

gender matters



California Women's Mental Health
Policy Council

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POLICY AND PRACTICE BRIEF

Gender Matters in Mental Health Brief No.1: Women's Mental Health Overview

ISSUES/CONCERNS

Depression

According to the National Institute for Mental Health, depressive disorders afflict more women (12.0%) than men (6.6%) each year, and major depressive disorders afflict more women (6.5%) than men (3.3%) each year. (Jordan 2004)

Women in multicultural populations experience the same rates of depression as Caucasian women; however, their depression is more likely to go unrecognized, to be inadequately treated, and to be treated in the general medical sector. (Marsenich 2005)

Gender differences in depression emerge in early adolescence, between the ages of 11 and 15. (Marsenich 2005)

Trauma and Post Traumatic Stress Disorder (PTSD)

The vast amount of trauma to women occurs before the age of 18. (Najavits, Weiss, Shaw 1997) with the perpetrator being someone they know (source). According to the National Comorbidity Survey Report, men experience more overall trauma than women. A total of 60.7% of men and 51.2% of women reported experiencing at least one traumatic event in their lifetime. (http://www.ncptsd.org/facts/general/fs_epidemiological.html 2/4/05)

Lifetime rates of Post Traumatic Stress Disorder (PTSD) in the general population are twice as high for

women (10%) than for men (5%). Men's exposure to trauma is usually through crime victimization, general disaster or combat, whereas women experience more childhood trauma and sexual assault. (Najavits, et al. 1997)

Substance Abuse, Psychiatric Comorbidity and Comorbid PTSD

Fifty to 80 percent of all types of substance abusers also meet criteria for at least one psychiatric disorder, the most common being anxiety and depression. The median age of onset for these disorders occurs before 20 years of age. (Marsenich 2005)

Girls and young women who abuse substances are more likely to be depressed and suicidal than are boys and young men who abuse substances. (Marsenich 2005)

In adults, the rates for comorbid PTSD and substance use disorders are two to three times higher for females than males, with 30 to 57 percent of all female substance abusers meeting the criteria for PTSD. (Jennings 2004)

Individuals diagnosed with substance abuse disorders and untreated PTSD, compared to those without a diagnosis of PTSD, are more likely to use both inpatient and outpatient services and often seek medical rather than mental health or substance abuse treatment. (Jennings 2004)

Approximately twice as many women as men suffer from panic disorder, PTSD, generalized anxiety disorder, agoraphobia and specific phobia.



Juvenile Offending

Female juvenile offenders ages 14 to 16 are likely to have some or all of the following characteristics: member of an ethnic minority group, poor academic history, high-school drop out, physically and or sexually abused and exploited, abusing substances, unmet medical and mental health needs, feelings that life is oppressive, and lack hope for the future. (Marsenich 2005)

Anxiety

Anxiety disorders afflict women more often than men. Approximately twice as many women as men suffer from panic disorder, PTSD, generalized anxiety disorder, agoraphobia and specific phobia. (Jordan 2004)

Eating Disorders

Eating disorders—*anorexia nervosa*, *bulimia nervosa* and *binge eating*—primarily affect adolescent girls. Prevalence rates for adolescents and young adults have run as high as 0.5 to 1.0 percent for *anorexia* and 1 to 3 percent for *bulimia*. (Marsenich 2005)

The mortality rate for those diagnosed with *anorexia* is more than 12 times that of the annual death rate for females ages 15 to 24 from all causes. (Marsenich 2005)

Pregnancy and Parenting

Information on the affects of psychoactive drug treatment on the fetus during pregnancy is limited. The American Academy of Pediatrics' (AAP) Committee on Drugs (2000) provides research-based guidelines and the AAP policy statements. (Marsenich 2005)

(<http://aappolicy.aappublications.org>. Key words: Committee on Drugs. Title of article: Use of Psychoactive Medication During Pregnancy and Possible Effects on the Fetus and Newborn)

About 10% of new mothers experience postpartum depression (PPD). (<http://www.mayoclinic.com/invoke.cfm?id=DS00546>)

Women who may be at risk for developing PPD are those with a previous episode of PPD, a history of depression or bipolar disorder, recent stressful life events, inadequate social supports, marital problems and those who experienced depression during pregnancy. (Marsenich 2005)

The National Comorbidity Study conducted in the 1990s found that 67% of women with serious and persistent mental illness were parents.

