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Global Burden of Disease (GBD) 2023

Mental Health

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Purpose of briefing

The latest release of the Global Burden of Disease, Injuries and Risk Factors Study (GBD) 2023 provides estimates on the prevalence (total cases), incidence (new cases) and the burden of 375 diseases and injuries, including 12 mental disorders. This briefing provides background on the study and what the 2023 iteration tells us about the burden of mental disorders in the South East and England.

Background

Mental disorders are characterized by a clinically significant disturbance in a person's cognition (how they think about things, take in and understand information), emotional regulation (how they understand, manage and respond to emotions), or behaviour (World Health Organization, 2025; NHS England, n.d.). There are many different types of mental disorders, including anxiety disorders, bipolar disorder, depression and eating disorders, amongst others (Mental Health UK, n.d.). Living with a mental disorder can affect various aspects of daily life, such as a person's physical health, ability to work and social relationships (Department for Culture, Media & Sport, 2022).

Global Context

The Global Burden of Disease Injuries, and Risk Factors Study (GBD) 2023 estimated that nearly one in every seven people (1.2 billion) around the world were living with a mental disorder, which is nearly double the number recorded in 1990 (Institute for Health Metrics and Evaluation, 2025).

This growing burden of mental disorders has been recognised by the World Health Organization's Comprehensive Mental Health Action Plan 2013–2030. This plan consists of ten targets across four core objectives which are centred around the promotion of mental health and wellbeing, prevention of mental disorders and improvement of mental health services (World Health Organization, n.d.). The four objectives focus on strengthening leadership and governance, expanding community-based mental health and social care, promotion and prevention, and improving data systems, evidence and research.

Under the 'community-based care' objective, the World Health Organization emphasizes the need for accessible community-based mental health services and has set a target of 80% of countries to have doubled their number of community-based mental health facilities by 2030 (OECD, 2026; World Health Organization, 2013). For further information on the Comprehensive Mental Health Action Plan, refer to this World Health Organization report.

UK Government's 10 Year Health Plan for England

In July 2025, the UK government published its 10-Year Health Plan for England, a document which sets out their ambitions for the NHS over the next decade (Department of Health and Social Care, 2025). This plan focuses on three strategic 'shifts':

- Moving care from hospitals to local communities
- Moving from analogue to digital by making better use of data and digital tools
- Prioritising prevention over treatment

The plan includes commitments to improve mental health care with an emphasis on community-based services, such as offering better care for people in crisis through dedicated mental health emergency departments, providing easier access to mental health services via the NHS app and expanding Mental Health Support Teams in schools (Local Government Association, 2025; Royal College of Psychiatrists, 2025).

In May 2026, the Department of Health and Social Care announced a new cross-government mental health strategy which is the next stage in the 10-Year Health Plan's programme of reform. This strategy aims to shift mental health services from crisis intervention to preventative care and is due to be published later this year (UK Parliament, 2026).

Global Burden of Disease and Risk Factors Study (GBD)

The GBD study can be used to estimate trends of the burden of mental disorders and assess progress towards global and national health targets, such as those outlined in the World Health Organization's Comprehensive Mental Health Action Plan and UK Government's 10 Year Health Plan for England.

The GBD study provides a comprehensive assessment of the causes of disability and mortality worldwide (West Sussex Public Health and Social Research Unit, 2024). Co-ordinated by the Institute for Health Metrics and Evaluation (IHME), an independent population health research organisation, the study uses modelled data to help us understand the burden of various diseases and injuries, such as mental disorders, across different sexes, age groups, and locations (IHME, 2025; West Sussex Public Health and Social Research Unit, 2024).

The latest GBD 2023 study, published in October 2025, provides estimates of incidence, prevalence, total fatal and non-fatal health burden (measured as disability adjusted life years or DALYs) and mortality for 375 diseases and injuries in 204 countries and territories from 1990 to 2023, including 12 mental disorders (Table 1). For a small number of countries, subnational estimates are also provided, depending on collaborations with in-country partners and data availability. This includes the United Kingdom with subnational estimates provided for England and the nine English regions. By providing sub-national estimates, this can help local authorities and integrated care boards in each region, who lead health and care services in their areas, to ensure additional resources are directed to the areas of greatest need (Department of Health & Social Care, 2026; Newton, 2018).

