United States of America

General Information

United States of America is a country with an approximate area of 9629 thousand sq. km. (UNO, 2001). Its population is 297.043 million, and the sex ratio (men per hundred women) is 97 (UNO, 2004). The proportion of population under the age of 15 years is 21% (UNO, 2004), and the proportion of population above the age of 60 years is 16% (WHO, 2004). The literacy rate is 97% for men and 97% for women (UNESCO/MoH, 2004).

The country is a high income group country (based on World Bank 2004 criteria). The proportion of health budget to GDP is 13.9%. The per capita total expenditure on health is 4887 international $, and the per capita government expenditure on health is 2168 international $ (WHO, 2004).

The main language(s) used in the country is (are) English and Spanish. The largest ethnic group(s) is (are) White (three-fourths of the population), and the other ethnic group(s) are (is) African-American and Hispanic-Latino (one-eighth, each). The largest religious group(s) is (are) Protestant (more than half of the population), and the other religious group(s) are (is) Roman Catholic (one fourth).

The life expectancy at birth is 74.6 years for males and 79.8 years for females (WHO, 2004). The healthy life expectancy at birth is 67 years for males and 71 years for females (WHO, 2004).

Epidemiology

There is substantial epidemiological data on mental illnesses in the United States of America in internationally accessible literature. No attempt was made to include this information here.

Mental Health Resources

Mental Health Policy

A mental health policy is absent.

In 2002, the President of the United States convened the New Freedom Commission on Mental Health which issued a report in July 2003 entitled 'Achieving the Promise: Transforming Mental Health Care in America'. The vision put forth is "…a future when everyone with mental illness will recover…, mental illnesses are detected early…, and everyone with a mental illness at any stage of life has access to effective treatment and supports – essentials for living, working, learning, and participating fully in the community." The goals articulated by this report are that Americans understand that: mental health is essential to overall health, mental health care is consumer and family driven, disparities in mental health services are eliminated, early mental health screening, assessment and referral to services are common practice, excellent mental health care is delivered and research is accelerated and technology is used to access mental health care and information. In 2004, the US Center for Mental Health Services began working closely with the States to implement the six goals of this report.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1988.

National Mental Health Programme

A national mental health programme is present. The programme was formulated in 1946.

It was changed by the legislation in 1992 and is carried out by the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Institute of Mental Health (NIMH), National Institutes of Health (NIH).

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is absent.

Mental Health Legislation

The Public Health Service Act (2000) defines the functions of the NIMH and CMHS. The Health Insurance Portability and Accountability Act (1996) covered issues like confidentiality/privacy/security (with particular reference to electronic records and claims processing). The Mental Health Parity Act (1996) that required parity between mental health and health care benefits has 'sunsetted' meaning that new legislation will be required to continue these benefits. The Children's Health Act (2000) authorized the SAMHSA to carry out children and adolescent focused mental health programmes. The forensic psychiatric system in the US is a combination of civil and criminal laws, which vary between states in definition and practices, though remaining fundamentally similar. The civil commitment laws help in maintaining the dignity of offenders with mental illness. The criminal laws, on the other hand, help in ascertaining incompetency to stand trial because of mental illness and insanity defense.

The latest legislation was enacted in 2000.

Mental Health Financing

There are budget allocations for mental health.

The country spends 6% of the total health budget on mental health.

The primary sources of mental health financing in descending order are private insurances, tax based, out of pocket expenditure by the patient or family.

The United States does not have universal health insurance coverage (around one-sixth of the population is without any health insurance). In the 1980s, mental health care, on the federal level, began to be included in federal employees' insurance. Federal programmes, such as Medicaid and Social Security Disability Insurance were paid heavy attention to in the 1990s. The major focus was specifically on managed care, particularly to carve out plans where mental health benefits are separate from other medical benefits. However, public and private managed care plans are being developed independently. This multi-tiered system encourages dumping from one level to another (e.g. when private insurance benefits are exhausted, the consumer moves from the private to the public sector). Such dumping has the effect of keeping private sector insurance costs artificially low, while encouraging the development of a large public safety net of mental health services.

The country has disability benefits for persons with mental disorders. Disability entitles one to Federal Supplemental Security Income (SSI) for poor persons and Social Security Disability Insurance (SSDI) for workers and family members. Eligibility for the former results in eligibility for Medicaid; for the latter, eligibility for Medicare.

Mental Health Facilities

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is not available at the primary level. There are activities undertaken by the public speciality sector for children and adults.

Regular training of primary care professionals is not carried out in the field of mental health.

There are community care facilities for patients with mental disorders. Community care is organized by states, counties, localities, and private organizations, hence there are variations in the structure and quality of care. The 1950s saw the building of general hospital psychiatric units, outpatient clinics and halfway houses. The 1960s focussed on the philosophy of the least restrictive alternative. Comprehensive treatment became the primary focus of mental health services. Also, there was consolidation of services treatment for drug users, children and in impoverished areas. Case management and assertive community treatment are two relatively new forms of services. Evaluation of services began to be undertaken. Employment programs, travelling teams of professionals and pre-admission programs were developed. The message of the 1980s was that community services needed to be significantly improved for patients. The 1990s saw the U.S. focus shifting back to recidivism in the context of availability of community care. The other large foci of this decade concerned the homeless people who are mentally ill and the evolution of a recovery philosophy for consumer- and family-directed care. The latter focus has become even more pronounced in the first decade of the 21st century.

