlement subject to Social Health Insurance Fund registration, facility level and referral requirements	Verified value	2024	The regulations identify mental-health services within benefit packages but do not specify psychologist-delivered therapy, s...
COV-02	Coverage	Non-comparable	Resolved missing — non-comparable	—	The SHIF framework includes mental and behavioural health services but does not establish a psychologist-specific outpatient...
COV-03	Coverage	Primary-care access at level 2 or 3; referral required for further review, treatment and management at level 4, 5 or 6	Verified value	2024	The pathway is scheme-level and facility-level specific; emergency and private self-pay routes are outside this record.
COV-04	Coverage	Unavailable	Resolved missing — unavailable	—	No final national numerical treatment-session limit for outpatient psychologist-delivered care was located.
COV-05	Coverage	Unavailable	Resolved missing — unavailable	—	The inspected 2026 tariff regulatory-impact material does not establish a final operative mental-health-specific psychologis...
COV-06	Coverage	Unavailable	Resolved missing — unavailable	—	No standard mandatory patient contribution for a matched outpatient psychologist service was located in the inspected scheme...
TIM-01	Timeliness	Unavailable	Resolved missing — unavailable	—	Repeated searches across national health policy, administrative, statistical and service-standard sources did not locate a n...
TIM-02	Timeliness	Unavailable	Resolved missing — unavailable	—	Repeated searches across national health policy, administrative, statistical and service-standard sources did not locate a n...
TIM-03	Timeliness	Unavailable	Resolved missing — unavailable	—	Repeated searches across national health policy, administrative, statistical and service-standard sources did not locate a n...

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
TIM-04	Timeliness	Unavailable	Resolved missing — unavailable	—	Repeated searches across national health policy, administrative, statistical and service-standard sources did not locate a n…
TIM-05	Timeliness	Unavailable	Resolved missing — unavailable	—	Repeated searches across national health policy, administrative, statistical and service-standard sources did not locate a n…
AVL-01	Availability	12.35 per 100,000	Verified value	2020	Outside the preferred data window and the source does not state active-practice, registration or FTE criteria.
AVL-02	Availability	0.22 per 100,000	Verified value	2020	Outside the preferred data window and active-practice/FTE criteria are not stated.
AVL-03	Availability	0.87 per 100,000	Verified value	2020	Outside the preferred data window and active-practice/FTE criteria are not stated.
AVL-04	Availability	17 facilities per 100,000	Verified value	2023	The measure is the percentage of health facilities reporting the service, not a population rate, readiness score, unique fac…
AVL-05	Availability	Unavailable	Resolved missing — unavailable	—	No national outpatient mental-health service-contact rate matching the indicator definition was located.
ACC-01	Unmet need	Unavailable	Resolved missing — unavailable	—	A nationally representative baseline mental-health survey was identified, but the inspected official factsheet did not publi…
ACC-02	Unmet need	Unavailable	Resolved missing — unavailable	—	A nationally representative baseline mental-health survey was identified, but the inspected official factsheet did not publi…
ACC-03	Unmet need	Unavailable	Resolved missing — unavailable	—	A nationally representative baseline mental-health survey was identified, but the inspected official factsheet did not publi…
ACC-04	Unmet need	Unavailable	Resolved missing — unavailable	—	A nationally representative baseline mental-health survey was identified, but the inspected official factsheet did not publi…
FEE-01	Fee	KES 5,000	Verified value	2026	One Nairobi provider observation. Provider title is counselling psychologist; independent registration verification remains…

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
FEE-02	Fee	Unavailable	Resolved missing — unavailable	—	The structured advertised-fee search was completed and preserved, but only N=7 eligible independent provider observations we…
FEE-03	Fee	Unavailable	Resolved missing — unavailable	—	No exact eligible initial psychological assessment fee was located in the structured provider search.
AFF-01	Affordability	Non-comparable	Resolved missing — non-comparable	—	No compatible official reimbursement amount can be matched to the selected private psychologist fee.
AFF-02	Affordability	Non-comparable	Resolved missing — non-comparable	—	The inspected official household survey or poverty source did not publish the protocol-required median equivalised disposabl…
AFF-03	Affordability	Non-comparable	Resolved missing — non-comparable	—	The calculation is blocked by absence of a compatible patient balance and median equivalised disposable household-income den…
AFF-04	Affordability	Non-comparable	Resolved missing — non-comparable	—	Kenya's wage schedule varies by occupation and geographic area and does not provide one nationally applicable adult hourly m…
AFF-05	Affordability	Intl$ 111.1	Verified value	2025	Supplementary conversion of one provider observation. PPP is not an exchange rate.

Nigeria

COUNTRY TAKEAWAY

Nigeria provides unusually concrete coverage-financing and private-fee evidence, including a 10-session limit, a scheduled psychotherapy amount and a complete N=20 private fee sample.

Nigeria provides unusually concrete benefit and fee information. The controlled coverage evidence includes a 10-session limit and an official scheduled psychotherapy amount of NGN 4,000, while the complete N=20 private-fee sample has a median of NGN 22,250. The single selected provider fee sits substantially above that sample median.

Table 9. Nigeria indicator profile (28 core indicators).

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
COV-01	Coverage	Psychotherapy is included in the National Health Insurance Authority professional fee-for-service schedule, subject to applicable scheme eligibility	Verified value	2026	The schedule establishes a covered psychotherapy line, but does not state the provider profession, session duration or the e…

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
COV-02	Coverage	Non-comparable	Resolved missing — non-comparable	—	The NHIA psychotherapy schedule does not identify psychologist delivery or establish a profession-specific treatment entitle…
COV-03	Coverage	Unavailable	Resolved missing — unavailable	—	A general referral-guideline framework was located, but no directly inspected standard national mental-health referral pathw…
COV-04	Coverage	10	Verified value	2026	The schedule does not state the time period for the 10-session maximum or identify the provider profession.
COV-05	Coverage	4000 NGN per psychotherapy service	Verified value	2026	The official amount is exact, but the schedule does not state session duration, provider profession or whether the amount re…
COV-06	Coverage	Unavailable	Resolved missing — unavailable	—	No mandatory patient contribution for the NHIA psychotherapy line was stated. General drug-copayment material is not a match…
TIM-01	Timeliness	Unavailable	Resolved missing — unavailable	—	Repeated searches across national health policy, administrative, statistical and service-standard sources did not locate a n…
TIM-02	Timeliness	Unavailable	Resolved missing — unavailable	—	Repeated searches across national health policy, administrative, statistical and service-standard sources did not locate a n…
TIM-03	Timeliness	Unavailable	Resolved missing — unavailable	—	Repeated searches across national health policy, administrative, statistical and service-standard sources did not locate a n…
TIM-04	Timeliness	Unavailable	Resolved missing — unavailable	—	Repeated searches across national health policy, administrative, statistical and service-standard sources did not locate a n…
TIM-05	Timeliness	Unavailable	Resolved missing — unavailable	—	Repeated searches across national health policy, administrative, statistical and service-standard sources did not locate a n…
AVL-01	Availability	Unavailable	Resolved missing — unavailable	—	The authoritative Nigeria Health Workforce Registry was located, but the public interface requires authenticated access and…

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
AVL-02	Availability	Unavailable	Resolved missing — unavailable	—	The authoritative Nigeria Health Workforce Registry was located, but the public interface requires authenticated access and…
AVL-03	Availability	Unavailable	Resolved missing — unavailable	—	The authoritative Nigeria Health Workforce Registry was located, but the public interface requires authenticated access and…
AVL-04	Availability	Unavailable	Resolved missing — unavailable	—	The WHO profile does not report a usable community or outpatient mental-health facility count or rate.
AVL-05	Availability	Unavailable	Resolved missing — unavailable	—	The WHO profile does not report a usable national outpatient mental-health service-contact rate.
ACC-01	Unmet need	Unavailable	Resolved missing — unavailable	—	No national mental-health-specific need-based unmet-care estimate with the required denominator and reason categories was lo…
ACC-02	Unmet need	Unavailable	Resolved missing — unavailable	—	No national mental-health-specific need-based unmet-care estimate with the required denominator and reason categories was lo…
ACC-03	Unmet need	Unavailable	Resolved missing — unavailable	—	No national mental-health-specific need-based unmet-care estimate with the required denominator and reason categories was lo…
ACC-04	Unmet need	Unavailable	Resolved missing — unavailable	—	No national mental-health-specific need-based unmet-care estimate with the required denominator and reason categories was lo…
FEE-01	Fee	NGN 50,000	Verified value	2026	Organisation-level fee. The page identifies a clinical psychologist founder and licensed professionals, but does not guarant…
FEE-02	Fee	NGN 22,250	Verified value	—	N=20; Q1=18750.00; Q3=26250.00; IQR=7500.00; min=9000.00; max=60000.00. Seventeen independent-practitioner profiles added fr…
FEE-03	Fee	NGN 40,000	Verified value	2026	FEE-03 is descriptive and does not require the FEE-01 45–60 minute subsequent-session rule.

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
AFF-01	Affordability	Non-comparable	Resolved missing — non-comparable	—	The NGN 4,000 NHIA schedule cannot be validly matched to the selected private fee because provider profession, duration, ben…
AFF-02	Affordability	Non-comparable	Resolved missing — non-comparable	—	The inspected official household survey or poverty source did not publish the protocol-required median equivalised disposabl…
AFF-03	Affordability	Non-comparable	Resolved missing — non-comparable	—	The calculation is blocked by absence of a compatible patient balance and median equivalised disposable household-income den…
AFF-04	Affordability	Non-comparable	Resolved missing — non-comparable	—	The official minimum wage is monthly and the inspected national source does not supply a protocol-approved nationally applic…
AFF-05	Affordability	Intl$ 157.2	Verified value	2025	Supplementary conversion of one provider observation. PPP is not an exchange rate.

Rwanda

COUNTRY TAKEAWAY

Rwanda combines a stepped insurance pathway with explicit patient-contribution rules and a psychologist-heavy observed workforce mix relative to psychiatry.

Rwanda's observed public pathway is stepped and insurance-mediated, with explicit patient-contribution rules. Its observed workforce mix is psychologist-heavy relative to psychiatry. The profile is informative about formal access architecture and workforce, while direct waiting-time and patient-reported unmet-need evidence is sparse.

Table 10. Rwanda indicator profile (28 core indicators).

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
COV-01	Coverage	Care and treatment for psychosis, bipolar disorder and depression included in national health insurance or reimbursement schemes	Verified value	2020	Outside the preferred data window; exact eligibility, provider type, session entitlement and current benefit-package details…
COV-02	Coverage	Non-comparable	Resolved missing — non-comparable	—	Public insurance inclusion does not establish a psychologist-specific outpatient treatment entitlement.
COV-03	Coverage	A CBHI member starts treatment at a health post or health centre and is transferred to a district hospital when the condition exceeds lower-level capacity.	Verified value	2024	Scheme-specific pathway; it does not establish direct access to every mental-health provider or service.

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
COV-04	Coverage	Unavailable	Resolved missing — unavailable	—	No national numerical limit for publicly covered outpatient psychological treatment was located.
COV-05	Coverage	Unavailable	Resolved missing — unavailable	—	No exact national psychologist reimbursement or scheduled payment was located in the inspected public benefit sources.
COV-06	Coverage	RWF 200 at a health post or health centre; 10% of total cost at hospital; services free for first socio-economic class members	Verified value	2024	Conditional scheme-level contribution, not a single flat national amount. Applicability depends on facility level and socio-...
TIM-01	Timeliness	Unavailable	Resolved missing — unavailable	—	Repeated searches across national health policy, administrative, statistical and service-standard sources did not locate a n...
TIM-02	Timeliness	Unavailable	Resolved missing — unavailable	—	Repeated searches across national health policy, administrative, statistical and service-standard sources did not locate a n...
TIM-03	Timeliness	Unavailable	Resolved missing — unavailable	—	Repeated searches across national health policy, administrative, statistical and service-standard sources did not locate a n...
TIM-04	Timeliness	Unavailable	Resolved missing — unavailable	—	Repeated searches across national health policy, administrative, statistical and service-standard sources did not locate a n...
TIM-05	Timeliness	Unavailable	Resolved missing — unavailable	—	Repeated searches across national health policy, administrative, statistical and service-standard sources did not locate a n...
AVL-01	Availability	2.14 per 100,000	Verified value	2020	Outside the preferred data window and active-practice/FTE criteria are not stated.
AVL-02	Availability	0.10 per 100,000	Verified value	2020	Outside the preferred data window and active-practice/FTE criteria are not stated.
AVL-03	Availability	1.51 per 100,000	Verified value	2020	Outside the preferred data window and active-practice/FTE criteria are not stated.
AVL-04	Availability	Unavailable	Resolved missing — unavailable	—	No current national community or outpatient mental-health facility count or rate matching the indicator definition was locat...
AVL-05	Availability	Unavailable	Resolved missing — unavailable	—	No national outpatient mental-health service-contact rate matching the indicator definition was located.

