

## The Silent Crisis: Suicide Rates and Mental Health Neglect in Guyana

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### Abstract

Guyana has the second-highest suicide rate globally, with an estimated 40 suicides per 100,000 people annually, nearly four times the global average of 9 per 100,000 [1]. Despite the alarming statistics, mental health remains a neglected area in Guyana, exacerbated by cultural stigmas, limited mental health infrastructure, and reliance on spiritual remedies. Suicide disproportionately affects rural Indo-Guyanese men, with pesticide ingestion as the most common method. This review explores the underlying factors contributing to this public health crisis, including socio-economic disparities, the historical marginalization of mental health services, and cultural misconceptions about mental illness. Findings suggest a pressing need for integrated solutions that address mental health stigma, improve access to care, and incorporate culturally sensitive interventions. By shedding light on the interplay of these factors, this article provides actionable recommendations to mitigate suicide rates and improve mental health outcomes in Guyana.

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### Introduction

Globally, suicide is the second leading cause of death among individuals aged 15-29 [1]. In Guyana, this burden is disproportionately high, with suicide rates ranking among the highest in the world. This crisis is particularly evident in rural regions where limited access to care, societal stigma, and socio-economic stressors converge to create a public health emergency [2].

Mental health care in Guyana has historically been underfunded and marginalized, receiving less than 1 percent of the national healthcare budget [2]. Additionally, societal beliefs often reduce mental health issues to spiritual or moral failings, leading many individuals to seek support from religious leaders rather than medical professionals. The persistent stigma surrounding mental illness prevents open discussions, exacerbates suffering, and increases the risk of suicide.

This article examines the socio-cultural and systemic contributors to Guyana's suicide epidemic, emphasizing the importance of culturally informed and evidence-based interventions to combat this pervasive issue.

### Findings and Discussion

#### The Scope of the Crisis

Guyana's suicide rate of 40 per 100,000 is among the highest globally, with rural Indo-Guyanese men representing the most affected demographic [2]. Factors such as unemployment, poverty, and familial stress contribute significantly to the risk of suicide in these communities [3]. The predominant method, pesticide ingestion, accounts for approximately 70 percent of cases, reflecting the widespread availability of toxic chemicals in agricultural regions [4].

### Cultural Perceptions and Stigma

Mental illness in Guyana is often dismissed as a spiritual or moral failing. Common cultural beliefs attribute psychological distress to supernatural forces, such as curses or divine retribution, rather than recognizing it as a medical condition [5]. Consequently, individuals in distress frequently consult priests or traditional healers who lack the training to provide effective mental health support.

Stigma is particularly entrenched within rural communities, where discussing mental health is considered taboo. Families often conceal mental health challenges to avoid social ostracism, further isolating affected individuals and delaying treatment [6].

### Systemic Neglect of Mental Health Services

Guyana has fewer than 10 psychiatrists serving a population of over 750,000, with the majority concentrated in urban areas like Georgetown [2]. This disparity leaves rural populations underserved and without access to specialized care. Moreover, the absence of structured mental health education for primary care providers perpetuates gaps in early diagnosis and intervention.

Public health funding in Guyana prioritizes physical health, allocating minimal resources to mental health. Infrastructure, workforce capacity, and accessibility remain critical barriers to delivering comprehensive care.

### Recommendations

- **Expand Mental Health Infrastructure:** Increase funding for mental health services to at least 5 percent of the national healthcare budget [2]. Train community-based health workers to provide mental health services in underserved areas.
- **Culturally Sensitive Public Education:** Launch anti-stigma campaigns tailored to Guyana's cultural context, promoting

awareness and normalizing conversations about mental health [6]. Engage religious and community leaders in advocating for evidence-based mental health practices.

- **Restrict Access to Pesticides:** Implement stricter regulations on the sale and storage of pesticides. Develop community-based monitoring systems to identify individuals at risk and offer early intervention.
- **Integrate Mental Health into Primary Care:** Train primary care providers to recognize and manage common mental health conditions, ensuring that care is accessible in both urban and rural settings. Establish referral pathways between primary care and specialized mental health services.
- **International Collaboration:** Partner with global organizations to secure funding and technical expertise for mental health initiatives. Utilize evidence-based models from other countries to develop a comprehensive national mental health strategy.

### Conclusion

Guyana's suicide epidemic is a complex issue rooted in cultural, systemic, and socio-economic factors. Addressing this crisis requires a multi-pronged approach that integrates cultural sensitivity, systemic reform, and evidence-based interventions. Expanding mental health services, reducing stigma, and restricting access to lethal means are critical steps toward mitigating suicide rates and improving the mental health outcomes of Guyana's population. By prioritizing mental health as a public health imperative, Guyana can pave the way for a more inclusive and resilient society.

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