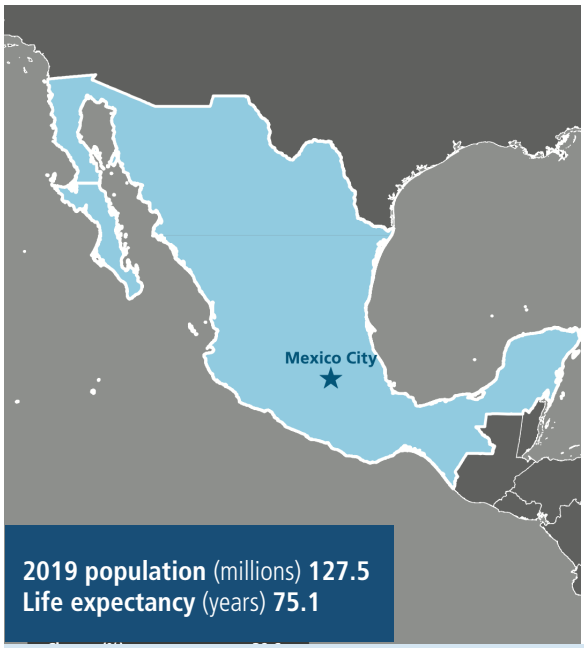
MEXICO

The Burden of Mental Disorders in the Americas:
COUNTRY PROFILE



Mexico is a democratic and representative republic located in southern North America. It borders the United States, Guatemala, and Belize. It has 32 autonomous states and 2,456 municipalities. In 2019, the population was 127.5 million, 80% of whom were living in urban areas.

The population grew by 39.6% between 1990 and 2016, with a marked increase in the aging population and a reduction in the under-20 population. Some 7.2% of the population is aged 65 or over, with projections for 2050 at 21.5%. Life expectancy at birth is 72.2 years for men and 77.9 for women; the intercensal survey of 2015 showed that 21.5% of the population is considered to be indigenous and 1.2% is of African descent.

Basic health and development indicators improved systematically between 1990 and 2015, with a human development index score of 0.756 in 2013.

With a nominal gross domestic product (GDP) of 17.39 trillion Mexican pesos in 2015, the country's economy is one of the 20 largest in the world. The service sector represents around 62.0% of GDP.

THE DISEASE BURDEN AFFECTING MENTAL HEALTH

Mental, neurological, substance use disorders and suicide (MNSS) cause 19% of all disability- adjusted life years (DALYs) and 34% of all years lived with disability (YLDs).

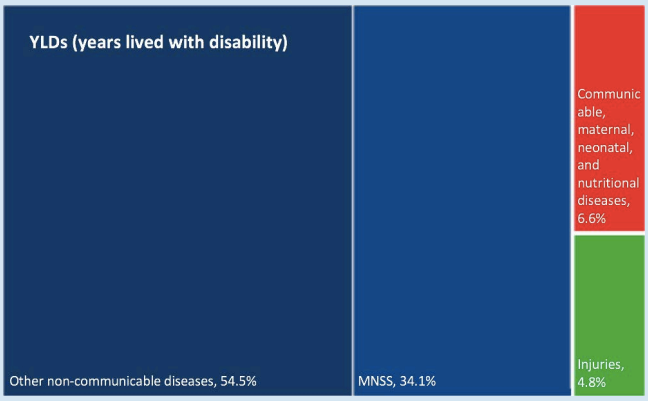


Figure 1. Distribution of YLDs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

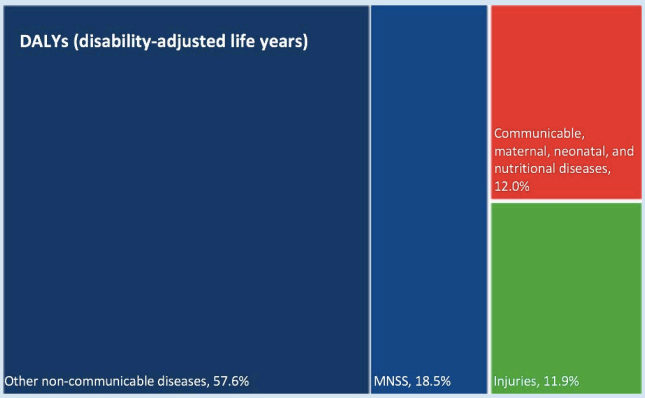


Figure 2. Distribution of DALYs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

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 between a fourth and a third of the total burden between 10 and 45 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 (66%) and autism (30%). Between 5 and 15 years old, the burden of conduct disorders (20%), headaches (17%) – including migraine and tension-type-, and anxiety disorders (13%) 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 36%, substance use disorders for 22% (17% due to alcohol), headaches 20%, and severe mental disorders (schizophrenia and bipolar disorders) 8%. The elderly suffer mostly from neurocognitive disorder due to Alzheimer's disease, which reaches nearly 50% of the burden at 75 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