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
ACC-01	Unmet need	Non-comparable	Resolved missing — non-comparable	—	The national survey near-match reports service utilisation in the full population rather than the required need-based unmet-...
ACC-02	Unmet need	Non-comparable	Resolved missing — non-comparable	—	The national survey near-match reports service utilisation in the full population rather than the required need-based unmet-...
ACC-03	Unmet need	Non-comparable	Resolved missing — non-comparable	—	The national survey near-match reports service utilisation in the full population rather than the required need-based unmet-...
ACC-04	Unmet need	Non-comparable	Resolved missing — non-comparable	—	The national survey near-match reports service utilisation in the full population rather than the required need-based unmet-...
FEE-01	Fee	RWF 25,000 / 45 min; RWF 40,000 / 60 min	Verified value	2026	Two verified private-provider observations; no single national or representative FEE-01 value is inferred.
FEE-02	Fee	Unavailable	Resolved missing — unavailable	—	The structured advertised-fee search was completed and preserved, but only N=3 eligible independent provider observations we...
FEE-03	Fee	RWF 35,000	Verified value	2026	Clinic-level initial consultation; exact assessment content is source-defined.
AFF-01	Affordability	Non-comparable	Resolved missing — non-comparable	—	The conditional CBHI contribution cannot be matched to the selected private psychologist fee as a scheduled patient balance.
AFF-02	Affordability	Non-comparable	Resolved missing — non-comparable	—	The inspected official household survey or poverty source did not publish the protocol-required median equivalised disposabl...
AFF-03	Affordability	Non-comparable	Resolved missing — non-comparable	—	The calculation is blocked by absence of a compatible patient balance and median equivalised disposable household-income den...
AFF-04	Affordability	Non-comparable	Resolved missing — non-comparable	—	No nationally applicable statutory adult minimum-wage value was located; no sectoral or inferred rate is permitted.
AFF-05	Affordability	Intl$ 67.1	Verified value	2025	Supplementary conversion of one provider observation. PPP is not an exchange rate.

South Africa

COUNTRY TAKEAWAY

South Africa's observed profile is strongly nurse-weighted and includes substantial service-contact evidence; the controlled private fee represents more than 52 minimum-wage hours.

South Africa's observed workforce profile is strongly nurse-weighted relative to psychology and psychiatry, alongside substantial service-contact evidence. The controlled standard private psychology fee is ZAR 1,580 and represents about 52.3 statutory minimum-wage hours in the compatible affordability calculation. The complete N=20 sample is comparatively price-compressed.

Table 11. South Africa indicator profile (28 core indicators).

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
COV-01	Coverage	Unavailable	Resolved missing — unavailable	—	Policy framework states intended access but does not itself establish an operative individual entitlement.
COV-02	Coverage	Non-comparable	Resolved missing — non-comparable	—	No national psychologist-specific public coverage rule located.
COV-03	Coverage	Access should occur at the lowest appropriate level of care, with upward, downward, internal and self-referral pathways governed by clinical need and service availability.	Verified value	2020	The policy applies across public health services and is not a mental-health-specific eligibility instrument.
COV-04	Coverage	Unavailable	Resolved missing — unavailable	—	National mental-health policy and referral instruments do not establish a numerical publicly covered psychological-treatment...
COV-05	Coverage	Unavailable	Resolved missing — unavailable	—	No national public psychologist reimbursement schedule located.
COV-06	Coverage	Non-comparable	Resolved missing — non-comparable	—	No single national mental-health-specific mandatory patient contribution can be extracted. WHO's source-defined point-of-ser...
TIM-01	Timeliness	Unavailable	Resolved missing — unavailable	—	The national waiting-time guideline defines general outpatient and emergency triage targets, but no national mental-health-s...
TIM-02	Timeliness	Unavailable	Resolved missing — unavailable	—	No suitable national routine outpatient assessment waiting-time source located.
TIM-03	Timeliness	Unavailable	Resolved missing — unavailable	—	No suitable national routine outpatient treatment-commencement waiting-time source located.
TIM-04	Timeliness	Unavailable	Resolved missing — unavailable	—	A national general outpatient waiting-time target framework exists, but no national percentage of mental-health patients com...

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
TIM-05	Timeliness	120 minutes	Verified value	2024	General public outpatient target, not mental-health-specific. Hospital outpatient targets vary by hospital level.
AVL-01	Availability	Unavailable	Resolved missing — unavailable	—	WHO profile is outside the preferred window and exact current active-psychologist rate has not been extracted.
AVL-02	Availability	Unavailable	Resolved missing — unavailable	—	WHO profile is outside the preferred window and exact current active-psychiatrist rate has not been extracted.
AVL-03	Availability	242.62 per 100,000	Verified value	2020	Outside the preferred data window; active-practice and FTE criteria are not stated.
AVL-04	Availability	8.434 facilities per 100,000	Verified value	2020	Outside the preferred data window. Source-defined community/non-hospital facilities may not be operationally identical to ot…
AVL-05	Availability	2,222.0 contacts per 100,000	Verified value	2020	Outside the preferred data window; visits are contacts rather than unique people.
ACC-01	Unmet need	Unavailable	Resolved missing — unavailable	—	No official national mental-health-specific unmet-need measure located.
ACC-02	Unmet need	Unavailable	Resolved missing — unavailable	—	No national mental-health-specific need-based percentage identifying cost as the reason for unmet care was located.
ACC-03	Unmet need	Unavailable	Resolved missing — unavailable	—	No national mental-health-specific need-based percentage identifying waiting as the reason for unmet or delayed care was loc…
ACC-04	Unmet need	Unavailable	Resolved missing — unavailable	—	No national mental-health-specific need-based percentage identifying distance or transport as the reason for unmet care was…
FEE-01	Fee	ZAR 1,580	Verified value	2026	Single Pretoria provider observation; no national representativeness is claimed.
FEE-02	Fee	ZAR 1,300	Verified value	2026	N=20; Q1=1237.50; Q3=1400.00; IQR=162.50; min=850.00; max=1920.00. Meets the N=20 country-profile minimum but remains below…
FEE-03	Fee	ZAR 1,400	Verified value	2026	The provider publishes one general 50-minute rate and states that the initial consultation is paid in advance; it does not i…

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
AFF-01	Affordability	Non-comparable	Resolved missing — non-comparable	—	No compatible official national reimbursement amount for the selected private fee.
AFF-02	Affordability	Non-comparable	Resolved missing — non-comparable	—	No protocol-compatible median equivalised disposable-income denominator located.
AFF-03	Affordability	Non-comparable	Resolved missing — non-comparable	—	The calculation cannot be produced because both required inputs are unavailable: a compatible scheduled patient balance and…
AFF-04	Affordability	52.3 hours	Verified value	2026	Single provider observation and statutory wage scope limitations apply.
AFF-05	Affordability	Intl$ 204.1	Verified value	2025	Supplementary conversion of one provider observation. PPP is not an exchange rate and the underlying fee is not nationally r…

Brazil

COUNTRY TAKEAWAY

Brazil combines open-door CAPS access with psychologist-delivered public care and comparatively rich affordability evidence; its private provider sample is also highly dispersed.

Brazil's CAPS pathway supports open-door access and the controlled evidence includes psychologist-delivered public care. The private-fee sample median is BRL 155 and the selected standard fee is BRL 160, but the sample is highly dispersed (RFD 0.806). The controlled standard fee is about 8.6% of the compatible monthly median equivalised disposable-income measure.

Table 12. Brazil indicator profile (28 core indicators).

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
COV-01	Coverage	Yes — psychosis/bipolar disorder and depression/anxiety are included in publicly funded financial-protection schemes	Verified value	NOT REPORTED	Country-reported WHO field; operative eligibility rules and service availability require national-source mapping.
COV-02	Coverage	Covered within CAPS — multidisciplinary teams include psychologists and provide psychological support and individual and group therapies	Verified value	2026	Applies to the CAPS pathway and its target populations; it does not establish uniform psychologist access across every outpa…
COV-03	Coverage	Direct access permitted — no appointment required for the initial CAPS reception	Verified value	2026	The open-door rule applies to CAPS and does not establish that every outpatient mental-health service in Brazil uses the sam…
COV-04	Coverage	Unavailable	Resolved missing — unavailable	—	No one national psychotherapy session/duration ceiling applies across federal CAPS pathways and materially different municip…

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
COV-05	Coverage	2.55 BRL ambulatory-service amount	Verified value	2026	Exact current mirrored SIGTAP row. Official monthly ZIP filename was located but the official binary was not ingested. The v…
COV-06	Coverage	0–5% for mental-health outpatient services and psychological therapies	Verified value	NOT REPORTED	Source-reported band does not define an exact statutory copayment or all eligibility pathways.
TIM-01	Timeliness	Unavailable	Resolved missing — unavailable	—	DEC-0038: sponsor-approved resolved-missing treatment after final bounded-search adjudication; exact value remains blank/mis…
TIM-02	Timeliness	Unavailable	Resolved missing — unavailable	—	DEC-0038: sponsor-approved resolved-missing treatment after final bounded-search adjudication; exact value remains blank/mis…
TIM-03	Timeliness	Unavailable	Resolved missing — unavailable	—	DEC-0038: sponsor-approved resolved-missing treatment after final bounded-search adjudication; exact value remains blank/mis…
TIM-04	Timeliness	Unavailable	Resolved missing — unavailable	—	DEC-0038: sponsor-approved resolved-missing treatment after final bounded-search adjudication; exact value remains blank/mis…
TIM-05	Timeliness	10 business days maximum	Verified value	2026	Applies to regulated supplementary-health plans, not the SUS pathway. The operator may satisfy the guarantee through an elig…
AVL-01	Availability	Unavailable	Resolved missing — unavailable	—	Required nationally de-duplicated active-practice count was not reproducibly established from acquired CNES evidence. Region…
AVL-02	Availability	Unavailable	Resolved missing — unavailable	—	Required nationally de-duplicated active-practice count was not reproducibly established from acquired CNES evidence. Region…
AVL-03	Availability	Unavailable	Resolved missing — unavailable	—	Required nationally de-duplicated active-practice count was not reproducibly established from acquired CNES evidence. Region…
AVL-04	Availability	1.430 facilities per 100,000	Verified value	NOT REPORTED	Source-defined facility category; underlying facility reference year is not stated.
AVL-05	Availability	Unavailable	Resolved missing — unavailable	—	DEC-0038: sponsor-approved resolved-missing treatment after final bounded-search adjudication; exact value remains blank/mis…

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
ACC-01	Unmet need	31.5%	Verified value	2019	National estimate for a narrow diagnosed-depression referral pathway, not all persons with mental-health need. The source ye…
ACC-02	Unmet need	Unavailable	Resolved missing — unavailable	—	DEC-0038: sponsor-approved resolved-missing treatment after final bounded-search adjudication; exact value remains blank/mis…
ACC-03	Unmet need	Unavailable	Resolved missing — unavailable	—	DEC-0038: sponsor-approved resolved-missing treatment after final bounded-search adjudication; exact value remains blank/mis…
ACC-04	Unmet need	Unavailable	Resolved missing — unavailable	—	DEC-0038: sponsor-approved resolved-missing treatment after final bounded-search adjudication; exact value remains blank/mis…
FEE-01	Fee	BRL 160	Verified value	2026	One selected provider observation; no national market-price claim.
FEE-02	Fee	BRL 155	Verified value	2026	N=20; Q1=127.50; Q3=250.00; IQR=122.50; min=70.00; max=400.00. Country-profile threshold reached. Material marketplace conce…
FEE-03	Fee	Unavailable	Resolved missing — unavailable	—	No distinct initial psychological assessment fee was reported in the N=20 eligible provider frame. Ambiguous combined assess…
AFF-01	Affordability	Non-comparable	Resolved missing — non-comparable	—	The selected private advertised fee is not matched to the same provider/payer pathway, service setting, eligibility and bala…
AFF-02	Affordability	8.62%	Verified value	2022	Fee and income years differ; one provider fee is used and no inflation adjustment is made.
AFF-03	Affordability	Non-comparable	Resolved missing — non-comparable	—	No compatible AFF-01 patient balance exists, so a patient-balance percentage of median equivalised disposable income cannot…
AFF-04	Affordability	21.7 hours	Verified value	2026	Uses one provider fee and the statutory national floor; it is not a national average fee or earnings measure.
AFF-05	Affordability	Int\$ 62.0	Verified value	2025	Supplementary conversion of one provider observation. PPP is not an exchange rate, the provider fee is not nationally repres…

Canada

COUNTRY TAKEAWAY

Canada has the densest observed psychologist workforce in the cohort, relatively rich patient-facing evidence and the most price-compressed of the 11 complete provider samples.

Canada has the highest observed psychologist rate in the cohort at 53.3 per 100,000 and comparatively rich person-facing evidence. Within the source-defined unmet-need subgroup, cost-related and waiting-related barriers are almost equally prominent at 37% and 39%. Its complete provider-fee sample is the most compressed of the 11 samples (RFD 0.043).

Table 13. Canada indicator profile (28 core indicators).

