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The Crisis of Despair in the United States

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Researchers from the United States National Academy of Sciences (NAS) recently reported that United States mortality rates are increasing at a higher rate than a control group of wealthy countries where mortality rates are declining. The 16 control-group countries include Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Italy, Japan, Norway, Portugal, Spain, Sweden, Switzerland, and the United Kingdom. Deaths of despair, namely from suicide and substance abuse, are the principle causes of this discrepancy. Despair kills nearly five times more people than cancer does when obesity-related deaths from "foods of despair" are added to the equation.[1] This leaves the United States currently ranked 34th for life expectancy among all countries and 40th for healthy life expectancy (National Academies of Science, 2021).

In his State of the Union address on March 1, 2022, President Biden cited our unprecedented mental health crisis, with two out of five people in the United States reporting anxiety and depression during the COVID-19 pandemic (Panchal, et al., 2021). The President called for better access to mental healthcare for veterans and prisoners, as well as for other underserved populations, and youth – especially those with screen-related risks to mental health. Recognizing these needs as urgent is important, as is having a vision and a plan to transform mental healthcare with better treatments and improved access, but some experts consider this plan "mild" in comparison to what could be done (Sterling and Platt, 2022).

Researchers in the recent 2022 issue [get specific issues from author or from references] of *JAMA Psychiatry*, Peter Sterling, Ph.D. and Michael Platt, Ph.D. (Sterling, P., Platt, M.L., 2022) cited the NAS control group to understand why the United States mortality rates due to deaths of despair have been increasing over the last 50 years, and have been dramatically higher for the past two decades.[2] The major difference they found is that these countries provide a communal support system for their citizens, with protections from cradle to grave that the United States currently lacks. This allows their citizens to live less stressful lives, given that they have a foundational sense of equanimity and security, with more time for leisure and creative activities. The United States comparatively has greater economic inequalities that create more struggle and strife due to costly healthcare, child care, education, and lower worker compensation.

The increasing demand for mental healthcare remains unmet across the United States. Addictions are often treated as personal problems, or at best are addressed from a family-systems or community-level perspective (Marinker & Capra, 2018). Viewing addiction and mental health problems through a wider systems lens would significantly help the United States reduce addiction-related deaths. Although more robust and accessible treatment programs may help, they would still fall short, just as more gyms and better access to them would not solve the obesity problem. Meeting fundamental practical needs that support the whole person within a society offers a more sustainable solution (Sterling and Platt, 2022; World Health Organization, 2018).

Take child care, for example. During World War II, the United States, along with Sweden, Japan, Australia, France,

[1] Peter Sterling coined the terms *foods* of despair to include obesity-related deaths due to related cancers and cardiovascular disease, and *murders* of despair that include mass shootings and suicide by police. Although murders of despair contribute fewer in number, they have increased significantly over the time periods described above and are an important part of the social ecology.

[2] Deaths of despair rates were highest for working age men with low education (NAS, 2022).

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Spain, Iceland, and Denmark, provided universal child care, because women began working jobs that men had been doing before the war. The United States discontinued its child-care program when the troops returned home, while the other countries (with the exception of the United Kingdom, which reversed its decision later, retained universal child care, and used it as a precedent for enacting other universal programs. Sweden, for example, was the first country to guarantee paid paternity leave, hence Swedish men are more likely to view spending time with their children as a right rather than a duty compared to their United States counterparts, facilitating healthy attachment (Marshall, 2022).

The COVID-19 pandemic further exposed United States inequalities, with women doing double-duty as primary caregivers and bread-winners. Gender disparity in pay with an all-encompassing emphasis on survival leaves these women in no-win situations. They experience feelings of failure and guilt about homelife and work, which are even more stringent challenges for single parents (Collins, 2019).

Dr. Sterling (2020) also shows how increased rates of despair correlate with lack of meaningful work. The pandemics's Great Resignation of 2021, in which a record 4.5 million Americans quit their jobs, was in part due to work dissatisfaction (Bureau of Labor Statistics, 2022). Women disproportionately quit, because they had no child care, and many others quit to seek better employment, not to drop out of the workforce (Collins, 2020). Many people feel trapped in jobs that are harmful to their health, which ironically, they often keep to provide healthcare for themselves and their families. In contrast, healthcare for the 16 control-group countries was not linked to employment benefits, allowing for interest and job changes without healthcare loss. Medical and education costs follow similar patterns, with the United States leading in expense by almost double, but offering less paid time off (Sterling and Platt, 2022).

Despair cuts across diagnosed and undiagnosed symptoms alike. The collective pressure to excel and accumulate, and the lack of communal support, have led to increasing levels of inner and outer conflict, and despair. Perhaps we should suspend fine-tuning diagnostic procedures and research to answer broader questions, such as the price we are paying for our fierce sense of competition and personal independence without a balancing sense of social responsibility. We have the research, and the jury is in, so to speak, that people are healthier in mind, body, and spirit when their basic needs are met, when they feel connected to others, are engaged in meaningful work, and have time to rest and create (Sterling, 2020). We also know that people can endure great distress – survive and even thrive after loss and trauma – when they feel supported (Taylor, 2011).

The American Psychological Association encourages psychologists to be well-informed about social problems and offers tools (here) for influencing policy makers about health disparities (American Psychological Association, 2019).

Psychologists should be leaders in their communities, and talk about the close association of mental-health issues to economic inequality and lack of quality educational opportunities (Stringhini, et al., 2017). They should help dispel myths about United States healthcare costs, and speak about how decreasing healthcare disparities are estimated to save over a trillion dollars (Shoeni, et al., 2011).

Mechanistic treatments for symptoms of despair may provide temporary relief, but only major structural shifts in providing social support will help the United States evolve as a healthy nation, in which we have a stronger sense of cooperation and belonging, and an ecosystem designed to facilitate community inclusion that fosters good will, healing, and growth, not unlike the therapeutic alliance. "Parks not pills," Dr. Sterling says, and time to spend in them. ▲

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References are available on the LACPA Website www.lacpa.org.