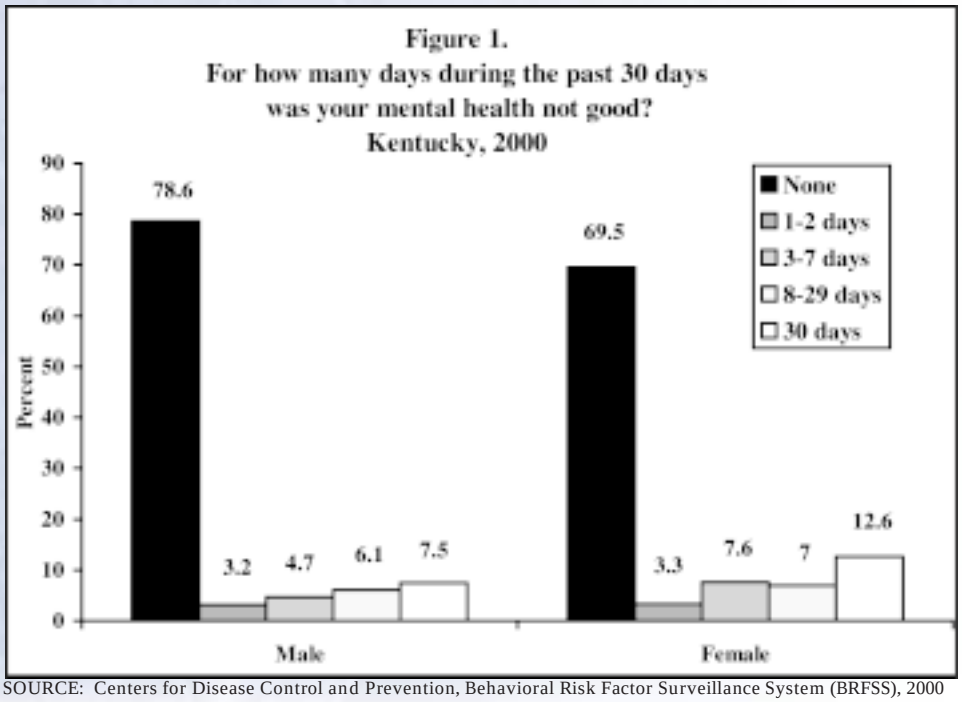
Mental Health & Mental Illness

At least one in five Americans is affected by mental illness. In the United States, mental disorders, including suicide, collectively account for 15.4 percent of the overall burden of disease from all causes, ranking second after cardiovascular conditions (18.6 percent) and before malignant diseases which rank third (15.0 percent).[1]

It is important to understand the difference between mental illness and mental health. The 1999 Surgeon General's Report on Mental Health defines mental health as a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity.[2] Certain common events of midlife (e.g. divorce or other stressful life events) can create mental health problems (not necessarily disorders) that may be addressed through a range of interventions.

The same report defines mental illness as the term that refers collectively to all diagnosable mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.[3] In Kentucky, a diagnosable mental illness occurs when a mental health professional determines that a person has a mental illness diagnosis as defined in the Diagnostic and Statistical Manual (DSM IV) or International Classification of Diseases (ICD 9).



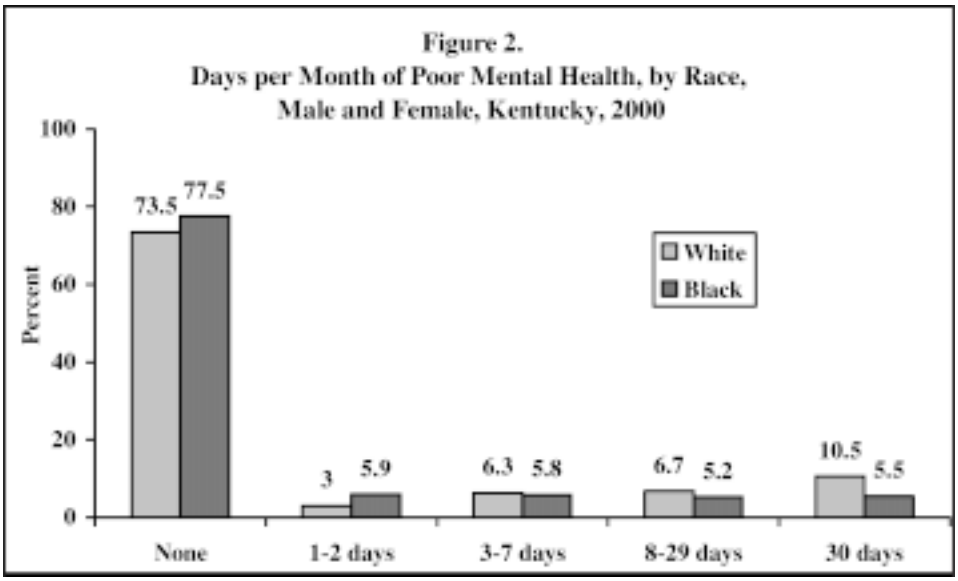
SOURCE: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS), 2000

Mental Health

Mental health is a facet of health that evolves throughout a lifetime. Just as each person can do much to promote and maintain overall health regardless of age, each also can do much to promote and strengthen mental health at every stage of life. [4] One of the best sources to assess mental health among women in Kentucky is the Behavioral Risk Factor Surveillance System (BRFSS) co-sponsored by the CDC and Kentucky Department for Public Health. The BRFSS does not identify actual prevalence rates of diagnosable depression, but it does provide prevalence rates of poor mental health.

