

Editorial

Companion to Primary Care Mental Health: a global resource

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The statistics estimating the global burden of disease have been recently updated, and it is now predicted that the proportion of deaths due to NCDs is due to rise from 59% in 2002 to 69% in 2030.¹⁻³

The three leading causes of burden of disease in 2030 are projected to include HIV/AIDS, unipolar depressive disorder and ischaemic heart disease. These statistics clearly recognise the contribution of mental disorder to the burden imposed by NCDs, above and beyond the four NCDs (cardiovascular diseases, cancers, chronic respiratory diseases and diabetes) initially proposed as the focus for the World's attention by World Health Assembly Resolution WHA53.17 on 20 May 2000,⁴ which eventually contributed to the 2011 UN Declaration.

Tables 1 and 2 highlight the challenges that will face mental health in low, medium or high income countries if nothing is done to address the burden of disease. With the current global economic crisis the World Health Report *Primary Care Now More Than Ever* has become even more relevant.⁶

Primary care needs to strengthen the mental health skills of the manpower available in primary care to rise to this challenge and will need evidence-based practice and the relevant skill mix to contain the worsening of this situation.

One contribution to improving primary care mental health capability is a publication entitled *Companion to Primary Care Mental Health*⁷ which brings together a range of global experts, working across

Table 1 Changes in rankings for 15 leading causes of DALY's, 2002 and 2030 (Baseline Scenario)³

Category	Disease or injury	2002 Rank	2030 Rank	Change in Rank
Within top 15	Perinatal conditions	1	5	-4
	Lower respiratory infections	2	8	-6
	HIV/AIDS	3	1	+2
	Unipolar depressive disorder	4	2	+2
	Diarrhoeal diseases	5	12	-7
	Ischaemic heart disease	6	3	+3
	Cerebrovascular diseases	7	6	+1
	Road traffic accidents	8	4	+4
	Malaria	9	15	-6
	Tuberculosis	10	25	-15
	COPD	11	7	+4
	Congenital anomalies	12	20	+4
	Hearing loss adult onset	13	9	+4
	Cataracts	14	10	+4
	Violence	15	13	+2
Outside top 15	Self-inflicted injuries	17	14	+3
	Diabetes mellitus	20	11	+9

Table 2 Ten leading causes of DALY's by income group and sex, 2030 (baseline scenario)³

Income group	Rank	Disease or injury	% Total DALY's
World	1	HIV/AIDS	12.1
	2	Unipolar depressive disorder	5.7
	3	Ischaemic heart disease	4.7
	4	Road traffic accidents	4.2
	5	Perinatal conditions	4.0
	6	Cerebrovascular diseases	3.9
	7	COPD	3.1
	8	Lower respiratory infections	3.0
	9	Hearing loss, adult onset	2.5
	10	Cataracts	2.5
High-income countries	1	Unipolar depressive disorder	9.8
	2	Ischaemic heart disease	5.9
	3	Alzheimer and other dementia	5.8
	4	Alcohol use disorders	4.7
	5	Diabetes mellitus	4.5
	6	Cerebrovascular disease	4.5
	7	Hearing loss, adult onset	4.1
	8	Trachea, bronchus & lung cancers	3.0
	9	Osteoarthritis	2.9
	10	COPD	2.5
Middle-income countries	1	HIV/AIDS	9.8
	2	Unipolar depressive disorder	6.7
	3	Cerebrovascular disease	6.0
	4	Ischaemic heart disease	4.7
	5	COPD	4.7
	6	Road traffic accidents	4.0
	7	Violence	2.9
	8	Vision disorders, age related	2.9
	9	Hearing loss, adult onset	2.9
	10	Diabetes mellitus	2.6
Low-income countries	1	HIV/AIDS	14.6
	2	Perinatal conditions	5.8
	3	Unipolar depressive disorder	4.7
	4	Road traffic accidents	4.6
	5	Ischaemic heart disease	4.5
	6	Lower respiratory infections	4.4
	7	Diarrhoeal diseases	2.8
	8	Cerebrovascular diseases	2.8
	9	Cataracts	2.8
	10	Malaria	2.5

health and social sectors to provide up to date evidence for the assessment, management and treatment of mental health conditions across the lifespan.

and burden of disease. I am particularly grateful to all the authors and reviewers who contributed to the *Companion to Primary Care Mental Health*.

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