Mental Health Needs in the U.S. Compared to Nine Other Countries

Findings from the Commonwealth Fund 2023 International Health Policy Survey

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OVERVIEW

Like other high-income countries, the United States has experienced a rise in mental health conditions over the past four years. But unlike its peers, the U.S. does not guarantee access to affordable and comprehensive health care, including mental health care. Nearly a third of the 50 million U.S. adults with a mental health condition are unable to get needed treatment, and about 11 percent lack health insurance.

The consequences are severe. Mental health is deeply connected to physical health outcomes, as well as to social and economic well-being. People with behavioral health conditions are at greater risk of <u>developing chronic conditions</u> like heart disease or diabetes and more likely to <u>lack secure housing</u>, stable employment, and access to nutritious food.

In the U.S., <u>more than half</u> of all mental health spending and nearly three-quarters of substance use treatment funding come from Medicare and Medicaid. While the Affordable Care Act has made <u>significant strides</u> in improving access to mental health care, <u>work remains</u> to ensure equitable access for all people.

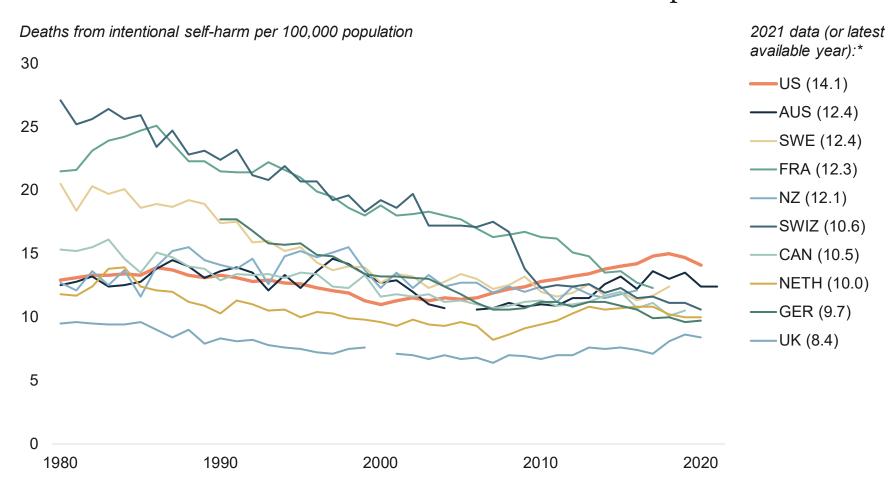
The following charts compare people's mental health burden and ability to access and afford needed mental health care in the U.S. and other high-income countries. The data come from the <u>2023</u> Commonwealth Fund International Health Policy Survey of more than 21,000 adults age 18 and older in 10 countries. Findings on intentional self-harm were obtained from the Organisation for Economic Co-operation and Development (OECD).

HIGHLIGHTS

- The U.S. has the highest suicide rate, a trend that has been on the rise over the past two decades.
- Australian and U.S. adults are the most likely to have mental health needs.
- Black Americans with mental health needs are the most likely to have multiple chronic conditions, take multiple prescription drugs on a regular basis, and have at least one social need.



Compared to nine other high-income countries, the U.S. has the highest suicide rate — a trend that has been on the rise over the past two decades.



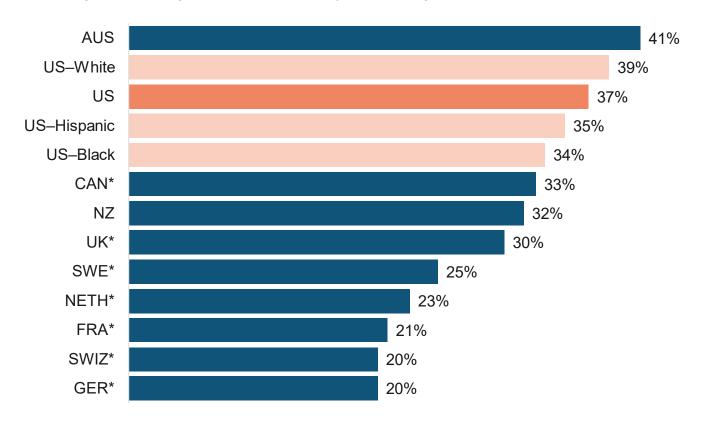
^{* 2020} data for GER, NETH, SWIZ, UK, and US; 2019 data for CAN; 2018 data for SWE; 2017 data for FRA; 2016 data for NZ.