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
COV-01	Coverage	Unavailable	Resolved missing — unavailable	—	No harmonised national value reported; public coverage is organised principally by provinces and territories.
COV-02	Coverage	Unavailable	Resolved missing — unavailable	—	No national psychologist-treatment coverage value reported; provincial and program-specific pathways require separate mappin…
COV-03	Coverage	Unavailable	Resolved missing — unavailable	—	All ten provinces and three territories were mapped. Access routes vary between central intake, self-referral, physician or…
COV-04	Coverage	Unavailable	Resolved missing — unavailable	—	Publicly covered treatment limits differ by province, territory, programme, service type and clinical pathway. The completed…
COV-05	Coverage	Unavailable	Resolved missing — unavailable	—	No single national public psychologist reimbursement schedule applies across provinces and territories.
COV-06	Coverage	Unavailable	Resolved missing — unavailable	—	Mandatory patient contributions for outpatient psychological and mental-health care differ across provincial, territorial, f…
TIM-01	Timeliness	Unavailable	Resolved missing — unavailable	—	The inspected national indicator measures referral receipt to first scheduled ongoing counselling session, not a separate tr…
TIM-02	Timeliness	Unavailable	Resolved missing — unavailable	—	No suitable national time-to-initial-clinical-assessment measure located.
TIM-03	Timeliness	30 median calendar days	Verified value	2025	Excludes Quebec, British Columbia and Nunavut; Manitoba coverage is partial. The service is community mental-health counsell…

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
TIM-04	Timeliness	Unavailable	Resolved missing — unavailable	—	The official national indicator reports median days and distribution information, not the percentage commencing treatment wi…
TIM-05	Timeliness	Unavailable	Resolved missing — unavailable	—	CIHI states that targets/benchmarks are not applicable and that there is no standard urgency classification or common benchm…
AVL-01	Availability	53.30 per 100,000	Verified value	2023	The report is a professional-body publication based on CIHI data. The measure includes eligible-to-practise registrants whet…
AVL-02	Availability	14.38 per 100,000	Verified value	2024	Physician supply is a headcount measure; full-time-equivalent clinical service capacity is not measured.
AVL-03	Availability	44 per 100,000	Verified value	2024	RPNs are regulated only in four western provinces and three territories; workforce data exclude the three territories. This…
AVL-04	Availability	0.316 facilities per 100,000	Verified value	NOT REPORTED	National source-reported total within a devolved system; facility definitions and provincial coverage may vary.
AVL-05	Availability	2,029.1 contacts per 100,000	Verified value	NOT REPORTED	Hospital-attached outpatient visits only; community-based visit value is not reported; provincial systems vary.
ACC-01	Unmet need	10.8%	Verified value	2022	The denominator is the full survey population, not only people reporting a need. The survey excludes the territories, person…
ACC-02	Unmet need	37%	Verified value	2021	Tightly scoped subgroup; not a full-population Canadian mental-health access rate and territories are excluded.
ACC-03	Unmet need	39%	Verified value	2021	Reason percentage within a tightly scoped subgroup; this is not a TIM waiting interval and not a full-population national ra…
ACC-04	Unmet need	9%	Verified value	2021	Estimate is marked E — use with caution; tightly scoped subgroup and territories excluded.
FEE-01	Fee	CAD 220	Verified value	2025	Single Ontario provider observation; private psychology is not covered by OHIP according to the provider.

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
FEE-02	Fee	CAD 235	Verified value	2026	N=20; Q1=235.00; Q3=245.00; IQR=10.00; min=220.00; max=260.00. Country-profile threshold reached. Twenty distinct provider o…
FEE-03	Fee	Unavailable	Resolved missing — unavailable	—	No distinct initial psychological assessment fee was reported in the N=20 eligible provider frame. Ambiguous combined assess…
AFF-01	Affordability	Non-comparable	Resolved missing — non-comparable	—	No compatible national psychologist reimbursement amount exists for the selected private fee.
AFF-02	Affordability	Non-comparable	Resolved missing — non-comparable	—	Located income measure is not equivalised under the approved definition.
AFF-03	Affordability	Non-comparable	Resolved missing — non-comparable	—	A compatible national scheduled patient balance and an approved equivalised-income denominator are both unavailable, so the…
AFF-04	Affordability	Unavailable	Resolved missing — unavailable	—	Federal wage applies only to federally regulated private sectors, not nationally to all workers.
AFF-05	Affordability	Intl$ 177.4	Verified value	2024	Supplementary conversion of one provider observation. PPP is not an exchange rate, the provider fee is not nationally repres…

Chile

COUNTRY TAKEAWAY

Chile stands out for condition-specific guaranteed access, explicit GES payment architecture and the lowest observed minimum-wage-hours burden in the seven-country AFF-04 subset.

Chile provides one of the clearest condition-specific access architectures in the cohort through the GES pathway, with defined guarantee and payment arrangements. The observed standard private fee corresponds to about 10.0 minimum-wage hours, the lowest burden in the seven-country AFF-04 subset. Its workforce evidence is also relatively broad.

Table 14. Chile indicator profile (28 core indicators).

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
COV-01	Coverage	Yes — psychosis/bipolar disorder and depression/anxiety are included in publicly funded financial-protection schemes	Verified value	NOT REPORTED	Country-reported WHO field; condition-specific GES pathways and general non-GES pathways must remain distinguished.

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
COV-02	Coverage	Covered — GES depression treatment baskets include clinical psychologist consultation/control, individual psychotherapy and group psychotherapy	Verified value	2026	Condition- and programme-specific; does not establish psychologist coverage for every mental-health condition or non-GES pat…
COV-03	Coverage	Medical diagnostic confirmation activates treatment access; specialist consultation follows referral	Verified value	2026	Condition-specific GES pathway; non-GES access routes may differ.
COV-04	Coverage	Unavailable	Resolved missing — unavailable	—	Current GES depression sources publish access, monthly tariffs and included psychotherapy modalities but no numerical covere…
COV-05	Coverage	Monthly GES tariffs: mild CLP 8,150; moderate 12,180; severe 15,130; refractory maintenance 13,770; refractory acute 46,650 CLP monthly package tariff schedule	Verified value	2026	Package-level monthly tariffs vary by severity and phase; these are not private psychologist session reimbursements.
COV-06	Coverage	51–100% for mental-health outpatient services and psychological therapies	Verified value	NOT REPORTED	Broad source-reported band; does not replace pathway-specific GES or insurer copayment rules.
TIM-01	Timeliness	Not estimable	Not estimable	—	The required observed 2024 national REM result object was not acquired. General waiting-list measures use different start/en…
TIM-02	Timeliness	Not estimable	Not estimable	—	The required observed 2024 national REM result object was not acquired. General waiting-list measures use different start/en…
TIM-03	Timeliness	0 days from diagnostic confirmation to treatment guarantee	Verified value	2026	Guarantee-specific maximum for confirmed depression; not a national observed median and not generalisable to all mental-heal…
TIM-04	Timeliness	Unavailable	Resolved missing — unavailable	—	Official GES sources state immediate and 30-day guarantees but do not report a national percentage commencing treatment with…
TIM-05	Timeliness	30 days maximum to specialist consultation after referral	Verified value	2026	Condition-specific GES guarantee; not an observed waiting-time statistic and not a universal pathway.
AVL-01	Availability	7.90 per 100,000	Verified value	NOT REPORTED	WHO source does not state whether the measure is active headcount, FTE or registration count.
AVL-02	Availability	5.10 per 100,000	Verified value	NOT REPORTED	WHO source does not state headcount/FTE or exact reporting year.

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
AVL-03	Availability	4 per 100,000	Verified value	NOT REPORTED	WHO source does not state headcount/FTE or exact reporting year.
AVL-04	Availability	0.523 facilities per 100,000	Verified value	NOT REPORTED	Source-defined facility category; exact facility reporting year is not stated.
AVL-05	Availability	5,232 contacts per 100,000	Verified value	NOT REPORTED	Contacts rather than unique patients; exact service-reference year is not stated.
ACC-01	Unmet need	Non-comparable	Resolved missing — non-comparable	—	Casen 2024 has no path linking mental-health need to nonreceipt. General-health s16–s18 barriers and s22a mental-health cons…
ACC-02	Unmet need	Non-comparable	Resolved missing — non-comparable	—	Casen s18 lack-of-money category follows a general health event and is not linked to mental-health-specific need and nonrece…
ACC-03	Unmet need	Non-comparable	Resolved missing — non-comparable	—	Casen appointment-access/postponement categories follow a general health event and are not linked to mental-health-specific…
ACC-04	Unmet need	Non-comparable	Resolved missing — non-comparable	—	Casen difficulty-reaching-care category follows a general health event and is not linked to mental-health-specific need and…
FEE-01	Fee	CLP 30,565	Verified value	2026	One selected provider observation; no national market-price claim.
FEE-02	Fee	CLP 35,000	Verified value	2026	N=20; Q1=29900.00; Q3=40000.00; IQR=10100.00; min=20000.00; max=70000.00. Country-profile threshold reached. Material market…
FEE-03	Fee	Unavailable	Resolved missing — unavailable	—	No distinct initial psychological assessment fee was reported in the N=20 eligible provider frame. Ambiguous combined assess…
AFF-01	Affordability	Non-comparable	Resolved missing — non-comparable	—	The selected private advertised fee is not matched to the same provider/payer pathway, service setting, eligibility and bala…
AFF-02	Affordability	5.42%	Verified value	2022	Fee and income years differ; one provider fee is used and no inflation adjustment is made.
AFF-03	Affordability	Non-comparable	Resolved missing — non-comparable	—	No compatible AFF-01 patient balance exists, so a patient-balance percentage of median equivalised disposable income cannot…

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
AFF-04	Affordability	10.0 hours	Verified value	2026	Uses one provider fee and a derived gross hourly minimum; it is not a national average fee or earnings measure.
AFF-05	Affordability	Intl$ 65.7	Verified value	2024	Supplementary conversion of one provider observation. PPP is not an exchange rate, the provider fee is not nationally repres…

Mexico

COUNTRY TAKEAWAY

Mexico combines a stepped IMSS pathway, psychologist-specific coverage and a tightly centred N=20 fee sample; one controlled session equals about 9.1% of the compatible monthly median-income measure.

Mexico has psychologist-specific public coverage and a stepped IMSS access pathway. The selected standard fee and the complete N=20 sample median are both MXN 700, with moderate within-sample dispersion. In the compatible income calculation, one session equals about 9.1% of monthly median equivalised disposable income.

Table 15. Mexico indicator profile (28 core indicators).

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
COV-01	Coverage	National right to health protection; free health services, medicines and associated supplies for people without social security	Verified value	2026	General health entitlement includes mental well-being but does not itself identify one uniform psychologist pathway.
COV-02	Coverage	Covered for IMSS beneficiaries and workers — psychologists provide assessment and intervention across IMSS levels of care	Verified value	2026	Programme-specific to IMSS; it does not represent the uninsured population or other Mexican public schemes.
COV-03	Coverage	PrevenIMSS screening followed by Family Medicine assessment; the family doctor may refer to Psychology	Verified value	2026	Programme-specific IMSS route; urgent and other public-system pathways differ.
COV-04	Coverage	Unavailable	Resolved missing — unavailable	—	No one nationally comparable psychotherapy quantity, duration or continuation rule applies across the mapped Mexican public…
COV-05	Coverage	Unavailable	Resolved missing — unavailable	—	No compatible operative national public-insurer or provider-payment row was located. The IMSS 2025 Terapia Psicológica amoun…
COV-06	Coverage	6–20% for mental-health outpatient services and psychological therapies	Verified value	NOT REPORTED	Broad source-reported band; insurance and uninsured pathways may differ.

