

# Women's Mental Health Roundtable and Leadership Summit

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# Mental Health

- Successful performance of mental function throughout the life cycle resulting in:
  - Productive activity
  - Fulfilling relationships
  - Ability to adapt to change and cope with stress
- Foundation for thinking, communication skills, learning, emotional growth, resilience, and self-esteem



# Mental Illness

- Health conditions characterized by changes in:
  - Thinking
  - Mood
  - Behavior (or some combination of these 3)
- Associated with distress and/or impaired functioning



# Mental Disorders

In any given year, of the adult US population:

- 20 percent have a mental disorder
- 6 percent have addictive disorders alone
- 3 percent have both mental and addictive disorders
- 5.4 percent is considered to have a “serious” mental illness (a mental disorders that interfere with some area of social functioning)

(Surgeon General 1999)



# Comorbidity

- Many people suffer from more than one mental disorder at a given time.
- Nearly half of those with any mental disorder meet criteria for 2 or more disorders, with severity strongly related to comorbidity.
- About 3 percent of the population in 1 year have co-occurring disorders

(Surgeon General 1999)

# Burden of Disease

- Mental illness, including suicide, accounts for over 15% of the burden of disease in the U.S. This is more than the disease burden caused by all cancers. (Surgeon General 1999)
- Mental disorders are the leading cause of disability in the U.S. for people age 15-44 (WHO 2004)
- Disability days each year in US caused by:
  - Physical conditions 2.4 billion days
  - Mental conditions 1.3 billion days

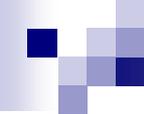
(Merikangas et al, 2007)



# Men, Women and Mental Health

Overall rates of psychiatric disorder are almost identical for men and women but striking gender differences are found in the patterns of mental illness.

(WHO 2007)



# Women and Mental Illness

- 1 in 5 women will experience an episode of major depression during her lifetime
- 1 in 3 will experience an anxiety disorder

(Misra, D, Women's Health Databook, 2001)

# Among women, mental disorders are most common among ages 18-25 years

	Serious psychological distress	Depression (MDD)
age 18-25	23%	13%
age 26-49	16%	10%
age 50+	9%	7%

(HRSA 2007)



# Women and Mental Illness

- **Eating Disorders** - 85-95% of people with anorexia or bulimia are women
- **PTSD** - risk of PTSD following traumatic experiences is 2-fold higher in women than men. Women experience markedly worse quality of well-being outcomes than men
- **Anxiety/panic disorder** occurs more often in women than men
- **Suicide** - 4 times as many men as women die by suicide; women attempt suicide 2-3 times more often as men

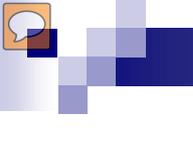
(NIMH, accessed 12/07)



# Increase in Suicide among Teen Girls

- In 2004, suicide was the third leading cause of death among youths and young adults aged 10--24 years in the US, accounting for 4,599 deaths
- Suicide increased significantly in girls aged 10-14 (up 76%) and in girls aged 15-19 (up 32%)

(CDC 2007)

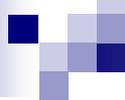


# Risk Factors for Women

Gender specific risk factors for common mental disorders that disproportionately affect women:

- Gender based violence
- Socioeconomic disadvantage
- Low income and income inequality
- Low or subordinate social status and rank
- Unremitting responsibility for the care of others

(WHO 2007)



# Women, Stress, and Depression

- Superwoman syndrome
- Taking care of everyone
- Taking on too many commitments
- Difficulty setting limits and saying “no”
- Feeling guilty when saying “no”
- Behavior culturally accepted, expected, encouraged, especially among women of color
- Set up for exhaustion and depressive symptoms

# Women and Depression

- Depressive disorders afflict 2-3 times more females than males (Burt & Stein 2002)
- More frequent reports of bodily symptoms, such as fatigue, appetite and sleep problems. (Silverstein, 2002; Barsky et al, 2001)
- More likely than others to develop alcohol problems (no such link between alcohol and depression in men) (Caldwell et al 2002; Moscato et al 1997)
- 54% reported use of complementary and alternative medicine. African American women were less likely to use these than non-Hispanic white women (Wu et al, 2007)

