

WOMEN'S HEALTH

Issue 1

Prevention Brief

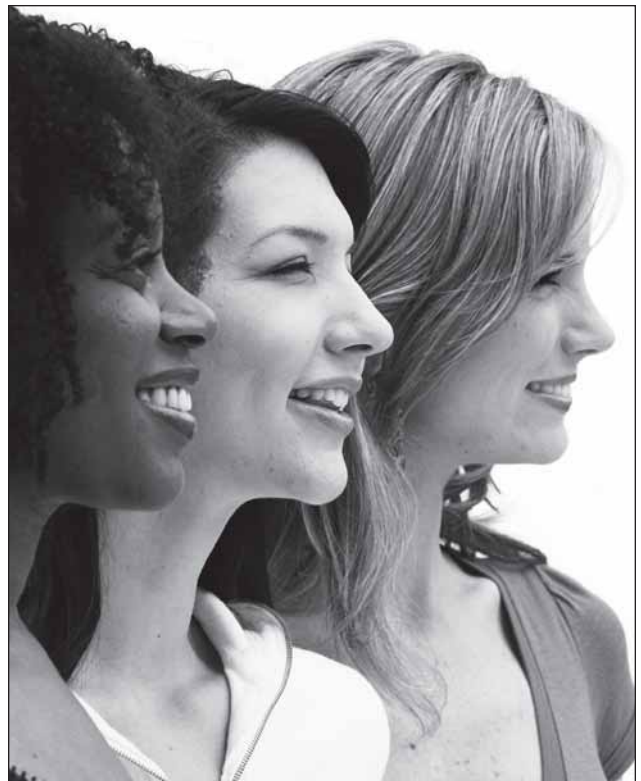
WOMEN'S MENTAL HEALTH

This Prevention Brief underscores the importance of mental health as a component of overall injury and chronic disease prevention. The Brief begins with an overview of women's mental health issues and facts. Next, promising programs at the national, state and local levels are highlighted. Finally, a compilation of national level recommendations, and state and local level actions are summarized for improving mental health prevention efforts. The WHP intends for this Brief to highlight the importance of building comprehensive systems of support and service to improve the overall status of women's health.

AMCHP/CITYMATCH WOMEN'S HEALTH PARTNERSHIP

With funding from the Centers for Disease Control and Prevention, AMCHP and CityMatCH have formed the Women's Health Partnership (WHP). The goal of the WHP is to identify and promote unique state and local MCH roles and opportunities to improve women's health before and between pregnancies. Initial partnership efforts (2005-2008) focused on the importance of healthy weight among women of reproductive age in order to improve maternal health and birth outcomes. To continue the work of the partnership we are publishing a series of five Women's Health Prevention Briefs using the original priority areas identified in the *AMCHP/CityMatCH Women's Preventive Health Framework* (injury and chronic disease, health disparities, reproductive and maternal health, healthy lifestyles, and access and financing).

Each brief will provide background on the priority area, selected facts and data points specific to women of reproductive age, examples of promising programs, and finally, recommendations for local, state, and federal levels. The goal of Women's Health Prevention Briefs is to advance our members' efforts in strengthening systems for women's preventive health.



INTRODUCTION

Chronic diseases – such as heart disease, cancer, and diabetes – are the leading causes of death and disability in the United States. Chronic diseases account for 70 percent of all deaths in the U.S., which is 1.7 million each year. These diseases also cause major limitations in daily living for almost one out of 10 Americans or about 25 million people.¹ Women experience many chronic diseases throughout their reproductive years and well into late adulthood, with underserved and minority women bearing a greater burden. Depression is quickly becoming one of the leading chronic diseases impacting both men and women; however, chronic mental illness affects women at a much higher rate than men. For example, women are twice as likely to experience major depression during their lifetime compared to men. Statistics show that one in four women will experience severe depression at some point in their lives.²

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WOMEN'S MENTAL HEALTH: IMPORTANT FACTS

Several important facts illustrate the need to focus on women's mental health services and prevention efforts.

- Women are disproportionately affected by depression, anxiety, phobias, and post-traumatic stress disorder. Data in 2006 revealed more women than men reported experiencing serious psychological distress in the past year (13.5 percent compared to 8.7 percent respectively). Additionally, 8.7 percent of women, compared to 5.2 percent of men, experienced major depressive episodes.¹¹
- Affective disorders, including major depression and manic depressive illness are categorized as severe mental illness. Major depression is the leading cause of disability among adults in developed nations such as the United States¹² and roughly 6.5 percent of women and 3.3 percent of men will have major depression in any given year.¹³
- Addictive disorders, such as substance abuse disorders, can co-occur in persons with depression. Twenty-nine percent of adults aged 18 years and older with a lifetime history of any mental disorder have a history of a substance abuse.¹⁴
- Depression can be associated with an increased prevalence and exacerbation of symptoms that result from chronic conditions. The interrelationship between depression and chronic disease has important implications for both chronic disease management and the treatment of depression. In addition, untreated depressive disorders can become long-term conditions which eventually manifest as chronic diseases.¹⁵