Psychiatric Beds and Professionals

Total psychiatric beds per 10 000 population	7.7
Psychiatric beds in mental hospitals per 10 000 population	3.1
Psychiatric beds in general hospitals per 10 000 population	1.3
Psychiatric beds in other settings per 10 000 population	3.3
Number of psychiatrists per 100 000 population	13.7
Number of neurosurgeons per 100 000 population	1.6
Number of psychiatric nurses per 100 000 population	6.5
Number of neurologists per 100 000 population	4.5
Number of psychologists per 100 000 population	31.1
Number of social workers per 100 000 population	35.3

There are other mental health professionals like mental health counsellors, psychosocial rehabilitation specialists, school psychologists, marriage and family therapists and pastoral counsellors. Currently, mental health care is provided in several types of settings: by mental health and substance abuse providers (5.9% of all adults are served); by primary care

physicians (5.0% of all adults are served); and by social service providers or self-help groups (3.8% of all adults are served) (Manderscheid, et al, 1993). There are at present 4300 mental health organizations in the country. State and county and private mental hospitals and residential treatment centres for emotionally disturbed children form over one-fifth of the total. Mental health service organizations employ about 680 thousand people, with over three-fourth being patient care staff and nearly half qualifying as mental health professionals (Mental Health, United States, 2002).

Non-Governmental Organizations

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion and prevention.

Information Gathering System

There is mental health reporting system in the country. The National Health Interview Survey conducted by the National Centre for Health Statistics collects information on mental disorders in adults and children.

The country has data collection system or epidemiological study on mental health. The data collection system is currently funded by NIMH. The CMHS is responsible for statistical information on mental health populations and services through the National Reporting System.

Programmes for Special Population

The country has specific programmes for mental health for minorities, refugees, disaster affected population, indigenous population, elderly and children. CMHS is involved in coordinating relevant services for refugees and disaster-affected populations. Other groups are targeted as part of the SAMHSA Block Grant Programs in mental health and substance abuse. There are special programmes for HIV patients.

SAMHSA CMHS is charged with improving the quality of and access to mental health services, especially for underserved populations and people at greatest risk - adults with serious mental illnesses and children and adolescents with serious emotional disturbances. There are geographic disparities in mental health services delivery; it is particularly difficult to deliver these services in rural areas due in part to shortages of mental health providers. Specific funds were allotted to support demonstration programmes on community support for adults with serious mental illness (including those who were homeless) and to programmes of clinical training focusing on mental health for underserved populations, on HIV/AIDS, the Projects for Assistance in Transition from Homelessness (PATH) programme, the Protection and Advocacy Program, Employment Intervention Demonstration Program, and Comprehensive Community Mental Health Services for Children and Their Families Program. Currently, CMHS programmes are being transformed to address the recommendations of the President's New Freedom Commission on Mental Health.

Therapeutic Drugs

The following therapeutic drugs are generally available at the primary health care level of the country: carbamazepine, ethosuximide, phenobarbital, phenytoin sodium, sodium valproate, amitriptyline, chlorpromazine, diazepam, fluphenazine, haloperidol, lithium, biperiden, carbidopa, levodopa.

Data on commonest strength and cost of medicines are based on responses to the 2001 Medical Expenditure Panel Survey (MEPS), a nationally representative sample of households that participated in the National Health Interview Survey, conducted by the National Center for

Health Statistics, U.S. Department of Health and Human Services (DHHS). The MEPS is conducted by the Agency for Healthcare Research and Quality, DHHS. This is the mean price reported by consumers in the MEPS sample. The FDA approves all prescription drugs for usage by Americans including psycho-pharmacological agents. Some national data are available on prescription medications through the National Health Interview Survey. Recently, the Food and Drug Administration (FDA) has begun investigating the negative side effects of anti-depressants administered to children and adolescents and has asked manufacturers of all anti-depressant drugs to include in their labelling a boxed warning and expanded warning statements that alert health care providers to an increased risk of suicidality in children and adolescents being treated with these agents and additional information about the results of paediatric studies (http://www.fda.gov/cder/drug/antidepressants/default.htm).

Other Information

In 1999, the Surgeon General of the United States issued 'Mental Health: A Report of the Surgeon General' (U.S. Department of Health and Human Services [HHS], 1999), which engaged the American public in a discussion about the importance of mental health and the status of research on services. In 2002, the President of the United States stated strong support for mental health insurance parity. He also signed an Executive Order creating the New Freedom Commission on Mental Health and charged it with issuing a report describing barriers to care within the mental health system, providing examples of successful community-based care models and suggesting ways to fix the problems. Both CMHS and the States are now beginning to implement the recommendations in this report. This effort has been facilitated through the planning requirements of the Community Mental Health Services Block Grant administered by SAMHSA CMHS. Similar planning has been initiated in the private sector around particular mental health benefit plans. Thus, current efforts could be said to reflect planning for particular population segments, without comprehensive planning for all persons in a geographical area. More comprehensive geographically based planning approaches can be expected in the future with the implementation of the recommendations in the President's Report.

Additional Sources of Information

•Area Resource File from the Bureau of Health Professions, US Department of Health and Human Services

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