Table 1 Summary measures included in the Global Burden of Disease and Risk Factors Study

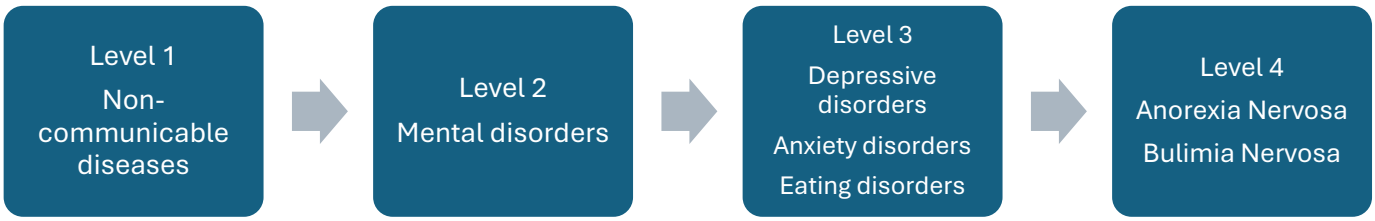
Measure	Definition
Measures of disease frequency	
Deaths	Deaths occurring in a population during a set period
Incidence	Number of new cases of a given cause or disease within a specified population during a set period
Prevalence	Total number of cases (both new and existing) of a given cause within a specified population at a given time
Measures of life expectancy	
Life expectancy	Number of years a person is expected to live based on their present age
Healthy life expectancy	Number of years that a person at a given age can expect to live in good health, if current rates of mortality and disability remain constant.
Measures of health burden	
Years of life lost (YLL)	Years of life lost due to premature mortality
Years lived with disability (YLD)	Years of healthy life lost due to living with illness, injury, or disability
Disability adjusted life years (DALYs)	Years of healthy life lost due to premature death and disability, calculated as the sum of YLL and YLDs. This can help us to understand the total health burden (both fatal and non-fatal) overtime.

Source. Global Burden of Disease 2023: Findings from the GBD 2023 Study

For each new iteration of the GBD, estimates for the entire time series back to 1990 are updated to incorporate new data and changes in methodology, where appropriate. This means that estimates provided by the GBD 2023 replace all previously published estimates (IHME, 2024).

GBD 2023 organises the 375 diseases and injuries into four mutually exclusive levels of increasing granularity, referred to as the GBD cause hierarchy. This hierarchy ranges from level 1, where diseases and injuries are organised into three broad categories (communicable, maternal, neonatal, and nutritional diseases; non-communicable diseases; and injuries) and level 4, which focuses on the most detailed diseases and injuries. Figure 1 provides an example of this categorisation for mental disorders.

Figure 1 Categorisation of mental health disorders included in the GBD 2023



In line with previous iterations, GBD 2023 provides estimates on the burden of disease and injury attributable to specific risk factors based on the comparative risk assessment (CRA) framework. This framework is based on a causal web of hierarchically organised, modifiable risk factors or causes which contribute to health outcomes. By using a causal web, this accounts for changes in disease burden resulting from variations in multiple risk factors simultaneously. This is important as many factors can act through other, intermediate, factors, or in combination with other risks (Murray et al, 2003).

A set of behavioural, environmental and occupational; and metabolic risks were evaluated. Relationships between risk factors and specific health outcomes, known as risk outcome pairs, were then included in the framework based on evidence rules. Risks were then organised into four levels within the risk factor hierarchy ranging from level 1, where risk factors are grouped into three broad categories (metabolic, behavioural, and environmental/occupational), and level 4, risks of the most granular level, such as household air pollution from solid fuels.