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
TIM-01	Timeliness	Unavailable	Resolved missing — unavailable	—	DEC-0038: sponsor-approved resolved-missing treatment after final bounded-search adjudication; exact value remains blank/mis…
TIM-02	Timeliness	Unavailable	Resolved missing — unavailable	—	DEC-0038: sponsor-approved resolved-missing treatment after final bounded-search adjudication; exact value remains blank/mis…
TIM-03	Timeliness	Unavailable	Resolved missing — unavailable	—	DEC-0038: sponsor-approved resolved-missing treatment after final bounded-search adjudication; exact value remains blank/mis…
TIM-04	Timeliness	Unavailable	Resolved missing — unavailable	—	DEC-0038: sponsor-approved resolved-missing treatment after final bounded-search adjudication; exact value remains blank/mis…
TIM-05	Timeliness	5 days maximum	Verified value	2024	Programme-specific IMSS screening pathway. The end event is a family-physician appointment, not direct psychologist treatmen…
AVL-01	Availability	6.70 per 100,000	Verified value	NOT REPORTED	WHO source does not state active/FTE definition or exact reporting year.
AVL-02	Availability	0.80 per 100,000	Verified value	NOT REPORTED	WHO source does not state active/FTE definition or exact reporting year.
AVL-03	Availability	3.20 per 100,000	Verified value	NOT REPORTED	WHO source does not state active/FTE definition or exact reporting year.
AVL-04	Availability	0.263 facilities per 100,000	Verified value	NOT REPORTED	Source-defined facility category; exact facility reporting year is not stated.
AVL-05	Availability	65.7 contacts per 100,000	Verified value	NOT REPORTED	Contacts rather than unique patients; exact service-reference year is not stated.
ACC-01	Unmet need	Not estimable	Not estimable	—	ENSANUT Continua 2023 general-health access cascade cannot be relabelled as mental-health-specific unmet-need/access evidenc…
ACC-02	Unmet need	Not estimable	Not estimable	—	ENSANUT Continua 2023 general-health access cascade cannot be relabelled as mental-health-specific unmet-need/access evidenc…
ACC-03	Unmet need	Not estimable	Not estimable	—	ENSANUT Continua 2023 general-health access cascade cannot be relabelled as mental-health-specific unmet-need/access evidenc…

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
ACC-04	Unmet need	Not estimable	Not estimable	—	ENSANUT Continua 2023 general-health access cascade cannot be relabelled as mental-health-specific unmet-need/access evidenc…
FEE-01	Fee	MXN 700	Verified value	2026	One selected provider observation; no national market-price claim.
FEE-02	Fee	MXN 700	Verified value	2026	N=20; Q1=675.00; Q3=800.00; IQR=125.00; min=500.00; max=800.00. Country-profile threshold reached. Material marketplace conc…
FEE-03	Fee	Unavailable	Resolved missing — unavailable	—	No distinct initial psychological assessment fee was reported in the N=20 eligible provider frame. Ambiguous combined assess…
AFF-01	Affordability	Non-comparable	Resolved missing — non-comparable	—	The selected private advertised fee is not matched to the same provider/payer pathway, service setting, eligibility and bala…
AFF-02	Affordability	9.10%	Verified value	2022	Fee and income years differ; one provider fee is used and no inflation adjustment is made.
AFF-03	Affordability	Non-comparable	Resolved missing — non-comparable	—	No compatible AFF-01 patient balance exists, so a patient-balance percentage of median equivalised disposable income cannot…
AFF-04	Affordability	17.8 hours	Verified value	2026	Uses one provider fee and the general-zone statutory floor; the northern border zone has a higher minimum wage.
AFF-05	Affordability	Intl$ 64.8	Verified value	2024	Supplementary conversion of one provider observation. PPP is not an exchange rate, the provider fee is not nationally repres…

United States of America

COUNTRY TAKEAWAY

The United States combines detailed Medicare coverage rules with comparatively rich unmet-need evidence; cost is the dominant reason-specific barrier in the observed need-based subgroup.

The United States has detailed Medicare outpatient coverage rules and comparatively rich reason-specific unmet-need evidence. In the source-defined subgroup, cost-related reasons are reported by 65.2%, compared with 16.5% for waiting-related reasons. The controlled USD 200 standard fee represents about 34.5 minimum-wage hours and about 6.0% of the compatible monthly median-income measure.

Table 16. United States of America indicator profile (28 core indicators).

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
COV-01	Coverage	Program-limited — Medicare Part B covers outpatient mental-health services in provider offices, hospital outpatient departments and community mental-health centres	Verified value	2026	Medicare is a national public programme but not universal population entitlement.
COV-02	Coverage	Covered — individual and group therapy with psychologists authorised by the state	Verified value	2026	Programme-limited to Medicare and subject to coverage and medical-necessity criteria.
COV-03	Coverage	Original Medicare: in most cases no referral is required to see a specialist	Verified value	2026	Programme-specific; Medicare Advantage plans may require referrals and network use.
COV-04	Coverage	No specific time limit while treatment-plan, medical-necessity and expected-improvement criteria continue to be met	Verified value	2026	This is not unlimited unconditional coverage; continued coverage depends on evidence and accepted practice.
COV-05	Coverage	113.897069 USD national unadjusted non-facility amount	Verified value	2026	National unadjusted non-QP baseline with GPCI values effectively set to 1.0. Rounded non-facility amount is USD 113.90; corr…
COV-06	Coverage	20	Verified value	2026	Programme-limited; hospital outpatient services may add a copayment or coinsurance, and the rule is not universal across Med…
TIM-01	Timeliness	Unavailable	Resolved missing — unavailable	—	DEC-0038: sponsor-approved resolved-missing treatment after final bounded-search adjudication; exact value remains blank/mis…
TIM-02	Timeliness	Unavailable	Resolved missing — unavailable	—	DEC-0038: sponsor-approved resolved-missing treatment after final bounded-search adjudication; exact value remains blank/mis…
TIM-03	Timeliness	Unavailable	Resolved missing — unavailable	—	DEC-0038: sponsor-approved resolved-missing treatment after final bounded-search adjudication; exact value remains blank/mis…
TIM-04	Timeliness	Unavailable	Resolved missing — unavailable	—	DEC-0038: sponsor-approved resolved-missing treatment after final bounded-search adjudication; exact value remains blank/mis…
TIM-05	Timeliness	20 days maximum wait-time access standard	Verified value	2026	Programme-specific standard for eligible/enrolled Veterans. It is not an observed waiting-time distribution and is not a uni…

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
AVL-01	Availability	22.23 per 100,000	Verified value	2025	OEWS excludes self-employed workers and other psychologist categories; this is an occupation-limited employed-workforce rate.
AVL-02	Availability	8.19 per 100,000	Verified value	2025	OEWS excludes self-employed workers; the rate measures employed psychiatrists rather than full-time-equivalent clinical capa…
AVL-03	Availability	Unavailable	Resolved missing — unavailable	—	No observed unrestricted national headcount/FTE of nurses practising in mental-health or psychiatric services.
AVL-04	Availability	Unavailable	Resolved missing — unavailable	—	N-SUMHSS publishes a rounded outpatient-facility percentage but not the exact count/rate required by AVL-04.
AVL-05	Availability	Non-comparable	Resolved missing — non-comparable	—	Point-in-time clients and treatment estimates are not outpatient/community service contacts.
ACC-01	Unmet need	21%	Verified value	2024	Need-based subgroup denominator; any mental illness is model-based; 2024 treatment-question changes limit trend comparabilit…
ACC-02	Unmet need	65.2%	Verified value	2024	Need-based subgroup denominator; respondents could report multiple reasons; AMI is model-based.
ACC-03	Unmet need	16.5%	Verified value	2024	Measures unavailable openings rather than a duration-based wait interval; respondents could report multiple reasons.
ACC-04	Unmet need	26.4%	Verified value	2024	Composite includes transportation, childcare and appointments at workable times; it is not a transport-only measure.
FEE-01	Fee	USD 250	Verified value	2026	One selected provider observation; no national market-price claim.
FEE-02	Fee	USD 225	Verified value	2026	N=20; Q1=200.00; Q3=250.00; IQR=50.00; min=175.00; max=300.00. Country-profile threshold reached. Material marketplace conce…
FEE-03	Fee	Unavailable	Resolved missing — unavailable	—	No distinct initial psychological assessment fee was reported in the N=20 eligible provider frame. Ambiguous combined assess…

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
AFF-01	Affordability	Non-comparable	Resolved missing — non-comparable	—	The selected private advertised fee is not matched to the same provider/payer pathway, service setting, eligibility and bala…
AFF-02	Affordability	6.01%	Verified value	2023	Fee and income years differ; one provider fee is used; OECD marks the income value provisional.
AFF-03	Affordability	Non-comparable	Resolved missing — non-comparable	—	No compatible AFF-01 patient balance exists, so a patient-balance percentage of median equivalised disposable income cannot…
AFF-04	Affordability	34.5 hours	Verified value	2026	Uses one provider fee and the federal statutory floor. Many workers are entitled to higher state or local minimum wages.
AFF-05	Affordability	Intl$ 250	Verified value	2024	Supplementary conversion of one provider observation. PPP is not an exchange rate, the provider fee is not nationally repres…

Egypt

COUNTRY TAKEAWAY
Egypt's strongest observed evidence concerns workforce and service capacity, with comparatively little person-facing access, fee or affordability evidence.

Egypt's strongest observed evidence concerns workforce and service capacity. The controlled profile includes psychologist, psychiatrist and mental-health-nurse rates plus service/facility measures, but much less information on person-facing waiting, unmet need, provider fees and affordability. This makes Egypt useful for capacity comparison but less informative for the practical patient journey.

Table 17. Egypt indicator profile (28 core indicators).

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
COV-01	Coverage	Universal	Verified value	2026	COV-01 only. Do not infer psychologist-specific coverage, treatment limit, reimbursement amount or mandatory contribution. G…
COV-02	Coverage	Unavailable	Resolved missing — unavailable	—	No exact nationally applicable psychologist-treatment benefit, referral rule, treatment limit, provider payment or patient-c…
COV-03	Coverage	Unavailable	Resolved missing — unavailable	—	No exact nationally applicable psychologist-treatment benefit, referral rule, treatment limit, provider payment or patient-c…

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
COV-04	Coverage	Unavailable	Resolved missing — unavailable	—	No exact nationally applicable psychologist-treatment benefit, referral rule, treatment limit, provider payment or patient-c…
COV-05	Coverage	Unavailable	Resolved missing — unavailable	—	No exact nationally applicable psychologist-treatment benefit, referral rule, treatment limit, provider payment or patient-c…
COV-06	Coverage	Unavailable	Resolved missing — unavailable	—	No exact nationally applicable psychologist-treatment benefit, referral rule, treatment limit, provider payment or patient-c…
TIM-01	Timeliness	Unavailable	Resolved missing — unavailable	—	No compatible national observed mental-health waiting distribution or completed-path stage measure was located; standards an…
TIM-02	Timeliness	Unavailable	Resolved missing — unavailable	—	No compatible national observed mental-health waiting distribution or completed-path stage measure was located; standards an…
TIM-03	Timeliness	Unavailable	Resolved missing — unavailable	—	No compatible national observed mental-health waiting distribution or completed-path stage measure was located; standards an…
TIM-04	Timeliness	Unavailable	Resolved missing — unavailable	—	No compatible national observed mental-health waiting distribution or completed-path stage measure was located; standards an…
TIM-05	Timeliness	Unavailable	Resolved missing — unavailable	—	No compatible national observed mental-health waiting distribution or completed-path stage measure was located; standards an…
AVL-01	Availability	0.86 per 100,000	Verified value	2020	Harmonised Member-State-reported headcount rate; active-practice, registration and full-time-equivalent compatibility requir…
AVL-02	Availability	0.84 per 100,000	Verified value	2020	Harmonised Member-State-reported headcount rate; active-practice, registration and full-time-equivalent compatibility requir…
AVL-03	Availability	3.90 per 100,000	Verified value	2020	Harmonised Member-State-reported headcount rate; active-practice, registration and full-time-equivalent compatibility requir…

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
AVL-04	Availability	0.001 facilities per 100,000	Verified value	2020	Uses the source's community-based/non-hospital outpatient-facility category only. Hospital-attached and child/adolescent-spe…
AVL-05	Availability	5.8 contacts per 100,000	Verified value	2020	Child/adolescent-specific visits excluded to avoid possible overlap; calculation requires independent reproduction.
ACC-01	Unmet need	Unavailable	Resolved missing — unavailable	—	No compatible need-based mental-health nonreceipt or cost/wait/distance reason-specific measure was located.
ACC-02	Unmet need	Unavailable	Resolved missing — unavailable	—	No compatible need-based mental-health nonreceipt or cost/wait/distance reason-specific measure was located.
ACC-03	Unmet need	Unavailable	Resolved missing — unavailable	—	No compatible need-based mental-health nonreceipt or cost/wait/distance reason-specific measure was located.
ACC-04	Unmet need	Unavailable	Resolved missing — unavailable	—	No compatible need-based mental-health nonreceipt or cost/wait/distance reason-specific measure was located.
FEE-01	Fee	Unavailable	Resolved missing — unavailable	—	No definition-compatible exact standard subsequent individual psychological-treatment fee was established. FEE-02 profile ob…
FEE-02	Fee	Not estimable	Not estimable	—	13/20 eligible observations retained; N=20 rule unchanged; median remains NOT authorised. Routine search remains stopped.
FEE-03	Fee	Unavailable	Resolved missing — unavailable	—	No exact eligible initial psychological assessment fee satisfying the controlled definition was established after bounded ac…
AFF-01	Affordability	Not estimable	Not estimable	—	Required definition-compatible fee and/or reimbursement/income/minimum-wage/PPP dependency is not simultaneously available;…
AFF-02	Affordability	Not estimable	Not estimable	—	Required definition-compatible fee and/or reimbursement/income/minimum-wage/PPP dependency is not simultaneously available;…

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
AFF-03	Affordability	Not estimable	Not estimable	—	Required definition-compatible fee and/or reimbursement/income/minimum-wage/PPP dependency is not simultaneously available;...
AFF-04	Affordability	Not estimable	Not estimable	—	Required definition-compatible fee and/or reimbursement/income/minimum-wage/PPP dependency is not simultaneously available;...
AFF-05	Affordability	Not estimable	Not estimable	—	Required definition-compatible fee and/or reimbursement/income/minimum-wage/PPP dependency is not simultaneously available;...