Data: All-country data from OECD Health Statistics. See: Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II, U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes (Commonwealth Fund, Jan. 2023). https://doi.org/10.26099/8ejy-yc74



Adults in the U.S. and Australia are the most likely to report mental health needs.

Percentage of adults age 18 and older who reported having a mental health need



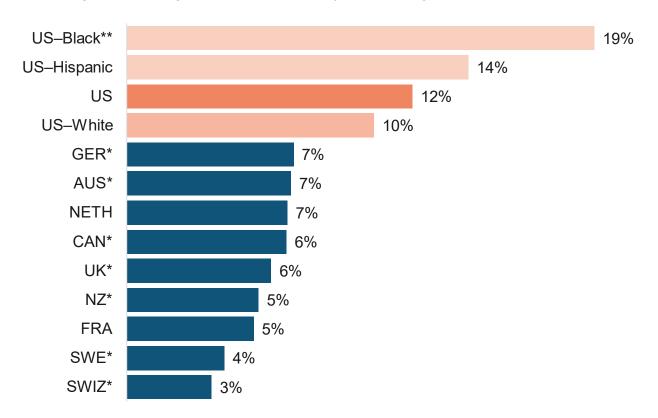
Note: Mental health need refers to respondent reporting being told by a doctor at some point they had depression, anxiety, or other mental health condition or said they received mental health counseling or treatment in past 12 months.



^{*} Difference between comparator country and US is statistically significant at p<.05 level.

Black Americans with mental health needs are the most likely to have at least three other chronic conditions.

Percentage of adults age 18 and older who reported having a mental health need and 3+ additional chronic conditions



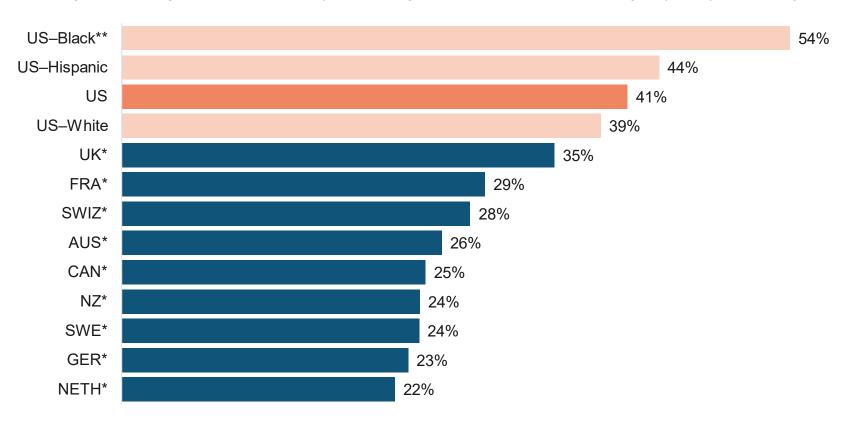
Notes: Mental health need refers to respondent reporting being told by a doctor at some point they had depression, anxiety, or other mental health condition or said they received mental health counseling or treatment in past 12 months. Chronic conditions: Respondent was told by doctor at some point that they had at least one of following: arthritis, asthma/chronic lung disease, cancer, diabetes, heart disease, or hypertension/high blood pressure.



^{*} Difference between comparator country and US is statistically significant at p<.05 level. ** Difference between US-Black/US-Hispanic and US-White is statistically significant at p<.05 level.

Black Americans with a mental health need are the most likely to take four or more prescription drugs on a regular basis.

