For a few dollars more

Ian McMillan reports from the American Psychiatric Association's annual meeting in San Francisco. There, delegates heard that swingeing budget cuts are blighting the lives of many citizens with mental health problems and hampering attempts by professionals to meet their needs

The mental health system in the United States is on the verge of a 'wholesale meltdown', mental health professionals and user representatives told the American Psychiatric Association's (APA) annual meeting in San Francisco. Faced with enormous financial deficits, all the states have already instituted or are lining up swingeing cuts to their Medicaid budgets – despite the fact that the remit of the nationwide insurance system is to ensure that basic health care is available to many of the country's least well-off citizens. Americans with severe and persistent mental illnesses generally have to rely on Medicaid to fund their care – indeed six people in ten with schizophrenia do so.

At present, 45 states are placing strict controls on access to prescription drugs, and a number are restricting people's eligibility to care and cutting payments to healthcare providers. While cutbacks are being instituted across healthcare generally, they are having a particularly devastating affect on people with mental health problems, according to APA president Paul Appelbaum.

Speaking at what the APA billed as the 'world's largest psychiatric meeting', Dr Appelbaum was joined on the platform by James McNulty, president of the advocacy organisation the National Alliance for the Mentally Ill (NAMI), and Chuck Ingoglia, from the National Mental Health Association (NMHA). Their joint approach reflected the fact that professional bodies and user groups are equally alarmed about the bleak future facing the estimated 27 million Americans with mental health problems.

Pointing out that Medicaid spending has traditionally amounted to over half of all the publicly provided money spent on mental health treatments in the US, Dr Appelbaum said that Medicaid funding amounted to around one fifth of the overall amount spent on mental health care in the US. 'The Medicaid crisis that we're facing is part of a broader crisis in funding for mental health services, which has led to enormous problems in patients getting access to services and providers being able to maintain those services,' said Dr Appelbaum.

In many states, managed care companies have been expanding their influence by wresting control of Medicaid systems, while simultaneously holding on to their traditional role of deciding what care to provide to people according to their diagnosis and level of insurance cover.

World Health Organization researchers estimate that mental illness accounts for 20 per cent of the 'global burden of disease' that exists in the USA, yet services receive less than six per cent of the dollars allocated to health care in general.

The Medicaid cutbacks came on top of a 'systematic de-funding of mental health services over the last decade', Dr Appelbaum said: 'Reimbursement for care is so low that hospitals are closing psychiatric inpatient units and clinics are cutting back on services. Psychiatrists and other mental health professionals are finding that insurance reimbursements – Medicaid as well as private insurance – can no longer sustain their practices.'

Across the US, shortages of hospital beds in the public sector are commonplace, meaning severely ill patents must languish for days in hospital emergency rooms [accident and emergency departments] while staff desperately seek alternatives. Some patients are strapped to stretchers or beds because hard-pressed staff find they cannot manage disturbed individuals' behaviour in any other way. As in the UK, most long-stay public sector hospitals – many of which housed many thousands of patients until the 1970s – have been closed down. Now the community care programmes that were supposed to act as an alternative to the institutional approach are themselves being starved of funds.

James Scully, the APA's medical director, appealed to the media to play their part in highlighting the dire plight of US mental health services. He pointed out that denying a person with a severe mental illness the correct medication was like refusing to give the appropriate drug to a heart attack victim. 'It's not good for your brain to be in psychosis. It's similar to any other organ system failure…What is the problem with America, and our leaders, our decision makers and our communicators? It's simply that the flat earth society still rules in mental health. It's got to change.'

Marcia Kraft Goin, incoming APA president and professor of clinical psychiatry at the University of Southern California, said that up to the early 1980s there were around 2,500 beds

The psychiatrist

Ken Thompson, from the American Association of Community Psychiatrists, describes himself as a community psychiatrist based in 'some of the more impoverished distressed neighbourhoods of Pittsburgh'.

'Medicaid is the lifeblood of our programmes,' he said. 'If Medicaid is cut, we are in real trouble – we have a hard time finding beds for our patients, we have ERs that are full, we have outpatient clinics that are jam-packed, and as a physician I see patients faster and probably less carefully because the pressure is to make sure that people are being seen under increasing financial restraint. Fewer dollars, more work and less capacity – that's what it means for us [as workers].'

'For the patients it means more suffering, more distress, less access to help. For all of us, it means cities and communities that are much less pleasant places to live – places where we feel much less human and humane.'

Dr Thompson is particularly frustrated because funding cuts jeopardise the fledgling community treatment and social rehabilitation programmes that were just beginning to reap dividends among people with mental health problems and their families.

