BERMUDA

The Burden of Mental Disorders in the Americas:
COUNTRY PROFILE

2019 population (thousands) **71**
Life expectancy (years) **81.6**

Bermuda is a self-governing British Overseas Territory in the Region of the Americas. It consists of seven main islands connected by bridges and more than 100 smaller islands, with a combined land area of approximately 53 km^2. The territory is divided into nine parishes: Devonshire, Hamilton, Paget, Pembroke, Sandys, Smith's, Southampton, St. George's, and Warwick. The capital, Hamilton, is located in Pembroke, the most densely populated parish.
Bermuda is governed by the Westminster model of parliamentary democracy.

In 1990, the population pyramid had regressive characteristics but was stationary below the age of 30. Since then, it has become stationary. Life expectancy at birth in 2019 was 71 years (78.4 in men and 84.8 in women).

The territory has one of the world's highest per capita incomes, with a per capita gross domestic product (GDP) of US$ 96,018 in 2015.
The principal economic sectors are international business, tourism,and construction.

THE DISEASE BURDEN AFFECTING MENTAL HEALTH

Mental, neurological, substance use disorders and suicide (MNSS) cause 20% of all disability- adjusted life years (DALYs) and 34% of all years lived with disability (YLDs).

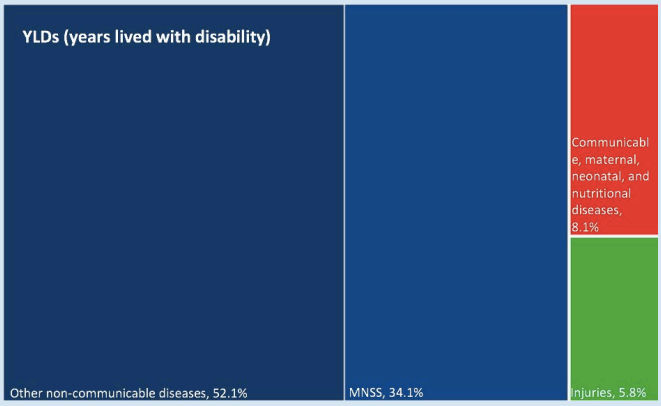

Figure 1. Distribution of YLDs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

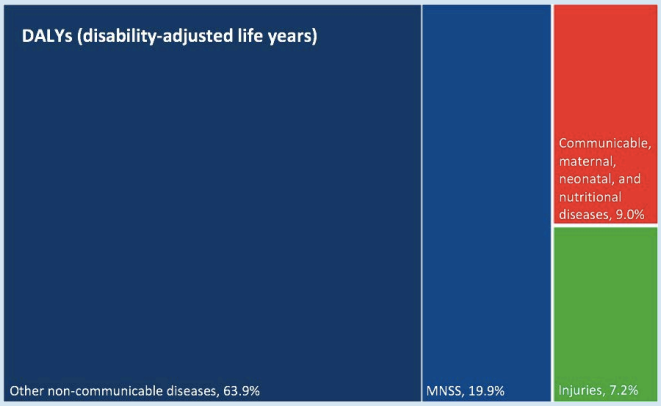

Figure 2. Distribution of DALYs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

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 between 1 and 4 years old, and will remain above 70% of the burden throughout the lifetime. MNSS surpass a third of the total burden between 10 and 40 years of age, by far 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 autism (53%) and epilepsy (39%). Between 5 and 15 years old, the burden of conduct disorders, anxiety disorders, and headaches –including migraine and tension-type- gain prominence, with around 19% 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 40%, headaches for 23%, substance use disorders 15% (8% due to alcohol), and severe mental disorders (schizophrenia and bipolar disorders) 10%. 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