For each risk factor, the framework assesses the attributable burden, defined as the reduction in the current or future burden of disease if the past exposure to a risk factor had been at the theoretical minimum-risk exposure level (Li, et al., 2025). This refers to the level of exposure that is theoretically possible and would minimise the risk of disease or death for a population (GBD 2023 Disease and Injury and Risk Factor Collaborators, 2023). An overarching category for all modifiable risk factors is also provided. However, this hierarchy is not collectively exhaustive. In other words, not all burden can be attributed to a risk factor (Estep, 2025).

To assess the risk-attributable burden, the GBD combines measures of exposure, the relative risk of each health outcome associated with the risk factor, theoretical minimum risk exposure level and measure of disease burden e.g., YLLs, YLDs, DALYs or deaths. For further information about the methods used to assessing risk-attributable burden, refer to this supplementary FAQ document which provides a broad summary of each stage. This summary is taken from the paper outlining GBD 2023 findings on disease and injury burden and risk-attributable health loss.

What does the GBD study tell us about mental disorders?

Mental disorders included in GBD 2023 were depressive disorders (major depressive disorder and dysthymia), anxiety disorders, schizophrenia, autism spectrum disorders, bipolar disorder, conduct disorder, idiopathic developmental intellectual disability, eating disorders (anorexia nervosa and bulimia nervosa) and attention-deficit hyperactivity disorder (GBD 2023 Mental Disorder Collaborators, 2026). Estimates were also provided for an overarching mental disorders group.

Cases were included in the study if they met the diagnostic criteria according to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) or the World Health Organization's International Classification of Diseases (ICD). Different versions of the DSM and ICD criteria were accepted as

part of the definition. For further information on the methods used in the study, refer to this article from the GBD 2023 Disease and Injury and Risk Factor Collaborators.

GBD 2023 provides estimates on the non-fatal burden for all mental disorders, measured by years lived with a disability (YLDs). However, estimates on the fatal burden, measured by years of life lost (YLLs), were only provided for anorexia nervosa. This is because anorexia nervosa is the only mental disorder considered an underlying cause of death in the study (GBD 2023 Mental Disorder Collaborators, 2026).

This briefing provides an overview of estimates for mental disorders as an aggregated group, alongside six specific disorders with the highest estimated number of DALYs across all ages in the South East in 2023. These were depressive disorders, anxiety disorders, schizophrenia, bipolar disorder and other mental disorders.

The number of prevalent cases and DALYs will be presented for each disorder, based on modelled estimates for the South East in 2023. Counts will be presented alongside age-specific rates per 100,000 population which account for differences in both population size and age-structure. These rates allow us to compare across areas, such as whether there are significant differences in the prevalence of mental disorders between the South East and England.

Since the 2017 iteration of the GBD, the IHME transitioned to using its own world standard population to calculate age-standardised rates. This means age-standardised rates cannot be compared against rates calculated using other standard populations such as the European Standard Population (ESP2013). Further information on the methodology used to create the GBD 2023 standard population is provided in this supplementary resource.

Use of modelled estimates

Counts have been rounded to the nearest whole number and age-standardised rates to one decimal place.

The GBD uses modelled estimates to report on measures of disease frequency, life expectancy and health burden based on a variety of data sources. For each measure, the GBD publishes a value (the mean value of an estimate) alongside corresponding 95% uncertainty intervals (95% UI) which reflect the certainty of the estimate. The larger the intervals, the larger the uncertainty. As these are modelled estimates, it is important to present both the values and uncertainty intervals when summarising findings (Zaidan, 2025).

Mental disorders

What is the prevalence of mental disorders in the South East?

In 2023, there were an estimated 2.16 million (95% UI: 1.98-2.34 million) cases of mental disorders in the South East. This has increased by 91.8% from 1.13 million (95% UI: 1.03-1.22 million) cases in 1990. In more recent years, the total number of cases of mental health disorders has increased by 49% between 2013 and 2023 and 33.1% by 2018 and 2023.

