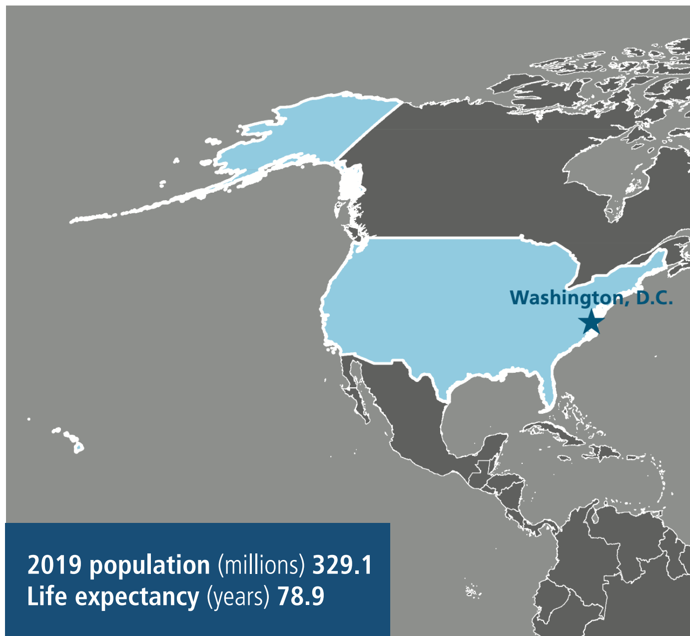
UNITED STATES

The Burden of Mental Disorders in the Americas:
COUNTRY PROFILE



2019 population (millions) **329.1**
Life expectancy (years) **78.9**

The country is comprised of 50 states and several politically designated territories and commonwealths, of which Puerto Rico, the U.S. Virgin Islands, Guam, and American Samoa are just a few.
Between 2010 and 2019, the U.S. population grew by 4.1%, from 303.9 to 329.1 million, making it the third most populous country in the world.
The population has become more socially and ethnically diverse. Between 2010 and 2015, the foreign-born share of the population increased to 13.2%.
Life expectancy at birth was 78.9 years in 2019 (81.4 in women and 76.3 in men).
The U.S. economy is the largest in the world, with a gross domestic product (GDP) of over US$ 18 trillion and per capita income of US$ 56,116.

THE DISEASE BURDEN AFFECTING MENTAL HEALTH

Mental, neurological, substance use disorders and suicide (MNSS) cause 24% of all disability- adjusted life years (DALYs) and 36% 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)

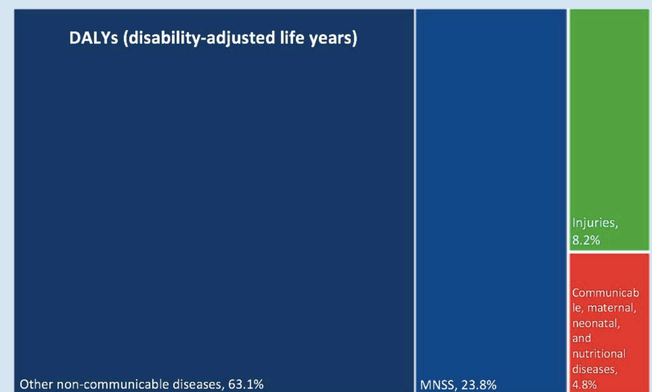


Figure 2. Distribution of DALYs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

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 70% of the burden at 5 years old, and will remain the largest burden throughout the lifetime. MNSS account for a third to a half of the total burden between 10 and 50 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 autism (54%) and epilepsy (38%). Between 5 and 15 years old, the burden of conduct disorders (22%), anxiety disorders (20%), and headache (14%) –including migraine and tension-type- gain prominence. 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 33% (10% due to alcohol), headaches 12%, and severe mental disorders (schizophrenia and bipolar disorders) around 6%. Of note, the burden of drug use disorders is daunting, reaching a third between 20 and 34 years old and remaining the highest MNSS burden during working years. The elderly suffer mostly from neurocognitive disorder due to Alzheimer's disease, which reaches 50% of the burden aroynd 75 years old and remains above 80% 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