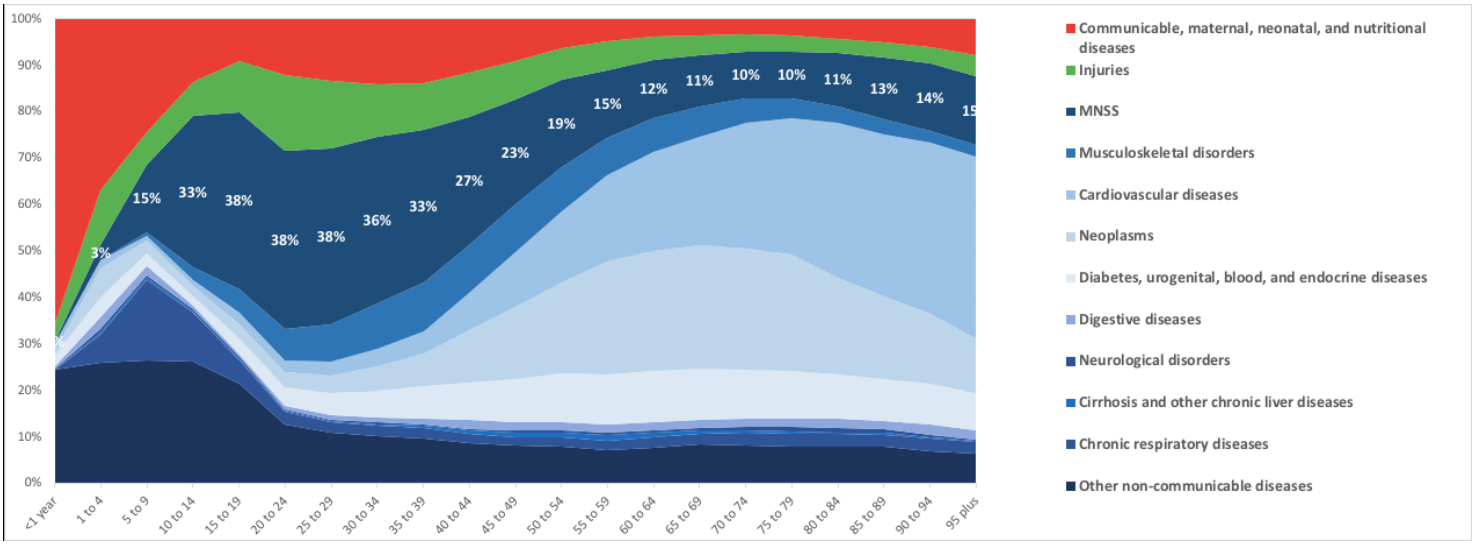
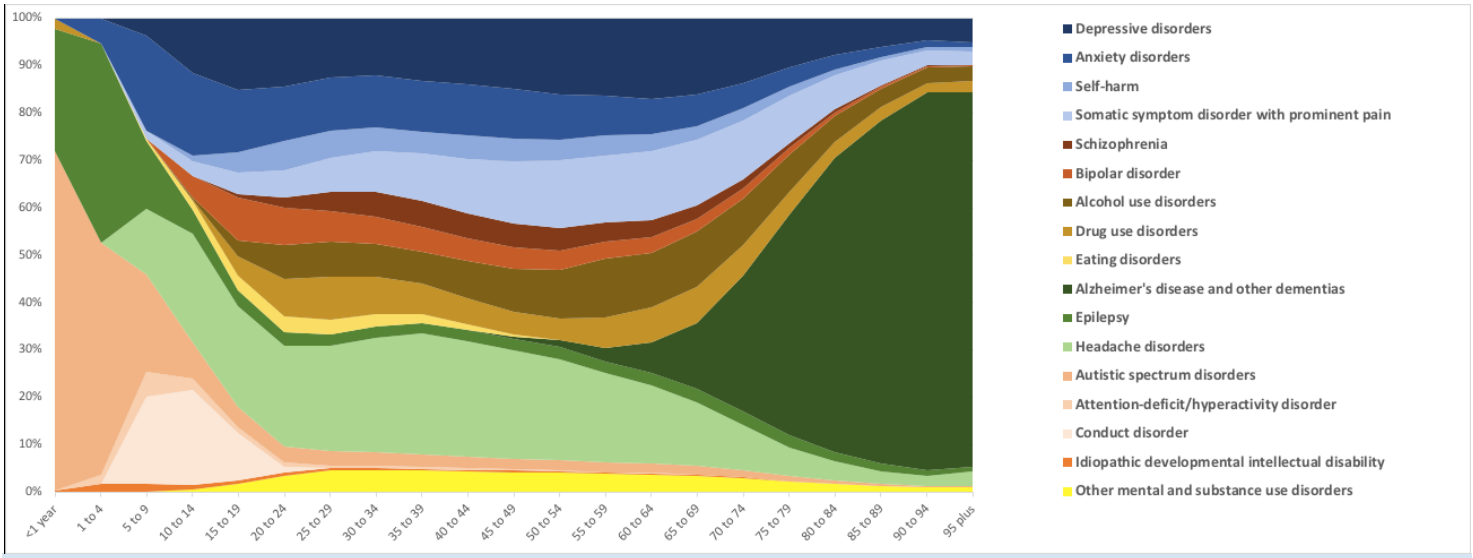


Figure 4. Burden of disease, by MNSS and age



THE BURDEN AFFECTING MENTAL HEALTH IN MEN AND WOMEN

The top three disorders in terms of disability-adjusted life-years –accounting for 30 to 55% of total MNSS burden– are not the same for men and women: While men are mostly affected by headaches, alcohol and drug use disorders, women are mostly affected by headaches, anxiety and depressive disorders.

Men		Women	
Disorder	DALYs per 100 000	Disorder	DALYs per 100 000
MNSS (all)	3842	MNSS (all)	3872
Headache disorders	525	Headache disorders	940
Alcohol use disorders	418	Anxiety disorders	540
Drug use disorders	358	Depressive disorders	539
Depressive disorders	356	Somatic symptom disorder with prominent pain	384
Alzheimer's disease and other dementias	346	Alzheimer's disease and other dementias	311

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.