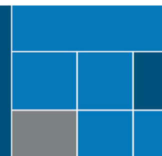
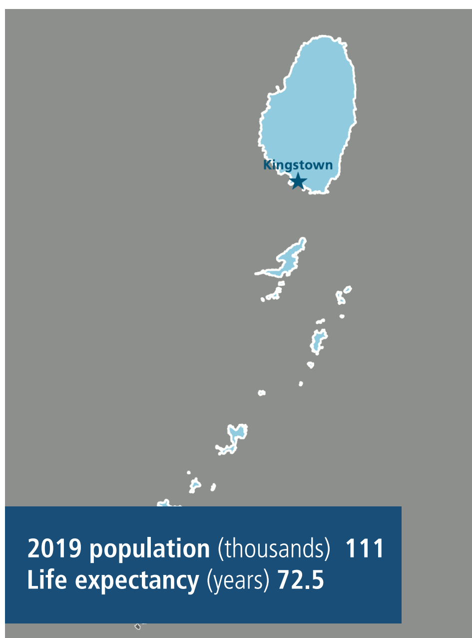
SAINT VINCENT & THE GRENADINES

The Burden of Mental Disorders in the Americas:
COUNTRY PROFILE





2019 population (thousands) **111**
Life expectancy (years) **72.5**

Saint Vincent and the Grenadines is a multi-island state in the Eastern Caribbean. The islands have a combined land area of 389 km^2, and the largest of them, Saint Vincent, has an area of 344 km^2.
The Grenadines consist of 7 islands and 23 uninhabited cays and islets. The country is divided into 6 parishes, including 1 covering all the Grenadine islands.

A large majority of the population is of African descent (71.2%), followed by people of mixed (23%), indigenous (3%), and East Indian (1.1%) ancestry. Life expectancy at birth in 2015 was 77.1 years among women and 73.1 among men.

Per capita income in 2013 was EC$ 17,395 (US$ 1.00 equals EC$ 2.70). The human development index has held relatively steady, reaching 0.719 in 2013. The economy is that of an upper-middle-income country dependent on agricultural activity and, to a lesser extent, tourism.

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).

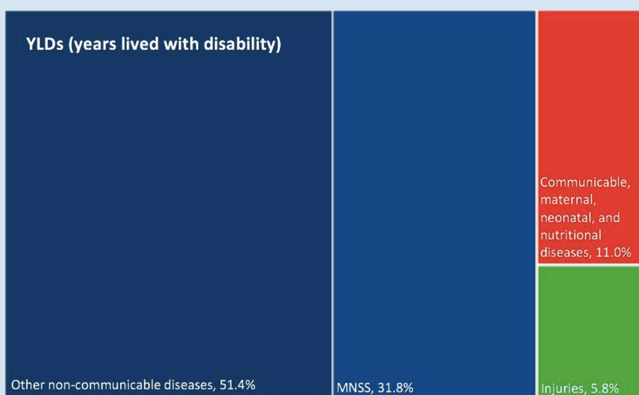


Figure 1. Distribution of YLDs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

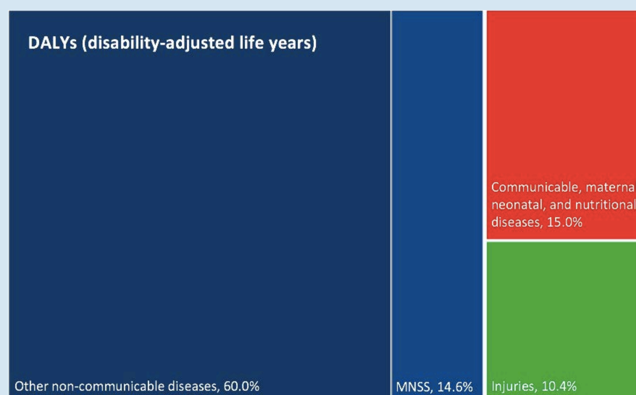


Figure 2. Distribution of DALYs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

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 around a quarter of the total burden between 10 and 40 years of age, the largest burden of all disease groups during this period.
Fig. 4 focuses exclusively on the burden resulting from MNSS. Until 5 years old, the MNSS burden is mostly due to epilepsy (52%) and autism (41%). Between 5 and 15 years old, the burden of conduct disorders, anxiety disorders, and headaches –including migraine and tension-type- gain prominence, with around 17% of the MNSS burden each. At 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 40% of the burden, substance use disorders for 20% (15% due to alcohol), headaches 19%, and severe mental disorders (schizophrenia and bipolar disorders) around 8%. The elderly suffer mostly from neurocognitive disorder due to Alzheimer's disease, which reaches 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
REGIONAL OFFICE FOR THE Americas