'We were hearing from the consumers and their families how incredibly important it was to make sure that things like education and job opportunities were available – we were moving in the right direction. We were beginning to deal with dual diagnosis and substance abuse. We were also starting to make some real changes in connecting up with our primary care brethren and 'sisthren' who see the vast bulk of people with mental illness.

'The possibility of recovery, for people to avoid becoming sicker and even potentially the possibility of preventing mental illness and its sequelae, is now, under the threat of the cuts, that much further away – we're going in the wrong direction.'

Ian McMillan

The user

Bill Compton's life was turned upside down in his forties when he developed schizophrenia. Because his illness had forced him to leave his job with a Los Angeles-based theatre group prior to being diagnosed, he lacked insurance cover. Three admissions to a private hospital over a nine-month period led to his father receiving a bill for $120,000 (£72,000), which meant he had to remortgage his home and go back to work. Ironically, being transferred to a public hospital led to Mr Compton being placed on an effective medication almost immediately. On discharge, Mr Compton was placed in a 'board and care' home in the community where he began hearing voices again and ended up living on the streets for nine months, where he 'panhandled' for money to buy hot-dogs. 'That was very downgrading for me.' Mr Compton could not go to a night shelter unless he was referred by a doctor. 'I went to the clinic which was miles away. The clinic was closed and I never went back. The voices kept walking me around.' Eventually, after again receiving the correct medication, Mr Compton put his life back together and is now the director of Project Return, an organisation which coordinates the activities of 106 social self-help clubs in Los Angeles County.

in the public sector in Los Angeles. These beds, which served a population of around ten million had effectively been reopened in prisons. 'Currently we have 330 beds available for those in the public sector. Meanwhile, in the county jail we have a psychiatric hospital which houses 120 psychiatric patients and another 2,300 inmates who are on psychiatric medication and psychiatric evaluations.'

While a legal decision had forced the jail to provide 'excellent care' to the inmates, Dr Kraft Goin said housing people with mental illnesses in jail instead of providing a hospital bed or offering community-based support was neither cost effective nor appropriate.

NAMI president James McNulty said he had recently intervened in the case of a boy of 15 in Rhode Island who had been restrained in an emergency room for six days. 'There were no residential alternatives, no outpatient care [and] no child psychiatrists who could see this child. The family was not of totally immodest means but they could not afford to treat the child – they needed the assistance of the Medicaid system and it was not forthcoming. There is no child and adolescent mental health-care system in this country. This is the reality that we have to work with all the time.'

Even those patients who are fortunate enough to have health-care insurance can wait weeks or months for an outpatient appointment or to be seen by community-based teams. Those lacking insurance are being turned away by cash-strapped clinics, Dr Appelbaum noted. 'The only remaining safety net for many people is the hospital emergency room, which are hardly the best places to provide routine care for mental disorder…As bad as things are for adults, for children and adolescents the situation is a complete disaster.'

Some states are simply lopping individuals off their Medicaid rolls. In Oregon, for example – once seen as an exemplary provider of mental health services – 100,000 citizens have been removed from Medicaid support, while in Dr Appelbaum's own state of Massachusetts the equivalent figure is around 50,000. 'These people are disproportionately people with mental illness – that's why they qualified for Medicaid in the first place. Now they are left without any coverage for the treatments that they need and for the medications without which they can't survive.'

Ironically, these people could still visit a doctor and receive steroid cream for a rash, but cannot receive free care if they experience severe depression or a psychotic episode, Dr Appelbaum said. Meanwhile, many states are introducing 'fail first' prescribing policies, forcing physicians to put patients on the cheapest types of drugs, even when they are convinced an alternative would be preferable. 'Only when they get worse and require hospitalisation – or if they're really lucky and simply fail to improve – is it possible to get authorisation to provide a more effective medication,' Dr Appelbaum added ■

The carer

Sheryl Meitin described the battle she and her family faced when her son, Josh, developed schizophrenia after graduating from college. Ms Meitin said her husband took Josh to see a series of therapists, one of whom prescribed medication that left their son like a 'zombie' and failed to stop his hallucinations. 'It was very frustrating – the system was not set up to do the diagnosis right away. It can take years for a diagnosis and we just kept pushing to find out what was really going on with him.' When Josh became paranoid, his friends were scared and become wary of him, Ms Meitin said. After a number of false starts, Josh was eventually prescribed an appropriate medication, Ms Meitin added. 'The medication has given me my son back and given him a life. He's working now for the company he worked at originally in south Florida.'