- Evidence shows that women of reproductive age are at high risk for psychological distress and major depressive episodes.¹⁶
- Approximately 10 percent of women become depressed during pregnancy or within the first year after delivery. In addition to the many consequences of depression during and after pregnancy, it can affect a woman's relationships with her family, her capacity to perform daily activities, and her ability to bond with her infant.¹⁷
- According to several studies, sexual and physical abuse are major risk factors for depression. Recent findings report three out of five women diagnosed with depressive illnesses had been victims of abuse, and among women who experienced severe sexual abuse as a child, 100 percent developed depression later in life.¹⁸
- Mental illness is a major risk factor for suicide, and while more men than women die from suicide,¹⁹ women make attempts about twice as often.²⁰
- Only twenty percent of women who suffer from depression seek treatment.²¹
- In a 2006 study, an estimated 50.1 percent of women and 43.7 percent of men reported unmet mental health treatment needs due to lack of adequate insurance coverage.²²
- Among all HIV-positive women, those battling chronic depression are almost twice as likely to die from AIDS-related causes.²³



LIFE COURSE PERSPECTIVE

Promoting mental and emotional health and wellness throughout the life course can help improve women's overall health, enhance birth outcomes, and reduce the risk of chronic illness later in life. For women of reproductive age, health promotion and disease prevention should be integrated into a continuum of care throughout the lifecycle instead of only targeting care to women based on pregnancy status.³ Psychosocial stress has been cited as a potential contributing factor in racial/ethnic disparities in birth outcomes, such as low birth weight and preterm birth.⁴ According to researchers Michael Lu and Neal Halfon, stressors – factors in the community, social relationships, economics, discrimination, politics, and housing – over time, “cause wear and tear on the body's allostatic systems and... underlie racial disparities in birth and other health outcomes.”⁵ These authors state, “the disparities are the consequences of not only differential exposures during pregnancy but differential developmental trajectories over the life span.”⁶ For

example, stress exposures during pregnancy, as well as stress responses patterned by lifelong exposure to chronic and repeated stress, may contribute to a higher rate of preterm delivery among African American women.⁷

Intergenerational impacts may result from these stress exposures. Infants of depressed mothers often have shorter attention spans, less motivation to master new tasks, elevated resting heart rates and altered immune and hormonal function.⁸ Stress experienced during the perinatal period is associated with high stress reactivity for the child that continues beyond infancy into adulthood.⁹ This chain of events has particular consequences “that could increase... female offspring's vulnerability to preterm labor and low birthweight (LBW) later on in life.”¹⁰ Approaching women's mental health from the life course perspective will not only improve the overall wellbeing of mothers, but that of their infants, children, and future generations.

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PROGRAMS

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Spotlight on:

- Federal Healthy Start Program
- Maine Department of Human Services
- Chester County, PA MCH Consortium

The following are examples of how MCH professionals at the federal, state and local levels are taking a comprehensive approach to improving women's mental wellbeing. These programs have developed models and resources that strengthen the connection between mental health and primary care to improve the continuum of women's health.

FEDERAL PROGRAM

Maternal and Child Health Bureau, Division of Healthy Start and Perinatal Health Services²⁴

Beginning in 2004, the Federal Healthy Start Program provided funding to state maternal and child health (MCH) programs to launch intensive multilingual public education activities that would promote mental wellness for mothers and their families. The grassroots effort also sought to develop a better understanding of perinatal depression and associated warning signs. One-year grant programs for perinatal depression were awarded by Health Resources and Services Administration (HRSA) in 2004 and 2005 to nine states and the District of Columbia (Arkansas, Connecticut, Illinois, Indiana, Maryland, Massachusetts, Nebraska, New York, and Virginia). "The statewide efforts focused on reducing the stigma associated with perinatal depression; increasing the number of women and their families who seek treatment; and, increasing the number of health and community-based providers who can recognize the signs and symptoms of perinatal depression, provide screening for perinatal depression and related mental health problems, and refer for further assessment and treatment as necessary."²⁵ In 2006, six state grants were awarded to Illinois, Iowa, Louisiana, Kentucky, Massachusetts, and Pennsylvania to provide funding for comprehensive, coordinated services for maternal depression and other mental health problems. These efforts focused on anxiety disorders such as post-traumatic stress disorder and obsessive-compulsive disorder during pregnancy and first year postpartum. By combining maternal mental health and infant mental health within a service system model, these efforts focused on care of the mother-infant pair.

