DOMINICA

Dominica, the most northerly, largest, and mountainous of the Windward Islands, is located between Guadeloupe to the north and Martinique to the south. The country stretches for just over 750 km^2.

Persons of African origin accounted for 84.7% of the population, down from 86.75% in the last 10 years. The indigenous Kalinago population, in contrast, grew by 26.5%, increasing to 3.7% of the population from 2.9% in 2001. The population of whites, or Caucasians, increased sharply, by 55%.

The economy is primarily based on agricultural exports, tourism, and manufacturing. However, it was seriously affected by Tropical Storm Erika in 2015 and is recovering slowly.

Roseau

2019 population (thousands) **74**
Life expectancy (years) **77.5**

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).
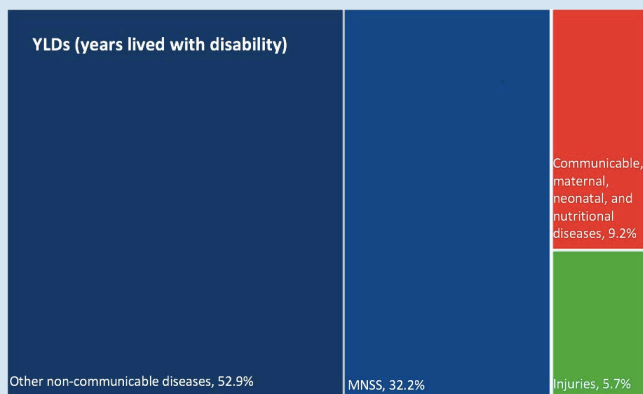
YLDs (years lived with disability)

Communicable, maternal, neonatal, and nutritional diseases, 9.2%

Other non-communicable diseases, 52.9%   MNSS, 32.2%   Injuries, 5.7%

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

DALYs (disability-adjusted life years)

Communicable, maternal, neonatal, and nutritional diseases, 14.8%

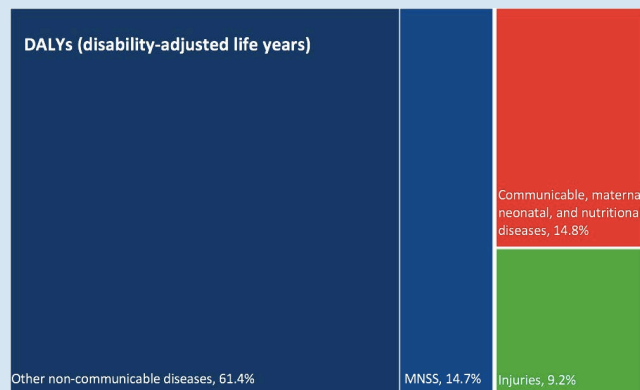Other non-communicable diseases, 61.4%   MNSS, 14.7%   Injuries, 9.2%

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 a quarter to a third 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 (56%) and autism (38%). Between 5 and 15 years old, the burden of conduct disorders, anxiety disorders, and headaches –including migraine and tension-type– 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 38% of the burden, headaches for 21%, substance use disorders 18% (13% due to alcohol), and severe mental disorders (schizophrenia and bipolar disorders) around 8%. Of note, between 15 and 20 years old, bipolar disorders account for 8% of all MNSS burden. 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**