# Depression Diagnosis and Treatment in Women

- Depression is misdiagnosed approximately 30 to 50% of the time
- Doctors are more likely to diagnose depression in women compared to men, even with similar scores on standardized measures of depression or when presenting with identical symptoms (WHO 2007)
- Antidepressant use among women is 2 times that of men (NCHS, CDC 2007)
- Use of antidepressants by women increased 3-fold between 1988-94 and 1999-2002 (NCHS, CDC 2007)



# Depression in Working Women

- 83% of women find depression to be the # 1 barrier to success in the workplace
- Depression affects 5 million employed women
- Leaving work early, not returning from lunch, avoiding contact with co-workers, being unable to face work, are all associated with depression

(National Mental Health Association, 2003)

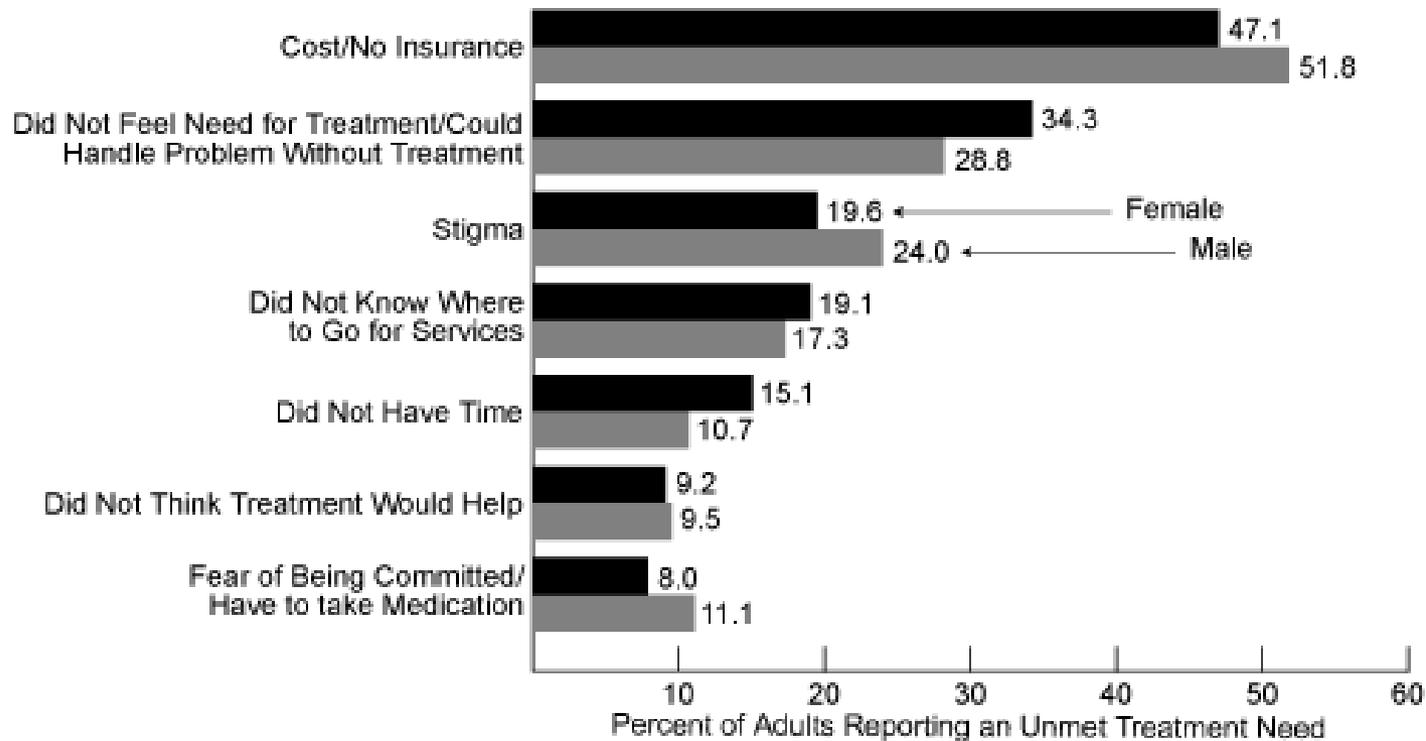


# Women and Mental Illness

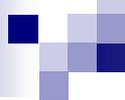
- Many women still feel that needing help represents a personal failing or loss of control
- Many women still feel great stigma around mental illness
- Many women won't use the phrase "mental illness" and tend to shift to using "mental health concern" or emotional problem"

(APA focus groups 2005)

## Reasons for Unmet Mental Health Treatment Needs Among Adults Aged 18 and Older,\* by Sex, 2005



\*Excludes treatment for alcohol or drug use. Respondents could report more than one reason.

