

A Public Health Perspective of Women's Mental Health

Bruce Lubotsky Levin • Marion Ann Becker
Editors

A Public Health Perspective of Women's Mental Health

Foreword by Rosalynn Carter

 Springer

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Foreword

From the richest metropolis to the poorest village, mental illnesses take a devastating toll on women the world over. Mental disorders are some of the most complex, misunderstood, and stigmatized public health problems. According to the U.S. Surgeon General, mental disorders are among the leading causes of disability in America and worldwide. For example, major depression ranks second among causes of the global burden of disease and is the leading cause of disability for both women and men in the USA. Epidemiological studies reveal that approximately one-half of American women will experience a mental disorder sometime in their lives. Furthermore, these disorders are a major cause of morbidity and mortality in women.

Mental disorders weigh so heavily because they significantly disrupt daily life and negatively affect resilience to other stressors, coping strategies, and the ability to participate in work, family, and social responsibilities. These disorders can be linked to poverty and to environments and behaviors that compromise women's safety and security. The growing level of poverty among women in the USA suggests that mental disorders are likely to be an ongoing major public health problem for the foreseeable future.

While there have been recent advances in the consumer and advocacy movements as well as in psychopharmacologic and neurologic research, efforts at mental health system reform have not been adequate. Discrimination; disparities in access, quality, and outcomes of care; and unmet needs for the effective treatment of mental disorders in women remain significant challenges in our society.

A Public Health Perspective of Women's Mental Health offers a comprehensive assessment of women's mental health services. Unlike other books which tend to be more narrowly focused on clinical and treatment issues, this text synthesizes an extensive body of literature regarding epidemiology, treatment, and delivery of mental health services for women. It also presents the social context of mental disorders and the implications these issues have on women's mental health policy and services delivery.

Each chapter is written by nationally known researchers, academicians, practitioners, and advocates in the fields of women's health, mental health, and substance abuse services. The text captures both the breadth and depth of the critical issues facing women with mental and substance use disorders. *A Public Health Perspective*

of Women's Mental Health is essential reading for students in a variety of academic disciplines, including public health, social work, psychology, psychiatry, education, and nursing. In addition, health and mental health practitioners will find this book an indispensable reference for teaching and clinical practice.

Rosalynn Carter
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Preface

Introduction

A Public Health Perspective of Women's Mental Health examines major issues in the organization, financing, and provision of women's mental health services. It also presents an overview of the epidemiology of mental disorders across the lifespan of women, an in-depth discussion of selected mental and substance use disorders that particularly affect women, and includes an examination of emerging issues in women's mental health.

The idea for this text originated during the preparation of a special issue of the *Journal of Behavioral Health Services & Research (JBHS&R)* Volume 32, Number 2, 2005) focusing on *The Impact of Co-Occurring Disorders and Violence on Women*. Prior to the publication of this special issue of the *JBHS&R*, virtually all published texts examined women's mental health services from a clinical and/or biomedical perspective. In addition, it became apparent to one of the editors (MB) while teaching a graduate level women's mental health course at the University of South Florida College of Public Health that despite the increased attention in the past decade to women's mental health issues, no text in the medical or behavioral health literature could be identified which offered an extensive examination of women's mental health from a public health perspective. This text attempts to respond to this gap in the literature by providing the current state of knowledge on women's mental health and examining the need for mental health services and the effect of mental disorders upon women's daily lives.

This text was developed with three objectives in mind: (1) to highlight mental health and substance use disorders of particular concern to women, (2) to emphasize services delivery and services research issues in women's mental health, and (3) to provide a discussion of these critical issues from a (multidisciplinary) public health perspective. In order to accomplish these goals, an editorial decision was made to include a diverse set of chapters, ranging from theory-driven chapters to more traditional quantitative and empirically based chapters. The result is an exceptional volume that we hope accomplishes all three objectives.

This text is particularly timely given the substantial changes in financing and services delivery of health and mental health services at the national and state levels.

In addition, this text attempts to fill the void of materials examining women's mental health services in a variety of environments, including jails and prisons, the workplace, and rural areas of America.

Nationally recognized experts in the fields of women's mental health, services research, practice, and policy were invited to prepare chapters specifically for this initiative. The chapter contributors include individuals from various areas of expertise, including public health, social work, psychiatry, public administration, sociology, clinical and social psychology, health behavior/health education, substance abuse, and education.

