

Mental Health and Minority Women: Stigma and Myth

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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
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Mental Illness

- Health conditions characterized by changes in:
 - Thinking
 - Mood
 - Behavior (or some combination of these 3)
 - Associated with distress and/or impaired functioning
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Surgeon General's Report on Mental Health - 2000

- Mental illness is common (20%) but undertreated
 - Stigma is a major barrier to care
 - Discrimination in insurance coverage
 - Children & youth, seniors, ethnic and racial groups less likely to receive care
 - Important role for primary care physicians & medical specialists including OB-GYNs
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Women and Mental Illness

- Anxiety Disorders
 - Obsessive Compulsive Disorder
 - Generalized Anxiety Disorder
 - Panic Disorder
 - Cognitive Impairment (dementia)
 - Somatization Disorder
 - Depression
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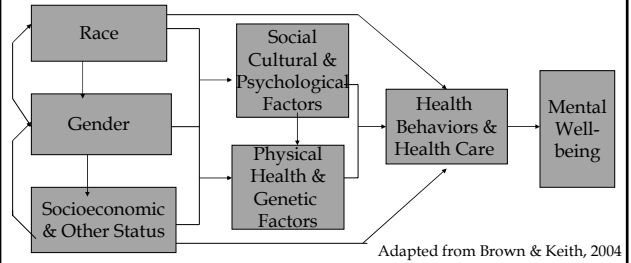
Types of Depression

- Major Depression
 - Bipolar Disorder (Manic Depressive Illness)
 - Dysthymic Disorder
 - Depressive Disorder NOS - not otherwise specified
 - Adjustment Disorder with Depressed Mood
 - Subclinical and Subthreshold Depression
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Depression: How Common is it?

- Major Depression
 - 6.6% (at any given point in time)
 - 16.2% (at some point in life)
 - Females > Males (2:1)
- At least 12% of women vs. 6% of men will have depression at some point in their lives
- Bipolar Disorder
 - 1%
 - Males = Females

Conceptual Framework of Mental Well-being in Women of Color



African Americans and Mood Disorders

- Major Depression
 - Decreased prevalence compared to Whites
- Dysthymic Disorder
 - Increased prevalence compared to Whites
- Prevalence variation depends on co-morbid factors:
 - SES
 - Health-related factors

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)
- Depression is higher regardless of income or health status

Risk Factors for Depression

- Female gender
- Reproductive age
- Family history of mood disorders
- Low socioeconomic status
- Single marital status
- Working mothers
- Childhood abuse
- Difficulties in interpersonal relationships
- Personality characteristics
- Recent stressful life events

DSM IV Criteria - Major Depression

- Sadness or irritability
- Loss of interest in activities
- Appetite or weight change
- Sleep disturbance
- Guilt, low self worth, hopelessness
- Inability to concentrate
- Fatigue or loss of energy
- Restlessness or slowed activity
- Thoughts of suicide or death

Characteristics of Depression in Women

- early onset (10 to 14 years) and adult onset (childbearing years)
- atypical symptoms (mood reactivity, increased appetite, weight gain, hypersomnia, sensitivity to interpersonal rejection)
- anxiety
- somatic symptoms
- longer duration of episodes than men
- slower recovery than in men

Depression in Women

- Premenstrual Dysphoric Disorder
- Depression during pregnancy
- Postpartum Depression
- Menopause
- Bereavement

Women, Stress, and Depression

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

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
(www.nmha.org/newsroom/surveys.cfm)*

Depressive Symptoms in Children and Adolescents

- Acting up, conduct problems
- Loss of interest - enjoying nothing
- Feeling slowed down or "keyed up"
- Sense of hopelessness
- Social isolation or dropping out of activities
- Declining academic performance
- Substance abuse

Depressive Symptoms in Seniors

- Physical complaints: headaches, stomach aches, backaches
- Sadness is not a common complaint
- Hopelessness
- Anxiety
- Loss of ability to feel pleasure
- Slowness of movement
- Lack of interest in personal care

Gallo et al, 1999

Depression and Other Diseases

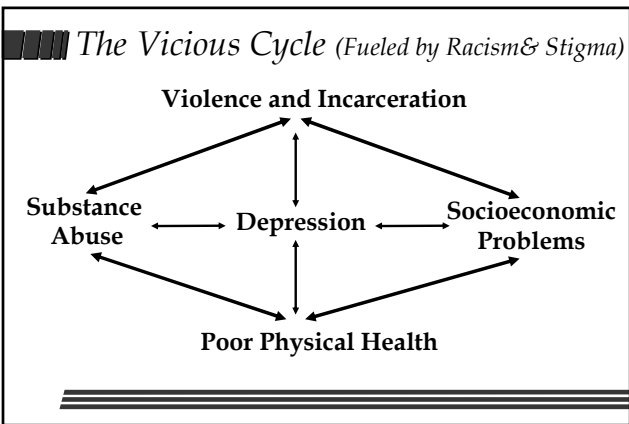
- Diabetes
- Heart Disease and stroke
- HIV/AIDS
- Arthritis and Chronic Pain Syndromes
- Respiratory Disorders
- Sickle Cell Disease
- Cancer