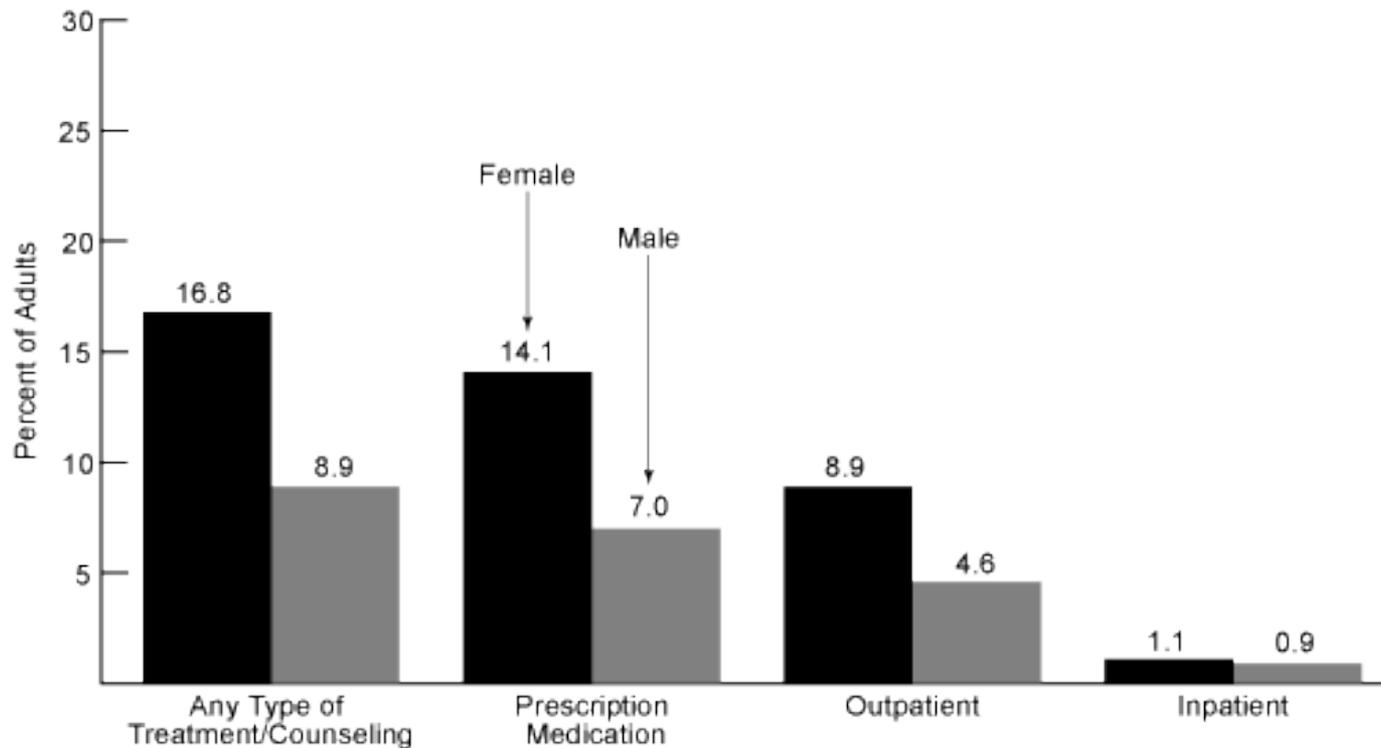


# Men and Women differ in Help Seeking

- Women are more likely to seek help from and disclose mental health problems to their primary health care physician
- Men are more likely to seek specialist mental health care and are the principal users of inpatient care

(WHO 2007)

## Adults Aged 18 and Older Receiving Mental Health Treatment/Counseling,\* by Sex and Type, 2005



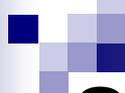
\*Excludes treatment for alcohol or drug use. Respondents could report more than one type of treatment.

