



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

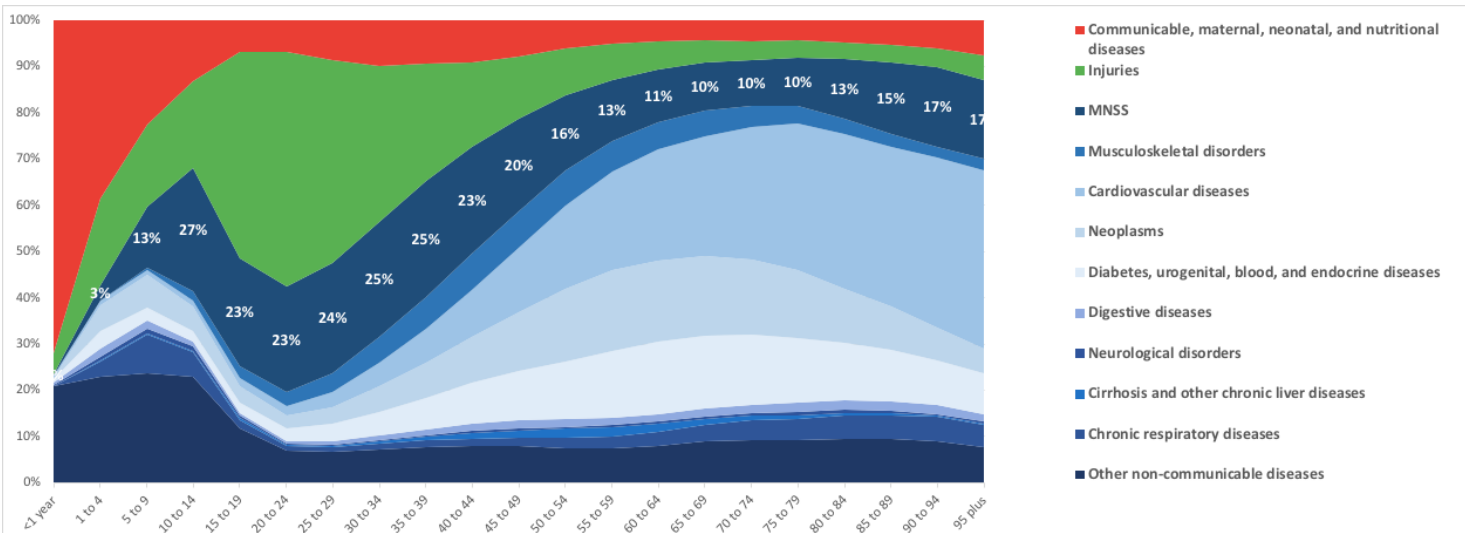
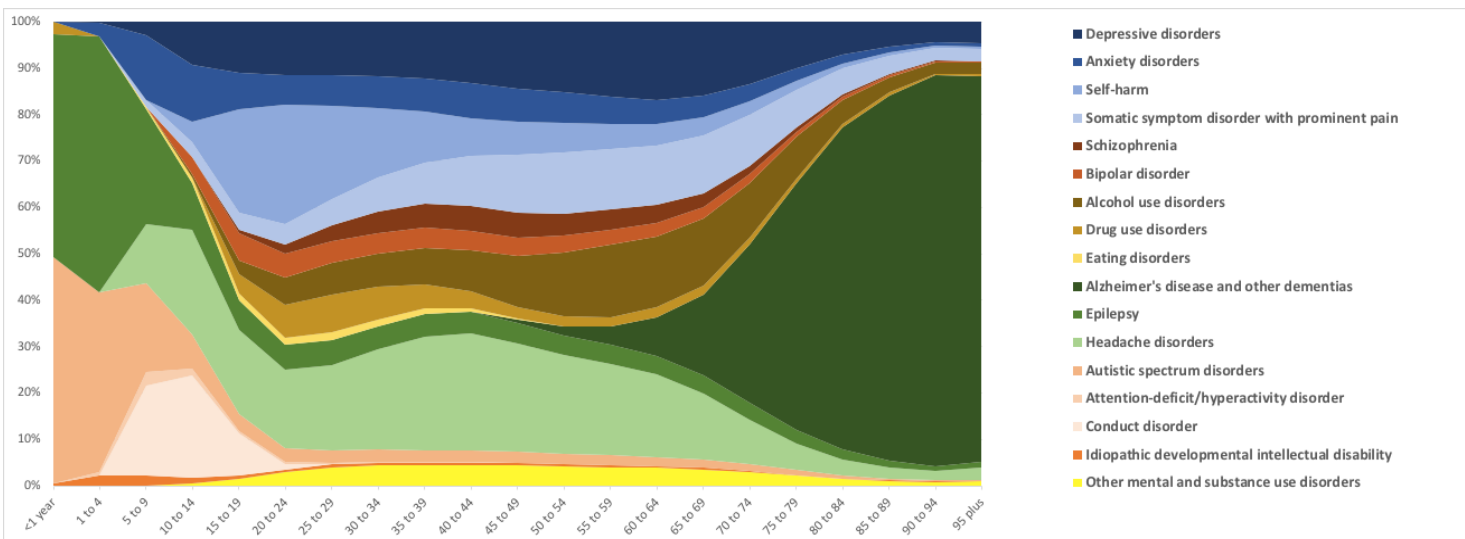


Figure 4. Burden of disease, by MNSS and age



The top three disorders in terms of disability-adjusted life-years –accounting for 40 to 55% of total MNSS burden- are not the same for men and women: While men are mostly affected by self-harm and suicide, alcohol use disorders, and headaches, women are mostly affected by headaches, depressive disorders, and Alzheimer's disease and other dementias.

Men		Women	
Disorder	As per 100 000	Disorder	As per 100 000
MNSS all	4	MNSS all	400
Self-harm and suicide	35	Headache disorders	
Alcohol use disorders	5.3	Depressive disorders	5.5
Headache disorders	54	Alzheimer's disease and other dementias	45
Alzheimer's disease and other dementias	4.5	Somatic symptom disorder with prominent pain	40.3
Depressive disorders	44.4	Anxiety disorders	34.5

**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.