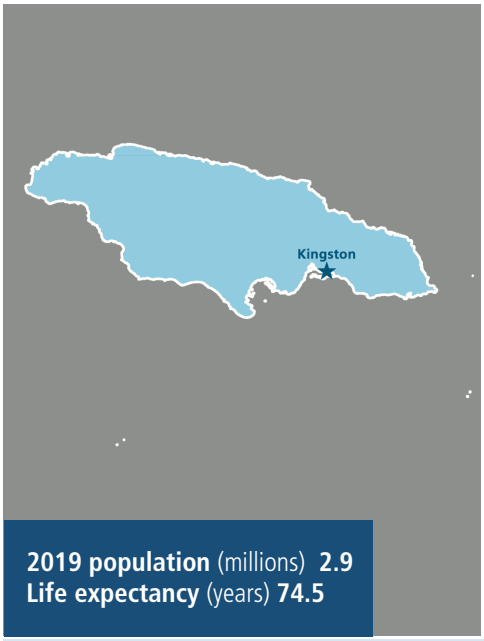
JAMAICA

The Burden of Mental Disorders in the Americas:
COUNTRY PROFILE



2019 population (millions) **2.9**
Life expectancy (years) **74.5**

Jamaica is the largest English-speaking and third-largest island in the Caribbean, with an area of 11,424 km^2. It is located 150 km south of Cuba and 160 km west of Haiti.The country is divided into three counties, which are further divided into 14 parishes or municipalities.

The current population structure reflects signs of aging as the country has progressed through the intermediate stages of the demographic transition, moving toward a regressive structure over the past two decades.
Life expectancy at birth in 201 was 74.5 years (72.9 in men, 76.1 in women).

In 2015, Jamaica recorded improvements in most indicators of economic and social development. At the end of 2015, its per capita gross domestic product (GDP) was US$ 5,140. The human development index for 2014 was 0.719.

THE DISEASE BURDEN AFFECTING MENTAL HEALTH

Mental, neurological, substance use disorders and suicide (MNSS) cause 14% of all disability- adjusted life years (DALYs) and 31% of all years lived with disability (YLDs).

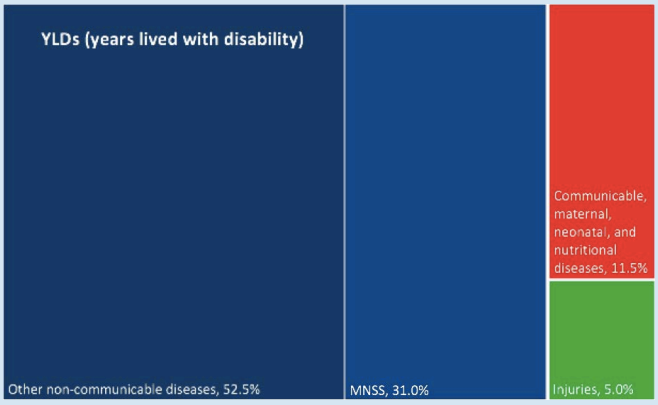


Figure 1. Distribution of YLDs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

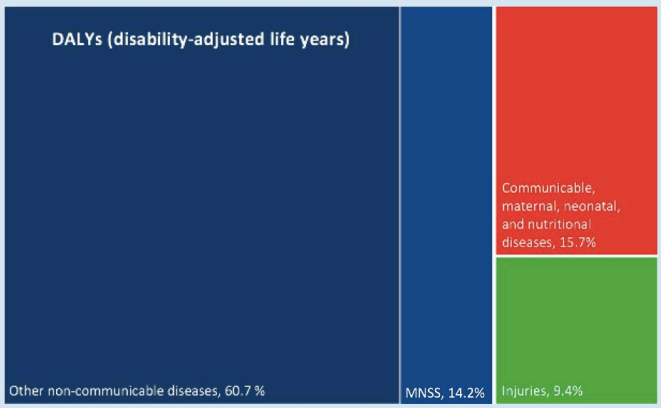


Figure 2. Distribution of DALYs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

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 more than 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 (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. 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 14% (8% due to alcohol), and severe mental disorders (schizophrenia and bipolar disorders) 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
REGIONAL OFFICE FOR THE Americas