(HRSA 2007)

# Major Racial Ethnic Groups in US

- African Americans - 12.9%
- Asian American/Pacific Islanders - 4.2%
- American Indians/Alaska Natives - 1.5%
- Latinos/Hispanics - 13.4%

By 2010 minority populations are projected to grow 60%



# Surgeon General's Report on Mental Health: Race, Culture, and Ethnicity

- Striking disparities in mental health care for people of color
  - Less likely to receive services
  - Poorer quality of care
  - Underrepresented in mental health research
- Disparities impose great disability burden on people of color
- Culture Counts



# Culture Influences

## Mental Illness & Mental Health

- Communication (verbal and non-verbal)
- Manifestation of symptoms
- Family and community support
- Health-seeking behaviors
- Support systems and protective factors
- How people perceive & cope with mental illness
- How doctors interact with people with mental illness
- Stigma and shame associated with mental illness
- Spirituality (predestination, views of illness, etc)

(Surgeon General, 2001)

# High Need Populations

- Overrepresentation of People of Color:
  - Poverty
  - Homelessness
  - Chronic Disease
  - Immigrants and Refugees
  - Correctional facilities
  - Victims of and witnesses to violence
  - Child welfare, foster care system

(Surgeon General 2001)

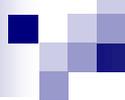
# Disparities in Seeking Mental Health Care

**African Americans**: more likely to use emergency services or primary care providers than mental health specialists. (Surgeon General, 2001)

**Asian Americans**: Only 4% would seek help from mental health specialist vs. 26 percent of whites. (Zhang et al., 1998)

**Latinos**: < 1 in 11 with mental disorders contact mental health specialists, & < 1 in 5 contact primary care providers. (Surgeon General, 2001)

**Native Americans**: 44% with a mental health problem sought any kind of help--and only 28% of those contacted a mental health agency. (King, 1999)



# African American and Latino Women and Depression

- Depressive symptoms more common than in Caucasians
- Highest levels of psychological distress
  - Americans' Changing Lives, Wave I (1986)
  - National Survey of Families & Households (1987)
  - CMHS-Commonwealth Fund Minority Health Survey (1994)
  - Survey of Mid-Life Development in the U.S. (1995-1996)
- Depressive symptoms higher than whites regardless of income or health status

