



Grenada is a country comprised of three main islands (Grenada, Carriacou, and Petite Martinique) and several smaller uninhabited ones. Located in the southern Caribbean about 160 km north of Venezuela, it has a total area of 344 km².

Grenada's population consists mainly of persons of African descent (82.4%), mixed ethnicity (13.3%), and East Indian descent (2.2%).

In 2019, life expectancy at birth was 72.4 years.

In 2015, per capita income was estimated at US\$ 9,156. Tourism and agriculture are the main industries, while tourism is the main supplier of foreign exchange to the economy.

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).

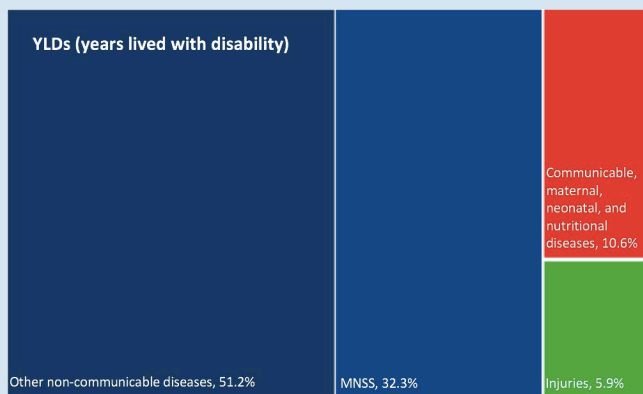


Figure 1. Distribution of YLDs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

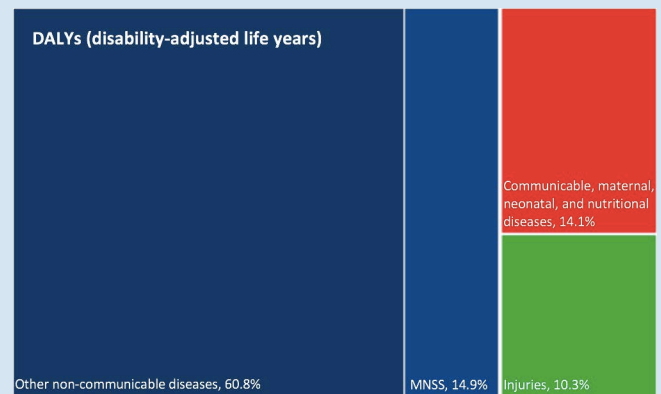


Figure 2. Distribution of DALYs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

THE BURDEN AFFECTING MENTAL HEALTH ACROSS THE LIFETIME

Fig. 3 shows the changes in disease burden across age-groups. NCDs (in shades of blue) reach 50% of the burden at 5 years old, and will remain the largest burden throughout the lifetime. MNSS account for approximately a fourth 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 (49%) and autism (44%). Between 5 and 15 years old, the burden of conduct disorders, headaches -including migraine and tension-type-, and anxiety disorders gain prominence, with 17% 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 41% of the burden, substance use disorders for 19% (14% due to alcohol), headaches 19%, and severe mental disorders (schizophrenia and bipolar disorders) around 8%. Of note, alcohol use disorders on their own account for 20% of the burden between 50 and 70 years old. 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.