STATE-LEVEL PROGRAM

Maine Women's Health Initiative²⁶

The Maine Department of Human Services in Augusta implemented a project to create sustainable public-private partnerships to support coordinated and comprehensive systems of healthcare for women in the state. Integrating mental health and addiction services into primary care settings was included in these efforts. The Maine collaborative – with funding from the Women's Behavioral Health Systems Building Innovative Ideas for Local and State Collaboration Grant (out of the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau) – consists of a number of coordinating organizations focused on women's health including:

- Women's Behavioral Health Project Steering Committee
- Women's Behavioral Health Systems Initiative Advisory Group
- Interdepartmental Women's Health Committee
- Maine CDC's Women's Preventive Health Workgroup
- Maine Women's Health Campaign

The Maine collaborative addressed the economic, cultural, and geographic variables that contributed to the fragmentation of Maine's health care system. The overarching goal was to integrate women's health care services across all levels of the health care continuum (primary care providers, women's health clinics, and state maternal and child health programs) into a single comprehensive system of health care where access can

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be made at any point with standardization of referral guidelines and care protocols or programs. “Culturally sensitive interventions designed to increase access and coordination, enhance collaboration, and standardize care across the state are critical components of any plan to improve and integrate women’s health care in Maine.”²⁷

Program Activities of Maine’s women’s health initiative include:

- Develop structures and processes to enhance coordination and collaboration among stakeholders in women’s health, including mental health and addiction services
- Create administrative structures to coordinate and implement policies to support comprehensive women’s health services in the primary care setting
- Identify, pilot, and replicate models to provide coordinated and comprehensive women’s health care in the primary care setting within community health center demonstration sites throughout Maine
- Create and establish guidelines based on the pilot experience
- Streamline existing data, surveillance, and analysis systems related to women’s health to monitor and inform program planning and to guide system development and evaluation of project outcomes

LOCAL-LEVEL PROGRAM Chester County, Pennsylvania²⁸

The Chester County, Pennsylvania Maternal and Child Health Consortium (MCHC), a community-based social services organization, is working to improve access to high quality health care for women and children. A prenatal home visiting program through the Consortium’s Healthy Start program provides diverse support services for women. The Consortium began using the Edinburgh Postnatal Depression Scale to screen Healthy Start participants for depression in 2003.

Healthy Start advocates screen women at least twice during the perinatal period; during the home visit for the prenatal needs assessment and again, during the home visit for the postpartum needs assessment, one month after the baby is born. “Additional screenings may be done if the participant is experiencing a stressful life event such as separation from the baby’s father, loss of a job,

domestic violence, etc.”²⁹ Advocates also provide Healthy Start clients with information about the symptoms and treatment of depression. If the woman screens positive for depression, Healthy Start staff will provide her with emotional support and connect her with mental health professionals for further assessment and treatment. In 2005, MCHC collaborated with the Family Service of Chester County to pilot a support group called “Mujeres Latinas Apoyandose” (Latina Women Supporting Each Other). The support group addresses the unique issues that Latina women encounter in Chester County such as isolation from community services due to lack of transportation and English skills. Through surveys, the staff found that lack of health insurance, child care, and transportation were existing barriers faced by Healthy Start participants to obtaining mental health services for depression. Staff also learned of the fear many Healthy Start participants had that the county’s child welfare agency would take custody of their children if they received mental health treatment. To address this concern, the program provides women in Chester County with the support they need to overcome these barriers and effectively address their mental health needs.



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RECOMMENDATIONS

NATIONAL RECOMMENDATIONS

In 1999, the Office of the Surgeon General issued a Report on Mental Health to address concerns about mental health and its effects on overall health and well-being in the United States. Included in the report was a special focus on improving mental health over the lifespan. "Research highlighted in the report demonstrates that mental health is a facet of health that evolves throughout the lifetime."³⁰ The recommendations that follow were compiled by the WHP from the Surgeon General's report. These recommendations can aid state and local programs in strengthening the coordination of women's mental health services across the lifecourse.³¹

- Overcome stigma
- Improve public awareness of effective treatment
- Ensure the supply of mental health services and providers
- Ensure delivery of state of the art treatment
- Tailor treatment to age, gender, race, and culture
- Facilitate entry into treatment
- Reduce financial barriers to treatment

STATE AND LOCAL RECOMMENDATIONS

Many of the recommendations from the Surgeon General's Report on Mental Health are relevant and applicable to addressing women's mental health at the state and local levels. To that end, the following recommendations developed by the AMCHP/CityMatCH Women's Health Partnership can help state and local programs increase collaboration and improve the delivery of mental health prevention services.