People of Color and Depression

- More likely to receive treatment for depression from primary care if at all
- Often express symptoms with physical complaints (changes in sleep and appetite) and other ways that may be misunderstood

Depression Related Complaints:

<u>Complaints</u>	<u>Culture</u>
"nerves" and headaches	Latino
weakness, tiredness, "imbalance"	Asian
"heartbroken"	American Indian
angry, "evil"	African American



Suicide

- The biggest reason for suicide is untreated depression
- Women attempt suicide four times as frequently as do men
- High rates of suicide in elderly Asian women
- Men complete suicide four times as often as women

Treatment of Depression

Treat the Disease and Treat the Suffering Person

- Medications and other treatment
- Psychotherapy or talk therapy
- Education, support groups, support of family, friends, neighbors, "gatekeepers"

■■■■ *Self-Help for Depression*

- Prayer
- Meditation
- Rest
- Exercise
- Avoiding caffeine, alcohol, and other drugs
- Keep a positive outlook

■■■■ *Protective and Resilience Factors for Depressive Symptoms*

- Religious involvement, high among African American women regardless of SES
- Greater social participation (neighborhood, community, and professional organizations)
- Social support from interpersonal relationships with family and friends

■■■■ *Treatment / Undertreatment of Depression*

- 1/2 of individuals with major depression did not seek any treatment
- 1 in 10 of those suffering from depression received adequate treatment

Robins & Regier, 1991

■■■■ *Determinants of Health: Risk and Resilience Factors*

- Individual biology
- Individual behavior
- Physical environment
- Access to quality health care
- Social environment
- Policies and interventions

■■■■ *Physical Environment and Women of Color*

- Living in poverty increases risk of lead exposure and poor air quality
- Neighborhood and housing conditions increase risk of exposure to high crime, drug trafficking and unsanitary streets
- Increased risk of stress and depression

■■■■ *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* (M. Fullilove, M.D.)

Physical Environment and Women of Color

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

Physical Environment and Women of Color

- Stressful and hazardous physical environment increases risk of poor mental health outcomes and further psychological stress from lack of adequate health care services
- Understanding physical environment and impact on depressive disorder is key in determining effective prevention strategies

Access to Quality Health Care

- Determinant of health outcomes in women of color
- IOM report, Unequal Treatment, identified this as a barrier to health services
- Even when access-related factors such as insurance status and income are controlled for, underserved racial and ethnic groups still receive a lower quality of health care

Access to Quality Mental Health Care

- Surgeon General's Report on Mental Health : Culture, Race and Ethnicity documented disparities in mental health status, access to, availability of and utilization of mental health services
- Also revealed that diverse racial and ethnic groups receive poor quality mental health care
- Lack of culturally and linguistically competent health professionals

Women of Color and Access to Care

- Access to care is affected by
 - Race/ethnicity
 - Gender
 - Role in society relative to males
 - Socio-economic status
- Women are more likely to receive poor health care services even though they seek health services more often than men

Unequal Health Care Delivery Based on Racial and Ethnic Differences

- Basis for most reported disparate outcomes after accounting for access to care
- Often linked with individual and institutional discriminatory practices
- Impact occurs at the provider, health system and/or regulatory and policy level
- Need research to understand how these factors interact to result in disparities

People of Color and Barriers to Care

- Stigma (negative view of a person for having mental illness)
- No insurance, underinsurance (working poor), or lack of availability of services in certain areas
- Negative experiences in the health system (disparities, being treated differently than whites)
- Acceptance of fate, oppression and suffering as part of life

What can we do?

- Depression screening and linkage to resources
- Training among gatekeepers (primary care, schools, faith community, lay persons-CAP)
- Center for the Integration of Spirituality and Mental Health
- Public Education using videotapes, Gray & Blue, Mood Indigo, Black & Blue

Prevention Programs for Women of Color

- Depression screening at prenatal clinics situated in public health departments
- Focus on low income women without health insurance due to their risk of depression and psychological stress
- Consider women receiving public assistance, unable to avail themselves of work opportunities
- Programs should incorporate cultural and linguistic competence elements

Prevention Programs for Women with Depression

- Depression is a risk factor for cardiovascular disease
- Rising rates of heart disease in women
- Incorporate nutrition and exercise as preventive strategies
- Assessment of multiple determinants' impact on health outcomes necessitates collaboration of different specialties at the planning stage, primary care, mental health, OBGYN, cardiology, etc.

Questions & Answers