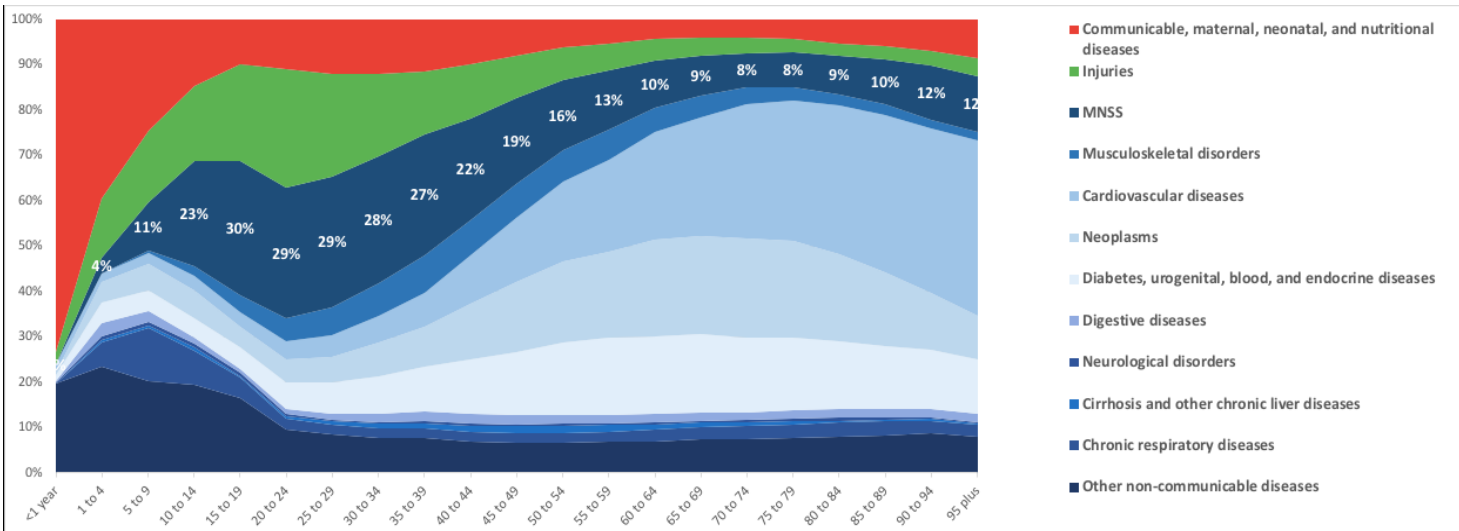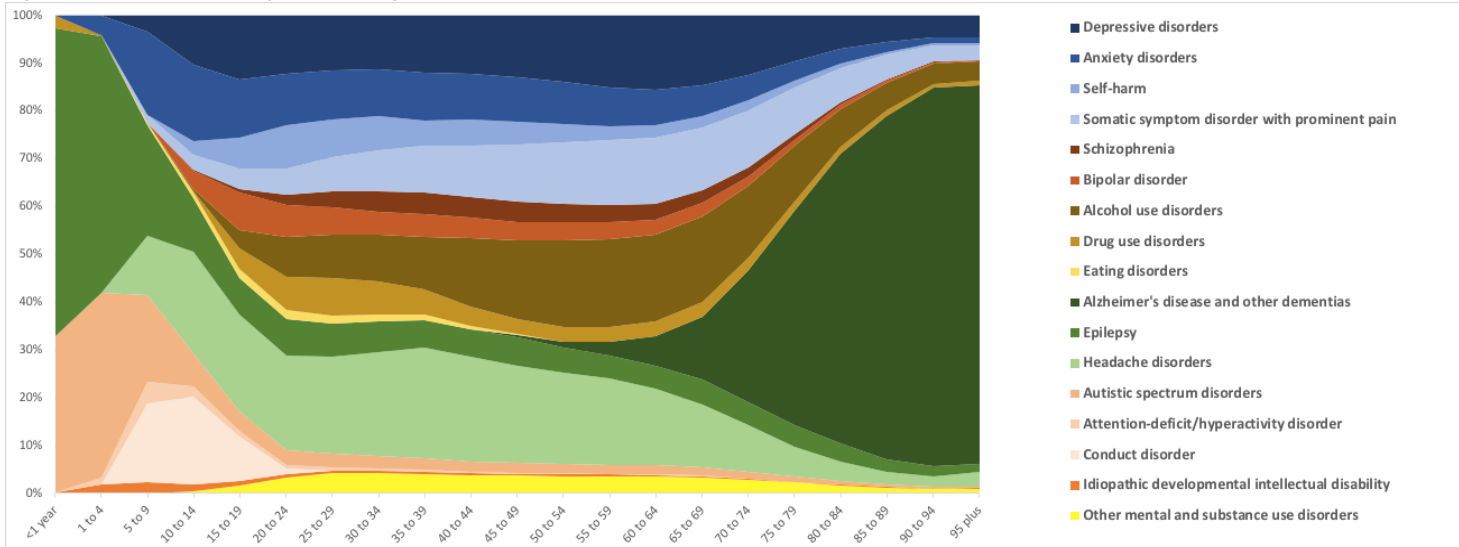Figure 3. Burden of disease, by disease group and age

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 35 to 50% of total MNSS burden- are similar but not the same for men and women: While men are mostly affected by alcohol use disorders, headaches, and depressive disorders, women are mostly affected by headaches, depressive, and anxiety disorders.

Men		Women	
Disorder	DALYs per 100 000	Disorder	DALYs per 100 000
MNSS (all)	4533	MNSS (all)	4214
Alcohol use disorders	755	Headache disorders	999
Headache disorders	555	Depressive disorders	639
Depressive disorders	404	Anxiety disorders	505
Somatic symptom disorder with prominent pain	381	Somatic symptom disorder with prominent pain	415
Epilepsy	369	Alzheimer's disease and other dementias	358

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.