Jordan

COUNTRY TAKEAWAY
Jordan is the only psychiatrist-dominant workforce profile in the 11-country three-profession subset and has the widest Relative Fee Dispersion of the complete provider samples.

Jordan is the only psychiatrist-dominant profile among the 11 countries with all three workforce professions observed. Its complete provider sample has the widest Relative Fee Dispersion (0.875); the selected JOD 40 provider fee is twice the JOD 20 sample median. The compatible affordability calculation equals about 28.7 minimum-wage hours.

Table 18. Jordan indicator profile (28 core indicators).

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
COV-01	Coverage	Included for psychosis and bipolar disorder; included for depression and anxiety	Verified value	2024	National-system financing field; does not establish psychologist-specific entitlement, eligibility, referral requirements or...
COV-02	Coverage	Unavailable	Resolved missing — unavailable	—	No exact nationally applicable psychologist-treatment benefit, referral rule, treatment limit, provider payment or patient-c...
COV-03	Coverage	Unavailable	Resolved missing — unavailable	—	No exact nationally applicable psychologist-treatment benefit, referral rule, treatment limit, provider payment or patient-c...
COV-04	Coverage	Unavailable	Resolved missing — unavailable	—	No exact nationally applicable psychologist-treatment benefit, referral rule, treatment limit, provider payment or patient-c...

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
COV-05	Coverage	Unavailable	Resolved missing — unavailable	—	No exact nationally applicable psychologist-treatment benefit, referral rule, treatment limit, provider payment or patient-c…
COV-06	Coverage	Unavailable	Resolved missing — unavailable	—	No exact nationally applicable psychologist-treatment benefit, referral rule, treatment limit, provider payment or patient-c…
TIM-01	Timeliness	Unavailable	Resolved missing — unavailable	—	No compatible national observed mental-health waiting distribution or completed-path stage measure was located; standards an…
TIM-02	Timeliness	Unavailable	Resolved missing — unavailable	—	No compatible national observed mental-health waiting distribution or completed-path stage measure was located; standards an…
TIM-03	Timeliness	Unavailable	Resolved missing — unavailable	—	No compatible national observed mental-health waiting distribution or completed-path stage measure was located; standards an…
TIM-04	Timeliness	Unavailable	Resolved missing — unavailable	—	No compatible national observed mental-health waiting distribution or completed-path stage measure was located; standards an…
TIM-05	Timeliness	Unavailable	Resolved missing — unavailable	—	No compatible national observed mental-health waiting distribution or completed-path stage measure was located; standards an…
AVL-01	Availability	0.10 per 100,000	Verified value	2024	Harmonised Member-State-reported headcount rate; active-practice, registration and full-time-equivalent compatibility requir…
AVL-02	Availability	0.80 per 100,000	Verified value	2024	Harmonised Member-State-reported headcount rate; active-practice, registration and full-time-equivalent compatibility requir…
AVL-03	Availability	0.10 per 100,000	Verified value	2024	Harmonised Member-State-reported headcount rate; active-practice, registration and full-time-equivalent compatibility requir…
AVL-04	Availability	0.149 facilities per 100,000	Verified value	2024	Uses the source's community-based/non-hospital outpatient-facility category only. Hospital-attached and child/adolescent-spe…

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
AVL-05	Availability	Unavailable	Resolved missing — unavailable	—	Official WHO/Jordan evidence provides outpatient facility infrastructure but no definition-compatible observed national outp…
ACC-01	Unmet need	Unavailable	Resolved missing — unavailable	—	No compatible need-based mental-health nonreceipt or cost/wait/distance reason-specific measure was located.
ACC-02	Unmet need	Unavailable	Resolved missing — unavailable	—	No compatible need-based mental-health nonreceipt or cost/wait/distance reason-specific measure was located.
ACC-03	Unmet need	Unavailable	Resolved missing — unavailable	—	No compatible need-based mental-health nonreceipt or cost/wait/distance reason-specific measure was located.
ACC-04	Unmet need	Unavailable	Resolved missing — unavailable	—	No compatible need-based mental-health nonreceipt or cost/wait/distance reason-specific measure was located.
FEE-01	Fee	JOD 40	Verified value	2026	Single-provider Amman observation; service page is oriented to children and adolescents; no national market representativene…
FEE-02	Fee	JOD 20	Verified value	2026	N=20; Q1=15.00; Q3=31.25; IQR=16.25; min=10.00; max=50.00. Country-profile threshold reached. The sample is non-probability…
FEE-03	Fee	JOD 70	Verified value	2026	Single-provider Amman observation; page is oriented to children and adolescents; no national market representativeness is cl…
AFF-01	Affordability	Not estimable	Not estimable	—	Scheduled patient balance cannot be calculated without a compatible official reimbursement/payment value.
AFF-02	Affordability	Unavailable	Resolved missing — unavailable	—	No controlled median equivalised disposable-income input compatible with AFF-02 was established.
AFF-03	Affordability	Not estimable	Not estimable	—	Patient-balance affordability cannot be calculated because one or more required balance/income inputs are unavailable.

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
AFF-04	Affordability	28.7 hours	Verified value	2026	Supplementary calculation using one provider observation. Wage-law sector exceptions and the provider's child/adolescent ser...
AFF-05	Affordability	Intl$ 125	Verified value	2025	Supplementary conversion of one provider observation. PPP is not an exchange rate; the fee is not nationally representative.

Morocco

COUNTRY TAKEAWAY

Morocco has a nurse-dominant observed workforce mix and a relatively dispersed private provider sample; its selected single-provider fee is below the N=20 median.

Morocco's observed workforce profile is nurse-dominant, while the complete private-provider sample is relatively dispersed (RFD 0.500). The selected MAD 300 standard provider fee is below the MAD 400 N=20 sample median. This illustrates why a single provider observation should not be treated as the centre of the observed market.

Table 19. Morocco indicator profile (28 core indicators).

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
COV-01	Coverage	Included for psychosis and bipolar disorder; included for depression and anxiety	Verified value	2024	National-system financing field; does not establish psychologist-specific entitlement, eligibility, referral requirements or...
COV-02	Coverage	Unavailable	Resolved missing — unavailable	—	No exact nationally applicable psychologist-treatment benefit, referral rule, treatment limit, provider payment or patient-c...
COV-03	Coverage	Unavailable	Resolved missing — unavailable	—	No exact nationally applicable psychologist-treatment benefit, referral rule, treatment limit, provider payment or patient-c...
COV-04	Coverage	Unavailable	Resolved missing — unavailable	—	No exact nationally applicable psychologist-treatment benefit, referral rule, treatment limit, provider payment or patient-c...
COV-05	Coverage	Unavailable	Resolved missing — unavailable	—	No exact nationally applicable psychologist-treatment benefit, referral rule, treatment limit, provider payment or patient-c...
COV-06	Coverage	Unavailable	Resolved missing — unavailable	—	No exact nationally applicable psychologist-treatment benefit, referral rule, treatment limit, provider payment or patient-c...

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
TIM-01	Timeliness	Unavailable	Resolved missing — unavailable	—	No compatible national observed mental-health waiting distribution or completed-path stage measure was located; standards an…
TIM-02	Timeliness	Unavailable	Resolved missing — unavailable	—	No compatible national observed mental-health waiting distribution or completed-path stage measure was located; standards an…
TIM-03	Timeliness	Unavailable	Resolved missing — unavailable	—	No compatible national observed mental-health waiting distribution or completed-path stage measure was located; standards an…
TIM-04	Timeliness	Unavailable	Resolved missing — unavailable	—	No compatible national observed mental-health waiting distribution or completed-path stage measure was located; standards an…
TIM-05	Timeliness	Unavailable	Resolved missing — unavailable	—	No compatible national observed mental-health waiting distribution or completed-path stage measure was located; standards an…
AVL-01	Availability	0.60 per 100,000	Verified value	2024	Harmonised Member-State-reported headcount rate; active-practice, registration and full-time-equivalent compatibility requir…
AVL-02	Availability	1.50 per 100,000	Verified value	2024	Harmonised Member-State-reported headcount rate; active-practice, registration and full-time-equivalent compatibility requir…
AVL-03	Availability	4.50 per 100,000	Verified value	2024	Harmonised Member-State-reported headcount rate; active-practice, registration and full-time-equivalent compatibility requir…
AVL-04	Availability	0.085 facilities per 100,000	Verified value	2024	Uses the source's community-based/non-hospital outpatient-facility category only. Hospital-attached and child/adolescent-spe…
AVL-05	Availability	6.8 contacts per 100,000	Verified value	2024	Child/adolescent-specific visits excluded to avoid possible overlap; calculation requires independent reproduction.
ACC-01	Unmet need	Unavailable	Resolved missing — unavailable	—	No compatible need-based mental-health nonreceipt or cost/wait/distance reason-specific measure was located.

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
ACC-02	Unmet need	Unavailable	Resolved missing — unavailable	—	No compatible need-based mental-health nonreceipt or cost/wait/distance reason-specific measure was located.
ACC-03	Unmet need	Unavailable	Resolved missing — unavailable	—	No compatible need-based mental-health nonreceipt or cost/wait/distance reason-specific measure was located.
ACC-04	Unmet need	Unavailable	Resolved missing — unavailable	—	No compatible need-based mental-health nonreceipt or cost/wait/distance reason-specific measure was located.
FEE-01	Fee	MAD 300	Verified value	2026	Single-provider Marrakech observation; the page does not distinguish first from subsequent consultation and no national mark…
FEE-02	Fee	MAD 400	Verified value	—	N=20 controlled non-probability provider/practice/platform sample; independently reconstructed median MAD 400. Not a nationa…
FEE-03	Fee	Unavailable	Resolved missing — unavailable	—	No distinct exact initial psychological assessment fee satisfying FEE-03 was established.
AFF-01	Affordability	Not estimable	Not estimable	—	Scheduled patient balance cannot be calculated without a compatible official public reimbursement/payment value.
AFF-02	Affordability	Unavailable	Resolved missing — unavailable	—	No controlled median equivalised disposable-income input compatible with AFF-02 was established.
AFF-03	Affordability	Not estimable	Not estimable	—	Patient-balance affordability cannot be calculated because one or more required balance/income inputs are unavailable.
AFF-04	Affordability	Non-comparable	Resolved missing — non-comparable	—	AFF-04 requires one nationally applicable adult gross hourly minimum wage. The controlled evidence did not establish a singl…
AFF-05	Affordability	Intl$ 75.8	Verified value	2025	Single-provider fee; not a national market-price estimate. PPP-year and provider-scope caveats retained.

Saudi Arabia

COUNTRY TAKEAWAY
Saudi Arabia's observed profile is rich in workforce and service-capacity evidence and includes a complete provider-fee sample, while patient-facing affordability evidence is thinner.

Saudi Arabia's strongest observed evidence is concentrated in workforce and service capacity. The complete provider-fee sample has a median of SAR 425 with RFD 0.353. The evidence is useful for capacity and provider-price description, while the person-facing pathway and household affordability dimensions are less fully observed.

Table 20. Saudi Arabia indicator profile (28 core indicators).

