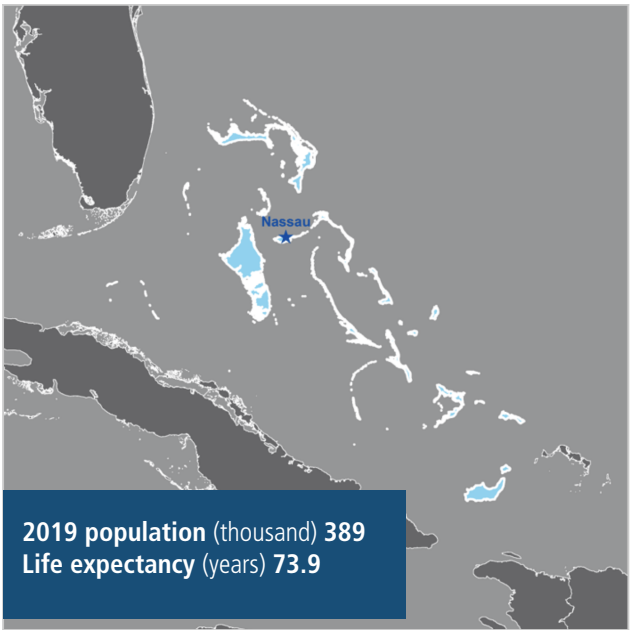
BAHAMAS

The Burden of Mental Disorders in the Americas:
COUNTRY PROFILE



The Bahamas is a country formed by an archipelago of 700 islands and 2,400 keys in the Caribbean Sea, facing the coast of Florida. It has a total area of 13,900 km^2.

Approximately 30 islands are inhabited, with a population of 369,670 in 2015; 90% of the population lives on New Providence (especially in the capital, Nassau), where the seat of government is located, as well as on Grand Bahama and Abaco islands.

Between 1990 and 2015, the population grew by 44.2%. In 1990, its structure had a stationary trend in the under-40 age groups. The population pyramid has since become regressive as a result of aging; 9% of the population is over 65.

The per capita annual income is also relatively high (US$ 21,570), as is the per capita gross domestic product (US$ 25,100), generated mainly by tourism (60%) and, to a lesser degree, financial services (15%).

THE DISEASE BURDEN AFFECTING MENTAL HEALTH

Mental, neurological, substance use disorders and suicide (MNSS) cause 15% of all disability- adjusted life years (DALYs) and 32% of all years lived with disability (YLDs).

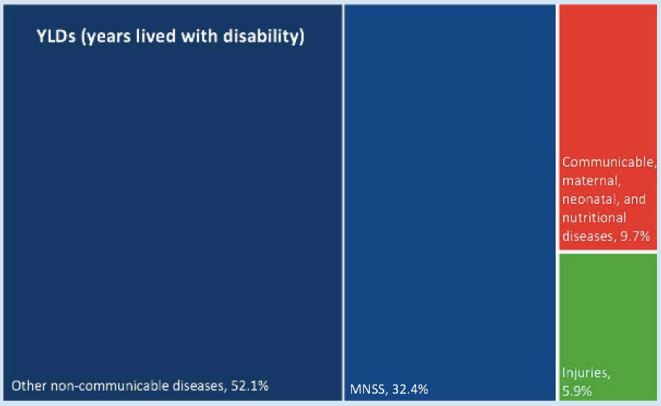


Figure 1. Distribution of YLDs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

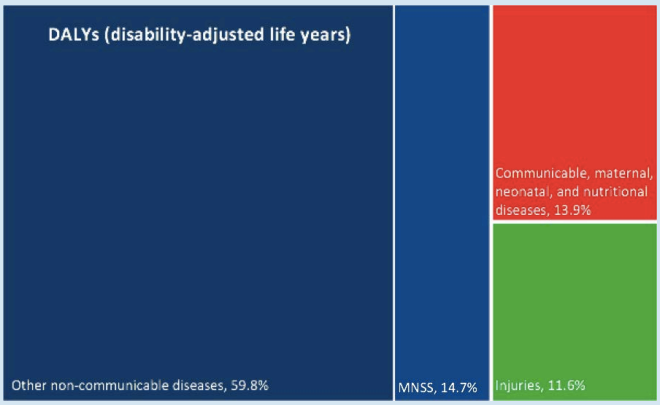


Figure 2. Distribution of DALYs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

