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

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Serious Psychological Distress</th>
<th>Depression (MDD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>age 18-25</td>
<td>23%</td>
<td>13%</td>
</tr>
<tr>
<td>age 26-49</td>
<td>16%</td>
<td>10%</td>
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<tr>
<td>age 50+</td>
<td>9%</td>
<td>7%</td>
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</tbody>
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(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 than 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

- Cost/No Insurance: 47.1% (Female), 51.8% (Male)
- Did Not Feel Need for Treatment/Could Handle Problem Without Treatment: 34.3% (Female), 28.8% (Male)
- Stigma: 19.6% (Female), 24.0% (Male)
- Did Not Know Where to Go for Services: 19.1% (Female), 17.3% (Male)
- Did Not Have Time: 10.7% (Female), 15.1% (Male)
- Did Not Think Treatment Would Help: 9.2% (Female), 9.5% (Male)
- Fear of Being Committed/Have to take Medication: 8.0% (Female), 11.1% (Male)

*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%

U.S. Census 2000
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
  - CMHS-Commonwealth Fund Minority Health Survey (1994)

- 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

- Substance Abuse
- Mental Illness
- Violence and Incarceration
- Poor Physical Health
  STIs, DM, CAD, CA, etc
- Poverty, Homelessness, Unemployment

Bowls establish the path
# Barriers and Mediators to Equitable Health Care for Racial and Ethnic Groups

## Barriers
- **Personal/Family**
  - Acceptability
  - Cultural beliefs
  - Language/literacy
  - Preferences
  - Involvement in care
  - Health behavior
  - Education/income
- **Structural**
  - Availability
  - Appointments
  - How organized
  - Transportation
- **Financial**
  - Insurance coverage
  - Reimbursement levels
  - Public support

## Use of Services
- **Visits**
  - Primary care
  - Specialty
  - Emergency
- **Procedures**
  - Preventive
  - Diagnostic
  - Therapeutic

## Mediators
- **Quality of providers**
  - Cultural competence
  - Communication skills
  - Medical knowledge
  - Technical skills
  - Bias/stereotyping
  - Appropriateness of care
  - Efficacy of treatment
  - Patient adherence

## Outcomes
- **Health Status**
  - Mortality
  - Morbidity
  - Well-being
  - Functioning
- **Equity of Services**
- **Patient Views of Care**
  - Experiences
  - Satisfaction
  - Effective partnership

(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 were 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
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
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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.
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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
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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
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
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Presentation by Annelle B. Primm, M.D. MPH
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References


Health Resources and Services Administration, US Department of Health and Human Services. Women’s Health USA. 2007 (http://mchb.hrsa.gov/whusa_07/)