Percentage of adults age 18 and older who reported having a mental health need and taking 4+ prescriptions on regular basis



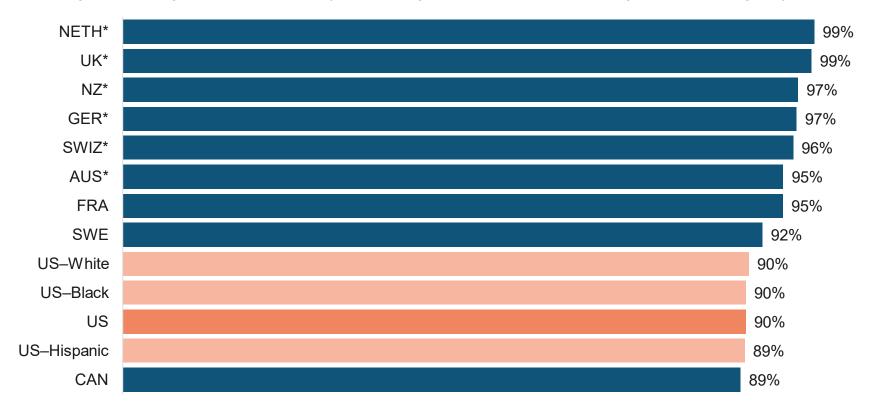
Note: Mental health need refers to respondent reporting being told by a doctor at some point they had depression, anxiety, or other mental health condition or said they received mental health counseling or treatment in past 12 months.



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In most countries, nearly every adult with a mental health need has a regular doctor or place of care; U.S. and Canadian adults with a mental health need were the least likely to report this.

Percentage of adults age 18 and older who reported having a mental health need and regular doctor or regular place of care



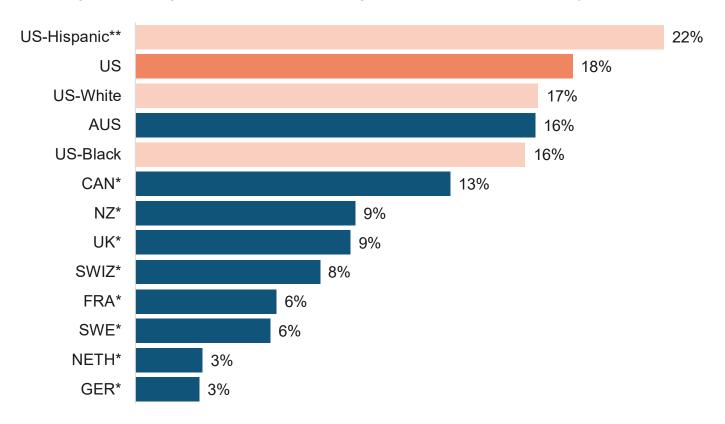
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Hispanic adults in the U.S. are the most likely to skip getting needed mental health services because of the cost.

Percentage of adults age 18 and older who did not get mental health services in the past 12 months when needed because of cost



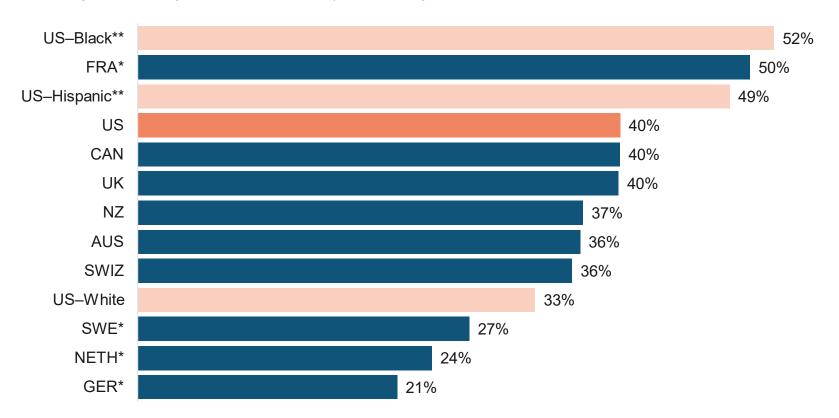
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At least half of adults in France and Black and Hispanic adults in the U.S. with a mental health need also have at least one social need.

Percentage of adults age 18 and older who reported having a mental health need and at least one social need



Notes: Mental health need refers to respondent reporting being told by a doctor at some point they had depression, anxiety, or other mental health condition or said they received mental health counseling or treatment in past 12 months. Social need: Respondent was always or usually worried about at least one of following in past 12 months: having enough food, having enough money to pay rent or mortgage, having a clean and safe place to sleep, having a stable job or source of income.



^{*} Difference between comparator country and US is statistically significant at p<.05 level. ** Difference between US-Black/US-Hispanic and US-White is statistically significant at p<.05 level.