State Level:

- Collect and analyze comprehensive data related to women's overall mental health and wellbeing (i.e. PRAMS questions)
- Recognize the importance of social supports to women's health and well-being. Support the development and implementation of programs that strengthen those supports
- Identify, pilot, and replicate promising models to provide coordinated and comprehensive women's health and mental health services in demonstration sites throughout the state

Local Level:

- Encourage the inclusion of mental health focused questions as a part of PRAMS in your state
- Encourage adequate sample size (may require oversampling of some) of women in your jurisdictions who are at greatest risk of compromised mental well-being
- Enhance social supports for women, particularly during known periods of risk throughout the life course (i.e. adolescence, prenatal, postnatal)
- Create support systems for women during traumatic life events (i.e. job loss, child death)
- Provide better access and referral systems to non-clinical services that provide mental health supports (e.g. employee assistance programs, etc.)
- Integrate mental health screenings with other MCH services (e.g., WIC appointments) to decrease missed opportunities for diagnosis and treatment

State and Local Levels:

The following recommendations span both the state and local levels.

- Support the development and implementation of interventions designed specifically to prevent recurrence of major mental illness
- Improve access to appropriate and effective maternal and infant mental health services specifically for vulnerable populations (e.g. immigrants, homeless persons, incarcerated women, etc.)
- Develop structures and processes to enhance coordination and collaboration among diverse stakeholders in women's health (e.g. mental health and addiction services, faith-based organizations, etc.)
- Increase public awareness and education and reduce stigmas concerning mental health
- Enhance the capacity of state and local partnerships and collaborations to strengthen mental health services for women of reproductive age
- Create, coordinate, and implement policies to support comprehensive women's health services

CONCLUSION

Research has shown that depression has increasingly become one of the leading chronic diseases affecting women. The AMCHP/CityMatCH Women's Health Partnership recognizes that poor mental health is a chronic condition that uniquely affects women at all stages throughout their life's course. This Women's Health Prevention Brief was developed to help our members

and partners understand and articulate the importance of prevention as a primary component of addressing women's mental health. MCH professionals at the state and local levels have an important role to play to ensure a comprehensive preventive health framework for women of reproductive age.

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ADDITIONAL RESOURCES

- AMCHP/CityMatCH Women's Preventive Health Framework: <http://www.amchp.org/publications/WomensHealth/Pages/default.aspx>
- Healthy People 2010: Maternal, Infant, and Child Health: Centers for Disease Control and Prevention; Health Resources and Services Administration: <http://www.healthypeople.gov/Document/HTML/Volume2/16MICH.htm>; Mental Health and
- Mental Disorders: <http://www.healthypeople.gov/Document/HTML/Volume2/18Mental.htm>

- The Surgeon General's *People's Piece* on Women's Mental Health provides key messages collected from the Surgeon General's Workshop recommendations to promote mental health, understanding, positive behaviors, and address fear and stigma. More information on the *People's Piece* is available at: <http://www.surgeongeneral.gov/topics/womensmentalhealth/#AB>.
- The Surgeon General's *Call to Action* on Women's Mental Health: combines the science with action items addressing gender-focused mental wellness from a public health perspective. The *Call to Action* addresses the burden of mental disorders, the special risks and prevalence for women and girls; and issues across the lifespan and family/intergeneration effects. The Surgeon General's *A Call to Action* is available at: <http://www.surgeongeneral.gov/library/disabilities/calltoaction/whatitmeanstoyou.pdf>.
- Surgeon General's materials are available at: <http://www.surgeongeneral.gov/library/mentalhealth/home.html>.
- Surgeon General's Workshop on Women's Mental Health is available at: <http://www.surgeongeneral.gov/topics/womensmentalhealth/#AB>.
- "Bright Futures for Women's Health and Wellness": a booklet in a series of guides for women, community organizations, and health care providers. Developed by HRSA's Office of Women's Health, the project aims to help women achieve better physical, mental, social, and spiritual health by encouraging healthy practices. Bright Futures materials are available at: <http://www.hrsa.gov/WomensHealth/ewtools/wguide/index.htm>
- Centers for Disease Control and Prevention: Women's Mental Health Topics – A-Z: <http://www.cdc.gov/Women/az/mntlhlth.htm>
- Office of Women's Health: Women's Mental Health: <http://www.4women.gov/mh/>
- National Institutes of Health: Women and Mental Health: <http://www.nimh.nih.gov/health/topics/women-and-mental-health/index.shtml>
- Substance Abuse and Mental Health Services Administration: Mental Health Links - Women's Mental Health: <http://mentalhealth.samhsa.gov/links/default2.asp?ID=Women%92s+mental+health&Topic=Women%92s+mental+health>

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