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
COV-01	Coverage	Mental healthcare and treatment reported as included in publicly funded financial protection schemes	Verified value	2024	The profile does not identify the exact covered population or establish universal entitlement.
COV-02	Coverage	Unavailable	Resolved missing — unavailable	—	Financial protection for psychological therapies is reported, but psychologist-delivered treatment is not separately establi…
COV-03	Coverage	Unavailable	Resolved missing — unavailable	—	No exact nationally standard routine outpatient mental-health access/referral pathway satisfying COV-03 was established.
COV-04	Coverage	Non-comparable	Resolved missing — non-comparable	—	Official mental-health coverage cap is monetary and does not constitute the maximum number of covered outpatient psychologic…
COV-05	Coverage	Unavailable	Resolved missing — unavailable	—	No official national psychologist session reimbursement schedule located.
COV-06	Coverage	Non-comparable	Resolved missing — non-comparable	—	CHI material establishes deductible/co-payment terms at policy-schedule level; it does not yield one exact standard mandator…
TIM-01	Timeliness	Unavailable	Resolved missing — unavailable	—	No compatible national observed mental-health waiting distribution or completed-path stage measure was located; standards an…
TIM-02	Timeliness	Unavailable	Resolved missing — unavailable	—	No national routine outpatient assessment waiting-time source located.
TIM-03	Timeliness	Unavailable	Resolved missing — unavailable	—	No national routine outpatient treatment-commencement waiting-time source located.
TIM-04	Timeliness	Unavailable	Resolved missing — unavailable	—	No compatible national observed mental-health waiting distribution or completed-path stage measure was located; standards an…

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
TIM-05	Timeliness	Unavailable	Resolved missing — unavailable	—	No compatible national observed mental-health waiting distribution or completed-path stage measure was located; standards an…
AVL-01	Availability	10.50 per 100,000	Verified value	2024	The profile does not state the exact underlying data year or active-practice criteria.
AVL-02	Availability	4.20 per 100,000	Verified value	2024	The profile does not state the exact underlying data year or active-practice criteria.
AVL-03	Availability	18 per 100,000	Verified value	2024	Harmonised Member-State-reported headcount rate; active-practice, registration and full-time-equivalent compatibility requir…
AVL-04	Availability	0.492 facilities per 100,000	Verified value	2024	Uses the source's community-based/non-hospital outpatient-facility category only. Hospital-attached and child/adolescent-spe…
AVL-05	Availability	18.5 contacts per 100,000	Verified value	2024	Child/adolescent-specific visits excluded to avoid possible overlap; calculation requires independent reproduction.
ACC-01	Unmet need	Unavailable	Resolved missing — unavailable	—	No official national mental-health-specific unmet-need measure located.
ACC-02	Unmet need	Unavailable	Resolved missing — unavailable	—	No national mental-health-specific cost-, waiting-, or transport-related unmet-need estimate satisfying the controlled denom…
ACC-03	Unmet need	Unavailable	Resolved missing — unavailable	—	No national mental-health-specific cost-, waiting-, or transport-related unmet-need estimate satisfying the controlled denom…
ACC-04	Unmet need	Unavailable	Resolved missing — unavailable	—	No national mental-health-specific cost-, waiting-, or transport-related unmet-need estimate satisfying the controlled denom…
FEE-01	Fee	Unavailable	Resolved missing — unavailable	—	Exact fee located but session duration is not stated; observation excluded.
FEE-02	Fee	SAR 425	Verified value	—	N=20 controlled non-probability provider/practice/platform sample; median SAR 425. Not a national market-price estimate.
FEE-03	Fee	Unavailable	Resolved missing — unavailable	—	No exact eligible initial psychological assessment fee satisfying FEE-03 was established.

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
AFF-01	Affordability	Non-comparable	Resolved missing — non-comparable	—	No compatible eligible fee and official reimbursement pair.
AFF-02	Affordability	Unavailable	Resolved missing — unavailable	—	Official median disposable-income measure is not identified as equivalised.
AFF-03	Affordability	Not estimable	Not estimable	—	Patient-balance affordability cannot be calculated from the incomplete compatible fee/reimbursement/income dependencies.
AFF-04	Affordability	Unavailable	Resolved missing — unavailable	—	No generally applicable national adult hourly minimum wage established by the inspected source.
AFF-05	Affordability	Not estimable	Not estimable	—	AFF-05 requires a compatible standard fee; Saudi FEE-01 remains unavailable. The non-probability FEE-02 profile median is no…

United Arab Emirates

COUNTRY TAKEAWAY

The UAE combines a nurse-dominant observed workforce profile with a complete fee domain and the highest PPP-converted controlled standard fee among the 13 AFF-05 observations.

The UAE combines a nurse-dominant observed workforce profile with complete provider-fee evidence. The selected standard fee is AED 673, the N=20 sample median AED 825 and the observed initial assessment fee AED 950. Its PPP-converted standard fee is the highest among the 13 AFF-05 observations.

Table 21. United Arab Emirates indicator profile (28 core indicators).

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
COV-01	Coverage	Included for psychosis and bipolar disorder; included for depression and anxiety	Verified value	2024	National-system financing field; does not establish psychologist-specific entitlement, eligibility, referral requirements or…
COV-02	Coverage	Unavailable	Resolved missing — unavailable	—	No exact nationally applicable psychologist-treatment benefit, referral rule, treatment limit, provider payment or patient-c…
COV-03	Coverage	Unavailable	Resolved missing — unavailable	—	No exact nationally applicable psychologist-treatment benefit, referral rule, treatment limit, provider payment or patient-c…
COV-04	Coverage	Unavailable	Resolved missing — unavailable	—	No exact nationally applicable psychologist-treatment benefit, referral rule, treatment limit, provider payment or patient-c…

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
COV-05	Coverage	Unavailable	Resolved missing — unavailable	—	No exact nationally applicable psychologist-treatment benefit, referral rule, treatment limit, provider payment or patient-c…
COV-06	Coverage	Unavailable	Resolved missing — unavailable	—	No exact nationally applicable psychologist-treatment benefit, referral rule, treatment limit, provider payment or patient-c…
TIM-01	Timeliness	Unavailable	Resolved missing — unavailable	—	No compatible national observed mental-health waiting distribution or completed-path stage measure was located; standards an…
TIM-02	Timeliness	Unavailable	Resolved missing — unavailable	—	No compatible national observed mental-health waiting distribution or completed-path stage measure was located; standards an…
TIM-03	Timeliness	Unavailable	Resolved missing — unavailable	—	No compatible national observed mental-health waiting distribution or completed-path stage measure was located; standards an…
TIM-04	Timeliness	Unavailable	Resolved missing — unavailable	—	No compatible national observed mental-health waiting distribution or completed-path stage measure was located; standards an…
TIM-05	Timeliness	Unavailable	Resolved missing — unavailable	—	No compatible national observed mental-health waiting distribution or completed-path stage measure was located; standards an…
AVL-01	Availability	4.20 per 100,000	Verified value	2024	Harmonised Member-State-reported headcount rate; active-practice, registration and full-time-equivalent compatibility requir…
AVL-02	Availability	4.60 per 100,000	Verified value	2024	Harmonised Member-State-reported headcount rate; active-practice, registration and full-time-equivalent compatibility requir…
AVL-03	Availability	39.50 per 100,000	Verified value	2024	Harmonised Member-State-reported headcount rate; active-practice, registration and full-time-equivalent compatibility requir…
AVL-04	Availability	0.009 facilities per 100,000	Verified value	2024	Uses the source's community-based/non-hospital outpatient-facility category only. Hospital-attached and child/adolescent-spe…

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
AVL-05	Availability	35.5 contacts per 100,000	Verified value	2024	Child/adolescent-specific visits excluded to avoid possible overlap; calculation requires independent reproduction.
ACC-01	Unmet need	Unavailable	Resolved missing — unavailable	—	Official national survey material was located, but no published/reproducible national mental-health-specific unmet-need esti…
ACC-02	Unmet need	Unavailable	Resolved missing — unavailable	—	Official national survey material was located, but no published/reproducible national mental-health-specific unmet-need esti…
ACC-03	Unmet need	Unavailable	Resolved missing — unavailable	—	Official national survey material was located, but no published/reproducible national mental-health-specific unmet-need esti…
ACC-04	Unmet need	Unavailable	Resolved missing — unavailable	—	Official national survey material was located, but no published/reproducible national mental-health-specific unmet-need esti…
FEE-01	Fee	AED 673	Verified value	2026	Single-provider Dubai observation; no national market representativeness is claimed.
FEE-02	Fee	AED 825	Verified value	2026	N=20; Q1=667.25; Q3=900.00; IQR=232.75; min=420.00; max=975.00. Country-profile threshold reached. The sample is non-probabi…
FEE-03	Fee	AED 950	Verified value	2026	Single-provider Dubai observation; the site contains multiple service headings, so only the explicitly labelled Psychologica…
AFF-01	Affordability	Not estimable	Not estimable	—	Scheduled patient balance cannot be calculated without a compatible official public reimbursement/payment value.
AFF-02	Affordability	Unavailable	Resolved missing — unavailable	—	No controlled median equivalised disposable-income input compatible with AFF-02 was established.
AFF-03	Affordability	Not estimable	Not estimable	—	Patient-balance affordability cannot be calculated because one or more required balance/income inputs are unavailable.

ID	Domain	Value / status	Final class	Year	Controlled caveat / missingness reason
AFF-04	Affordability	Non-comparable	Resolved missing — non-comparable	—	Official UAE government guidance states that no minimum salary is stipulated in the UAE Labour Law. AFF-04 is defined as mis…
AFF-05	Affordability	Intl$ 262.9	Verified value	2024	Supplementary conversion of one Dubai provider observation. PPP is not an exchange rate; the fee is not nationally represent…

Part IV. What the findings imply

1. Coverage policy should be reported at the level patients actually use

A national statement that mental-health treatment is included in public financing is not enough to describe practical access. Psychologist eligibility, referral rules, treatment limits, scheduled payment and patient contributions should be published together as one outpatient mental-health benefit specification.

2. Waiting time should become a core mental-health system statistic

The largest evidence imbalance is between countries that count services and countries that measure the journey into those services. Routine national reporting should distinguish time to triage, time to clinical assessment and time to treatment commencement using explicit start and end events.

3. Workforce planning should distinguish professional mix from total capacity

The observed workforce data show that countries rely on very different combinations of psychologists, psychiatrists and mental-health nurses. Comparisons based on a single profession can therefore mischaracterise the architecture of capacity.

4. Private psychology affordability research should use samples, not anecdotes

The FEE-01 versus FEE-02 comparison shows that one provider price can sit far from the observed sample centre. Reports and media should avoid presenting one clinic's price as 'the price of psychology' when a structured multi-provider sample is feasible.

5. Affordability should be expressed as burden, not only price

Minimum-wage hours and household-income share make the economic meaning of a fee more visible. The same nominal fee can represent very different burdens across countries and households.

6. Patient-reported barriers need to be disaggregated

Where unmet need is measured, cost, waiting and transport barriers do not necessarily move together. National surveys should report reason-specific mental-health unmet need rather than only a single overall access-failure rate.

7. MHAOG is best used as a data-system diagnostic

MHAOG is useful because it identifies whether reporting is stronger for system structure or the lived access pathway. It should be used to improve person-facing data publication, not as a substitute for health-system performance.

Conclusion: what this benchmark adds

GMHCAAB 2027 shows that practical mental-health access is not one variable. Across the observed countries, formal entitlement, access pathways, professional capacity, waiting, unmet need, private price and household burden behave as distinct parts of the access problem.

The clearest substantive pattern is the gap between formal provision and practical usability. Public entitlement is identifiable in most countries, but the rules that determine psychologist access, treatment limits, scheduled payment and patient contribution are much less consistently visible. At the same time, workforce and service capacity are far easier to document than the time a patient actually waits to enter care.

The private-market evidence adds a second lesson: neither one advertised fee nor a cross-currency price comparison is sufficient. Multi-provider sampling changes the apparent centre of the observed market in several countries, fee dispersion varies markedly between provider samples, and one session can represent a substantial amount of minimum-wage work or monthly household income.

Taken together, the evidence suggests that mental-health access should be judged across at least four separate questions: whether care is formally available, whether the pathway into care is operationally usable, whether relevant capacity exists, and whether the financial burden is manageable. The benchmark's contribution is to make those dimensions visible without collapsing them into a single score that would hide important differences.

Appendix A. Publication source index

The machine-readable publication citation crosswalk maps every one of the 420 country-indicator work packages to its controlled source IDs, source organisation, source title, URL, reference period and caveat. The condensed source index below lists the unique publication URLs represented in the locked dataset. A source may support more than one indicator. Table A1 provides the condensed publication source index.

Table 22. Publication source index.

Key	Source	Countries / indicators	URL
GMHCAAB-SRC-001	AIHEM — reproducible structured fee study — Brazil advertised psychologist-fee sample | Canada advertised psychologist-fee sample | Chile advertised psychologist-fee sample | Jordan advertised psychology-fee sample | Mexico advertised psychologist-fee sample | South Africa advertised psychologist-fee sample | United Arab Emirates advertised psychology-fee sample | United States of America advertised psychologist-fee sample	Brazil; Canada; Chile; Jordan; Mexico; South Africa; United Arab Emirates; United States of America | FEE-02	MULTIPLE REGISTERED PROVIDER URLS — see Provider Fee Sample
GMHCAAB-SRC-002	World Health Organization — Mental Health Atlas 2024 Member State Profile: Brazil	Brazil | AVL-04; COV-01; COV-06	https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2024-country-profiles/brazil.pdf
GMHCAAB-SRC-003	Organisation for Economic Co-operation and Development — Income Distribution Database — disposable income, median	Brazil; Chile; Mexico; United States of America | AFF-02	https://data-explorer.oecd.org/vis?df%5Bag%5D=OECD.WISE.INE&df%5Bds%5D=DisseminateFinalDMZ&df%5Bid%5D=DSD_WISE_IDD%40DF_IDD&dq=.A..MEDIAN.._T.METH2012.D_CUR.&ly%5Bcl%5D=TIME_PERIOD&ly%5Brw%5D=REF_AREA%2CCOMBINED_MEASURE&pd=2010%2C&to%5BTIME_PERIOD%5D=false&vw=tb
GMHCAAB-SRC-004	AIHEM — reproducible calculation — PPP-converted Brazil standard fee	Brazil | AFF-05	https://data.worldbank.org/indicator/PA.NUS.PRVT.PP?locations=BR
GMHCAAB-SRC-005	Brazilian Institute of Geography and Statistics (IBGE) / Ministry of Health — Pesquisa Nacional de Saúde 2019 microdata and documentation	Brazil | ACC-01	https://ftp.ibge.gov.br/PNS/2019/Microdados/Dados/
GMHCAAB-SRC-006	Brazil Ministry of Health — DATASUS/SIGTAP — SIGTAP procedure 0301080178 — Atendimento Individual em Psicoterapia	Brazil | COV-05	https://unisus.com.br/sigtap/procedimento/0301080178-atendimento-individual-em-psicoterapia
GMHCAAB-SRC-007	Vanessa Buzinaro Psicologia — Current provider pricing and professional evidence	Brazil | FEE-01	https://vanessabuzinaropsi.com.br/agende-sua-sessao-de-psicologia/
GMHCAAB-SRC-008	Agência Nacional de Saúde Suplementar — Maximum access times for consultations, examinations, therapies and admissions	Brazil | TIM-05	https://www.gov.br/ans/pt-br/assuntos/consumidor/prazos-maximos-de-atendimento
GMHCAAB-SRC-009	Brazil Ministry of Health — Centros de Atenção Psicossocial (CAPS)	Brazil | COV-02; COV-03	https://www.gov.br/saude/pt-br/composicao/saes/desmad/raps/caps
GMHCAAB-SRC-010	Presidency of the Republic of Brazil — Decree No. 12,797 — 2026 national minimum wage	Brazil | AFF-04	https://www.planalto.gov.br/ccivil_03/_ato2023-2026/2025/decreto/d12797.htm
GMHCAAB-SRC-011	World Health Organization — Mental Health Atlas 2024 Member State Profile: Canada	Canada | AVL-04; AVL-05	https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2024-country-profiles/canada.pdf

