

2019 population (thousands) **183**
Life expectancy (years) **76.3**

Saint Lucia is an island nation in the Caribbean, located between Martinique and Saint Vincent and the Grenadines. With a land area of 620 km², it is divided into 11 districts. It is a parliamentary democracy and holds elections every 5 years.

The population was 183 thousand in 2019, with 21.8% over the age of 60. The population pyramid is moving toward a regressive structure as a result of lower fertility and the reduction in premature deaths.

The population is mainly of African descent (85.3%), followed by those of mixed race (10.8%). Average life expectancy in 2019 was estimated at 76.3 years (74.9 in men, 77.6 in women).

Per capita gross domestic product (GDP) was US\$ 6,848 in 2014. The economy depends mainly on tourism (65% of GDP).

THE DISEASE BURDEN AFFECTING MENTAL HEALTH

Mental, neurological, substance use disorders and suicide (MNSS) cause 18% of all disability-adjusted life years (DALYs) and 32% of all years lived with disability (YLDs).

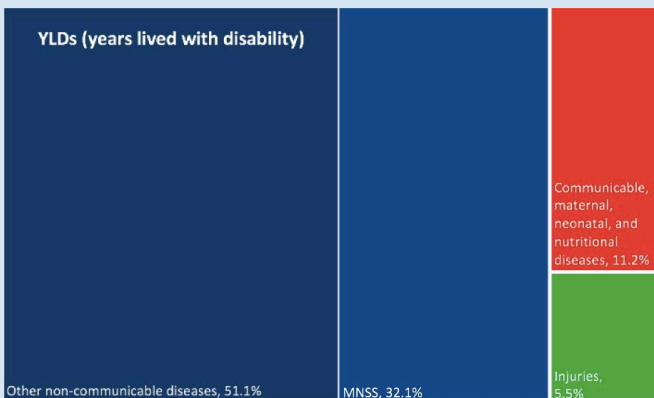


Figure 1. Distribution of YLDs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

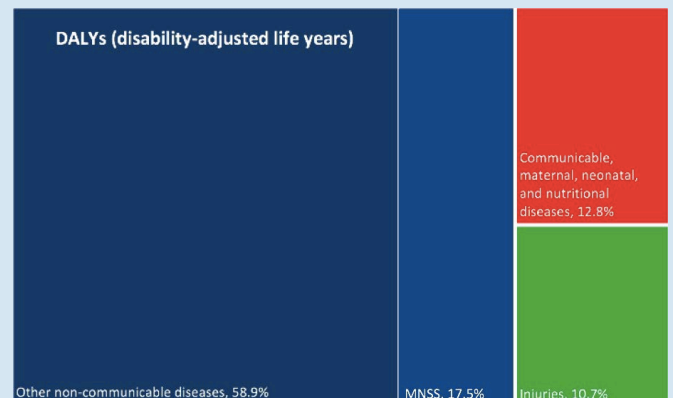


Figure 2. Distribution of DALYs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

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 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 (50%) and autism (43%). Between 5 and 15 years old, the burden of conduct disorders, anxiety disorders, and headaches –including migraine and tension-type- gain prominence, with 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 41% of the burden, headaches for 20%, substance use disorders 17% (13% due to alcohol), and severe mental disorders (schizophrenia and bipolar disorders) around 8%. The elderly suffer mostly from neurocognitive disorder due to Alzheimer's disease, which nears 50% of the burden at 75 years old and remains above 75% after 85 years old.



