

The Hidden Pandemic

G Hutchinson

The burden of mental disorders in the region of the Americas increased significantly from 2000 to 2019 according to the Pan American Health Organisation (1). The impact and significance of mental health problems were then further exacerbated by the COVID-19 pandemic, which resulted in increasing levels of anxiety, depression and trauma-related conditions among other disorders (2). This reality informed the choice of theme for this year's annual CARPHA research conference which, is Mental Health – the Hidden Pandemic. The CARICOM region, like the rest of the world, is having to deal with a range of mental health issues with ongoing and multiple downstream effects that are challenging the mental health resources of the region (2). A review of small island developing states in the region found limited access to mental health services and sporadic implementation of mental health plans and policies, with children and adolescents primarily disadvantaged (3). The utilization of whatever resources that might be available is limited by stigma related to mental illness (4) as well as belief systems that are still anchored in supernatural and superstitious beliefs (5). Mental health for particular subgroups of the population, e.g., children and adolescents, employees in the workplace, the elderly, the homeless, the LGBTQ community, prisoners, and those who are abusing recreational and prescription drugs, will all require specific attention and are likely to contribute to the burden of mental health disorders in the future. Depressive disorders are the leading contributor to years lived with a disability in the Caribbean and are also associated with suicidal behaviour. A systematic review found that lower levels of education and early and middle adolescence among youth were strongly correlated with depression (6). In addressing the burgeoning mental health issues, social and economic factors must be considered and incorporated into understanding the increasing burden of mental disorders (7).

Other risk factors that must be noted include environmental pollution, exposure to climate change, and natural disasters, again with the young, the elderly, and the socially vulnerable being particularly susceptible (8). In addition, adverse childhood experiences, trauma, and abuse, as well as a range of behavioural exposures, can also increase risk for young people (9). The Caribbean region is also experiencing high levels of violence and trauma, which have many mental health sequelae. Mental health challenges may

also contribute to the high rates of violence and trauma (10). With the trend of decriminalizing and legalizing cannabis, there have been many reports of higher rates of its use and, by extension, increased presentations of cannabis-related mental health problems (11, 12).

The shared risk factors between other non-communicable chronic diseases (NCDs) and mental health, as well as the bi-directional relationship between them, were highlighted by the Bridgetown Declaration 2023, which vowed to address the causes and effects of these twin concerns in the small island developing states of the Caribbean (13).

Early detection of serious mental health issues, reducing the stigma associated with these conditions and their treatment, and improving the community services that would best help this early recognition and treatment are crucial goals set out by the aforementioned Declaration (13).

Other priorities beckon. These include encouraging and facilitating research into the various mental health issues that affect the Caribbean, and addressing specific problems, such as suicide in Guyana and Suriname, where the rates are among the highest in the world (7). Understanding the determinants and the psychosocial factors that contribute to these high rates would benefit the entire region. Population prevalence studies of the major mental illnesses with the accompanying epidemiological analysis to identify particularly high-risk groups should also be supported. A comprehensive research and policy agenda should be a regional priority as mental health difficulties profoundly affect productivity both directly and indirectly and contribute disproportionately to disability affected life years, making them a substantial burden on the economies of developing states as well as compromising the development potential of many members of the society (2,3,13).

Another priority area is ensuring that every country in the Caribbean has an adequate supply of mental health professionals. This can be achieved through coordinated needs analyses and increased training opportunities, alongside sharing resources with each other. Training medical and other health professionals and those involved in social services in the mhGap programme will also contribute to more effective interventions, especially as individuals with mental health issues often first present to medical and social services because of bodily or somatic expressions of their mental distress (14). The integration of mental health into

public health is long overdue. Greater use of technology is necessary, especially to engage younger populations and devising innovative methods of engaging with populations, particularly those who are younger (15). Direct engagement and feedback from vulnerable populations to identify how services can be tailored to their needs will also be important as we attempt to bridge the gap between demand and provision of services and resources to meet those needs. Greater availability in the public mental health sector of psychological therapies, as well as improving employee-related workplace mental health, must also be prioritized (16,17).

The time has come for the word hidden to be no longer associated with mental health so that the region's development potential can be optimized and not be compromised by the tremendous burden and cost of under-recognised and, therefore, untreated mental health problems.

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