This text was designed for a variety of audiences, including (1) undergraduate students in the social and behavioral sciences, (2) graduate students in public health, community health and mental health, women's studies, social work, psychiatric and community health nursing, community and medical psychology, medical sociology, medical anthropology, community and social psychiatry, and other graduate and postdoctoral students in the allied behavioral health sciences, (3) professionals currently employed in mental health and substance abuse programs in various healthcare organizations, including health maintenance organizations, women's health centers, hospitals, substance abuse clinics, and community mental health centers, and (4) consumers, policymakers, advocates, and professionals involved in the fields of mental health and substance abuse services within local, state, and federal government.

Organization of the Text

The chapters in this text are organized into three basic components: Part I. *Overview and Epidemiology of Mental Disorders in Women* (Chaps. 1–5), Part II. *Selected Disorders* (Chaps. 6–10), and Part III. *Services Delivery and Emerging Research* (Chaps. 11–20).

In Chap. 1, Becker and Levin provide an introduction to the text and a look at the meaning of a public health approach to women's mental health services. Chapter 2 (Warner and Bott), Chap. 3 (Alexander and McMahon), and Chap. 4 (Kenna, Ghezal, and Rasgon) focus on the epidemiology and treatment of mental disorders in children and adolescents, adults, and older women, with an emphasis on gender differences, risk factors, symptom presentation, course of illness, and current treatment approaches. In Chap. 5, Larson and McGraw discuss the importance of providing high-quality health care for women with multiple morbidities (e.g., a combination of several chronic mental and somatic disorders). This chapter provides a succinct overview of the most common somatic conditions in women with mental disorders and focuses on important opportunities for care improvement linked to appropriate and timely detection and treatment of physical health problems for women with serious mental disorders.

In Part II of this text, *Selected Disorders* (Chaps. 6–10), the authors discuss specific mental disorders that are unique or of particular concern to women, including

depression and postpartum disorders (Chap. 6—Flynn), eating disorders (Chap. 7—De Bate, Blunt, and Becker), menopause (Chap. 8—Wroolie and Holcomb), substance abuse (Chap. 9—Barry and Blow), and HIV/AIDS (Chap. 10—Frank, Knox, and Waggener). In addition to discussing the relevant epidemiologic information, the authors provide thorough reviews of the current research and best practices regarding effective treatment and prevention strategies that must be adapted to ensure these strategies work for all women. The authors of the chapters appearing in Part II also discuss the importance of advocacy and involving women in policy development for prevention, care, treatment, and research concerning mental disorders.

Part III of this text, *Services Delivery and Emerging Research* (Chaps. 11–20) covers topics specifically selected to be complementary with each other. The authors of each chapter integrated relevant and current information to illustrate the complex interaction of the different aspects of services delivery and emerging research. The combination and wealth of information provided in Part III of this text provides a clear understanding of the strengths and challenges facing current services delivery systems and the potential impact of emerging research on future systems of care. Part III is composed of chapters covering diverse topics critical to research and the effective provision of mental health services for women.

In Chap. 11, Merrick and Reif address the insurance and financing mechanisms and approaches to quality improvement by analyzing the organization, financing, and delivery of women's mental health services in the current managed care environment. In Chap. 12, Perez, Dixon, and Kelly explore the impact of evidence-based medicine on the quality of mental health services provided to women. Veysey (Chap. 13) presents the specific mental health service needs of women who are incarcerated in US jails. The chapter documents the magnitude of this significant problem and discusses in detail the need for trauma-informed mental health services for incarcerated female populations.

In Chap. 14 (Dugan and Magley), Chap. 15 (Bloom), and Chap. 16 (Mulder, Jackson, and Jarvis) the authors examine the workplace, organization stress, and mental health services for women living and working in rural America. The authors of these chapters also discuss ways in which these settings may support or hinder accessing treatment at the community level for mental disorders.

In Chap. 17, Burke-Miller examines other social and community contexts for women's mental health. Jang, Chiriboga, and Becker (Chap. 18) present information on racial and ethnic disparities and emphasize the importance of cultural, social, economic, and geographic factors commonly associated with unique behavioral presentations that require culturally appropriate, multidimensional, and interdisciplinary responses. Burke-Miller reminds readers of the relevance of race and ethnicity and place to practice, policy, and establishing future research agendas.

