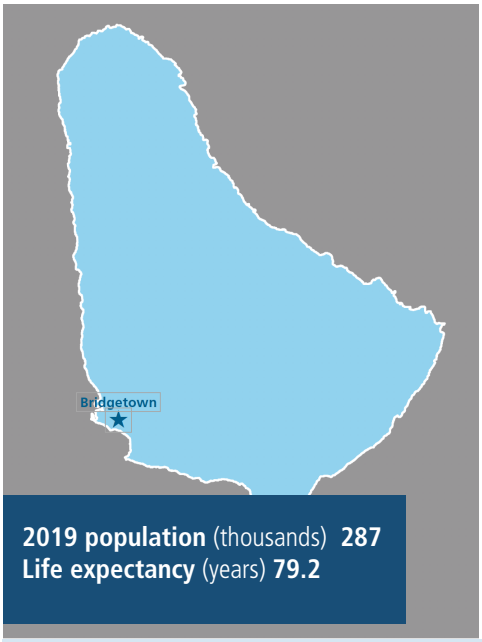
BARBADOS



2019 population (thousands) **287**
Life expectancy (years) **79.2**

Barbados is the easternmost of the Caribbean islands. The island, which is composed mainly of coral limestone, is 34 km long, 23 km at its widest, and occupies 430 km2. Barbados is relatively flat, except for the Scotland District in the northeast where Mount Hillaby rises to 334 meters above sea level. The island is vulnerable to tropical storm systems originating off the west coast of the African continent, but is also considered to be outside the belt of countries typically affected by tropical storms and hurricanes.

Barbados is one of the most densely populated countries in the world. The mid-year population in 2015 was estimated at 276,633, comprising 48.1% males and 51.9% females. Figure 1 shows population pyramids for Barbados for 1990 and 2015. Total life expectancy at birth was 75.1 years with male life expectancy at 73.1 and female life expectancy at 77.9 years. The total fertility rate was 1.3 children per woman. Important indicators such as the dependency ratio are increasing in Barbados and are expected to continue to rise.

THE DISEASE BURDEN AFFECTING MENTAL HEALTH

Mental, neurological, substance use disorders and suicide (MNSS) cause 15% of all disability- adjusted life years (DALYs) and 30% of all years lived with disability (YLDs).

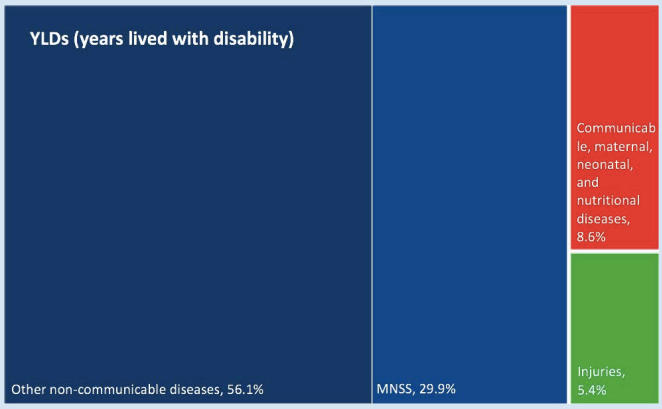


Figure 1. Distribution of YLDs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

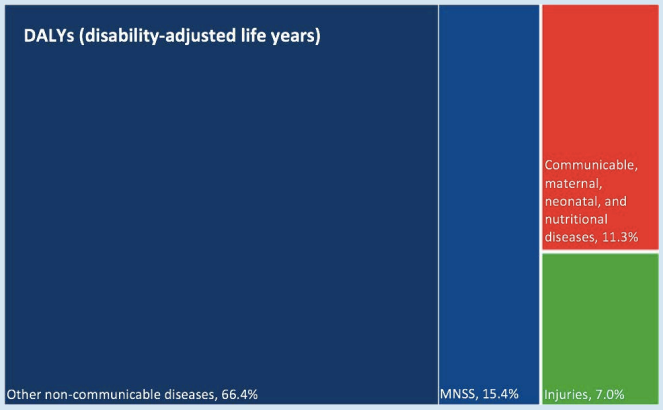


Figure 2. Distribution of DALYs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

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 25 and 30% 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 autism (47%) and epilepsy (46%). 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 42%, headaches for 22%, substance use disorders 14% (10% due to alcohol), and severe mental disorders (schizophrenia and bipolar disorders) 10%. 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
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Figure 3. Burden of disease, by disease group and age