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

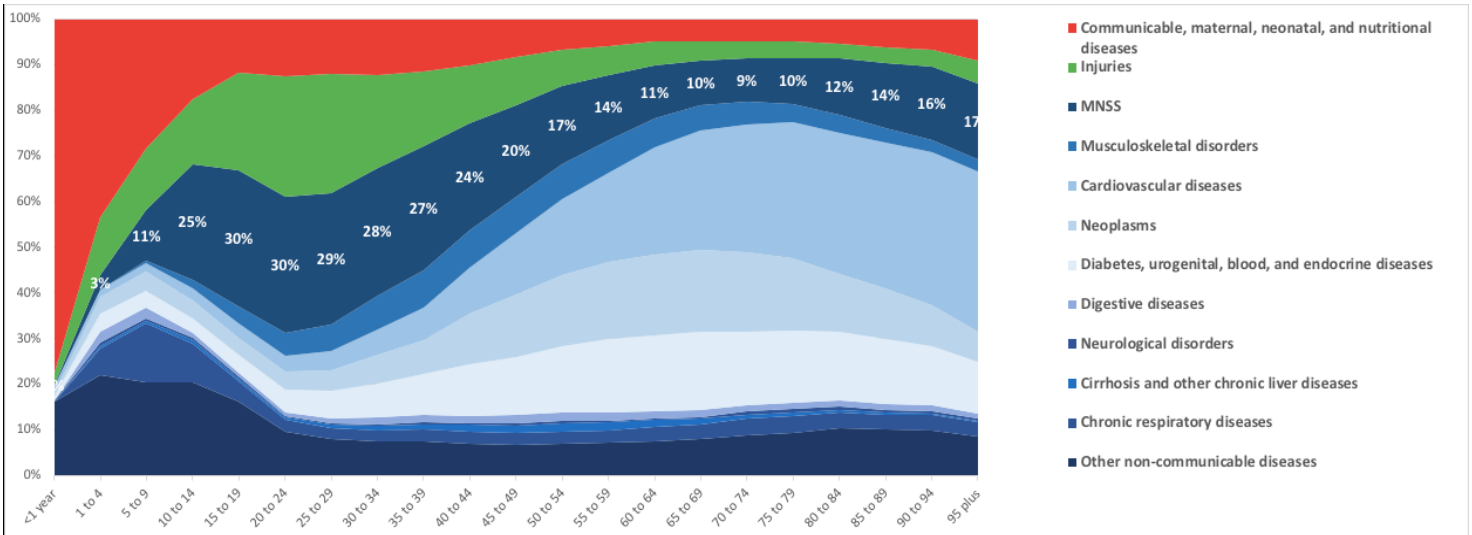
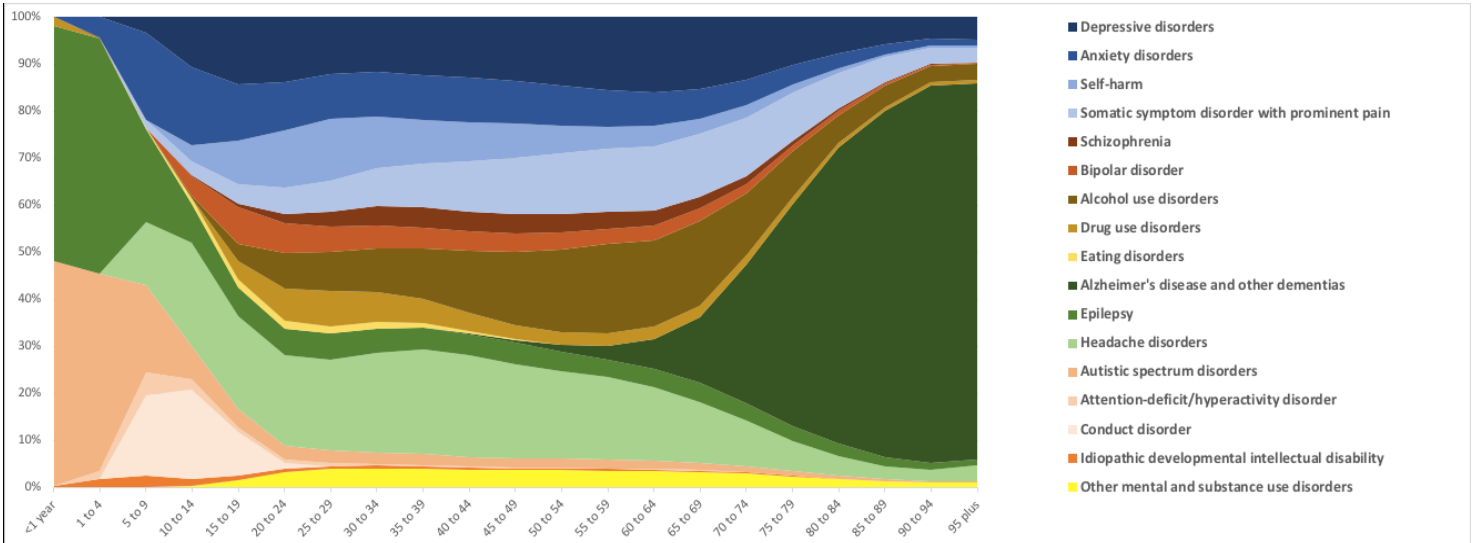


Figure 4. Burden of disease, by MNSS and age



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)	4667	MNSS (all)	4242
Alcohol use disorders	721	Headache disorders	995
Self-harm and suicide	558	Depressive disorders	661
Headache disorders	554	Anxiety disorders	503
Depressive disorders	465	Somatic symptom disorder with prominent pain	423
Alzheimer's disease and other dementias	384	Alzheimer's disease and other dementias	368

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.