In the final two chapters in this text, Nicholson (Chap. 19) and Hanson and Levin (Chap. 20) explore topics frequently missing in prior literature on women's mental health. In Chap. 19, Nicholson provides an ecological perspective on parenting and recovery for mothers with mental disorders and describes these mothers, their

experiences, and needs. She extrapolates from the existing literature key components and processes of relevant interventions for mothers and their implications for mental health policy and services delivery. In the last chapter of this text (Chap. 20), Hanson and Levin present critical information on how best to navigate the diversity of knowledge that constitutes women's mental health. The authors also discuss the implications that emerging technologies and information-seeking behaviors have on women's mental health research, services delivery, and policy.

Although space does not permit an examination of all relevant topics and issues in women's mental health, this text emphasizes the importance of establishing a public health perspective for the study of women's mental health. We hope that this multidisciplinary framework will assist individuals from various disciplines to join in future research, services delivery, and policy making efforts in women's mental health.

Acknowledgements

We would like to thank some of the individuals who have provided encouragement, support, and consultation throughout the preparation of this text. In particular, we would like to express our gratitude to Mario Hernandez, Larry Schonfeld, Tom Massey, and Junius Gonzales at the University of South Florida for their ongoing encouragement of our work. We also owe a great deal of appreciation to Ardis Hanson at the University of South Florida who created the subject index for this text. We would also like to extend a special thanks to Diana Lima and Annie DeMuth at the University of South Florida for their tremendous assistance in the preparation of this text as well as Bill Tucker, Khristine Queja, and Ian Marvinney at Springer Publications for their valuable suggestions during the editing of this text.

Finally, we would like to express our deep appreciation and thanks to our families and friends for their love, understanding, and support, particularly throughout the preparation of this text. We dedicate this text to our families and friends, with a special dedication to Sophie Anne Levin.

Bruce Lubotsky Levin
Marion Ann Becker

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Rosalynn Carter

Former First Lady Rosalynn Carter has been a driving force in the field of mental health throughout her public service career. She was a member of the Governor's Commission to Improve Services to the Mentally and Emotionally Handicapped when her husband was governor of Georgia. As active honorary chair of the *President's Commission on Mental Health* during President Carter's administration, she helped bring about passage of the Mental Health Systems Act of 1980.

In 1985, she initiated the Rosalynn Carter Symposium on Mental Health Policy, which brings together representatives of mental health organizations nationwide to focus and coordinate their efforts on key issues. Since then, annual symposia held at The Carter Center have investigated such topics as mental illness and the elderly, child and adolescent illness, family coping, financing mental health services and research, treating mental illness in the primary care setting, and stigma and mental illness. Responding to the need for local collaboration, she instituted in 1996 an annual Georgia Mental Health Forum for professionals and consumers statewide. The Carter Center Mental Health Task Force, chaired by Mrs. Carter and comprised of individuals in a position to affect public policy, meets quarterly to identify policy initiatives and set the agenda for The Carter Center Mental Health Program and annual symposia. With the inception of the Rosalynn Carter Fellowships for Mental Health Journalism in 1996, Mrs. Carter launched one of the most successful national programs in combating the stigma associated with mental illnesses.

Mrs. Carter published *Helping Yourself Help Others: A Book for Caregivers* co-authored with Susan Golant in 1994. Following on the success of her caregiving

book, Mrs. Carter teamed up with Susan Golant to write *Helping Someone with Mental Illness: A Compassionate Guide for Family, Friends, and Caregivers*. Building on her 25 years' experience in the field, Mrs. Carter discusses the latest treatments and research generated from her symposia and in consultation with the major mental health organizations in the United States. She also addresses how best to help those with illnesses such as depression, schizophrenia, manic depression, panic attacks, and obsessive-compulsive disorders by being an effective, compassionate caregiver and advocate. *Helping Someone with Mental Illness* was selected as the winner of the 1999 American Society of Journalists and Authors Outstanding Book Award in the service category.