This estimated number of cases in 2023 equated to an age standardised prevalence rate of 22,375 (95% UI: 20,538.4-24,108.7) per 100,000 population. This was statistically similar to the South East (22,396.8; 95% UI: 20,585.5-24,147.3). When comparing by sex, females in the South East had a significantly higher age standardised prevalence rate (25,700.7 [95% UI: 23,688.8- 27,679.4] per 100,000) compared to males (19,055.3 [95% UI: 17,344.1-20,781.2] per 100,000).

What is the burden of mental disorders in the South East?

In 2023, mental disorders were estimated to account for 340,263 (95% UI: 249,701-445,075) DALYs in the South East. The number of mental-disorder related DALYs has doubled compared to 1990 levels (170,110 [95% UI: 125,714-220,080]). In more recent years, the number of DALYs has increased by 53% between 2013 and 2023 and 35.3% between 2018 and 2023.

Mental disorders were the third leading cause of DALYs in the South East for 2023, across level 2 causes featured within GBD cause hierarchy, behind neoplasms (abnormal growth of cells or tissue) and cardiovascular diseases. Mental disorders contributed to 11.4% (95% UI: 9.3-13.7%) of total DALYs across all causes.

The majority of DALYs was due to non-fatal burden YLDs (340,145 [95% UI: 249,605-444,951) rather than YLLs (118.1 [95% UI: 38.8-218.8]). Mental disorders accounted for 22.9% of YLDs in the South East in 2023, making them the leading cause of YLDs at level 2 of the GBD cause hierarchy.

This number of DALYs equated to an age standardised rate of 3,570 (95% UI: 2,638-4,652) per 100,000 population. This was not statistically significant to England (3,563 [95% UI: 2,636-4,658]). Appendix A provides a more detailed breakdown of the change in YLL and YLDs overtime, alongside the overall DALY measure.

When comparing by sex, females had a higher age standardised rate of mental health-related DALYs (4,163 [95% UI: 3,059-5,530] per 100,000) compared to males (2,980 [95% UI: 2,214- 3,846] per 100,000). However, this difference was not statistically significant.

Estimation of risk factors

The GBD2023 estimate the number of mental health disorder-related DALYs attributable to modifiable risk factors. These are risk factors that are supported by convincing or probable evidence from epidemiological studies, as part of GBD's 'burden of proof' methodology, for at least one disorder tracked by the study.

In 2023, an estimated 65,911 (95% UI: 31,773-105,100) DALYs in the South East were attributable to modifiable risk factors, accounting for 19.4% (95% UI: 11.1-28.7%) of the total mental health-related burden. Estimates were provided for three risk factors at level 2 of the risk-factor hierarchy: intimate partner violence, sexual violence against children and bullying and other environmental risks. Of the total mental health–related burden in the South East, sexual violence against children and bullying accounted for 13.3% (95% UI: 6.5-22.1%), intimate partner violence accounted for 6.8% (95% UI: 2-12.8%) and other environmental risks accounted for 0.3% (95% UI: 0.1-0.5%).

Other environmental risks

Other environmental risks refer to the environmental risk of lead exposure linked to idiopathic developmental intellectual disability (a neurodevelopmental disorder).

Depressive disorders

Depressive disorders are characterised by sadness, loss of interest or pleasure in daily activities, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration (World Health Organization, 2017). The GBD 2023 categorised depressive disorders into two subtypes: major depressive disorder and dysthymia (Liu, et al., 2025).

Major depressive disorder (MDD) is diagnosed when a person experiences symptoms such as a persistent low mood or loss of pleasure or interest in activities daily, and these symptoms have been present most days, most of the time, for at least two weeks (National Institute for Health and Care Excellence [NICE], 2025). Alongside this, they may experience a range of physical and cognitive symptoms, such as disturbed sleep or appetite, feelings of tiredness, and poor concentration (Zhao et al., 2025). Dysthymia, also referred to as persistent depressive disorder or chronic depression, occurs when an individual experiences depressive symptoms which are below the threshold for a diagnosis of MDD but persist for more than two years (Mental Health UK, n.d.).