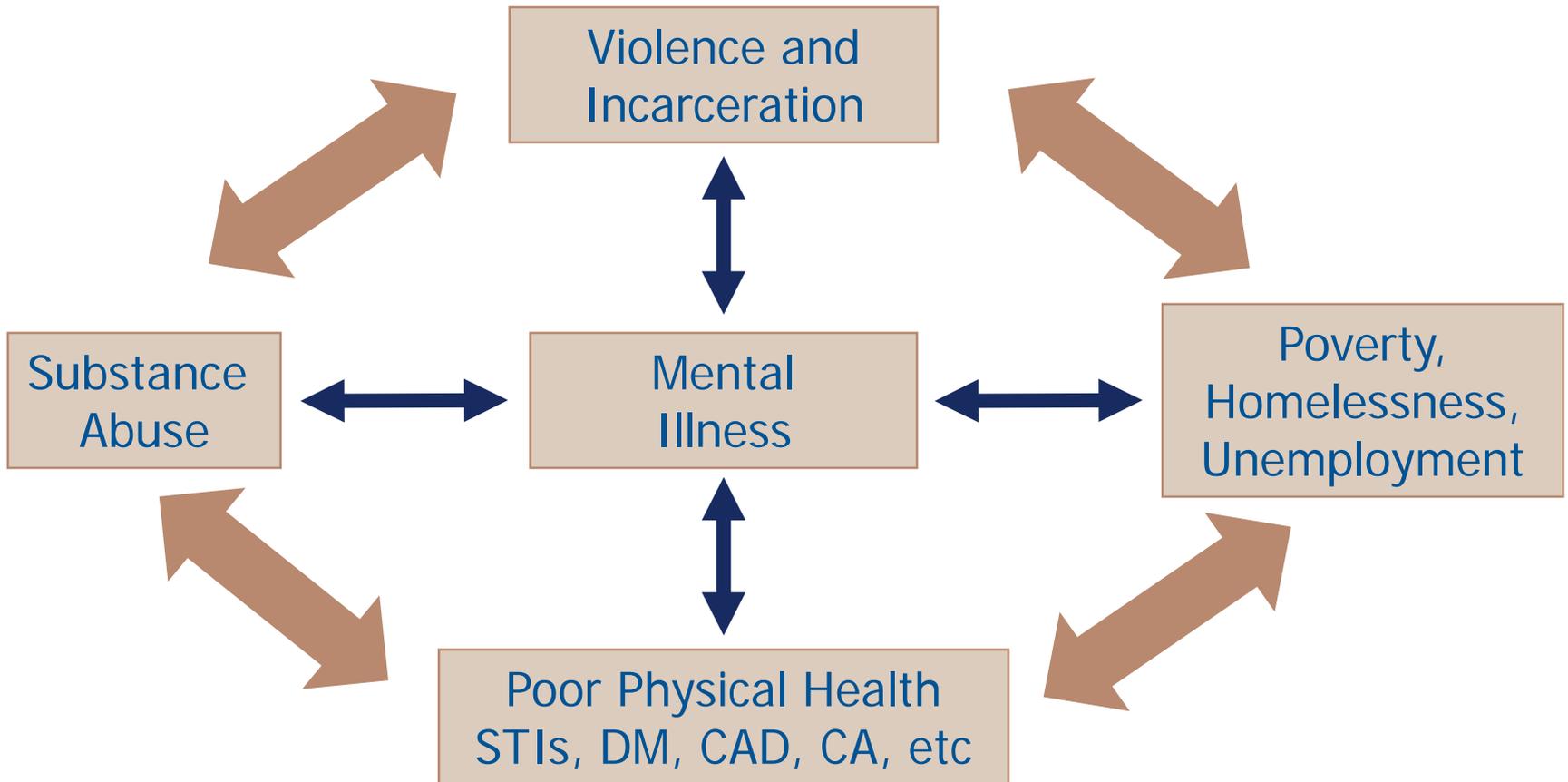


# Physical Environment and Women of Color

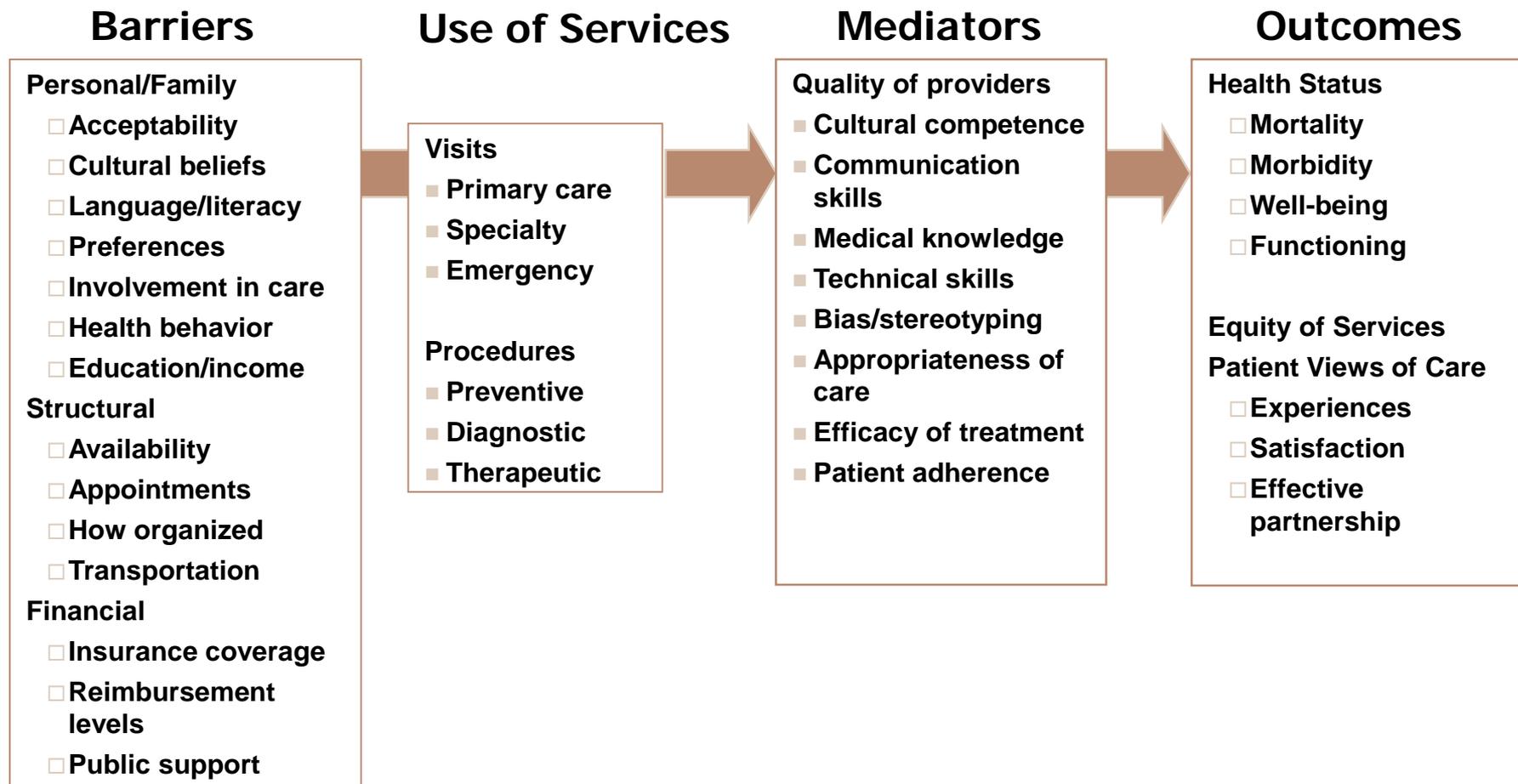
- As neighborhoods deteriorate in urban areas redevelopment and gentrification occurs
- Low-income women are forced out
- Leaving social networks and developing new ones increases risk of depressive disorders
- Impact of Katrina on New Orleans

