Women's Mental Health: What You Should Know

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Faculty

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Agenda

- Facts about Mental Illness
- Women's Mental Health
- Minority Women & Mental Health
- Demographic Information for Alabama
- DMH Initiatives
- Next Steps

General Facts About Mental Illness

- One in four adults approximately 57.7 million Americans experience a mental health disorder in a given year
- One in 17 lives with a serious mental illness such as schizophrenia, major depression or bipolar disorder and about one in 10 children live with a serious mental or emotional disorder

General Facts About Mental Illness

- An estimated 5.2 million adults have co-occurring mental health and addiction disorders
- Of adults using homeless services,
 31percent reported having
 combination of these conditions

General Facts About Mental Illness

- Mental illness usually strike individuals in the prime of their lives, often during adolescence and young adulthood
- All ages are susceptible, but the young and the old are especially vulnerable

General Facts About Mental Illness

- One-half of all lifetime cases of mental illness begin by age 14, threequarters by age 24
- Despite effective treatments, there are long delays - sometimes decades
 between the first onset of symptoms and when people seek and receive treatment

General Facts About Mental Illness

- Fewer than one-third of adults and one-half of children with a diagnosable mental disorder receive mental health services in a given year
- Racial and ethnic minorities are less likely to have access to mental health services and often receive a poorer quality of care

General Facts About Mental Illness

- In the United States, the annual economic, indirect cost of mental illness is estimated to be \$79 billion
- Most of that amount approximately
 \$63 billion reflects the loss of productivity as a result of illnesses

General Facts About Mental Illness

- Individuals living with serious mental illness face an increased risk of having chronic medical conditions
- Adults living with serious mental illness die 25 years earlier than other Americans, largely due to treatable medical conditions

Women's Mental Health

 Women not only suffer disproportionately from a number of mental illnesses but also they often serve as caretakers for those suffering from mental illnesses, make many of the health decisions in the family, and play a critical role in perpetuating or breaking the intergenerational effects of mental illnesses

Women's Mental Health: The Facts

- Depressive disorders account for close to 41.9% of the disability from neuropsychiatric disorders among women compared to 29.3% among men
- Leading mental health problems of the elderly are depression, organic brain syndromes and dementias

Women's Mental Health: The Facts

- Leading mental health problems of the elderly are depression, organic brain syndromes and dementias
 - A majority are women
- An estimated 80% of 50 million people affected by violent conflicts, civil wars, disasters, and displacement are women and children

Women's Mental Health Gender Disparities

- Gender differences occur particularly in the rates of common mental disorders- depression, anxiety and somatic complaints
- Unipolar depression, predicted to be the 2nd leading cause of global disability burden by 2020, is twice as common in women

Women's Mental Health Gender Disparities

 There are no marked gender differences in the rates of serious mental illnesses like schizophrenia & bipolar disorder

Gender Specific Risk Factors

- Gender based roles, stressors and negative life events
 - Gender Based Violence- DomesticAbuse & Sexual Assault
 - -Socioeconomic disadvantage
 - -Low income
 - -Income Inequality
 - Low or subordinate social status and rank

Gender Specific Risk Factors

- Gender based roles, stressors and negative life events
 - Unremitting responsibility for the care of others- taking on too many commitments, difficulty in saying no
 - -Working mothers/single mothers
 - -Single marital status

Women and Suicide

 Women are three times more likely than men to engage in non-fatal suicidal behavior (e.g., taking an excessive dose of sleeping pills), though less likely to use a lethal method (e.g., firearm) and die by suicide

Women and Suicide

- Gender- Suicides 99-05'
 - Males: 82% of suicides; rate21.7per 100,000; 9th ranking cause of death
 - Females: 18% of suicides; rate 4.6 per 100,000; 17th ranking cause of death

Women and Suicide

- Gender- Suicides 99-05'
 - Male suicide rate 4.7 times the female rate
 - From 1999-2005, 18% of suicides were females; rate 4.6 per 100,000; 17th ranking cause of death

Women and Suicide

- Gender- Suicide Attempts 99-05'
 - -Males: 46% of attempts; rate 69.0 per 100,000
 - -Females: 54% of attempts; rate 75.6 per 100,000
 - Female attempt rate 10% greater than male rate

Mental Health & Minority Women

- Depression For African American and Latino Women, it is more common than Caucasians. Higher regardless of income or health status
- Depression Often express symptoms with physical complaints
 & other ways that may be misunderstood

Mental Health & Minority Women

- More likely to receive treatment from primary care if at all
- Many Americans, including African Americans, underestimate the impact of mental disorders
- Many believe symptoms of mental illnesses, such as depression, are "just the blues"

Mental Health & Minority Women

- Issues of distrust in the health care system and mental illness stigma frequently lead African Americans to initially seek mental health support from non-medical sources
- African American women more likely to stop treatment early and less likely to follow up care

Mental Health & Minority Women

- Barriers remain in access to and quality of care from, insurance coverage to culturally competent services
- For those with insurance, coverage for mental health services and substance use disorders is substantially lower than coverage for other medical illnesses such as hypertension and diabetes