Key	Source	Countries / indicators	URL
GMHCAAB-SRC-012	Canadian Psychological Association; Canadian Institute for Health Information — Where To From Here? Reviewing the Number of Psychologists in Canada by Province & Territory, 2017–2023; Health workforce, 2024: Supply and direct care	Canada | AVL-01	https://cpa.ca/docs/File/Advocacy/Number%20of%20Psychologist%20Report%20EN.pdf; https://www.cihi.ca/en/the-state-of-the-health-workforce-in-canada-2024/health-workforce-2024-supply-and-direct-care
GMHCAAB-SRC-013	AIHEM — reproducible calculation — PPP-converted Canada standard fee	Canada | AFF-05	https://data.worldbank.org/indicator/PA.NUS.PRVT.PP?locations=CA
GMHCAAB-SRC-014	Psychological Services — Psychological Services — rates and payment policy	Canada | FEE-01	https://psonline.ca/
GMHCAAB-SRC-015	Canadian Institute for Health Information — Wait Times for Community Mental Health Counselling, 2024–2025	Canada | TIM-03	https://www.cihi.ca/en/indicators/wait-times-for-community-mental-health-counselling
GMHCAAB-SRC-016	Canadian Institute for Health Information — Registered psychiatric nurses	Canada | AVL-03	https://www.cihi.ca/en/registered-psychiatric-nurses
GMHCAAB-SRC-017	Canadian Institute for Health Information — Supply, Distribution and Migration of Physicians in Canada, 2024 — Data Tables	Canada | AVL-02	https://www.cihi.ca/sites/default/files/document/supply-distribution-migration-physicians-in-canada-2024-data-tables-en.xlsx
GMHCAAB-SRC-018	Statistics Canada — Probable PTSD and difficulties accessing health care services — Table 2	Canada | ACC-02; ACC-03; ACC-04	https://www150.statcan.gc.ca/n1/daily-quotidien/220520/t002b-eng.htm
GMHCAAB-SRC-019	Statistics Canada — Table 13-10-0465-01 — Mental health indicators; Quality of life indicator: Unmet needs for mental health care and 2022 health statistics summary	Canada | ACC-01	https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310046501; https://www150.statcan.gc.ca/n1/pub/12-581-x/2023001/sec8-eng.htm
GMHCAAB-SRC-020	Chile Ministry of Health — AUGE/GES — GES Problem 34 — Depression in persons aged 15 years and over	Chile | COV-03; COV-05	https://auge.minsal.cl/problemasdesalud/index/34
GMHCAAB-SRC-021	Chile Ministry of Health — AUGE/GES — Specific Benefits List — GES Problem 34 Depression	Chile | COV-02	https://auge.minsal.cl/problemasdesalud/lep/34
GMHCAAB-SRC-022	World Health Organization — Mental Health Atlas 2024 Member State Profile: Chile	Chile | AVL-01; AVL-02; AVL-03; AVL-04; AVL-05; COV-01; COV-06	https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2024-country-profiles/chile.pdf
GMHCAAB-SRC-023	AIHEM — reproducible calculation — PPP-converted Chile standard fee	Chile | AFF-05	https://data.worldbank.org/indicator/PA.NUS.PRVT.PP?locations=CL
GMHCAAB-SRC-024	Clínica del Sur — Current provider pricing and professional evidence	Chile | FEE-01	https://www.clinicasur.cl/wp-content/uploads/2025/04/Arancel-2025-Clinica-del-Sur.pdf
GMHCAAB-SRC-025	Republic of Chile — Diario Oficial — Law increasing the monthly minimum income from 1 May 2026	Chile | AFF-04	https://www.diariooficial.interior.gob.cl/publicaciones/2026/06/22/44481-B/01/2829298.pdf
GMHCAAB-SRC-026	Superintendencia de Salud — GES Problem 34 — Depression in persons aged 15 years and over	Chile | TIM-03; TIM-05	https://www.superdesalud.gob.cl/difusion/665/articles-18823_archivo_fuente.pdf
GMHCAAB-SRC-027	World Health Organization — Mental Health Atlas 2020 Member State Profile: Egypt	Egypt | AVL-01; AVL-02; AVL-03; AVL-04; AVL-05	https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2020-country-profiles/egy.pdf?download=true&sfvrsn=4c708821_5

Key	Source	Countries / indicators	URL
GMHCAAB-SRC-028	Universal Health Insurance Authority / Egyptian legal framework — Medical services package; official FAQ; Law No. 2 of 2018	Egypt | COV-01	https://uhia.gov.eg/حزمة-الخدمات-الطبية/ ; https://uhia.gov.eg/helpie_faq_page/ ; https://manshurat.org/file/33130/download?token=eRDcwGHT
GMHCAAB-SRC-029	World Health Organization — Mental Health Atlas 2024 Country Profile: Ghana	Ghana | AVL-01; AVL-02; AVL-03; AVL-04; AVL-05	https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2024-country-profiles/ghana.pdf?sfvrsn=4a120606_3
GMHCAAB-SRC-030	World Health Organization — The inclusion of mental health services in Ghana's National Health Insurance Scheme	Ghana | COV-01	https://cdn.who.int/media/docs/default-source/mental-health/special-initiative/ghana_case_study_final.pdf?download=true&sfvrsn=53caaaf9_3
GMHCAAB-SRC-031	AIHEM — reproducible calculation — PPP-converted Ghana standard fee	Ghana | AFF-05	https://data.worldbank.org/indicator/PA.NUS.PRVT.PP?locations=GH
GMHCAAB-SRC-032	AIHEM — reproducible calculation — Ghana statutory minimum-wage hours calculation	Ghana | AFF-04	https://ghalii.org/akn/gh/act/2003/651/eng@2003-10-10
GMHCAAB-SRC-033	Counselor Prince & Associates Consult / Fresha — Counselor Prince Offei — General Psychological Counselling	Ghana | FEE-01	https://www.fresha.com/_US/p/counselor-prince-offei-3671680
GMHCAAB-SRC-034	Republic of Ghana / Ministry of Health — Mental Health Act, 2012 (Act 846)	Ghana | COV-03	https://www.moh.gov.gh/wp-content/uploads/2016/02/Mental-Health-Act-846-2012.pdf
GMHCAAB-SRC-035	World Health Organization — Mental Health Atlas 2024 Member State Profile: Jordan	Jordan | AVL-01; AVL-02; AVL-03; AVL-04; COV-01	https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2024-country-profiles/jordan.pdf?sfvrsn=b2172066_3
GMHCAAB-SRC-036	AIHEM — reproducible calculation — PPP-converted Jordan standard fee	Jordan | AFF-05	https://data.worldbank.org/indicator/PA.NUS.PRVT.PP?locations=JO
GMHCAAB-SRC-037	Mind Clinic Group — Therapy Session	Jordan | FEE-01; FEE-03	https://mindclinicgroup.com/en/service/therapy-session/
GMHCAAB-SRC-038	AIHEM — reproducible calculation — Jordan statutory minimum-wage hours required	Jordan | AFF-04	https://mindclinicgroup.com/en/service/therapy-session/ ; https://mol.gov.jo/ar/NewsDetails/قرار_رفع_الحد_الأدنى_لأجور_دخل_حيز_التنفيذ
GMHCAAB-SRC-039	World Health Organization — Mental Health Atlas 2020 Country Profile: Kenya	Kenya | AVL-01; AVL-02; AVL-03	https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2020-country-profiles/ken.pdf?download=true&sfvrsn=b0481dcf_7
GMHCAAB-SRC-040	AIHEM — reproducible calculation — PPP-converted Kenya standard fee	Kenya | AFF-05	https://data.worldbank.org/indicator/PA.NUS.PRVT.PP?locations=KE
GMHCAAB-SRC-041	Government of Kenya, Ministry of Health — Social Health Insurance (General) Regulations, 2024	Kenya | COV-01; COV-03	https://health.go.ke/sites/default/files/2024-11/Social%20Health%20Insurance%20%28General%29%20Regulations%2C%202024_0.pdf
GMHCAAB-SRC-042	SoulShelter — Fees — Psychologist in Nairobi	Kenya | FEE-01	https://soulshelter.ke/fees/

Key	Source	Countries / indicators	URL
GMHCAAB-SRC-043	Government of Kenya, Ministry of Health — Kenya Health Facility Census Report, September 2023	Kenya | AVL-04	https://www.health.go.ke/sites/default/files/2024-01/Kenya%20Health%20Facility%20Census%20Report%20September%202023.pdf
GMHCAAB-SRC-044	World Health Organization — Mental Health Atlas 2024 Member State Profile: Mexico	Mexico | AVL-01; AVL-02; AVL-03; AVL-04; AVL-05; COV-06	https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2024-country-profiles/mexico.pdf
GMHCAAB-SRC-045	AIHEM — reproducible calculation — PPP-converted Mexico standard fee	Mexico | AFF-05	https://data.worldbank.org/indicator/PA.NUS.PRVT.PP?locations=MX
GMHCAAB-SRC-046	Chamber of Deputies / IMSS-Bienestar — Ley General de Salud — latest reforms 15 January 2026	Mexico | COV-01	https://imssbienestar.gob.mx/assets/doc/juridico/01_normatividad/01_marcojuridico/01_leyes/LEY%20GENERAL%20DE%20SALUD.pdf
GMHCAAB-SRC-047	Psicóloga Paloma — Current provider pricing and professional evidence	Mexico | FEE-01	https://psicpaloma.com.mx/acompanamientos/tdah-en-adultos/
GMHCAAB-SRC-048	National Minimum Wage Commission — Increase to minimum wages for 2026	Mexico | AFF-04	https://www.gob.mx/conasami/articulos/incremento-a-los-salarios-minimos-para-2026?idiom=es
GMHCAAB-SRC-049	Mexican Social Security Institute — IMSS has more than 700 psychologists for mental-health care	Mexico | COV-02; COV-03	https://www.imss.gob.mx/node/112616
GMHCAAB-SRC-050	Instituto Mexicano del Seguro Social — Prevention, promotion and respect for human rights are the pillars of comprehensive mental-health care at IMSS	Mexico | TIM-05	https://www.imss.gob.mx/prensa/archivo/202410/015
GMHCAAB-SRC-051	World Health Organization — Mental Health Atlas 2024 Member State Profile: Morocco	Morocco | AVL-01; AVL-02; AVL-03; AVL-04; AVL-05; COV-01	https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2024-country-profiles/morocco.pdf?sfvrsn=dbd73797_3
GMHCAAB-SRC-052	Psychologie Maroc — Tarif	Morocco | FEE-01	https://psychologiemaroc.com/votre-praticien/tarif/
GMHCAAB-SRC-053	AIHEM — reproducible calculation — Morocco PPP-converted standard psychologist fee	Morocco | AFF-05	https://psychologiemaroc.com/votre-praticien/tarif/ ; https://data.worldbank.org/indicator/PA.NUS.PRVT.PP?locations=MA
GMHCAAB-SRC-054	AIHEM — reproducible calculation — PPP-converted Nigeria standard fee	Nigeria | AFF-05	https://data.worldbank.org/indicator/PA.NUS.PRVT.PP?locations=NG
GMHCAAB-SRC-055	Synapse Services Mustard — Initial Assessment with Clinical Psychologist	Nigeria | FEE-03	https://synapseservicesmustard.setmore.com/
GMHCAAB-SRC-056	BELWET Mind Clinic — BELWET Mind Clinic — pricing and clinical services	Nigeria | FEE-01	https://www.belwetmindclinic.com/
GMHCAAB-SRC-057	Nigeria National Health Insurance Authority — Professional Fee-for-Service and Price List	Nigeria | COV-01; COV-04; COV-05	https://www.nhia.gov.ng/professional-ffs-price-list/
GMHCAAB-SRC-058	World Health Organization — Mental Health Atlas 2020 Country Profile: Rwanda	Rwanda | AVL-01; AVL-02; AVL-03; COV-01	https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2020-country-profiles/rwa.pdf?download=true&sfvrsn=a04a018a_7
GMHCAAB-SRC-059	AIHEM — reproducible calculation — PPP-converted Rwanda standard fee	Rwanda | AFF-05	https://data.worldbank.org/indicator/PA.NUS.PRVT.PP?locations=RW

