



Mental Disorders

1-Burden of Mental Disorders and Suicide Attributable to Childhood Maltreatment

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Abstract

Importance The proportion of mental disorders and burden causally attributable to childhood maltreatment is unknown. **Objective** To determine the contribution of child maltreatment to mental health conditions in Australia, accounting for genetic and environmental confounding. **Design, Setting, and Participants** This meta-analysis involved an epidemiological assessment accounting for genetic and environmental confounding between maltreatment and mental health and 3 cross-sectional national surveys: the Australian Child Maltreatment Study (ACMS) 2023, National Study of Mental Health and Well-being 2020-2022, and Australian Burden of Disease Study 2023. Causal estimates were derived on the association between childhood maltreatment and mental health conditions from a meta-analysis of quasi-experimental studies. This was combined with the prevalence of maltreatment from the ACMS to calculate the population attributable fraction (PAF). The PAF was applied to the number and burden of mental health conditions in Australia, sourced from 2 population-based, nationally representative surveys of Australians aged 16 to 85 years, to generate the number and associated burden of mental disorders attributable to child maltreatment. **Exposure** Physical abuse, sexual abuse, emotional abuse, or neglect prior to age 18 years. **Main Outcomes and Measures** Proportion and number of cases, years of life lost, years lived with disability, and disability-adjusted life-years of mental health conditions (anxiety, depression, harmful alcohol and drug use, self-harm, and suicide attempt) attributable to childhood maltreatment. **Results** Meta-analytic estimates were generated from 34 studies and 54 646 participants and applied to prevalence estimates of childhood maltreatment generated from 8503 Australians. Childhood maltreatment accounted for a substantial proportion of mental health conditions, ranging from 21% (95% CI, 13%-28%) for depression to 41% (95% CI, 27%-54%) of suicide attempts. More than 1.8 million cases of depressive, anxiety, and substance use disorders could be prevented if childhood maltreatment was eradicated. Maltreatment accounted for 66 143 years of life lost (95% CI, 43 313-87 314), primarily through suicide, and 184 636 disability-adjusted life-years (95% CI, 109 321-252 887). **Conclusions and Relevance** This study provides the first estimates of the causal contribution of child maltreatment to mental health in Australia. Results highlight the urgency of preventing child maltreatment to reduce the population prevalence and burden of mental disorders.

Keywords

Keywords Plus

[RANDOMIZED-TRIAL](#)[GLOBAL BURDEN](#)[LIFE-COURSE](#)[ABUSE](#)[PREVALENCE](#)[NEGLECT](#)

2-Worldwide Prevalence and Disability from Mental Disorders Across Childhood and Adolescence

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Abstract

Importance The period from childhood to early adulthood involves increased susceptibility to the onset of mental disorders, with implications for policy making that may be better appreciated by disaggregated analyses of narrow age groups. **Objective** To estimate the global prevalence and years lived with disability (YLDs) associated with mental disorders and substance use disorders (SUDs) across 4 age groups using data from the 2019 Global Burden of Disease (GBD) study. **Design, Setting, and Participants** Data from the 2019 GBD study were used for analysis of mental disorders and SUDs. Results were stratified by age group (age 5 to 9, 10 to 14, 15 to 19, and 20 to 24 years) and sex. Data for the 2019 GBD study were collected up to 2018, and data were analyzed for this article from April 2022 to September 2023. **Exposure** Age 5 to 9 years, 10 to 14 years, 15 to 19 years, and 20 to 24 years. **Main Outcomes and Measures** Prevalence rates with 95% uncertainty intervals (95% UIs) and number of YLDs. Results Globally in 2019, 293 million of 2516 million individuals aged 5 to 24 years had at least 1 mental disorder, and 31 million had an SUD. The mean prevalence was 11.63% for mental disorders and 1.22% for SUDs. For the narrower age groups, the prevalence of mental disorders was 6.80% (95% UI, 5.58-8.03) for those aged 5 to 9 years, 12.40% (95% UI, 10.62-14.59) for those aged 10 to 14 years, 13.96% (95% UI, 12.36-15.78) for those aged 15 to 19 years, and 13.63% (95% UI, 11.90-15.53) for those aged 20 to 24 years. The prevalence of each individual disorder also varied by age groups; sex-specific patterns varied to some extent by age. Mental disorders accounted for 31.14 million of 153.59 million YLDs (20.27% of YLDs from all causes). SUDs accounted for 4.30 million YLDs (2.80% of YLDs from all causes). Over the entire life course, 24.85% of all YLDs attributable to mental disorders were recorded before age 25 years. **Conclusions and Relevance** An analytical framework that relies on stratified age groups should be adopted for examination of mental disorders and SUDs from childhood to early adulthood. Given the implications of the early onset and lifetime burden of mental disorders and SUDs, age-disaggregated data are essential for the understanding of vulnerability and effective prevention and intervention initiatives.