Figure 3. Burden of disease, by disease group and age

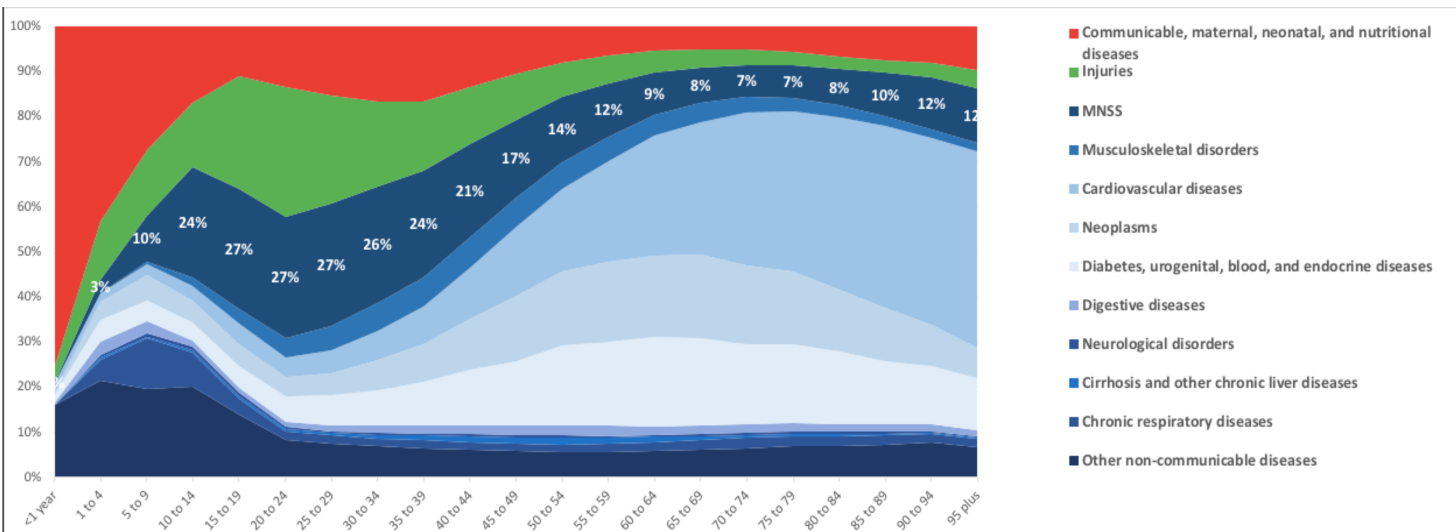
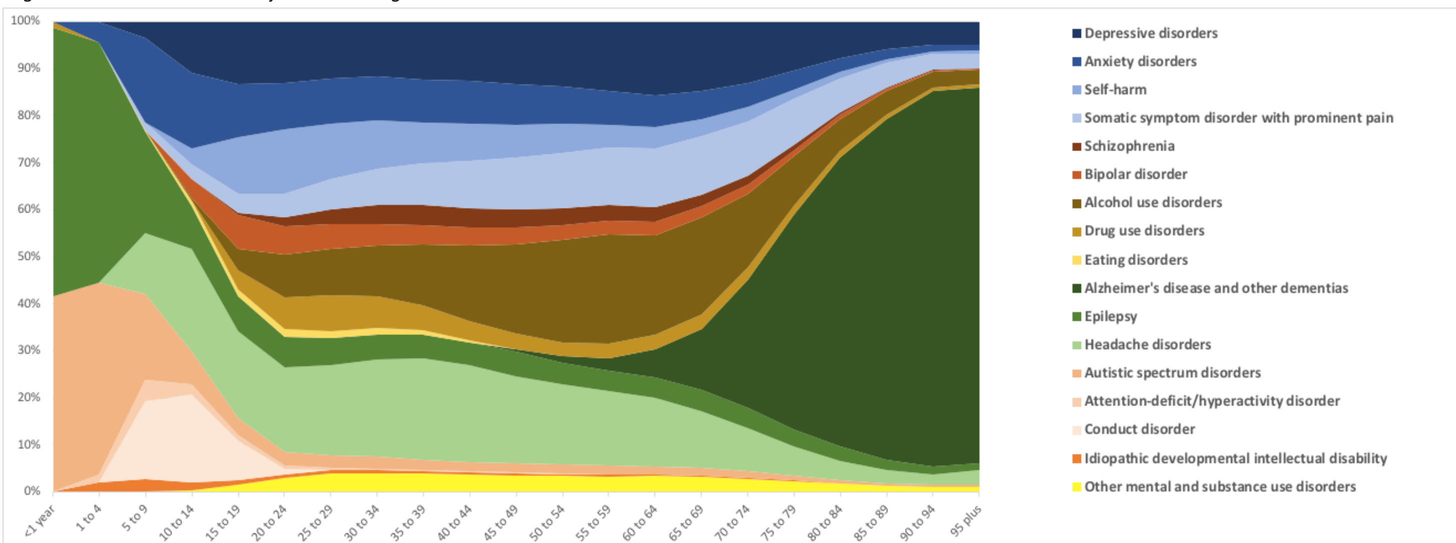


Figure 4. Burden of disease, by MNSS and age



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, self-harm and suicide, and headaches, women are mostly affected by headaches, depressive and anxiety disorders.

Men		Women	
Disorder	**DALYs per 100 000**	**Disorder**	**DALYs per 100 000**
MNSS (all)	**5047**	**MNSS (all)**	**4166**
Alcohol use disorders	**1011**	**Headache disorders**	**993**
Self-harm and suicide	**584**	**Depressive disorders**	**657**
Headache disorders	**552**	**Anxiety disorders**	**503**
Depressive disorders	**486**	**Somatic symptom disorder with prominent pain**	**427**
Alzheimer's disease and other dementias	**378**	**Alzheimer's disease and other dementias**	**360**

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.