*(Root Shock by M. Fullilove, M.D.)*

# Vicious Cycle

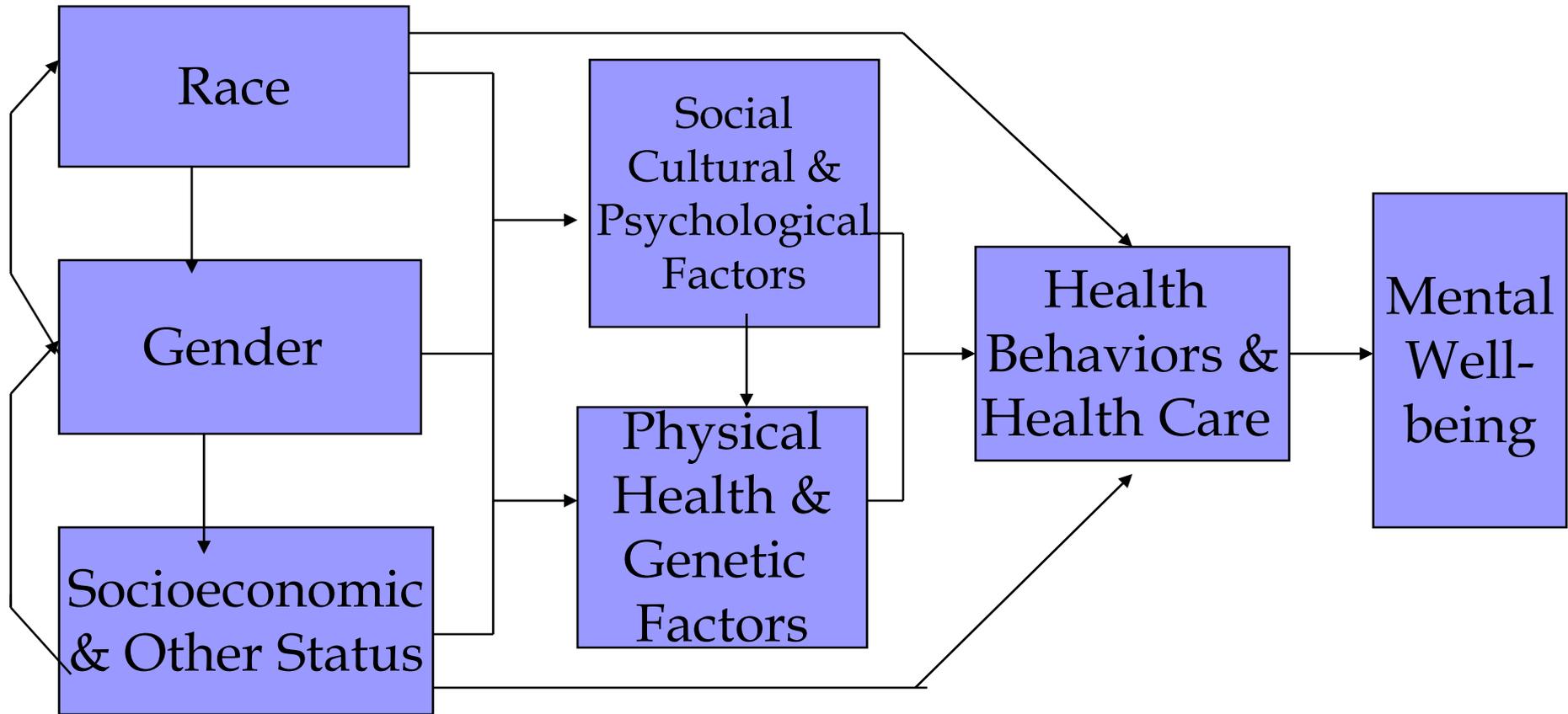


# Barriers and Mediators to Equitable Health Care for Racial and Ethnic Groups

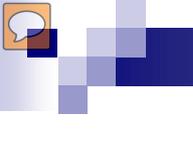


(Modified Institute of Medicine 1993 and Cooper et al 2002)

# Conceptual Framework of Mental Well-being in Women of Color



Adapted from Brown & Keith, 2003



# Postpartum Depression

- Postpartum depression is experienced by some 10% new mothers
- Baby Blues (a short-lasting condition that usually doesn't require medical intervention) are experienced by up to 70% of all new mothers
- Postpartum depression is distinguished from the baby blues both by its duration and its debilitating effects

(Office of Women's Health 2007)

# Women and Alzheimer's Disease

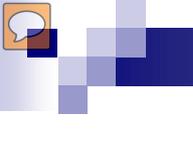
- Women are only slightly more likely to develop Alzheimer's
- Prevalence is twice as high in women because women live longer
- Half of all women over 86 in the US will eventually develop Alzheimer's
- Women are much more likely to care for a family member with Alzheimer's
- 80% of those caring for Alzheimer's at home are wives, daughters and other women who provide the care for free.

(Conniff 2001)



# Immigrant Women

- Immigrant women who work in physically stressful environments are at increased risk for depression and other mental disorders
- Migrant farm and seasonal workers are exposed to occupational hazards including toxic fumes and chemicals



# Rural Women

- Some studies have found rates of depressive symptoms among rural women around 40% compared to 13-20% among urban women
- Risk factors: isolation, higher rates of poverty, domestic violence; lack of education and economic opportunity; high levels of physical stress

(Rural Assistance Center 2007)



# **Access Barriers to Treatment for Rural Women**

- Lack of mental health providers
- Lack of transportation
- Lack of child care
- Poverty and lack of health insurance

# Women, the Military & Mental Health

- Nearly a third of veterans returning from Iraq and Afghanistan (about 13% of them women) who received VA care were diagnosed with mental health or psychosocial ills.
- More than half were diagnosed with two or more disorders.
- PTSD was the most common disorder; others include anxiety disorder; adjustment disorder; depression; and substance abuse disorder

(Seal et al 2007)

# Protective Factors

3 main factors are highly protective against the development of mental problems especially depression:

- Having sufficient autonomy to exercise some control in response to severe events
- Access to some material resources that allow the possibility of making choices in the face of severe events
- Psychological support from family, friends, or health providers

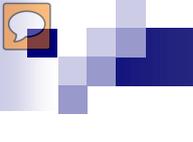
(WHO 2007)



