HAITI

The Burden of Mental Disorders in the Americas:
COUNTRY PROFILE

2019 population (thousands) **11.3**
Life expectancy (years) **64**

Haiti occupies the western third of the island of Hispaniola—which it shares with the Dominican Republic—and has a land mass of some 27,750 km^2. Administratively, the country is divided into 10 departments, 42 arrondissements (similar to districts), 140 communes, and 570 communal sections.
The two official languages are French and Haitian Creole, the latter of which is more commonly spoken.

Between 1990 and 2015, the population grew by 53.7%—reaching 10,911,819 inhabitants in 2015—and maintained an expansive structure, although growth was slower in the under-30 age group. The urban population is 51%. For 2019, life expectancy at birth is estimated at 64 years.

The evolution of basic indicators between 1990 and 2015 generally reflects progress, although with limited economic, social, and health care development. Haiti's Gini coefficient was 0.66 in 2012.
In 2014, the gross national income (GNI) per capita was US$ 820.

THE DISEASE BURDEN AFFECTING MENTAL HEALTH

Mental, neurological, substance use disorders and suicide (MNSS) cause 9% of all disability- adjusted life years (DALYs) and 29% of all years lived with disability (YLDs).

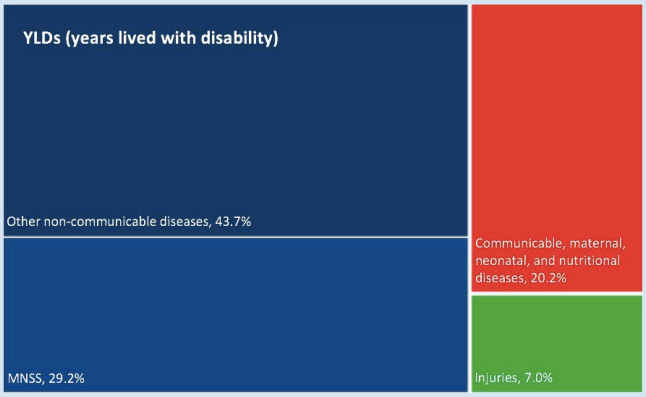

Figure 1. Distribution of YLDs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

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 around 15 years old, and despite the high toll of injuries and of maternal, neonatal, and infectious diseases, they will remain the largest burden throughout the lifetime. MNSS account for nearly a fifth of the total burden between 10 and 45 years of age, the largest burden of all NCDs 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 (65%) and autism (29%). Between 5 and 15 years old, the burden of headaches –including migraine and tension-type-, conduct disorders, and anxiety disorders gain prominence, with around 17% of the MNSS burden each. Between the ages of 15 and 35 self-harm and suicide surpass 15% of the MNSS burden. 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 44% of the burden, substance use disorders for 18% (14% due to alcohol), headaches 19%, and severe mental disorders (schizophrenia and bipolar disorders) around 7%. The elderly suffer mostly from neurocognitive disorder due to Alzheimer's disease, which surpasses 50% of the burden around 80 years old and remains the highest MNNS burden.