Prevalence

In 2023, there were 695,468 (95% UI: 650,941-741,376) cases of depressive disorders in the South East. This has increased by 116.8% from 320,731 (95% UI: 281,197-358,908) cases in 1990. In more recent years, the total number of cases has increased by 60.5% between 2013 and 2023 and 39.8% by 2018 and 2023.

The estimated number of cases in 2023 equated to an age standardised prevalence rate of 7,095.3 (95% UI: 6,627.1-7,561.3) per 100,000 population. This was statistically similar to England (7,016.1 [95% UI: 6,552.3-7,492.7] per 100,000).

When comparing by sex, females in the South East had a significantly higher age standardised prevalence rate (8,644.2 [95% UI: 8,076.9-9,214.6] per 100,000) compared to males (5,530.1 [95% UI: 5,146.2-5,924.3] per 100,000). This pattern is aligned with estimates for England.

Burden

In 2023, depressive disorders were estimated to account for 130,421 (95% UI: 90,182-176,095) DALYs in the South East. This was the third leading level three cause of DALYs in the South East for 2023, behind ischemic heart disease and low back pain, contributing 4.4% (95% UI: 3.5-5.5%) of total DALYs.

The number of DALYs attributable to depressive disorders has increased by 127.6% from 57,312 (95% UI: 139,354-79,280) in 1990. In more recent years, the total number of DALYs has increased by 65.7% between 2013 and 2023 and 42.8% by 2018 and 2023.

This number of DALYs equated to an age standardised rate of 1,359.1 (95% UI: 935.1-1,850.3) per 100,000 population. This was not statistically significant to England (1,342.1 [95% UI: 925.5-1820.7] per 100,000).

When comparing by sex, females had a higher age standardised rate of DALYs (1,644.9 [95% UI: 1,129-2,229] per 100,000) compared to males (1,071.2 [95% UI: 739.5-1,457.4] per 100,000). However, this difference was not statistically significant. This pattern is aligned with estimates for England.

Estimation of risk factors

In 2023, an estimated 25,599 (95% UI: 13,430- 40,181) DALYs in the South East were attributable to modifiable risk factors, accounting for 19.6% (95% UI: 11.8-28.2%) of the total burden from depressive disorders.

Of the total depressive disorder–related burden in the South East, sexual violence against children and bullying accounted for 13.2% (95% UI: 5.5-21.8%) and intimate partner violence accounted for 7.5% (95% UI: 3.1-12.7%).

Anxiety disorders

Anxiety disorders refer to a group of mental health diagnoses characterised by experiences of intense worry, fear and distress. The symptoms of anxiety disorders can vary for each individual affected and may include a combination of physical, emotional and behavioural symptoms (Mental Health Foundation, n.d.)

Physical symptoms include a faster heartbeat or shortness of breath, emotionsl symptoms include feeling tense and overwhelemed and behavioural symptoms include avoiding places or sitations (NHS, 2026) (Anxiety UK, n.d.).

The GBD2023 included panic disorder, agoraphobia, specific phobia, social phobia, obsessive-compulsive disorder, post-traumatic stress disorder, generalised anxiety disorder including overanxious disorder in childhood, separation anxiety disorder and anxiety disorder “not otherwise specified” within its categorisation of anxiety disorders.

Prevalence

In 2023, there were 1.11 million (95% UI: 935,122-1,32 million) cases of anxiety disorders in the South East. This has increased by 163.6% from 421,633 (95% UI: 343,555-505,278) cases in 1990. In more recent years, the total number of cases has increased by 86.6% between 2013 and 2023 and 57.7% by 2018 and 2023.

The estimated number of cases in 2023 equated to an age standardised prevalence rate of 11,632.9 (95% UI: 9,370.5-13,616.6) per 100,000 population. This was statistically similar to England (11,738.5 [95% UI: 9,494-13,712.1)] per 100,000).