THE BURDEN AFFECTING MENTAL HEALTH ACROSS THE LIFETIME

Fig. 3 shows the changes in disease burden across age-groups. NCDs (in shades of blue) surpass 50% of the burden at 5 years old, and will remain the largest burden throughout the lifetime. MNSS account for account for between a fourth and fifth of the total burden between 10 and 40 years of age, the largest burden of all NCDs during this period. Fig. 4 focuses exclusively on the burden resulting from MNSS. Until 5 years old, the MNSS burden is mostly due to autism (48%) and epilepsy (44%). Between 5 and 15 years old, the burden of conduct disorders, anxiety disorders, and headaches –including migraine and tension-type- gain prominence, with around 18% of the MNSS burden each. Around 20 years of age, a pattern emerges that will remain stable throughout youth and adulthood: common disorders (anxiety, depression, self-harm and somatic symptom disorder) account for 37%, headaches for 21%, substance use disorders 20% (15% due to alcohol), and severe mental disorders (schizophrenia and bipolar disorders) around 9%. The elderly suffer mostly from neurocognitive disorder due to Alzheimer's disease, which surpasses 50% of the burden around 80 years old and remains above 70% after 85 years old.

This is the second installment of the 2018 PAHO report, found here

Pan American Health Organization
World Health Organization
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Figure 3. Burden of disease, by disease group and age

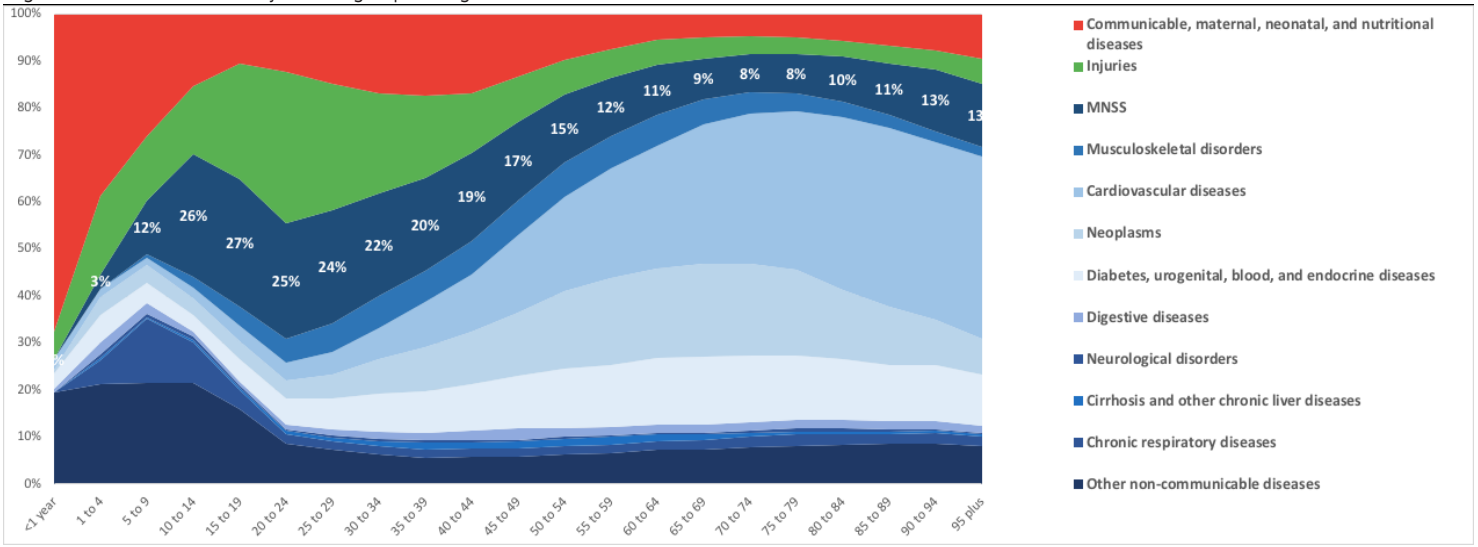
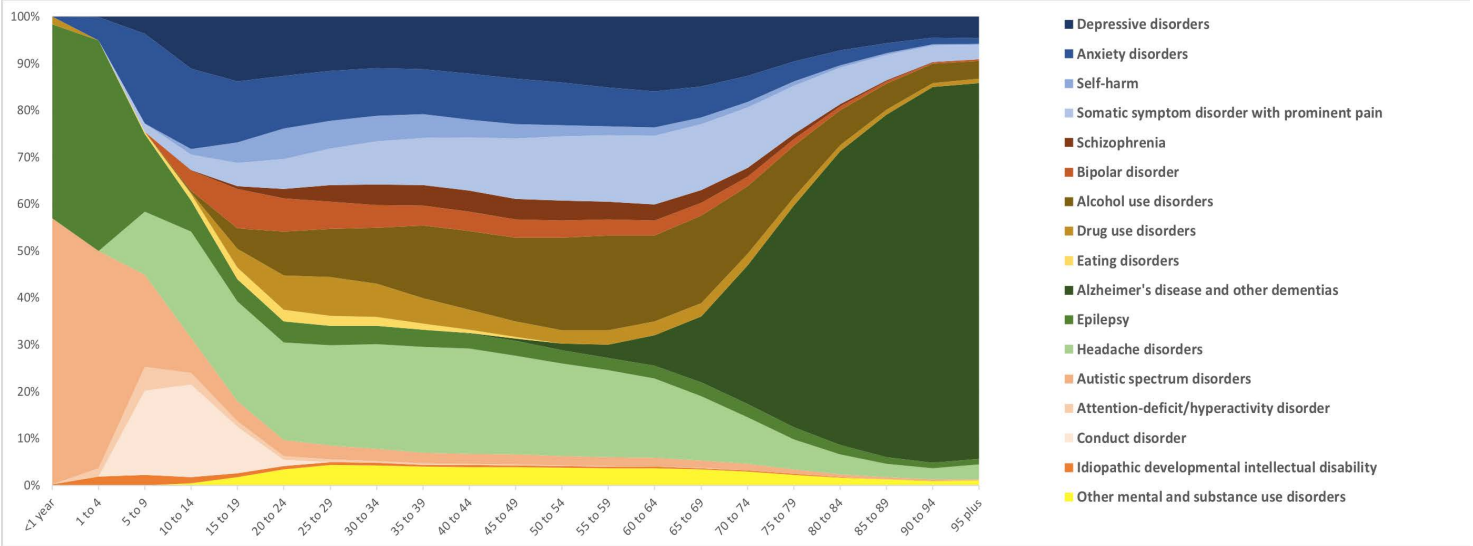