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Ardis R. M. Hanson is the Head of the Research Library at the Louis de la Parte Florida Mental Health Institute at the University of South Florida (USF). She received her bachelor's degree in Fine Arts from the University of Tampa and her Master's Degree in Library Science from the University of South Florida. Interested in the use of technology to enhance research, she developed the web site for the Library and the Institute in 1993 and, as Institute Webmaster, created a number of specialized research resources for Institute and Internet users. Ms. Hanson has co-presented at Internet2 and been a participant in a number of informatics projects, from portal development to resource directories. She is Senior Editor of the text *Building a Virtual Library* (Information Science Publishing, 2003) and co-author of the text *Integrating Geographic Information Systems into Library Services* (IGI Publishing, 2008). Ms. Hanson has published (with Bruce Lubotsky Levin) extensively on mental health services. She currently teaches graduate behavioral health courses at the USF College of Public Health and is pursuing her doctoral degree in health and organizational communication.

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Part I
Overview & Epidemiology of
Mental Disorders in Women

Chapter 1

Public Health and Women's Mental Health

Marion Ann Becker, Bruce Lubotsky Levin and Ardis R. M. Hanson

Introduction

Mental disorders are significant contributors to the global burden of disease. World-wide, it is estimated that approximately 450 million people suffer from a mental disorder (World Health Organization 2001). In developing countries, mental disorders are second only to cardiovascular diseases in contributing to lost years of life (World Health Organization 2003). Although mental disorders have a potential impact upon all individuals, it is important to recognize gender differences in the rates, experience, and course of mental disorders. For example, a recent Substance Abuse and Mental Health Services Administration (SAMHSA) report states that:

Women are nearly twice as likely as men to suffer from major depression, which is associated with problems such as lost productivity, higher morbidity from medical illness, greater risk of poor self-care or poor adherence to medical regimens, and increased risk of suicide. Perinatal depression affects an estimated 8–11 percent of women during pregnancy and 6–13 percent of mothers in the first post partum year. Rates of anxiety disorders are two to three times higher in women than in men; this includes post-traumatic stress disorder, which affects women more than twice as often as men. Women represent 90 percent of all cases of eating disorders, which carry the highest mortality rate of all mental disorders (*Action steps for improving women's mental health* 2009, p. 5).

Furthermore, Pratt and Brody (2008) examined data from the 2005–2006 National Health and Nutrition Examination Survey (NHANES). “NHANES is a continuous cross-sectional survey of the civilian, noninstitutionalized US population designed to assess the health and nutrition of Americans” (Pratt and Brody 2008, p. 5). The sample for 2005–2006 included approximately 5,000 people of all ages. Pratt and Brody (2008) analyzed the survey results and found a higher percentage of women (6.7%) 12 years of age and older with depression compared to men (4%) with depression. In addition, less than a third of NHANES respondents reporting depressive symptoms sought care from a mental health professional.

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Women with mental disorders not only have higher morbidity and mortality rates but are also more at risk for the underdiagnosis of major physical illnesses (McCabe and Leas 2008). In response to current epidemiologic data, the principle that “there is no health without mental health” is gaining ground. Efforts to transform America’s public mental health delivery systems to ones that are more person-centered, recovery-focused, evidenced-based, and quality-driven are intensifying (Power 2009).

Due, in part, to the Surgeon General’s report on mental health (US Department of Health & Human Services 1999), the efforts of the World Health Organization (2001), and the President’s New Freedom Commission on Mental Health (2003), a broader framework for health has been advocated, which emphasizes the idea that disease goes beyond its clinical dimensions. This broader framework makes it essential that public health practitioners, policy makers, consumers, and advocates understand the extent and distribution of mental disorders and disability in order to develop policies and practices that reduce health disparities and contribute to people’s daily activities and participation in society (President’s New Freedom Commission on Mental Health 2003; World Health Organization 2009).

Chapter Objectives

This chapter, as well as this text, examines a number of critical issues in women’s mental health and substance abuse from a multidisciplinary, public health perspective. This chapter focuses on the essential elements of a public health perspective, outlines some major concerns in women’s mental health, and sets the stage for the presentation of chapters in three basic areas: (1) an overview of the epidemiology of mental disorders throughout the lifespan of women; (2) a discussion of selected mental and substance use disorders of particular concern to women; and (3) the identification of major issues in services delivery and emerging research in women’s mental health.

