Diverse Coalition Tackles Women’s MH Issues

Mental health in women must not only be safeguarded, but promoted through public-education campaigns, increased inclusion of racially diverse women in research, and the empowerment of women in society.

BY EVE BENDER

Promoting mental health in women and increasing access to treatment are possible only through the close collaboration of dedicated health professionals and advocates from multiple disciplines, according to APA leaders.

Such collaboration took place in Washington, D.C., last month as a cadre of psychiatrists, mental health professionals, and patient advocates turned their focus to women’s mental health for a daylong meeting that culminated in a list of recommendations for policymakers and mental health professionals.

Meeting attendees included APA leaders and representatives from the American College Health Association, Substance Abuse and Mental Health Services Administration, and Depression and Bipolar Support Alliance.

The Women’s Mental Health Roundtable was sponsored by the American Psychiatric Foundation (APF) through an unrestricted educational grant from Wyeth Pharmaceuticals.

“We need to come up with an action plan for developing mental health services for women,” declared outgoing APF President Altha Stewart, M.D., and help women overcome major barriers to good mental health, which include stigma, lack of awareness about mental health problems, and access to culturally competent mental health care.

Stewart noted that a focus on wellness and preventive care is lacking from many approaches to women’s mental health but is badly needed.

Annelle Primm, M.D., M.P.H., director of the APA Office of Minority and National Affairs, drew attention to “striking” differences in the patterns of mental illness between men and women. For instance, depressive disorders affect two to three times as many women as men, she noted, and women with depression are more likely to develop alcohol problems as a result of their depression.

Women may also be at more risk for depression than are men, due to societal norms in which women take on more than they may be capable of in regard to balancing careers and family and taking care of others, she noted. “This behavior is not only culturally accepted, but expected and encouraged, especially when it comes to women of color,” Primm said.

In addition to causing problems at home, depression is a significant workplace problem, Primm noted. Some 83 percent of women in a 2003 survey by the National Mental Health Association cited depression as the number-one barrier to success at work.

In terms of seeking treatment for mental disorders, women may feel as if doing so indicates a personal failure or that they should be able to handle emotional difficulties on their own, Primm stressed.

And when women do disclose mental health concerns, they are most likely to do so to their primary care physician, while men are more likely to seek specialty mental health care and are the principal users of inpatient care for symptoms of mental illness, according to Primm.

She also reminded meeting participants that culture plays a significant role in how women experience symptoms of mental illness, experience stigma related to those symptoms, and seek help for them.

Racial and ethnic minorities have several risk factors for developing mental health problems, including poverty, discrimination, and immigration stressors, and are less likely to seek out a mental health specialist than are whites. “We must continue to look for ways to develop more effective interventions for depression and other mental health issues in low-income communities of color,” Primm said.

She also highlighted three factors that may help protect women against development of mental health problems, especially depression. “It’s important that women have autonomy to exercise some form of control in response to severe events” or adverse circumstances, she said. In addition, having access to resources that enable them to make choices in the face of these events is essential.

Finally, having support from family, friends, and health care providers is a protective factor for women.

Given the barriers to and protective factors for good mental health in women, meeting attendees were charged with creating a list of recommendations for policymakers and mental health professionals working with women.

Meeting participants suggested that both communitywide and more specialized mental health education initiatives for primary care providers would be helpful, as would combining primary care and mental health services in a “medical home” concept.

They also recommended establishing mentoring and peer-support programs for adolescents in schools and communities and strengthening research findings by including ethnically and racially diverse women in clinical studies.

Primm and Stewart acknowledged the complexity of tackling the issue of improving women’s mental health and emphasized the need for continued collaboration.

“We must continue to reach out to other national organizations on issues of women’s mental health and wellness” in order to implement these recommendations, Primm said.