Figure 4. Burden of disease, by MNSS and age



THE BURDEN AFFECTING MENTAL HEALTH IN MEN AND WOMEN

The top three disorders in terms of disability-adjusted life-years –accounting for 40 to 55% of total MNSS burden- are not the same for men and women: While men are mostly affected by alcohol use disorders, headaches, and Alzheimer's disease and other dementias, women are mostly affected by headaches, depressive and anxiety disorders.

Men		Women	
Disorder	**DALYs per 100 000**	**Disorder**	**DALYs per 100 000**
MNSS (all)	4299	MNSS (all)	4199
Alcohol use disorders	840	Headache disorders	996
Headache disorders	556	Depressive disorders	643
Alzheimer's disease and other dementias	385	Anxiety disorders	504
Somatic symptom disorder with prominent pain	372	Somatic symptom disorder with prominent pain	456
Depressive disorders	371	Alzheimer's disease and other dementias	370

Conclusions:

Considering these estimates, primary care providers should receive training and tools to prioritize detection and treatment or referral for the common disorders highlighted above for each age-group and sex. For the severe disorders –such as autism, schizophrenia, bipolar disorder and Alzheimer's– as well as for severe, comorbid, or complex presentations of other disorders –e.g. depression during pregnancy, substance use in public service professions, etc.– primary care providers and families need access to adequate supports, such as:

- Referral and/or supervision platforms that allow for continued treatment in the community, including the use of digital technology to increase access to distant geographically concentrated resources.
- Emergency, inpatient, and residential services for the management of high-risk acute situations and high-need patients. These services should be community-based as much as possible, including for crisis management, inpatient treatment in general hospitals, supported housing, and residential services.