Mental Health & Minority Women

- Often, African Americans turn to family, church and community to cope
- The level of religious commitment among African Americans is high

Mental Health & Minority Women

In one study, approximately 85
 percent of African Americans
 respondents described themselves
 as "fairly religious" or "religious"
 and prayer was among the most
 common way of coping with stress

Mental Health & Minority Women

- Many Hispanics/ Latinos rely on their extended family, community, traditional healers, and/ or churches for help during a health crisis
 - As a result, thousands of Hispanics/Latinos with mental illness often go without professional mental health treatment

Mental Health & Minority Women

- Lack of access to mental health services continues to be the most serious problem in the Hispanic/ Latino community
- Hispanic Americans use mentalhealth services far less than other ethnic and racial groups

Mental Health & Minority Women

- They also constitute the largest group of uninsured in the U.S. further limiting access to care
- While insurance plays a large role in accessing healthcare, culture and language are also significant barriers
- The lack of interpreters and bilingual professionals can interfere with appropriate evaluation, treatment, and emergency response

Mental Health & Minority Women

- The lack of interpreters and bilingual professionals can interfere with appropriate evaluation, treatment, and emergency response
- Hispanics/ Latinos often have different attitudes about accessing mental health services, and may feel highly stigmatized for doing so

Mental Health & Minority Women

- For example, Hispanics/ Latinos often mistake depression for nervousness, tiredness, or even a physical ailment, and may see it as something that is temporary
- Affected individuals may not recognize their symptoms as those that require the attention of mental health specialists

Statewide Data on Women Mental Health Statistics 2008

- 102,133- Total clients served by state public mental health system (41,160 female). Of the 41,160,
 - -76.5% Diagnosed with a Serious
 Mental Illness
 - -12% Dually Diagnosed
 - -12% Employed

Statewide Data on Women Mental Health Statistics 2008

- -16% Unemployed
- -68% Not in Labor Force
 - Unemployed means they are looking or needing a job but don't have one and not in labor force means they are not looking or not able to work or are receving SSI or SSDI

Statewide Data on Women Mental Health Statistics 2008

- Education level of women served in public mental health system
 - -18.3% Preschool-8th grade
 - -30%- 9-12th grade
 - 72% received Diploma or GED
 - -14.2% received post high school education-did not receive a degree

Statewide Data on Women Mental Health Statistics 2008

- -3%-Associates Degree
- -3.2%-Bachelors Degree
- -1.1%-Masters Degree
- -0.09%-Doctorate Degree
- -0.3%-No formal education

Statewide Data on Women Mental Health Statistics 2008

- Demographics of Women Served in Public Mental Health System
 - -61% White
 - -31.4% African American
 - -0.8 % Hispanic
 - -0.4% American Indian
 - -0.2% Asian

Statewide Data on Women Mental Health Statistics 2008

- -0.02% Hawaiian/Pacific Islander
- -6.5% Race/Ethnicity Info not available

DMH Initiatives

- Telemedicine Increase Access to Psychiatrists
- Integration of primary care and mental health care (ex. Jefferson County Public Health and JBS MH Authority)
- AL Coalition for a Healthier Black Belt
- Identification of Resources and

DMH Initiatives

 Identification of Resources and Training Needs to Address Women's Mental Health Issues

What Else Needs to be Done?

 Successful mental health recovery for women must include comprehensive, wraparound services with a case management approach that addresses women's multiple treatment needs in a comprehensive, gender-responsive way

What Else Needs to be Done?

- Women must have safe and affordable housing, access to reliable transportation, and realistic employment opportunities
- Women also need assistance with child care, transportation, safety from abusive partners, and access to staff beyond business hours (NIC, 2005)

What Else Needs to be Done?

 These issues must be addressed in order for women to recover and maintain stability in their community

Next Steps

- Training among gatekeepers- primary care, schools, faith communities, lay persons
- Depression screenings and linkage to resources
- Incorporate cultural and linguistic competence elements

Next Steps

- Develop comprehensive wrap around services that include case management, employment and educational opportunities, and assistance with housing and transportation
- Unrealistic to assume that without these services, women will follow through and continue to seek out and receive mental health services

Statewide Advocacy and Support Organizations -Resources

Community Mental Health Centers

WINGS Across Alabama www.wingsalabama.org 1-888-WINGSAL

NAMI Alabama www.namialabama.org 1-800-626-4199

References & Resources

- SAMSHA: The Office on Women's Health www.womenshealth.gov
 - Action Steps for Improving Women's Mental Health
 - Women's Mental Health: What It Means to You
- American Psychiatric Association http://healthyminds.org
- Substance Abuse and Mental Health Services
 Administration www.samhsa.gov
- · National Institute of Mental Health www.nimh.nih.org
- Kaiser State Health Facts www.statehealthfacts.org
- Suicide Prevention Resource Center www.sprc.org

Contact Information

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