This is the second installment of the 2018 PAHO report, found here

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

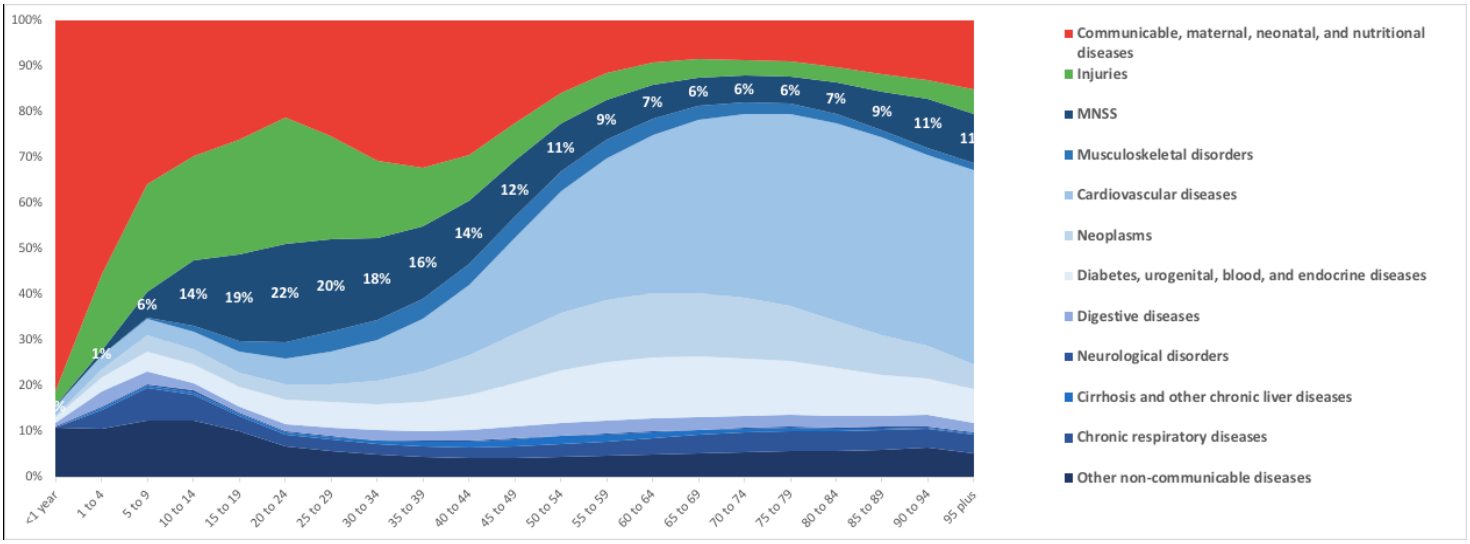
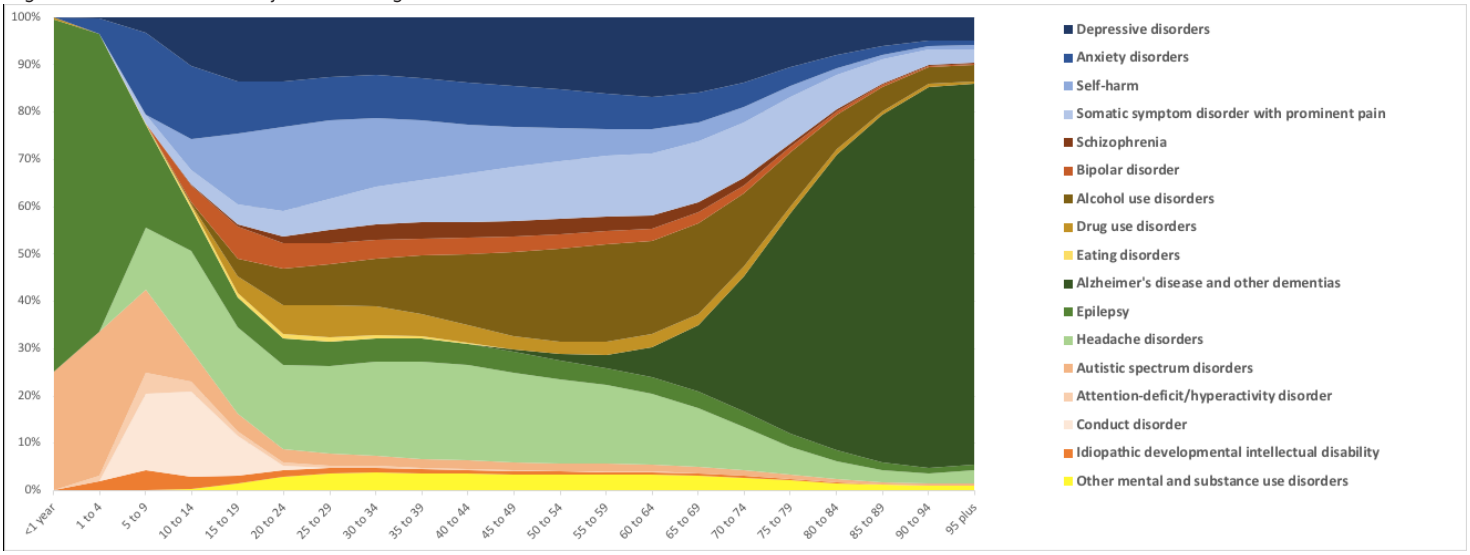


Figure 4. Burden of disease, by MNSS and age



THE BURDEN AFFECTING MENTAL HEALTH IN MEN AND WOMEN

The top three disorders in terms of disability-adjusted life-years –accounting for 40 to 50% of total MNSS burden- are not the same for men and women: While men are mostly affected by alcohol use disorders, self-harm and suicide, and headaches, women are mostly affected by headaches, depressive and anxiety disorders.

Men		Women	
Disorder	DALYs per 100 000	Disorder	DALYs per 100 000
MNSS (all)	4842	MNSS (all)	4550
Alcohol use disorders	804	Headache disorders	985
Self-harm and suicide	673	Depressive disorders	756
Headache disorders	547	Anxiety disorders	499
Depressive disorders	452	Somatic symptom disorder with prominent pain	435
Alzheimer's disease and other dementias	392	Alzheimer's disease and other dementias	382

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.