

## Growing mental health burden

Mental disorders are a large and growing component of the global disease burden with about 13% of all disability-adjusted life years (DALYs) due to neurological and psychiatric disorders, and depression, accounting for 51.9 million DALYs or 3.4% of the global burden of disease, the most common psychiatric disorder and the leading nonfatal condition.

Alzheimer's disease and other dementias account for 17.1 million DALYs, while schizophrenia, bipolar disorder and panic disorder account for another 11.6 million DALYs, 9.7 million DALYs and 4.5 million DALYs respectively.

These are some of the findings in the Disease Control Priorities Project's new publication *Disease Control Priorities in Developing Countries (DCP2)*, which also says that mental health conditions are common in developing countries, but that they are less frequently recognised, diagnosed and treated than in developed countries.

The report reviews the costs of treatment for these leading contributors to mental ill health and finds that the most cost-effective strategy for averting the burden of psychosis and severe affective disorders in developing countries is expected to be a combined intervention of first-generation antipsychotic or mood-stabilising drugs with adjuvant psychosocial treatment delivered through a community-based outpatient service model. In sub-Saharan Africa this has a cost-effectiveness ratio below US\$2 000, equivalent to more than 500 DALYs averted per US\$1 million expenditure.

For more common mental disorders treated in primary care settings (depressive and anxiety disorders), the single most cost-effective strategy is the scaled-up use of older antidepressants, while for depression, because it is often a recurring condition, proactive care management, including long-term maintenance treatment with antidepressant drugs, represents a cost-effective way of significantly reducing its burden.

On the basis of these findings the estimated total budgetary requirements and health consequences of a cost-effective package of mental health care is an annual reduction of 2 000 - 3 000 DALYs per 1 million population at a cost of US\$3 - 9 million. This corresponds to US\$3 - 4 per capita in sub-Saharan Africa and South Asia and US\$7 - 9 per capita in Latin America and the Caribbean.

Source: [www.dcp2.org](http://www.dcp2.org)

## Barriers in treatment of mental health problems

Less than half of patients with mental health problems in South Africa receive a correct diagnosis within 1 year and many wait more than 2 years before seeking help, according to a new consumer study, recently conducted by Cat Communications and sponsored by AstraZeneca, Eli Lilly and Solvay Pharma.

The study, which involved 331 respondents, found that 72% of the respondents needed to see two or more caregivers before receiving a correct diagnosis, and in 74% of the cases the correct diagnosis was received from a psychiatrist, with GPs, psychologists and social workers playing a minimal role in confirming diagnoses.

Two-thirds of respondents reported discontinuing medication at some stage of their illness for a variety of reasons, while almost half ended psychotherapy because it had served its purpose. Financial constraints led to 23% of respondents stopping their medication and to 46% stopping psychotherapy.

The survey also found that many doctors did not discuss the side-effects of medication with their patients (39%), or how to manage these (52%). Yet 34% of respondents with bipolar mood disorder and 23% of respondents with unipolar depression discontinued taking prescribed medication due to side-effects.

Researcher Linda Trump says that a key conclusion of the survey is that ongoing education is needed to inform the public about the hazards of delaying treatment for psychiatric symptoms.

Doctors need to be more forthcoming about potential side-effects and how to manage them, and also psychologists need to be more upfront in setting objectives and discussing the desired outcomes of therapy. Ideally, psychotherapy could include the patient's partner or family when there are significant domestic tensions. There is also need still to reduce stigma in the workplace.

The full survey is due to be published in the August issue of *South African Psychiatry Review*.

## EVENTS

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