When comparing by sex, females in the South East had a significantly higher age standardised prevalence rate (15,318.7 [95% UI: 12,622-17,507] per 100,000) compared to males (7,992.4 [95% UI: 6,190-9,810] per 100,000). This pattern is aligned with estimates for England, United Kingdom, high-income super-region and globally. However, for Western Europe, the difference between males and females were not significant.

Burden

In 2023, anxiety disorders were estimated to account for 129,014 (95% UI: 89,541-182,804) DALYs in the South East. This was the fourth leading level three cause of DALYs in the South East for 2023, behind ischemic heart disease, low back pain and depressive disorders, contributing 4.3% (95% UI: 3.3-5.6%) of total DALYs.

The number of DALYs attributable to anxiety disorders has increased by 161.4% from 49,353 (95% UI: 34,685-70,023) in 1990. In more recent years, the total number of DALYs has increased by 86.1% between 2013 and 2023 and 57.2% between 2018 and 2023.

The number of DALYs in 2023 equated to an age standardised rate of 1,373.6 (95% UI: 949.3-1,940.3) per 100,000 population. This was not statistically significant to England (1,386.3 [95% UI: 961.8-1,948)] per 100,000).

When comparing by sex, females had a higher age standardised rate of DALYs (1,799.3 [95% UI: 1,253.1-2,512.1 per 100,000 population) compared to males (954 [95% UI: 640.1-1,365.2] per 100,000). However this difference was not statistically significant. This pattern is aligned with estimates for England.

Estimation of risk factors

In 2023, an estimated 27,483 (95% UI: 3,316- 53,372) DALYs in the South East were attributable to modifiable risk factors, accounting for 21.3% (95% UI: 2.6-38.5%) of the total burden from anxiety disorders.

Of the total anxiety disorder–related burden in the South East, sexual violence against children and bullying accounted for 12.5% (95% UI: -0.6-29.3%) and intimate partner violence accounted for 10.3% (95% UI: -1.8-25.9%).

Schizophrenia

Schizophrenia is a long-term condition which significantly alters a person's perceptions, thoughts, mood and behaviour. Symptoms of schizophrenia are usually categorised into positive symptoms, which refer to thoughts and feelings which add to everyday experiences, and negative symptoms, thoughts and feelings which take away from everyday experiences (Mind, 2025).

Positive symptoms include delusions, where someone holds beliefs which are not based on reality, and hallucinations, where they hear or see things which do not exist outside of the mind. Negative symptoms include a lack of motivation and limited ability to express emotions (Mental Health UK, n.d.).

Prevalence

In 2023, there were 33,195 (95% UI: 28,510-38,784) cases of schizophrenia in the South East. This has increased by 32.1% from 25,128 (95% UI: 21,243-29,462) cases in 1990. In more recent years, the total number of cases has increased by 11.9% between 2013 and 2023 and 5.1% by 2018 and 2023.

The estimated number of cases in 2023 equated to an age standardised prevalence rate of 286 (95% UI: 241.5-334.7) per 100,000 population. This was statistically similar to England (275.6 [95% UI: 231.8-324.1] per 100,000).

When comparing by sex, males in the South East had a higher age standardised prevalence rate (323.3 [95% UI: 270.5-383.7] per 100,000) compared to females (250 [95% UI: 213.6-291.5] per 100,000). However, this difference was not statistically significant. This pattern is aligned with estimates for England.

Burden

In 2023, schizophrenia was estimated to account for 20,663 (95% UI: 15,474- 25,760) DALYs in the South East, contributing 0.7% (95% UI: 0.5-0.9%) of total DALYs.

The number of DALYs attributable to schizophrenia has increased by 30.2% from 15,874 (95% UI: 11,610-19,785) in 1990. In more recent years, the total number of DALYs has increased by 11% between 2013 and 2023 and 4.3% between 2018 and 2023.

The number of DALYs in 2023 equated to an age standardised rate of 180 (95% UI: 131.9-223.1) per 100,000 population. This was not statistically significant to England (173.4 [95% UI: 126.7-217.8)] per 100,000).

