

Mental health

For people to lead healthy and productive lives, good mental health is necessary. During the first phases of the COVID-19 crisis, substantial impacts on mental health were observed when populations across the LAC region and around the world experienced significant disruption to their daily lives, studies, and work. In March and April 2020, recorded levels of anxiety and depression in the general population were higher in almost all OECD countries compared to previous years (OECD, 2021^[1]). People who were unemployed or experiencing financial difficulties reported higher rates of anxiety and depression than the general population during the COVID-19 crisis, a trend which already existed before the crisis and was magnified by the crisis in certain countries (OECD, 2021^[2]). The mental health of young people was also hit particularly hard during the pandemic, with prevalence of symptoms of anxiety and depression rising dramatically, especially in late 2020 and early 2021 (OECD, 2021^[3]). In LAC, mental and substance use disorders resulted in over 120 000 deaths in 2019, which accounted for 2% of all deaths in the region (WHO, 2022^[4]).

When analysing figures before the pandemic, disability adjusted life years (DALYs) for mental health disorders per 100 000 population for LAC33 countries were 1 815 on average. Countries like Brazil, Guyana, Chile, Paraguay and Suriname had over 2000 DALYs for mental health disorders per 100 000 population. Colombia was the only country with a figure below 1 600 (Figure 3.25).

Treatment coverage for psychosis was 4.6% on average for LAC6 in 2019. Costa Rica had the highest coverage rate in the region amongst countries with available data at 8.6%, followed by Brazil and Mexico at 7% and 6.3%, respectively. Countries like Colombia, Chile and Ecuador all had a treatment coverage for psychosis below 3% (Figure 3.26).

Regarding deaths by suicide, LAC31 countries experienced 7.4 deaths per 100 000 population on average in 2019, below the OECD average of 9.9 deaths per 100 000 population. Only Guyana, Suriname, Uruguay, Haiti and Cuba had death by suicide rates above the OECD average, with Guyana showing 40.9 deaths by suicide per 100 000 population in 2019. Countries like Barbados, Antigua and Barbuda, Grenada, and Saint Vincent and the Grenadines had less than 2 deaths by suicide per 100 000 population in 2019 (Figure 3.27).

LAC countries could implement policies aimed at increasing mental health support similar to the ones observed in OECD countries since the start of the COVID-19 crisis. For example, most OECD countries have developed new mental health information and phone support lines providing tips on coping measures, and some countries have increased access to mental health services and/or funding (OECD, 2021^[2]).

Definition and comparability

Following the definition from the WHO Global Health Observatory, one disability adjusted life year (DALY) can be interpreted as the loss of one year of full health. DALYs for mental health disorders are the sum of the years of life lost to premature mortality and the years lived with a disability due to mental health disorders in a population.

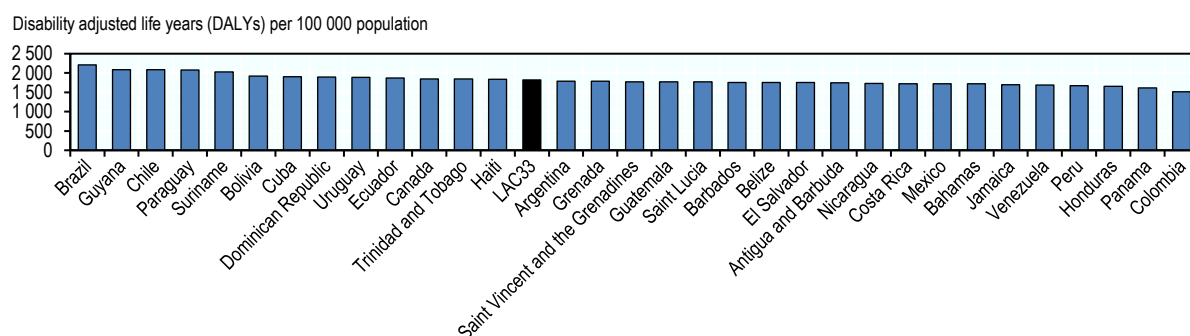
Coverage of treatment for psychosis is calculated as the total number of treated cases of psychosis from the Mental Health Atlas 2020 divided by the number of cases for schizophrenia and bipolar disorder from GBD. Caution is needed when comparing across countries as some may report number of treated cases and not the individual number of people treated.