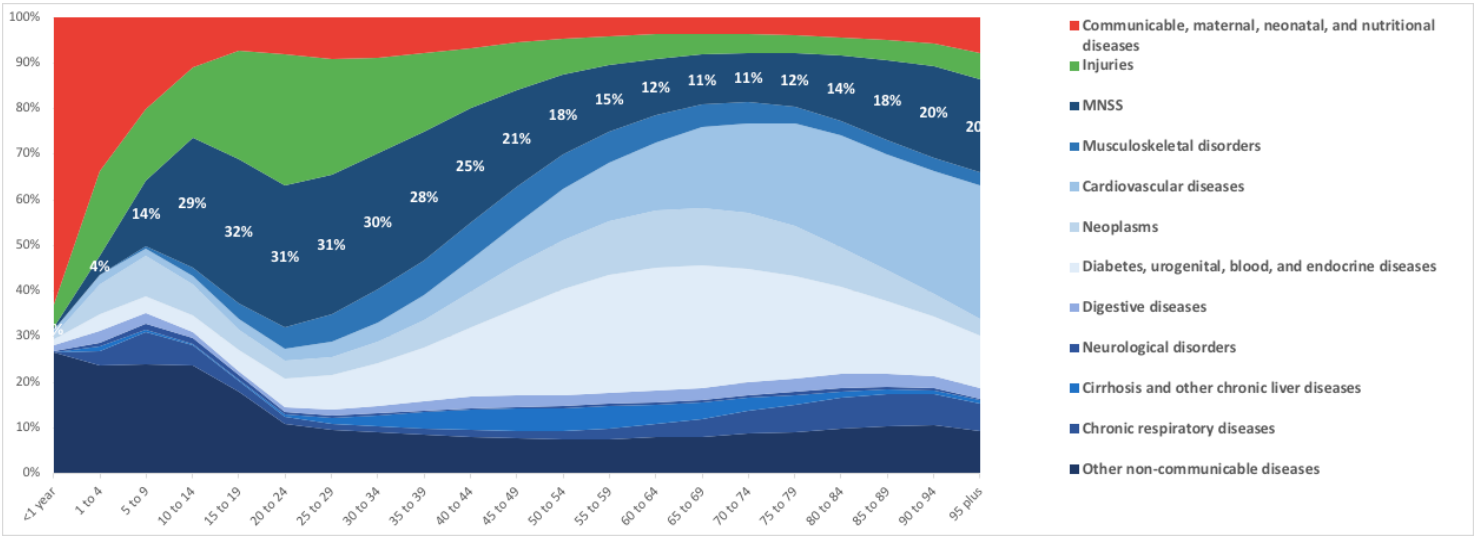
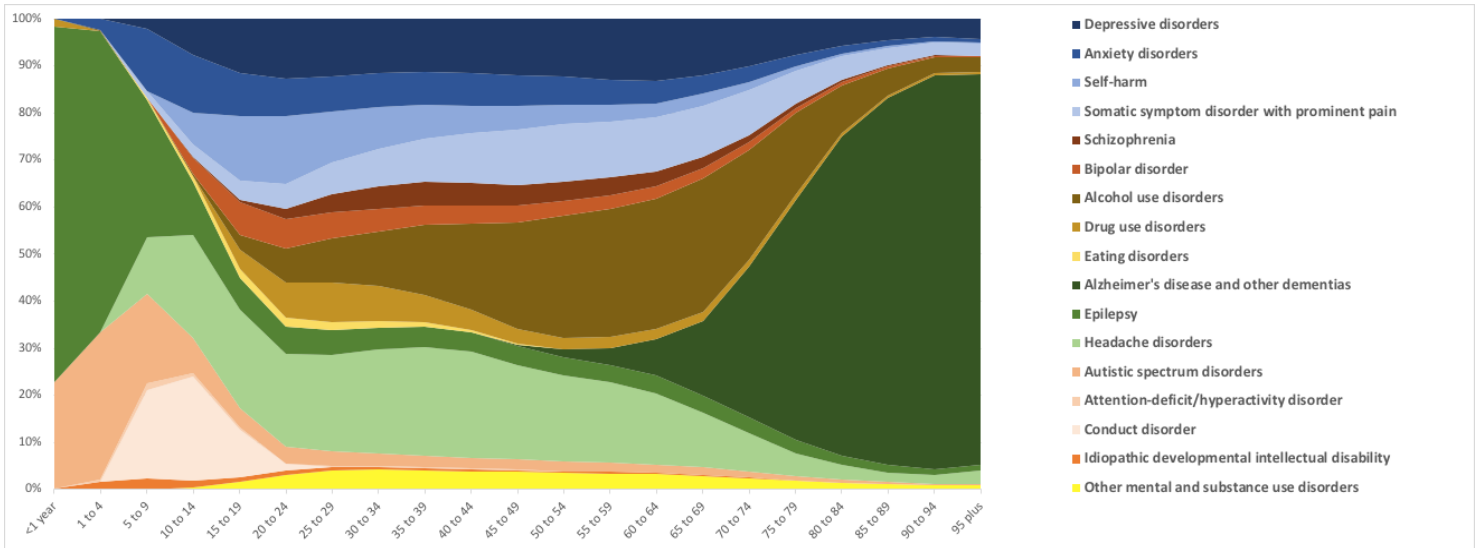


Figure 4. Burden of disease, by MNSS and age



THE BURDEN AFFECTING MENTAL HEALTH IN MEN AND WOMEN

The top three disorders in terms of disability-adjusted life-years –accounting for 45 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 Alzheimer's disease and other dementias, women are mostly affected by headaches, depressive disorders, and Alzheimer's disease and other dementias.

Men		Women	
Disorder	DALYs per 100 000	Disorder	DALYs per 100 000
MNSS (all)	4730	MNSS (all)	4284
Alcohol use disorders	1057	Headache disorders	994
Headache disorders	534	Depressive disorders	581
Alzheimer's disease and other dementias	506	Alzheimer's disease and other dementias	482
Self-harm and suicide	450	Somatic symptom disorder with prominent pain	427
Depressive disorders	393	Anxiety disorders	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.