When comparing by sex, males had a higher age standardised rate of DALYs (206.4 [95% UI: 150.1-257.8 per 100,000 population) compared to females (154.5 [95% UI: 114.4-193.3] per 100,000). However, this difference was not statistically significant. This pattern is aligned with estimates for England.

Estimation of risk factors

Data was provided on the proportion of schizophrenia-related DALYs attributed to sexual violence against children and bullying. In 2023, an estimated 5,364 (95% UI: -2,436-17,171) DALYs in the South East were attributable to sexual violence against children and bullying, accounting for 26.1% (95% UI: -10.9-77.1%) of the total burden from schizophrenia.

Bipolar disorder

Bipolar disorder is a condition characterised by extreme changes in mood and energy levels (World Health Organization, 2025). A person living with bipolar disorder may experience periods of feeling extremely happy, excited or energetic; known as mania or hypomania, followed by periods of depression or low mood. The frequency and duration of mood swings can vary widely - some people may experience a few bipolar episodes in their lifetime with longer periods of stability in-between whereas others may have many episodes (NHS inform, 2025).

Cases of bipolar disorder due to a general medical condition or induced by substances were excluded within GBD 2023.

Prevalence

In 2023, there were 67,881 (95% UI: 58,446-77,358) cases of bipolar disorder in the South East. This has increased by 25.4% from 54,148 (95% UI: 46,849-62,339) cases in 1990. In more recent years, the total number of cases has increased by 9% between 2013 and 2023 and 4.1% by 2018 and 2023.

The estimated number of cases in 2023 equated to an age standardised prevalence rate of 632.8 (95% UI: 541.1-744.6) per 100,000. This is statistically similar to the England average (632.1 [95% UI: 543.6-746.2] per 100,000.

When comparing by sex, females in the South East had a higher age standardised prevalence rate (687.8 [95% UI: 587.5- 808.7] per 100,000) compared to males (576 [95% UI: 490.8-675.3] per 100,000). However, this difference was not statistically significant. This pattern is aligned with estimates for England.

Burden

In 2023, bipolar disorder was estimated to account for 14,274 (95% UI: 9,294.8-20,262.1) DALYs in the South East, contributing 0.8% (95% UI: 0.6-0.9%) of total DALYs.

The number of DALYs attributable to bipolar disorder has increased by 23.0% from 11,603 (95% UI: 7,668-16,190) in 1990. In more recent years, the total number of DALYs has increased by 7.6% between 2013 and 2023 and 3.1% between 2018 and 2023.

The number of DALYs in 2023 equated to an age standardised rate of 134.7 (95% UI: 86.2-195.6) per 100,000. This was the same as the England average 134.8 (95% UI 87.4-189.3) per 100,000.

When comparing by sex, females had a higher age standardised rate of DALYs (144.8 [95% UI: 93.3-210] per 100,000) compared to males (124.2 [95% UI: 79.7-180.5] per 100,000). However, this difference was not statistically significant. This pattern is aligned with estimates for England.

Estimation of risk factors

Data was provided on the proportion of bipolar disorder-related DALYs attributed to sexual violence against children and bullying. In 2023, an estimated 4,460 (95% UI: -130.8-11,147) DALYs in the South East were attributable to sexual violence against children and bullying, accounting for 30.1% (95% UI: -1.2-70.8%) of the total burden from bipolar disorder.

Other mental disorders

Alongside individual mental disorders, the GBD2023 provided estimates for the non-fatal burden attributable to a residual cause of "other mental disorders". This refers to an aggregated group of personality disorders which can cause someone to think, feel, behave or relate to others in a way that is different to the average person (NHS Inform, 2026).

This group consisted of paranoid personality disorder, schizoid personality disorder, schizotypal personality disorder, antisocial personality disorder, borderline personality disorder, histrionic personality disorder, narcissistic personality disorder, avoidant personality disorder, dependent personality disorder, obsessive-compulsive personality disorder and personality disorder not otherwise specified

Cases were included if they met the diagnostic criteria for personality disorders according to the DSM or the equivalent diagnosis in the ICD and did not meet criteria for another mental disorder or substance use disorder.