Keywords

Keywords Plus

[GLOBAL BURDEN CHILDREN DISEASE HEALTH AGEMETAANALYSIS FUTURE](#)

3-The social determinants of mental health and disorder: evidence, prevention and recommendations

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Abstract

People exposed to more unfavourable social circumstances are more vulnerable to poor mental health over their life course, in ways that are often determined by structural factors which generate and perpetuate intergenerational cycles of disadvantage and poor health. Addressing these challenges is an imperative matter of social justice. In this paper we provide a roadmap to address the social determinants that cause mental ill health. Relying as far as possible on high-quality evidence, we first map out the literature that supports a causal link between social determinants and later mental health outcomes. Given the breadth of this topic, we focus on the most pervasive social determinants across the life course, and those that are common across major mental disorders. We draw primarily on the available evidence from the Global North, acknowledging that other global contexts will face both similar and unique sets of social determinants that will require equitable attention. Much of our evidence focuses on mental health in groups who are marginalized, and thus often exposed to a multitude of intersecting social risk factors. These groups include refugees, asylum seekers and displaced persons, as well as ethnoracial minoritized groups; lesbian, gay, bisexual, transgender and queer (LGBTQ+) groups; and those living in poverty. We then introduce a preventive framework for conceptualizing the link between social determinants and mental health and disorder, which can guide much needed primary prevention strategies capable of reducing inequalities and improving population mental health. Following this, we provide a review of the evidence concerning candidate preventive strategies to intervene on social determinants of mental health. These interventions fall broadly within the scope of universal, selected and indicated primary prevention strategies, but we also briefly review important secondary and tertiary strategies to promote recovery in those with existing mental disorders. Finally, we provide seven key recommendations, framed around social justice, which constitute a roadmap for action in research, policy and public health. Adoption of these recommendations would provide an opportunity to advance efforts to intervene on modifiable social determinants that affect population mental health.

Keywords

Author Keywords

[Mental health](#)[mental disorders](#)[social determinant](#)[social risk factors](#)[prevention](#)[marginalized groups](#)[population mental health](#)[social justice](#)



Mental Disorders

4-Global burden of mental disorders in 204 countries and territories, 1990-2021: results from the global burden of disease study 2021

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Abstract

Background Mental disorders, one of the leading causes of the global health-related burden, which has been exacerbated by the emergence of the COVID-19 pandemic (2019-2021). In this study, we aim to provide global, regional, and national estimates of the mental disorders burden from 1990 to 2021, including during the COVID-19. **Methods** We collected data from the Global Burden of Disease Study 2021 (GBD 2021) on the incidence, disability-adjusted life years (DALYs), age-standardized incidence rate (ASIR), and age-standardized DALY rate (ASR) of 12 mental disorders from 204 countries and regions. The socio-demographic index (SDI) was used to evaluate the correlation between mental disorders burden and different regions. We utilized joinpoint regression analysis to estimate the average annual percentage change (AAPC). **Results** In 2021, there were 444,397,716 incident cases and 155,418,119 DALYs globally from mental disorders. From 1990 to 2021, there was an upward trend in both ASIR [15.23% (12.97-17.60%)] and ASR [17.28% (15.06-19.44%)]. In 2021, the highest ASIR was observed in Central Sub-Saharan Africa (8706.11), while the lowest was in East Asia (3340.99). Australia (2787.87) had the highest ASR. Nationally, Greenland, Greece, the United States, and Australia had the highest ASRs. During the COVID-19 pandemic, aside from East Asia, both the ASIR showed an upward trend in the five SDI and other GBD regions. In 2021, the ASR for females was higher than that for males. Among the 12 subtypes, major depressive disorder (557.87) and anxiety disorders (524.33) had the highest ASR. Major depressive disorder ranked first in ASR in 13 of the 21 regions worldwide. Despite the overall upward trend in DALYs for mental disorders [AAPC: 5.96; 95%CI: (4.99, 6.92)], the ASR exhibited varying trends among different subtypes, with anxiety disorders experiencing the most significant increase. **Conclusions** GBD 2021 showed that the burden of mental disorders has increased over the past three decades, with notable regional disparities. High SDI regions and females should be paid more attention. To alleviate future burdens, providing comprehensive mental health support, establishing effective mental health knowledge dissemination and tailored interventions are in great need. Clinical trial number Not applicable.

Keywords

Author Keywords

[Mental disorders](#)[Global burden of disease](#)[Incidence](#)[Disability-adjusted life years](#)

Keywords Plus

[PREVALENCE](#)[CHINA](#)