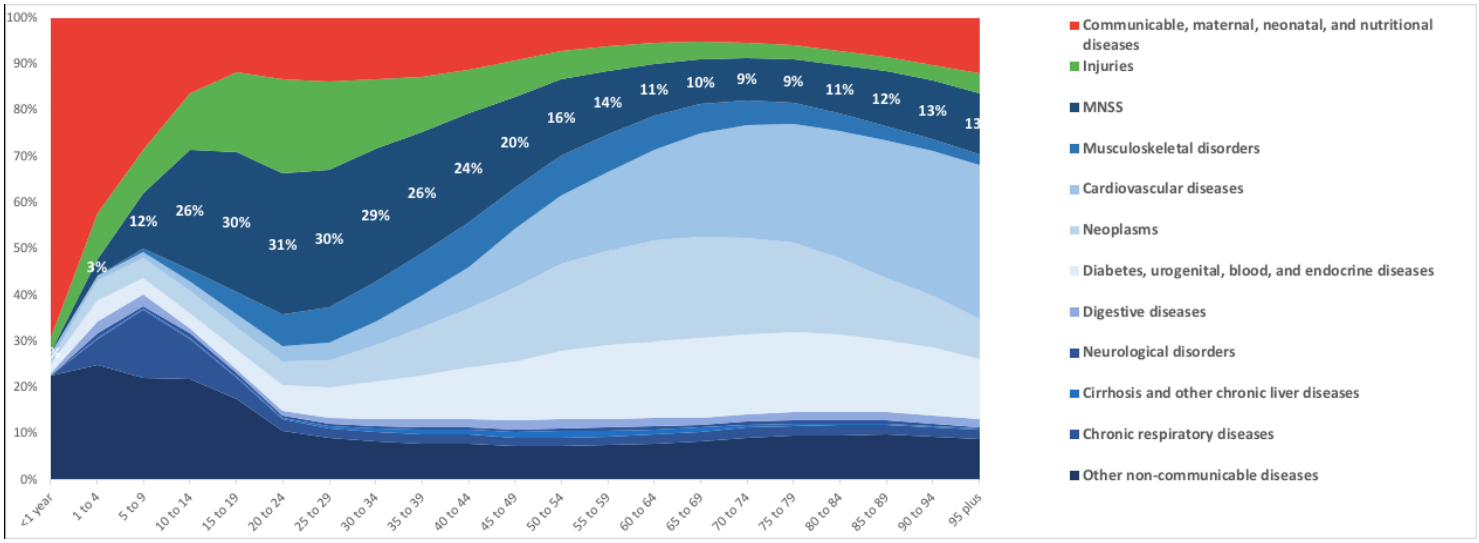
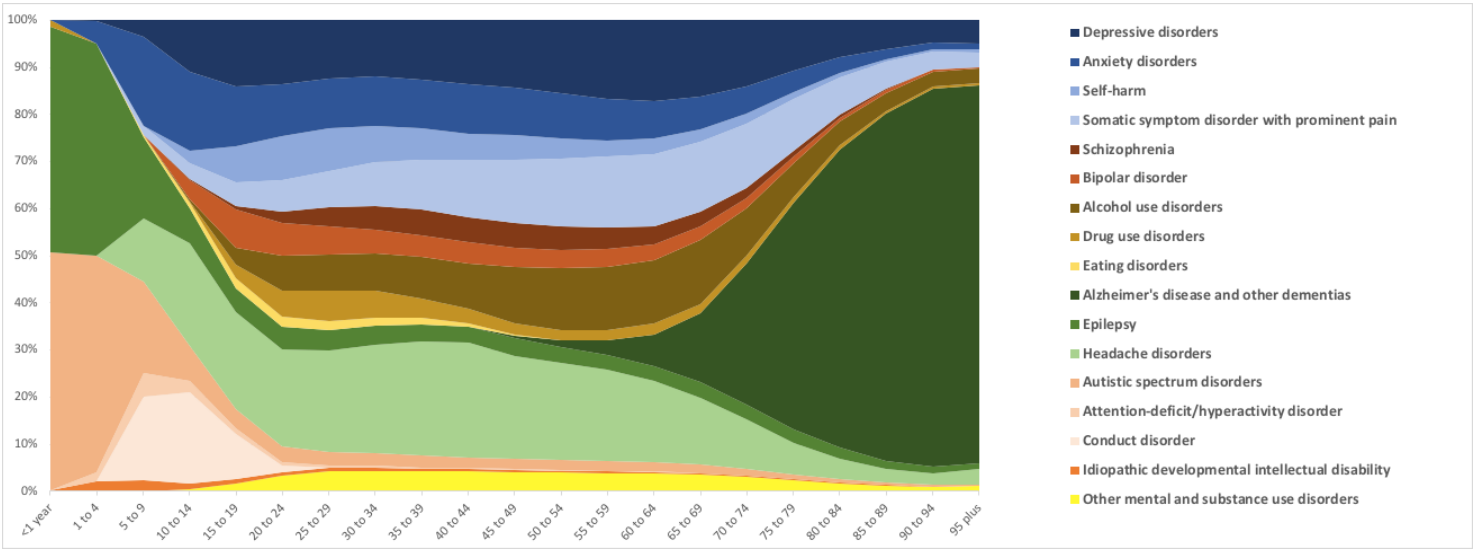


Figure 4. Burden of disease, by MNSS and age



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 not the same for men and women: While men are mostly affected by headaches, alcohol use 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)	4112	MNSS (all)	4170
Headache disorders	556	Headache disorders	996
Alcohol use disorders	547	Depressive disorders	657
Depressive disorders	417	Anxiety disorders	503
Somatic symptom disorder with prominent pain	371	Somatic symptom disorder with prominent pain	465
Alzheimer's disease and other dementias	370	Alzheimer's disease and other dementias	363

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, co-morbid, 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.