A Public Health Approach

Historically, teaching, research, and academics have been structured around specific disciplines, each with its own nomenclature, conceptual approaches, literature base, target audiences, and application strategies. However, thus far, outside the field of public health, minimal efforts have been devoted to a multidisciplinary approach to solving problems. One of the core concepts underlining a public health approach or perspective is a focus on the health of an entire population or population at risk. Approximately 90 years ago, Winslow (1920) defined public health as:

The science and art of preventing disease, prolonging life, and promoting health and efficiency through organized community effort for the sanitation of the environment, the

control of communicable infections, the organization of medical and nursing services for the early diagnosis and prevention of disease, the education of the individual in personal health and the development of the social machinery to assure everyone a standard of living adequate for the maintenance or improvement of health (pp. 6–7).

Accordingly, a public health approach involves an emphasis on health promotion and disease prevention throughout the lifespan. It takes into consideration a multi-disciplinary framework for examining health and mental health problems. The World Health Organization (2009) states that a public health approach includes the following four steps:

1. Define the problem through the systematic collection of information about the magnitude, scope, characteristics, and consequences of a disorder;
2. Establish why the disorder occurs using research to determine the causes and correlates of the disorder, the factors that increase or decrease the risk for the disorder, and the factors that could be modified through interventions;
3. Find out what works to prevent the disorder by designing, implementing, and evaluating interventions; and
4. Implement effective and promising interventions in a wide range of settings. The effects of these interventions on risk factors and the target outcome should be monitored, and their impact and cost-effectiveness should be evaluated (p. 1).

Recently in the USA, mental health consumers advocated the following public health framework for organizing and providing mental health services in Massachusetts (*A public health framework for the state mental health authority 2006*): (1) consumer and family participation; (2) a focus on quality of life issues; (3) assuring staff accountability; and (4) collecting and maintaining useful data.

We suggest that a public health perspective that encompasses multidisciplinary approaches to mental health and emphasizes opportunities for prevention and early intervention will be more likely to reduce the burden of mental illnesses in women. This approach is preferred since it is not individually focused but population based and encompasses important social, cultural, economic, and environmental factors that impact women's health.

Selected Issues: Women and Mental Health

In the material that follows in this chapter and in the chapters in this volume, selected issues of particular importance to women's mental health are discussed. All chapters include a discussion of the current challenges facing the treatment of women with mental disorders and suggestions for overcoming these challenges. Finally, each chapter concludes with an "Implications for Women's Mental Health" section, discussing the importance of each chapter topic to the overall field of women's mental health.

Epidemiology and Health Disparities

Despite increased attention and promising advances in the science and practice of women's mental health, disparities based on gender, race, ethnicity, and socioeconomic status persist, and women continue to have a higher risk than men for mental disorders (Schulz and Mullings 2006). While there is now a greater recognition of the role of mental health in the overall health of individuals and considerable progress in our understanding and treatment of mental illnesses, the prevalence of mental disorders reported by women in the USA may actually be increasing (see Chap. 5 in this volume). In fact, in the most recent revised national comorbidity replication study, the profile for persons with any mental disorder in the prior year was being female, Hispanic, or African American, with less than a college education, low income, not currently cohabitating, and living in a rural area (Kessler et al. 2005c).

In addition to being more common, mental disorders are the leading cause of morbidity in women and the second leading cause in men (U.S. Department of Health & Human Services 1999). Furthermore, the negative impact of mental disorders on overall health and life is similar worldwide (Murray and Lopez 1996; World Health Organization 2004). Data show that about one-half (48.5%) of American women report a mental disorder in their lifetime, and about a third (30.9%) report a disorder in the prior year (Kessler et al. 2005b).

According to the SAMHSA, about 44 million adults and 13.7 million children have a diagnosable mental disorder. However, less than half of the adults and only about 33% of the children receive mental health treatment (President's New Freedom Commission 2003; U.S. Department of Health & Human Services 1999). Although prevalence rates vary depending on the study, age of the population, and methods used across the lifespan, researchers have consistently reported higher rates of mental disorder for females compared with males. Researchers note that starting in early adolescence, rates of mental disorder increase for both genders, but the rates for adolescent females double (Kessler et al. 2005a; Hankin and Abramson 2001; Saluja et al. 2004; Twenge and Nolen-Hoeksema 2002; Wade et al. 2002). Explanations for these differences are not fully known and require continued research. For a more thorough discussion of the epidemiology of mental disorders, see Chap. 2 (girls and adolescents), Chap. 3 (adults), and Chap. 4 (older adults) in this volume. Also see Chap. 5 for an additional discussion of the epidemiology of co-occurring disorders in women.