The registration of suicide is a complex procedure, affected by factors such as how intent is ascertained; who is responsible for completing the death certificate; and cultural dimensions, including stigma. Caution is therefore needed when comparing rates between countries. Age-standardised mortality rates are based on numbers of deaths divided by the size of the corresponding population. The source is the WHO Mortality Database; suicides are classified as ICD-10 codes X60-X84 and Y870.

References

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- WHO (2022), *Global health estimates: Leading causes of death*, <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-leading-causes-of-death>. [4]

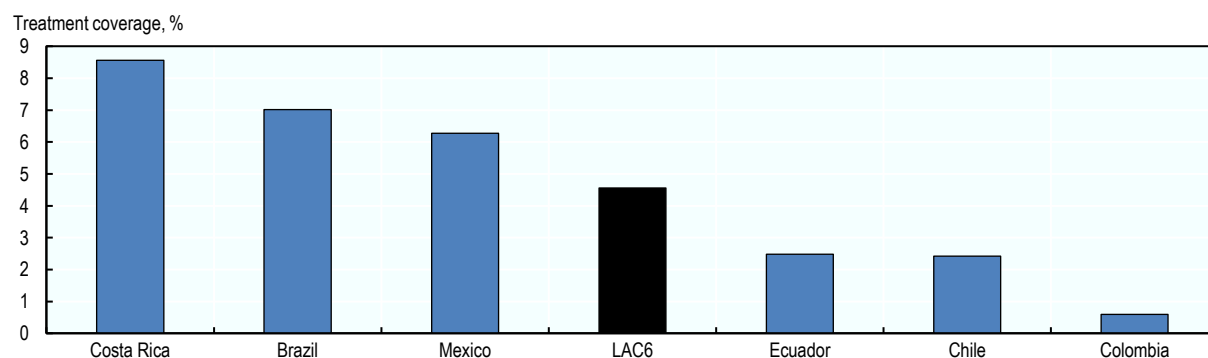
Figure 3.25. Disability adjusted life years (DALYs) for Mental Health disorders, per 100 000 population, 2019



Source: PAHO: The burden of mental disorders in the region of the Americas 2000-2019 (2021).

StatLink  <https://stat.link/7kvs8j>

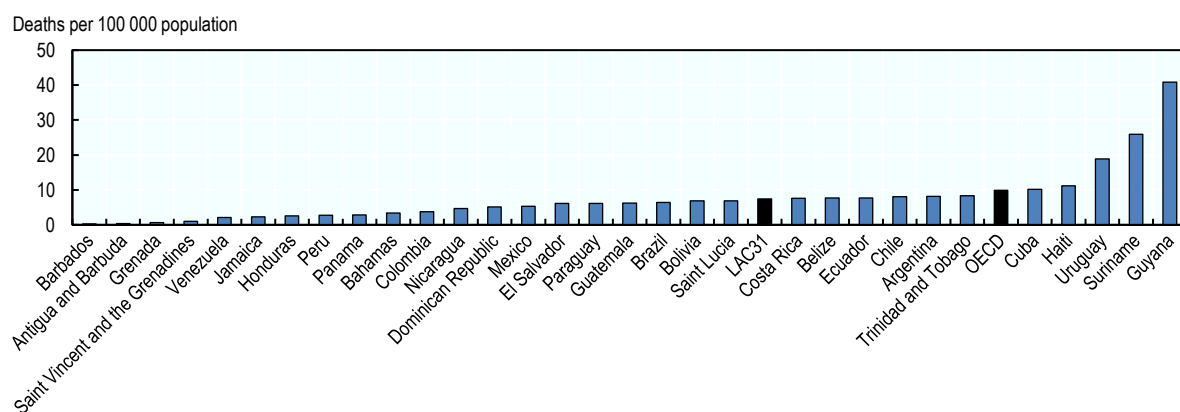
Figure 3.26. Coverage of treatment for psychosis, 2019



Source: Global Burden of Disease (2019), IHME; Mental Health Atlas 2020.

StatLink  <https://stat.link/eplhrd>

Figure 3.27. Deaths by suicide, 2019



Source: WHO GHO 2021.

StatLink  <https://stat.link/4pnb6m>



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