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

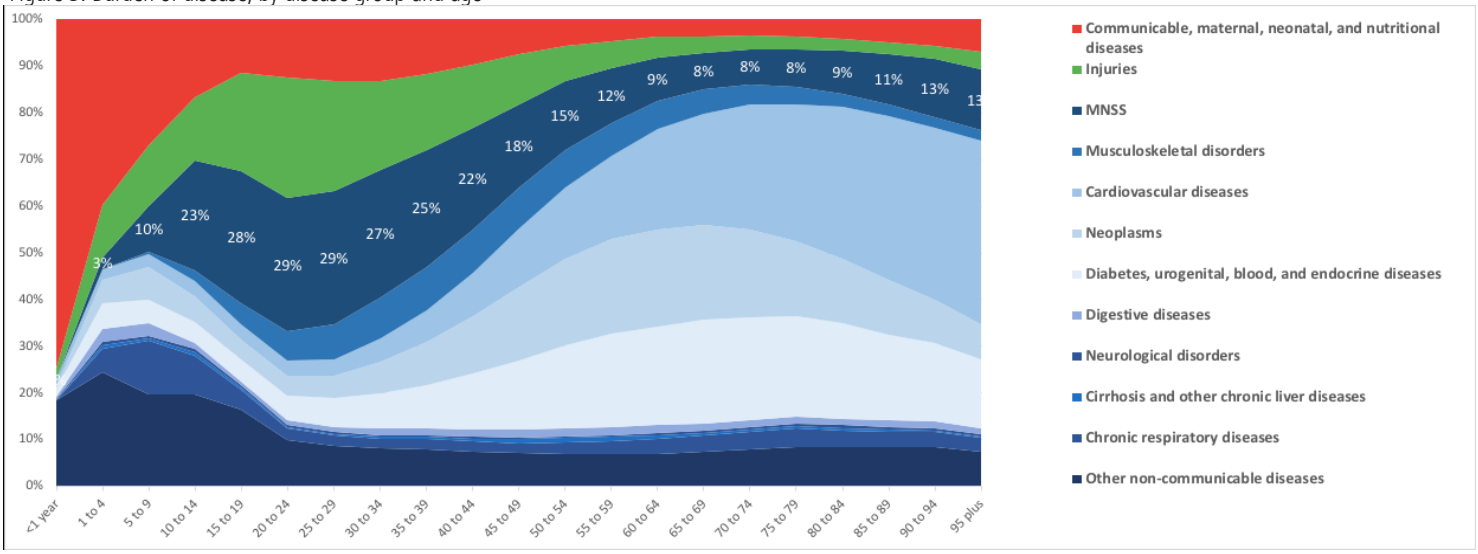
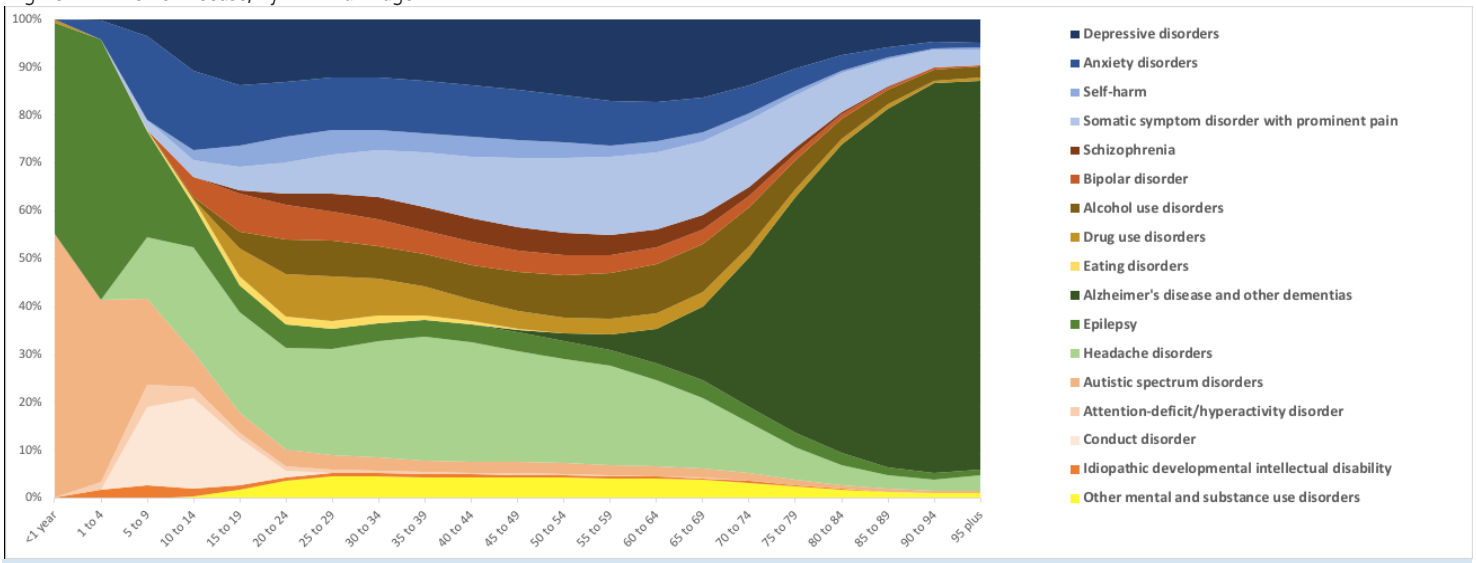


Figure 4. Burden of disease, by MNSS and age



THE BURDEN AFFECTING MENTAL HEALTH IN MEN AND WOMEN

The top three disorders in terms of disability-adjusted life-years –accounting for 30 to 55% of total MNSS burden- are not the same for men and women: While men are mostly affected by headaches, alcohol use disorders 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)	3843	MNSS (all)	4082
Headache disorders	554	Headache disorders	993
Alcohol use disorders	384	Depressive disorders	644
Alzheimer's disease and other dementias	381	Anxiety disorders	502
Depressive disorders	377	Somatic symptom disorder with prominent pain	462
Somatic symptom disorder with prominent pain	375	Alzheimer's disease and other dementias	348

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.