

SUPPLEMENT 15 YEARS USA

EMPOWERMENT

- Mid 80s: concept embraced by consumers together with recovery
- Family movement increases participation (already recognized by surgeon general in 1999)
- By mid 90s there were > 250 independent consumer groups (in 50 states)
- President's commission: all boards, panels and committees about policy and research should include a significant consumer representation
- Consumers became effective lobbyists

HOMELESSNESS

- ~ 40 % of the homeless population has a psychiatric diagnosis
- The total number of the homeless population increased dramatically (markets soared, poverty levels increased, decrease subsidized housing)
- Percent of people with MI remained constant as part of the total homeless population
- Every night there are 200,000 homeless veterans

HOMELESSNESS II

- Approximate supplemental security income (SSI) per month: \$590
- Percent of SSI (national average) needed to pay for housing: 105%

STIGMA

- Still there is no parity
- Paternalistic approach (“at least let them smoke”)
- NIMBY
- Mentally ill portrayed as violent
- “Losers”
- Less tolerance for children who are different; psychiatry as a tool of social control (school tests and real estate value)

PSYCHIATRISTS

- The only medical specialty where those who work with sickest population are the least prestigious ones (follow the money)
- High percent of international medical graduates
- Services provided to people who are poorer than the average
- Consolidation of non-MD as CEO/executive director
- Shortage of child psychiatrists (caught between med school pressure, and lack of coverage for alternative services)
- ~ 43,000 psychiatrists (1/7,200 p); 11 trainees/yr PPF
- < 5% of the total 885,000 USlicensed physicians

BUDGET

- By the end of 2006 New York State had a \$6 billion budget for mental health
- \$3.5 b went for ~ 3,000 inpatient beds
- \$2.5 b allocated for all the other services

BEDS

- Total number of psychiatric beds decreased from 158,000 in the year 1990 to 86,000 in 2004
- Most of the change came from the public system
- Admissions/1,000 population remained stable, but days in hospital/1,000 pop went from 190 days to 88 days for the same period of time

BARRIERS TO ACCESS

- Availability of services (psychologists push to rx)
- Increased co-payment for visits; new co-payments for medications ; medicaid spend-down
- Limited availability of minority professionals (the latino mismatch)
- Poor public transportation system
- No co-relation between cost of living increase, inflation, and government support (SSI index)
- Many services discriminate people with dual diagnosis
- Small number of flexible/mobile/outreach programs; emphasis of consumer going for services (3 strikes policy)

SOCIO-POLITICAL PERSPECTIVES

- Iraq war cost: ~ \$2 trillion
- Best case scenario: mandated health insurance coverage
- Sub-prime mortgage crisis: disproportionate impact on the poor
- US recession= minorities economic depression
- Increased xenophobia due to recession and “security” concerns
- Cut of social programs
- The rise of Michigan’s corporation social conscience ?

MEDICATIONS

- Expenditure in hospitals and clinical services remained unchanged from 1990 to 2004; medications as percent of total health expenditure increased from 5.6% to 10.4% for the same period
- Budget cuts \Rightarrow decrease in FDA personnel & NIMH ability to conduct large independent trials (CATIE) \Rightarrow increased pressure to approve meds AND new indications \Rightarrow less independent research and literature
- New indications for existing medications justify previous dx (young adults out of the children system)
- Litigation: a mixed blessing (patient's rights; SSRIs black box and SGA use)
- NIH on the increase of dx & rx of ADHD: is a medicalization of otherwise normal variations in behavior (from 1985 to 2000: ~400%)
- More PCPs rx people with psychiatric disabilities than ever before.
- New target for the industry's adds: the general public

DIFFERENT STATES, DIFFERENT REALITIES

- VT: Universal coverage for children
- MA: Increased mandates through business and government; steep fines; failure to cover everybody
- San Francisco