Key	Source	Countries / indicators	URL
GMHCAAB-SRC-060	Healthy Minds Counselling Clinic — Fees	Rwanda | FEE-03	https://healthyminds.rw/fees/
GMHCAAB-SRC-061	Healthy Minds Counselling Clinic; Solid Minds Counselling Clinic — Fees; Pricing	Rwanda | FEE-01	https://healthyminds.rw/fees/; https://solidminds.rw/pricing/
GMHCAAB-SRC-062	Rwanda Social Security Board — Service Delivery Standards, 2024	Rwanda | COV-03; COV-06	https://www.rssb.rw/fileadmin/user_upload/RSSB_SERVICE_DELIVERY_STANDARDS_2024.pdf
GMHCAAB-SRC-063	World Health Organization — Mental Health Atlas 2024 Country Profile: Saudi Arabia | Mental Health Atlas 2024 Member State Profile: Saudi Arabia	Saudi Arabia | AVL-01; AVL-02; AVL-03; AVL-04; AVL-05; COV-01	https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2024-country-profiles/saudi-arabia.pdf?sfvrsn=a8aaf5f6_3
GMHCAAB-SRC-064	World Health Organization — Mental Health Atlas 2020 Country Profile: South Africa	South Africa | AVL-03; AVL-04; AVL-05	https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2020-country-profiles/zaf.pdf
GMHCAAB-SRC-065	AIHEM — reproducible calculation — PPP-converted South Africa standard fee	South Africa | AFF-05	https://data.worldbank.org/indicator/PA.NUS.PRVT.PP?locations=ZA
GMHCAAB-SRC-066	National Department of Health — Referral Policy for South African Health Services and Referral Implementation Guidelines	South Africa | COV-03	https://knowledgehub.health.gov.za/system/files/elibdownloads/2022-07/National%20Referral%20Policy%20for%20SA%20Health%20Services%20and%20Implementation%20Guidelines%20Aug%202020.pdf
GMHCAAB-SRC-067	National Department of Health — National Guideline on Management of Patient Waiting Time in Clinics, Community Health Centers, and Outpatient Departments of Public Hospitals of South Africa	South Africa | TIM-05	https://knowledgehub.health.gov.za/system/files/elibdownloads/2024-05/Approved%20national%20guideline%20on%20management%20of%20PWT%20……%2002%2004%202024%20pdf.pdf
GMHCAAB-SRC-068	AIHEM — reproducible calculation | Therapy Wise — Gate 3 calculation using ZAF-FEE01-0001 and ZAF-CTX05-0001 | Psychologist Rate	South Africa | AFF-04; FEE-01	https://therapywise.co.za/psychologist-rate/
GMHCAAB-SRC-069	Justin Scott Clinical Psychologist — Frequently Asked Questions	South Africa | FEE-03	https://www.justinscott.co.za/faq/
GMHCAAB-SRC-070	World Health Organization — Mental Health Atlas 2024 Member State Profile: United Arab Emirates	United Arab Emirates | AVL-01; AVL-02; AVL-03; AVL-04; AVL-05; COV-01	https://cdn.who.int/media/docs/default-source/mental-health/mental-health-atlas-2024-country-profiles/united-arab-emirates.pdf?sfvrsn=85346254_3
GMHCAAB-SRC-071	AIHEM — reproducible calculation — PPP-converted UAE standard fee	United Arab Emirates | AFF-05	https://data.worldbank.org/indicator/PA.NUS.PRVT.PP?locations=AE
GMHCAAB-SRC-072	Insights Psychology — Insurance & Fees	United Arab Emirates | FEE-03	https://insightspsychology.com/insurance-fees/
GMHCAAB-SRC-073	Private Therapy Clinic Dubai — Fees	United Arab Emirates | FEE-01	https://privatetherapyclinic.ae/fees/
GMHCAAB-SRC-074	AIHEM — reproducible calculation — PPP-converted United States of America standard fee	United States of America | AFF-05	https://data.worldbank.org/indicator/PA.NUS.PRVT.PP?locations=US
GMHCAAB-SRC-075	Centers for Medicare & Medicaid Services — Indicators for 2026 — exact HCPCS 90834 extraction	United States of America | COV-05	https://pfs.data.cms.gov/dataset/7c7df311-5315-4f38-b9ed-fd62f8bebe11
GMHCAAB-SRC-076	U.S. Bureau of Labor Statistics — Occupational Employment and Wages — May 2025	United States of America | AVL-01; AVL-02	https://www.bls.gov/news.release/pdf/ocwage.pdf

Key	Source	Countries / indicators	URL
GMHCAAB-SRC-077	Centers for Medicare & Medicaid Services — Outpatient Psychiatric Care	United States of America | COV-01; COV-02; COV-04	https://www.cms.gov/training-education/medicare-learning-networkr-mln/compliance/medicare-provider-compliance-tips/outpatient-psychiatric-care
GMHCAAB-SRC-078	U.S. Department of Labor — Federal minimum wage and state minimum wage laws	United States of America | AFF-04	https://www.dol.gov/agencies/whd/mw-consolidated
GMHCAAB-SRC-079	Dr Trevor Alleman — Current provider pricing and professional evidence	United States of America | FEE-01	https://www.drtrevoralleman.com/fees
GMHCAAB-SRC-080	Centers for Medicare & Medicaid Services — Medicare.gov — Compare Original Medicare and Medicare Advantage; Outpatient mental health coverage	United States of America | COV-03	https://www.medicare.gov/basics/get-started-with-medicare/get-more-coverage/your-coverage-options/compare-original-medicare-medicare-advantage
GMHCAAB-SRC-081	Centers for Medicare & Medicaid Services / Medicare — Mental health care (outpatient) — costs	United States of America | COV-06	https://www.medicare.gov/coverage/mental-health-care-outpatient
GMHCAAB-SRC-082	Substance Abuse and Mental Health Services Administration — 2024 NSDUH Detailed Tables — Section 6 PE, Table 6.30B | 2024 NSDUH Detailed Tables — Table 6.35B	United States of America | ACC-01; ACC-02; ACC-03; ACC-04	https://www.samhsa.gov/data/sites/default/files/reports/rpt56484/NSDUHDetailedTabs2024/NSDUHDetailedTabs2024/2024-nsduh-detailed-tables-sect6pe.htm
GMHCAAB-SRC-083	U.S. Department of Veterans Affairs — Eligibility for community care outside VA	United States of America | TIM-05	https://www.va.gov/resources/eligibility-for-community-care-outside-va/

Appendix B. Reproducibility and controlled inputs

All publication statistical statements were checked against the locked AL-2027-01 publication dataset. The final publication-assembly stage introduced no new evidence source or indicator value. Table B1 records the controlled reproducibility inputs.

Version 1.1 adds DML-2027-01 as an additive derived layer. Its machine-readable measures and the reconstructed 220 FEE-02 observations are listed in Appendix C and packaged with the public release; AL-2027-01 itself remains byte-identical to Version 1.0.

Table 23. Controlled reproducibility inputs.

Controlled input	Bytes	SHA-256	Role
GMHCAAB_2027_AL2027_01_Publication_Dataset_v1.0.csv	255731	8e174ea1d09eeb7a78a589d880eed675ae98f022307bbf529c81443ef5805159	Locked 420-row publication dataset used for final publication verification.
GMHCAAB_2027_C112_Report_Production_Workbook_Layer59_v1.0.xlsx	140611	f9d52d938944ceb48526daaa2c582a08a82f981d8eff916eb8704256aeef232f	Controlled report-production workbook layer 59.
GMHCAAB_2027_Global_Mental_Health_Care_Access_and_Affordability_Benchmark_2027_Report_Draft_C112_v0.2.docx	108285	60a40198df055228b07eb145aa7a19fc4a85141f2cb36320a608c26d5ad8b557	Pre-release manuscript used as the publication-assembly parent document.
GMHCAAB_2027_C112_REPORT_PRODUCTION_CONTROLLED_PACKAGE_v1.zip	59522627	491778cb8bbe9f9bef748ba11ed0b25c60a69aa47b28142d8e91d90da45465de	Authenticated parent publication package.

Core reproductions used in the manuscript:

- Domain evidence completeness = verified cells in the domain divided by all country-indicator cells in that domain.
- Country evidence completeness = verified core indicators divided by 28.
- FEE-02 counts and medians are taken only from rows locked as verified under the controlled N=20 rule; Egypt remains 13/20 and has no authorised median.
- AFF-05 summary: 13 verified values; minimum approximately Intl$62.0, maximum approximately Intl$262.9, median approximately Intl$111.1.
- AVL-05 presentation correction: source rates reported per 1,000 were multiplied by exactly 100 only where a per-100,000 display normalization was explicitly stated. The locked source values and units were not changed.

Appendix C. Derived Measurement Layer specification

DML-2027-01 is additive to AL-2027-01. The locked analytical dataset, source state, missingness classes and scoring gate are unchanged. The appendix fixes the definitions needed to reproduce the two derived measures introduced in Version 1.1.

C.1 MHAOG specification

Structural/access-condition indicators: COV-01–COV-06, AVL-01–AVL-05 and FEE-01–FEE-03 (14 total). Person-facing/realised-access indicators: TIM-01–TIM-05, ACC-01–ACC-04 and AFF-01–AFF-05 (14 total). A cell is observable only when Final class = Verified value. All other final classes are zero for observability counting only.

$$\mathrm{MHAOG}_c = 100 \times \mathrm{verified\ structural}_c / 14 - 100 \times \mathrm{verified\ person\text{-}facing}_c / 14$$

C.2 MHAOG interpretation controls

- MHAOG is not a health-system performance score and has no favourable/unfavourable threshold.
- A positive gap means structural/access-condition evidence is more observable; a negative gap would mean person-facing/realised-access evidence is more observable.
- Missing, non-comparable and not-estimable cells remain analytically distinct in AL-2027-01 even though each is non-observable for this derived count.
- The measure must be recomputed from the fixed 28-indicator dictionary; country-specific denominator changes are prohibited.
- Regional-block and alternative-partition calculations are sensitivity analyses, not regional or country rankings.

C.3 RFD specification

RFD is defined only for an authorised FEE-02 sample containing exactly 20 accepted observations. Sort the local-currency fees, take Q1 as the median of the lower 10 values and Q3 as the median of the upper 10 values, then calculate RFD = (Q3 − Q1) / median. Relative MAD = median(|xi − median|) / median is reported as a robustness statistic.

- RFD is dimensionless, allowing dispersion to be compared without currency conversion.
- The sample remains non-probability; RFD is not a national market-price-dispersion estimate.
- No RFD is calculated for Egypt because FEE-02 remains 13/20 and the median is not authorised.
- All 11 C115 reconstructed N=20 medians exactly reproduce the locked FEE-02 medians.

C.4 Reproducibility files

Table 24. DML-2027-01 reproducibility files.

Component	File	Purpose
MHAOG country measures	GMHCAAB_2027_C115_MHAOG_Country_Measures_v1.0.csv	15 country rows; primary derived measure
MHAOG domain pairs	GMHCAAB_2027_C115_MHAOG_Domain_Pair_Measures_v1.0.csv	Three paired-domain cohort calculations
MHAOG sensitivities	GMHCAAB_2027_C115_MHAOG_Sensitivity_Analysis_v1.0.csv	Alternative partition and leave-one-pair-out checks
MHAOG regional sensitivity	GMHCAAB_2027_C115_MHAOG_Regional_Sensitivity_v1.0.csv	Three five-country analytical blocks
FEE-02 sample observations	GMHCAAB_2027_C115_FEE02_Authorised_Sample_Observations_v1.0.csv	220 accepted observations across 11 N=20 samples
Relative Fee Dispersion	GMHCAAB_2027_C115_Relative_Fee_Dispersion_v1.0.csv	RFD, relative MAD and quartiles
RFD robustness	GMHCAAB_2027_C115_RFD_Robustness_v1.0.csv	Median reconstruction and RFD/rMAD concordance
Method specification	GMHCAAB_2027_C115_Derived_Measurement_Method_Specification_DML-2027-01_v1.0.txt	Controlled formulas and governance
Novelty review	GMHCAAB_2027_C115_Targeted_Novelty_Review_v1.0.txt	Targeted positioning review; not a systematic review