Prevalence

In 2023, there were 185,758 (95% UI: 149,569-229,521) cases of other mental disorder in the South East. This has increased by 33.7% from 10,069 (95% UI: 6,668-14,479) cases in 1990. In more recent years, the total number of cases has increased by 9.8% between 2013 and 2023 and 4.2% by 2018 and 2023.

The estimated number of cases in 2023 equated to an age standardised prevalence rate of 1,496.8 (95% UI: 1,192.5-1,862.3) per 100,000. This is the same as the England average (1,496.5 95% UI: 1192.4-1861.9).

When comparing by sex, males in the South East had a higher age standardised prevalence rate (1,811.2 [95% UI: 1,423.8-2,276] per 100,000) compared to females (1,198 [95% UI: 959.7-1,492.9] per 100,000). However, this difference was not statistically significant. This pattern is aligned with estimates for England.

Burden

In 2023, other mental disorders were estimated to account for 13,463 (95% UI: 9,041-19,265) DALYs in the South East, contributing 0.5% (95% UI: 0.3-0.6%) of total DALYs.

The number of DALYs attributable to other mental disorders has increased by 33.7% from 10,069 (6,668-14,479) in 1990. In more recent years, the total number of DALYs has increased by 9.8% between 2013 and 2023 and 4.2% between 2018 and 2023.

The number of DALYs in 2023 equated to an age standardised rate of 110 (95% UI: 71.8-158.4) per 100,000. This was the same as the England average (110.3 [95% UI: 71.9-158.9] per 100,000).

When comparing by sex, males had a higher age standardised rate of DALYs (134.1 [95% UI: 88.4-195.8] per 100,000) compared to females (87.1 [95% UI: 55.2-124.5] per 100,000). However, this difference was not statistically significant. This pattern is aligned with estimates for England.

Estimation of risk factors

Data was not provided on the proportion of other mental disorders-related DALYs attributed to estimated risk factors.

Conclusion

This briefing provides a summary of the latest findings from the GBD2023 study and what it tells us about the burden of mental disorders in the South East. This briefing focused on mental health disorders as an aggregated group and five conditions which accounted for the biggest contributions to estimated disability adjusted life years (DALYs) in the South East in 2023 across all ages.

The study estimated there were approximately 2.16 million (95% UI: 1.98-2.34 million) people living with mental health disorders in the South East. This has increased by 91.8% from 1.13 million (95% UI: 1.03-1.22 million) cases in 1990. Mental disorders were the leading cause of YLDs in the South East in 2023 and despite not providing estimates of YLLs, they were the third leading cause of DALYs in 2023.

This briefing also provided estimates on the number of mental health disorder-related DALYs attributable to other environmental risks (lead exposure), intimate partner violence and sexual violence against children and bullying. Exposure to these risk factors were estimated to account for 19.4% of mental disorder DALYS in the South East in 2023.

Whilst these estimates from the GBD 2023 provide crucial insights to inform global health strategies, such as the World Health Organization's Comprehensive Mental Health Action Plan 2013–2030 and more locally, the UK Government's 10 Year Health Plan for England, there are limitations which need to be acknowledged. For example, estimates of YLLs are only provided for Anorexia Nervosa which limits the ability to estimate the full societal impact of the disorders included within the study. For further information on this, refer to this paper from the GBD 2023 Mental Disorder Collaborators.

By focusing on key measures of the study, such as prevalence and disease burden through DALYs, alongside risk factors, this data provides insight on mental disorders which can be used by local authorities such as West Sussex in various ways. For example, this data can support with the planning and commissioning of local services.

This briefing is part of an ongoing series of work conducted by the Public Health and Social Unit focused on the latest release of the GBD and what it tells us about the burden of conditions such as cardiovascular disease and chronic obstructive pulmonary disease for the South East and England.

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Appendix A

For further information on supplementary files which accompany this briefing, refer to this document



Accompanying file
for MH briefing