Access

Statewide public mental health data show females under the age of 40 are less likely to access mental health services than are males. (Jordan 2004)

This gap in access is even more pronounced among youth. In FY 00/01, of the youth served through the Chapter 26.5 special education mandate, boys were served at a three to one ratio to girls. (Jordan 2004)

As of May 2003, only 31.2% of the total youth enrolled in the Children's System of Care (CSOC) were female. (Jordan 2004)

Estimates of prevalence of mental illness are similar across ethnicities, but the ability of ethnic groups to access services varies greatly.

The most recent data available (2000-2001) from the California Department of Mental Health shows the following penetration rates for those at 200% of poverty by ethnicity: Blacks at 9.9%, Whites at 7.0%, Asian or Pacific Islanders at 3.6%, and Hispanics at 2.7%. (California Department of Mental Health document for SQIC meeting 9/25/02)

PRACTICE AND POLICY IMPLICATIONS

To ensure better access and more appropriate services for females, the following recommendations are made:

- Intake should routinely include questions regarding past or current trauma and substance abuse, plus treatment plans should address those issues when identified.
- Because of the high frequency of comorbidity, intake routinely needs to assess for depression, anxiety, substance abuse and suicide risk. Additionally for adolescents, the presence of eating disorders must be specifically questioned.
- Substance abuse, mental health and treatment for trauma should be provided simultaneously (Marsenich). Seeking Safety is an empirically supported substance abuse treatment program to treat PTSD, see www.seekingsafety.org. Also see www.nationaltraumaconsortium.org and <http://www.mentalhealth.org/womenandtrauma/>
- Programs in the juvenile justice system should be gender-specific. Interventions should have a positive affect on young woman's relationships with her family and other supportive adults, peer culture, school and community (Marsenich). See www.girlsjusticeinitiative.org, "Guiding Principles for Promising Female Programming: An Inventory of Best Practices", <http://ojjdp.ncjrs.org/pubs/principles/contents.html>
- Because female disorders are under-identified and under-treated, and surface often in medical settings (especially for ethnic minority women), clinicians should be placed in primary care clinics. In addition, psychiatric consultation should be made available. See "Mental Health: Culture Race and Ethnicity A Supplement to Mental Health: A Report of the Surgeon General" <http://media.shs.net/ken/pdf/SMA-01-3613/sma-01-3613.pdf>
- Ask adult and young adult clients if they have children and if they have custody of these children. Develop support systems for these families. Consider childcare, respite services for parent, parenting support and skills training. See www.parentingwell.org, and Critical Issues for Parents with Mental Illness and their Families, at <http://www.mentalhealth.org/publications/allpubs/KEN-01-0109/default.asp>
- To improve access to services, consider providing transportation to clinic sites and availability of childcare at clinic sites.
- Educate gateway providers to mental health services on issues for girls and the manifestation of mental health symptoms in girls and young women. This is particularly important for those working in education, child welfare, juvenile justice and primary health care.



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REFERENCES

Jennings, A., The Damaging Consequences of Violence and Trauma: Facts, Discussion Points, and Recommendations for the Behavioral Health System, National Technical Assistance Center for State Mental Health Planning, National Association of State Mental Health Program Directors (NASMHPD), 2004.

Jordan, P. Gender matters in mental health: An initial examination of gender-based data. Sacramento, California, California Institute for Mental Health, 2004.

Marsenich, L. A Roadmap to Mental Health Services for Transition Age Young Women: A Research Review, California Women's Mental Health Policy Council, 2005.
www.wmhpc.org

Najavits, L. M., Weiss, R. D., & Shaw, S. R. The link between substance abuse and posttraumatic stress disorder in women: A research review, 1997. *American Journal on Addictions*, 6, 273-283.

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