## Women's Mental Health Roundtable

# Participants' Current Activities

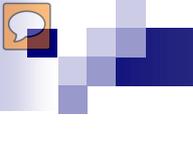
- Policy/advocacy
- Public education
- Research
- Medical education



## Women's Mental Health Roundtable

# Participants' Current Activities

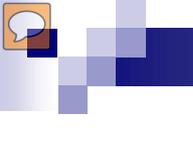
- Qualitative research on depression among women and the impact on young children
- Work with community-based organizations to implement screening and services for women
- Developing educational materials for community use



## Women's Mental Health Roundtable

# Participants' Current Activities

- Educating physicians on advances in psychiatric treatment for women patients.
- Enhancing the education of professionals and the public about women's mental health issues
- Focusing on coordination of care and evidence based practices
- \$5000 research grants that may focus on women's mental health



## Women's Mental Health Roundtable

# Participants' – Current Activities

- Promoting wellness programs fostering healthy behavior
- Formative research regarding awareness, knowledge, and actions related to depression; developed culturally appropriate educational materials
- Research on management of depression and screening for problem alcohol use



Women's Mental Health Roundtable

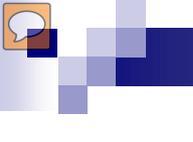
# Participants' – Current Activities

- Developing guidelines on human behavior and mental health
- Advocating for health care coverage for all
- Advocating for parity for mental health care (for patient coverage and in clinician payment)



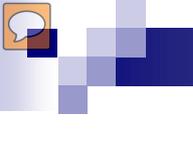
# Roundtable Participants' Membership/constituencies

- Multi-disciplinary behavioral health professionals researchers
- Consumers and family members
- Public health practitioners
- Health care providers
- Community health workers
- Educators
- Psychiatric Nurses
- Policymakers
- Behavioral health and wellness companies
- Psychiatrists (academic, community, private practice)
- Medical schools
- Social workers
- Community-based organizations
- Physicians in practice and training



# Roundtable Participants' Outreach/Communication

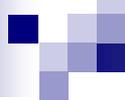
- Newsletters
- Journals
- Listservs
- Conferences
- Public speaking
- Media (newspapers, magazines, radio, TV)
- Discussion forums
- Websites



Women's Mental Health Roundtable Participants'

# **Top Obstacles/Barriers to Women's Mental Health**

- #1 Stigma/lack of awareness and knowledge
- #2 Access to mental health care
- #3 Parity/lack of insurance
- #4 Cultural competence; physician training



Women's Mental Health Roundtable Participants'

# **Additional Obstacles/Barriers to Women's Mental Health**

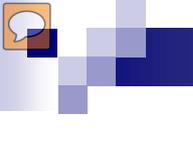
- Utilizing treatment
- Health disparities
- Lack of policy focused on “families.” Women often do not seek out services for themselves outside of the “family” context, especially low-income women of color.
- The need for the system to support the medical “home” in primary care as a place to provide mental health services for women and others



Women's Mental Health Roundtable Participants'

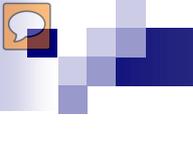
# **Additional Obstacles/Barriers to Women's Mental Health**

- Structural issues - multiple demands of working/parenting and related role conflicts, superwoman
- Sexism, machismo, and other glass ceiling issues
- Scarcity of data that focuses on the specific issues that influence women's mental health; cultural/gender influence, influence of stereotypes, access to treatment.



# Roundtable Participants' Future Plans

- Continue to look for ways to develop more effective interventions for depression other mental health issues in low-income communities of color
- More involvement in education and training
- Identification of culturally appropriate interventions
- Continue to educate professionals and public about women's mental health issues



# Roundtable Participants' Future Plans

- Address women's mental health issues during conferences
- Assist in developing culturally sensitive material
- Work to see coverage for all in a patient centered evidence-based model of care
- Increase collaboration and links to other national organizations on issues of women's mental health and wellness

## Women's Mental Health Roundtable and Leadership Summit December 11, 2007

Presentation by Annelle B. Primm, M.D. MPH  
Director, Minority and National Affairs  
American Psychiatric Association

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