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

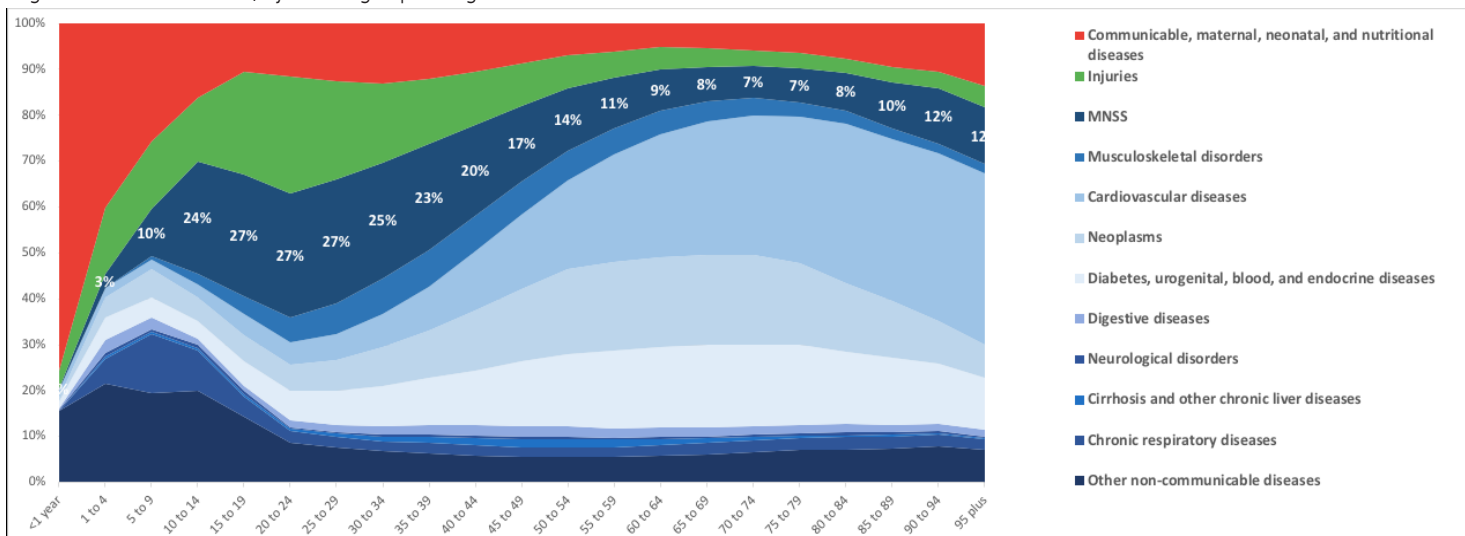
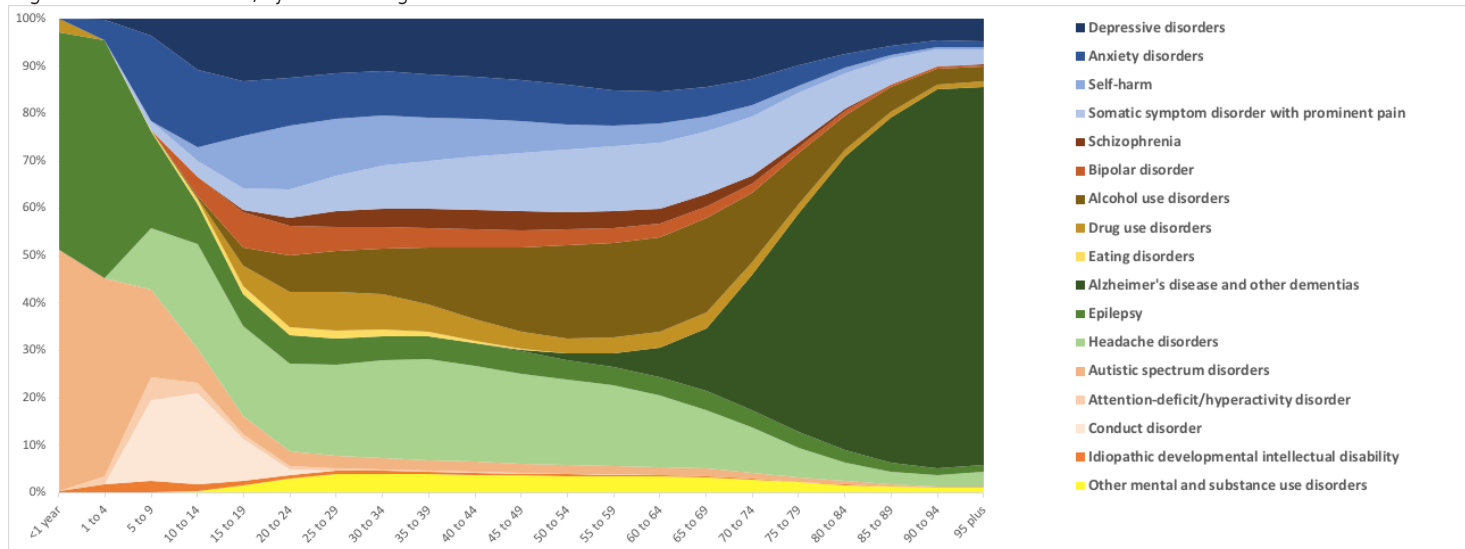


Figure 4. Burden of disease, by MNSS and age



THE BURDEN AFFECTING MENTAL HEALTH IN MEN AND WOMEN

The top three disorders in terms of disability-adjusted life-years –accounting for 40 to 50% of total MNSS burden- are not the same for men and women: While men are mostly affected by alcohol use disorders, headaches, and self-harm and suicide, women are mostly affected by headaches, depressive and anxiety disorders.

Men		Women	
Disorder	DALYs per 100 000	Disorder	DALYs per 100 000
MNSS (all)	4845	MNSS (all)	4309
Alcohol use disorders	858	Headache disorders	994
Headache disorders	552	Depressive disorders	654
Self-harm and suicide	537	Anxiety disorders	502
Depressive disorders	445	Somatic symptom disorder with prominent pain	469
Somatic symptom disorder with prominent pain	399	Alzheimer's disease and other dementias	379

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.