Services Delivery

The President's New Freedom Commission on Mental Health (2003) identified fragmentation of mental health delivery systems as one of the three major obstacles impeding the treatment of mental disorders in the USA. This has direct implications for issues of access and the utilization of effective mental health care for

both primary and mental health care providers. In order to improve the access to and quality of mental health care, the New Freedom Commission suggests that a transformation of mental health service systems is needed to eliminate disparities in mental health, provide mental health education and disease prevention initiatives, and develop (and implement) an integrated information technology and communications infrastructure. This would include the integration of medical records and surveillance systems for identifying mental health needs and disparities (*Action steps for improving women's mental health* 2009).

Health Literacy

Health literacy addresses the ability of an individual to understand information (e.g., diagnostic, treatment, medication, protocols, and lifestyle change) provided by a health or mental health care professional (e.g., physician, nurse practitioner, pharmacist, physician's assistant, and rehabilitation specialist). An expanded model of health literacy also includes the ability of consumers to frame questions about, and acknowledge an understanding of, the health information provided. As treatment becomes more complex with evidence-based practices and new psychopharmacological agents, health literacy becomes even more important in the treatment of physical and mental disorders.

Trauma, Violence, and Abuse

There continues to be increasing evidence regarding the high prevalence of trauma, violence, and abuse against women. Emerging areas of concern are the growing population of incarcerated women, female veterans, and active female military personnel who are exposed to trauma, violence, and abuse with limited access to mental health services. These individuals frequently suffer from posttraumatic stress disorder (PTSD). For example, it has been reported that as many as 30% of women were raped during their military services (Tjaden and Thoennes 2000; Zinzow et al. 2007) compounding the heavy burden already experienced by female veterans and their families. Thus, there is a critical need for new initiatives to address both the short- and long-term effects of trauma, violence, and abuse experienced by women.

Action Steps for Improving Women's Mental Health

Collaborative efforts by a number of federal agencies to affect positive changes and promote progress to improve the mental and overall health of the nation's women and girls are detailed in *Action steps for improving women's mental health* (2009). This report, issued by the National Mental Health Information Center, mirrors

international action plans suggested by the World Health Organization (2005, 2003). Among other things, the action steps encourage nations to “Promote a recovery-oriented, strengths-based approach to treatment for women ...” (*Action steps for improving women’s mental health* 2009, p. iii) and “Build resilience and protective factors to promote the mental health of girls and women and aid recovery” (*Action steps for improving women’s mental health* 2009, p. iii).

Implications for Women’s Mental Health

Despite an increase in life expectancy and a variety of new medications for more effective treatment of mental disorders, women continue to face increased vulnerability and gender-based risks for major depression, PTSD, and anxiety disorders. In addition, women with mental disorders continue to face significant social stigma and discrimination. Since mental and substance use disorders begin in childhood and adolescence, successful efforts in prevention and early intervention should be initiated during this critical time period.

Concurrently, there is a growing need for the provision of mental health services for women who are incarcerated in jails and prisons as well as the increasing number of women in the military. These at-risk populations create an increased demand on communities, states, and federal health care systems to provide greater access to effective and affordable mental health services for women.

As acknowledged by the World Health Organization (2003), we now have an opportunity to improve access to, and the quality of, mental health services for women. However, given the dramatic reductions in state (financial) support for health, education, and social services, it remains to be seen if this opportunity will be realized. Nevertheless, the recommendations of the President’s New Freedom Commission (2003) and the *Action steps for improving women’s mental health* (2009) have established a blueprint for continued progress. The hope in America and around the world is that health care reform, currently under consideration in America, will lead to positive changes for women’s mental health and result in the implementation of the action steps to improve women’s mental health that were widely disseminated by SAMHSA in 2009.

