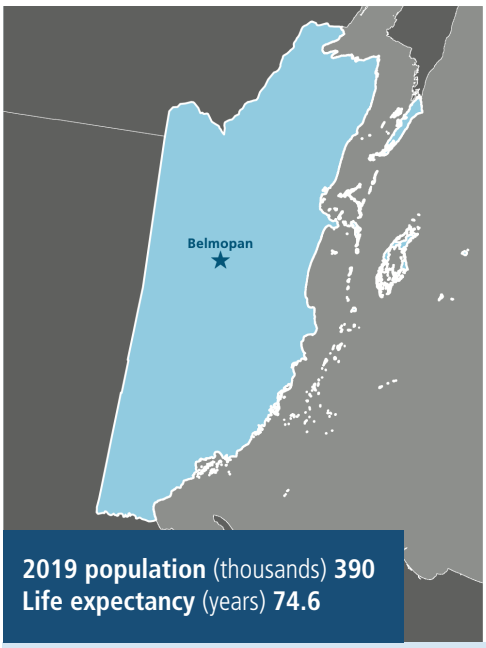
BELIZE

The Burden of Mental Disorders in the Americas:
COUNTRY PROFILE



2019 population (thousands) **390**
Life expectancy (years) **74.6**

Belize is the only English-speaking country in Central America. It has a territory of 22,966 km2 and borders Mexico, Guatemala, and the Caribbean Sea. An estimated 31% of the population lives along the coast, with the remainder scattered widely throughout the country's interior. Some 45% of the population is urban.

In 2015, Belize had a population of 390 thousand. Since 1990, the country's population pyramid has maintained its expansive structure, although it is becoming stationary in the under-25 population due to lower fertility and premature mortality.
Life expectancy in 2019 was estimated at 76.6 years (71.7 for men and 77.8 for women).

Belize is a small developing upper-middle-income country, with a gross domestic product (GDP) per capita of US$ 4,829 in 2016.
Its socioeconomic and health progress is reflected in a human development index score of 0.715 in 2015. The economy is dependent on agricultural exports.

THE DISEASE BURDEN AFFECTING MENTAL HEALTH

Mental, neurological, substance use disorders and suicide (MNSS) cause 15% of all disability- adjusted life years (DALYs) and 33% 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)

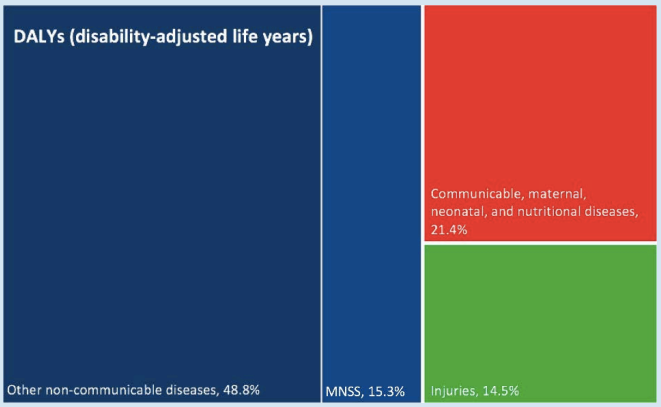


Figure 2. Distribution of DALYs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

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 between 20 and 30% 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 epilepsy (49%) and autism (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 41%, substance use disorders for 20% (15% due to alcohol), headaches 20%, and severe mental disorders (schizophrenia and bipolar disorders) around 8%. The elderly suffer mostly from neurocognitive disorder due to Alzheimer's disease, which reaches 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