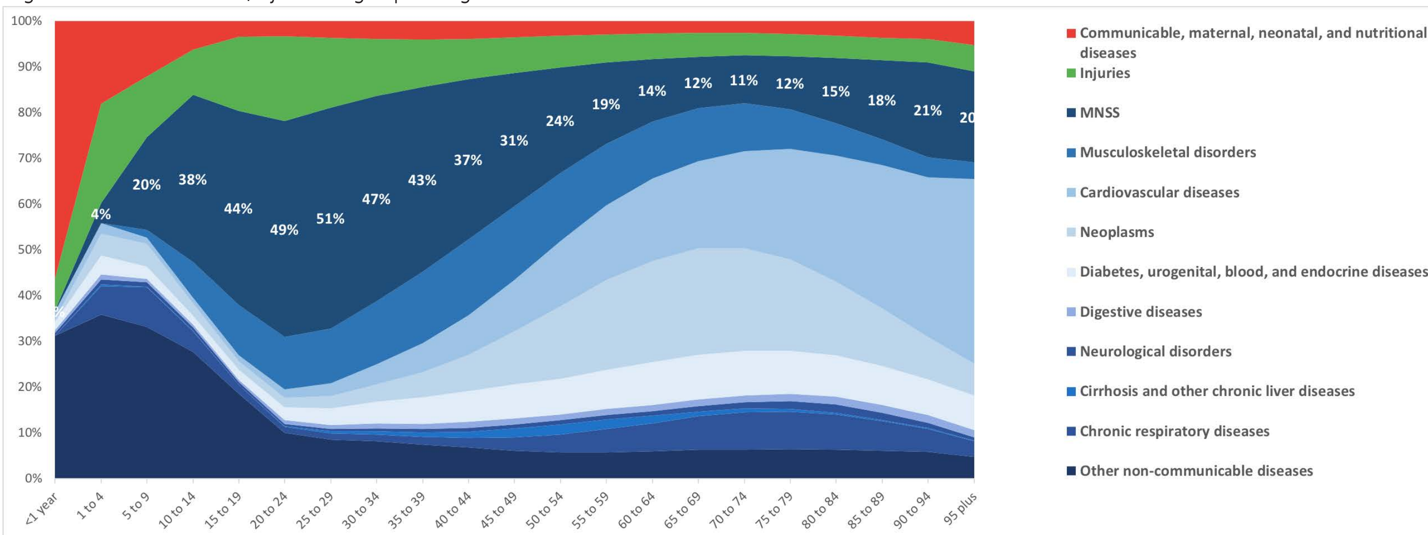
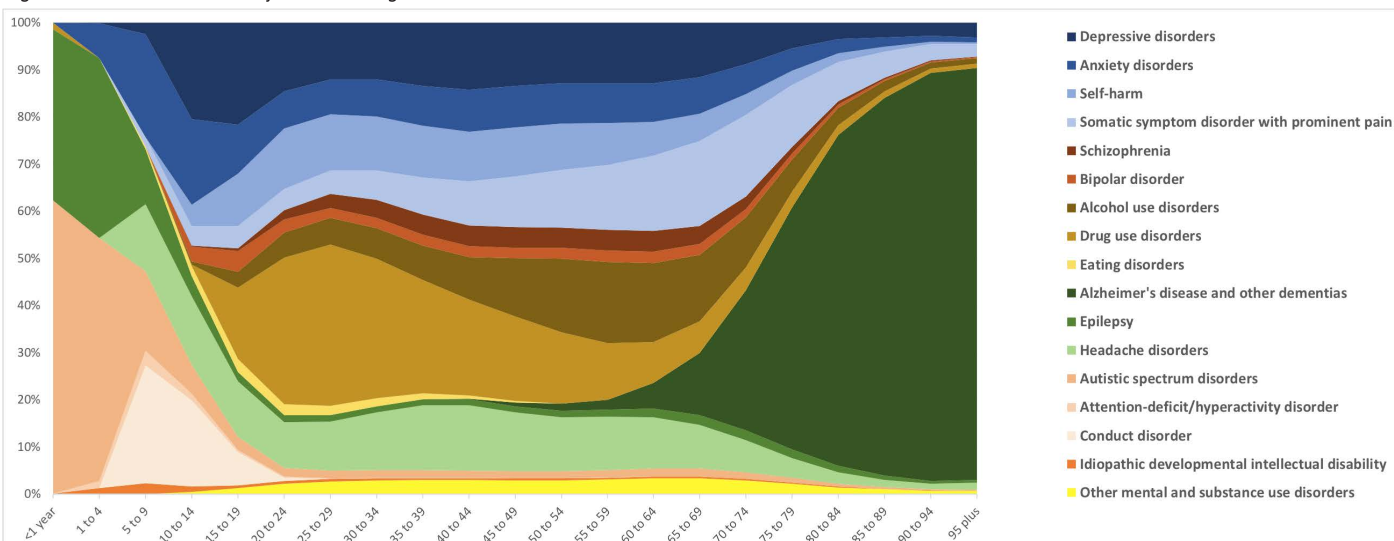


Figure 4. Burden of disease, by MNSS and age



THE BURDEN AFFECTING MENTAL HEALTH IN MEN AND WOMEN

The top three disorders in terms of disability-adjusted life-years –accounting for 45 to 50% of total MNSS burden- are not the same for men and women:
While men are mostly affected by drug use disorders, self-harm and suicide, and alcohol use disorders, women are mostly affected by depressive disorders, headaches, and drug use disorders.

Men		Women	
Disorder	DALYs per 100 000	Disorder	DALYs per 100 000
MNSS (all)	6390	MNSS (all)	6106
Drug use disorders	1471	Depressive disorders	1048
Self-harm and suicide	888	Headache disorders	983
Alcohol use disorders	729	Drug use disorders	882
Depressive disorders	569	Anxiety disorders	665
Somatic symptom disorder with prominent pain	466	Somatic symptom disorder with prominent pain	606

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.