References

- A public health framework for the state mental health authority.* (2006). Roxbury, MA: Consumer Quality Initiatives.
- Action steps for improving women’s mental health.* (2009). Rockville, MD: Office on Women’s Health, Substance Abuse and Mental Health Services Administration. Retrieved July 27, 2009, from <http://download.ncadi.samhsa.gov/ken/pdf/OWH09-PROFESSIONAL/ActionSteps.pdf>
- Hankin, B. L., & Abramson, L. Y. (2001). Development of gender differences in adolescent depression: An elaborated cognitive vulnerability-transactional stress theory. *Psychological Bulletin*, 127(6), 773–796.

- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005a). Lifetime prevalence and age-of-onset of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, *62*(6), 593–601.
- Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005b). Lifetime prevalence and age-of-onset: Distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, *62*, 593–602.
- Kessler, R. C., Chiu, W. T., Demler, O., & Walters, E. E. (2005c). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, *62*, 617–627.
- McCabe, M. P., & Leas, L. (2008). A qualitative study of primary health care access, barriers and satisfaction among people with mental illness. *Psychology, Health & Medicine*, *13*(3), 303–312.
- Murray, C. J. L., & Lopez, A. D. (1996). *The global burden of disease*. Geneva: World Health Organization, Harvard School of Public Health, World Bank.
- Power, K. (2009). A public health model of mental health for the 21st century. *Psychiatric Services*, *60*(5), 580–584.
- Pratt, L. A., & Brody, D. J. (2008, September 3). *Depression in the United States household population, 2005–2006*. NCHS Data Brief, 7:3, September, 2008. Retrieved July 27, 2009, from <http://www.cdc.gov/nchs/data/databriefs/db07.pdf>
- President's New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America. Final Report*. Rockville, MD: Department of Health and Human Services Publication Number SMA-03-3832. Retrieved July 27, 2009, from <http://www.mentalhealthcommission.gov/reports/FinalReport/toc.html>
- Saluja, G., Iachan, R., Scheidt, P. C., Overpeck, M. D., Sun, W., & Giedd, J. N. (2004). Prevalence and risk factors for depression among young adolescents. *Archives of Pediatrics Adolescent Medicine*, *158*(8), 760–763.
- Schulz, A. J., & Mullings, L. (Eds.). (2006). *Gender, race, class & health: International approaches*. San Francisco, CA: Jossey-Bass.
- Tjaden, P., & Thoennes, N. (2000). *Full report of the prevalence, incidence, and consequences of violence against women: Findings from the National Violence Against Women Survey*. Washington, DC: National Institute of Justice and Center for Disease Control and Prevention.
- Twenge, J. M., & Nolen-Hoeksema, S. (2002). Age, gender, race, socioeconomic status, and birth cohort differences on the children's depression inventory: A meta-analysis. *Journal of Abnormal Psychology*, *111*(4), 578–582.
- U.S. Department of Health and Human Services. (1999). *Mental health: A report of the surgeon general*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health. Retrieved July 27, 2009, from <http://www.surgeongeneral.gov/library/mentalhealth/home.html#forward>
- Wade, T. J., Caine, J., & Pevalin, D. J. (2002). Emergence of gender differences in depression during adolescence: National panel results from three countries. *Journal of the American Academy of Child and Adolescent Psychiatry*, *41*(2), 190–195.
- Winslow, C.-E. A. (1920). The untilled field of public health. *Modern Medicine*, *2*, 1–9.
- World Health Organization. (2001). *The world health report, 2001: Mental health: New understanding, new hope*. Geneva, Switzerland: World Health Organization. Retrieved July 27, 2009, from http://www.who.int/mental_health/en/investing_in_mnh_final.pdf
- World Health Organization. (2003). *Investing in mental health*. Geneva, Switzerland: World Health Organization. Retrieved July 27, 2009, from http://www.who.int/mental_health/en/investing_in_mnh_final.pdf
- World Health Organization. (2004). *World health report 2004: Changing history* (pp. 126–131). Geneva, Switzerland: World Health Organization. [Annex Table 3: Burden of disease in DALYs by cause, sex, and mortality stratum in WHO regions, estimates for 2002]. Retrieved July 27, 2009, from http://www.who.int/whr/2004/en/report04_en.pdf