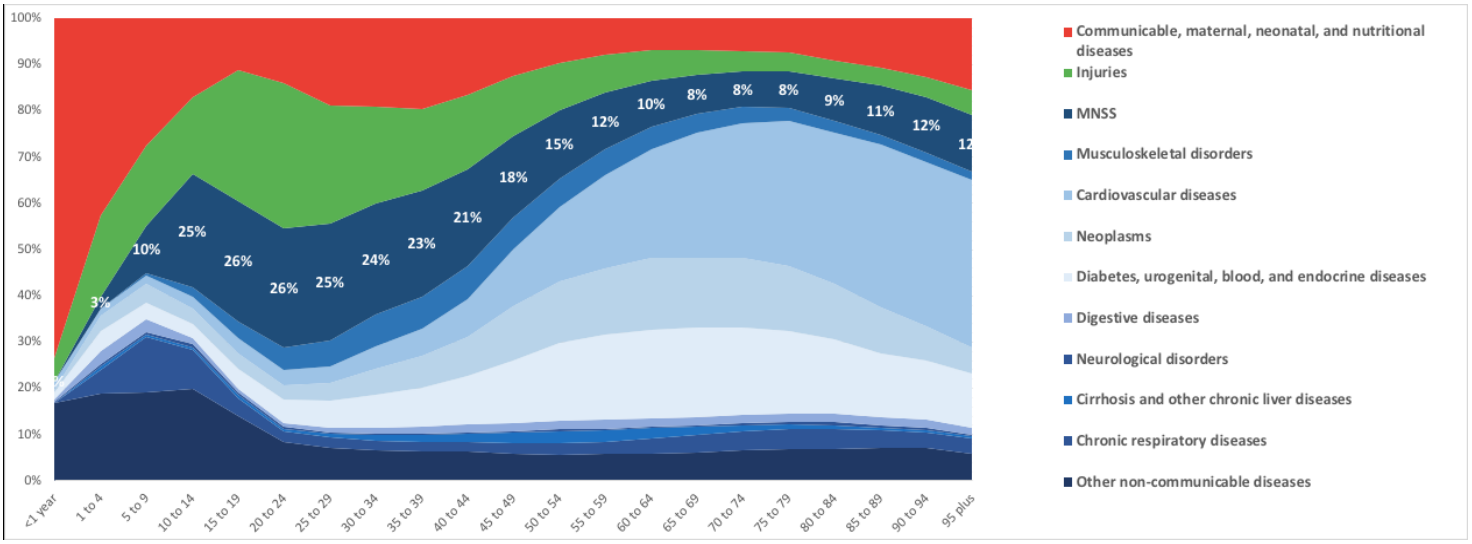
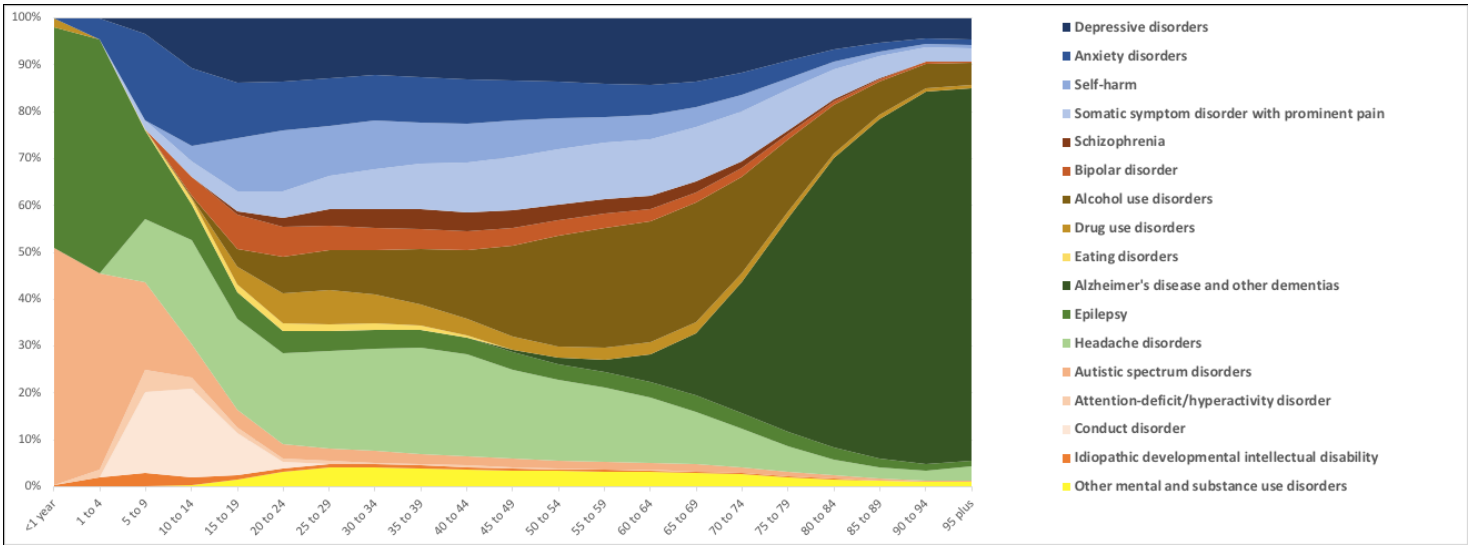


Figure 4. Burden of disease, by MNSS and age



THE BURDEN AFFECTING MENTAL HEALTH IN MEN AND WOMEN

The top three disorders in terms of disability-adjusted life-years –accounting for 40 to 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)	4800	MNSS (all)	4398
Alcohol use disorders	943	Headache disorders	994
Headache disorders	553	Depressive disorders	667
Self-harm and suicide	551	Anxiety disorders	503
Depresssive disorders	457	Somatic symptom disorder with prominent pain	437
Alzheimer's disease and other dementias	415	Alzheimer's disease and other dementias	388

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.