According to the BRFSS, nearly 30 percent of women in Kentucky reported three or more poor mental health days in the previous month. When asked the question, "For how many days during the past 30 days was your mental health not good?", 12.6 percent of women indicated that all 30 days were not good mental health days, compared to 5.2 percent of women nationally.[5] Likewise, women in Kentucky report a greater frequency of poor mental health days than men. (Fig. 1)

Self-reported poor mental health rates vary by race. Data for 2000 indicate that white respondents reported more poor mental health days than black respondents. 73.5 percent of white respondents (male and female) reported having no bad mental health days in the previous month compared to 77.5 percent of black respondents. 10.5 percent of white respondents reported that all 30 days were bad mental health days compared to 5.5 percent of blacks. (Fig. 2)



SOURCE: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS), 2000

Poor mental health rates also vary by age. Nearly 25 percent of all respondents (male and female) aged 35 – 54 reported all 30 days as bad mental health days. Likewise, 20 percent of respondents aged 55 and over reported all 30 days as bad mental health days. (Fig. 3)

Other factors, including employment, education and marital status, affect women's self-reported mental health status. Mental distress was reported more often by women in Kentucky with less than a high school education, as well as among those that were unemployed, never married, or widowed / divorced / separated.[6] (Fig. 4)

Mental Illness

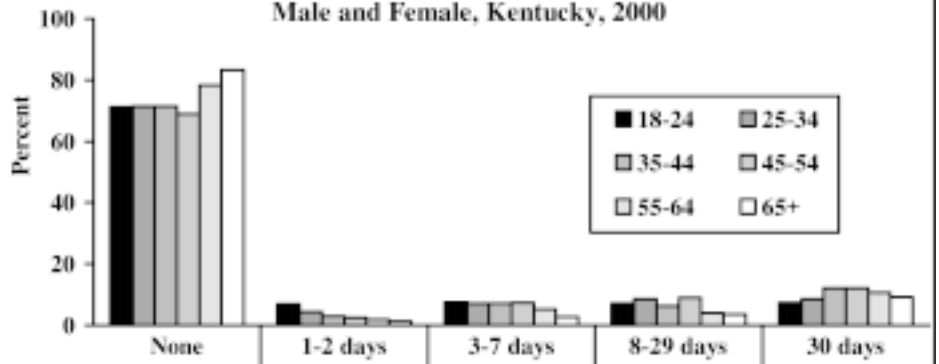
Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and / or impaired functioning.[7] In the U.S. and other developed countries, mental disorders – including major depression, bipolar disorder, schizophrenia, and obsessive-compulsive disorder – account for four out of ten leading causes of disability.[8]

Mood Disorders - Depression

Depression is a pervasive and impairing illness that affects both men and women, but women experience depression at roughly twice the rate of men.[9] Left untreated, depression may disrupt work, family, and personal life. Total costs related to depression reach $43.7 billion each year, with the majority of the costs reflecting lost productivity and excess absenteeism from work.[10]

Depressive disorders affect nearly 19 million American adults age 18 and over (or 9.5 percent of the population) in a given year.[11] Women appear to be at an increased risk for depression due to biological

Figure 3.
Days per Month of Poor Mental Health, by Age, Male and Female, Kentucky, 2000



	None	1-2 days	3-7 days	8-29 days	30 days
18-24	71.2	6.8	7.5	7.1	7.4
25-34	71.4	4.3	7.2	8.6	8.5
35-44	71.5	3	7	6.3	12.2
45-54	68.9	2.6	7.4	8.9	12.1
55-64	78.2	1.9	5.2	4	10.7
65+	83.3	1.2	2.8	3.5	9.2

SOURCE: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS), 2000

differences such as hormonal changes and genetics. Social reasons may also lead to higher rates of clinical depression among women such as greater stresses from work and family responsibilities, the roles and expectations of women, and even the increased rates of sexual abuse and poverty.[12] (Fig. 5)

According to a national survey issued by The Commonwealth Fund in 1998, two out of five women reported having a high level of depressive symptoms in the past week. Women were more likely than men to report high levels of depression with 39 percent of women reporting

Figure 4.
Prevalence (%) of Mental Distress*
Females Age 18+, Kentucky, 2000
(Refused and Unknown Responses Excluded)

	No Mental Distress (0 days in past month)	Low to Moderate Mental Distress (1-13 days in past month)	Frequent Mental Distress (14-30 days in past month)
Total Female	69.5	12.7	17.8
Race			
White/Non-Hispanic	68.8	12.7	18.5
African American/Non Hispanic	77.0	13.2	9.9
Age			
18-24	67.4	16.7	15.9
25-34	65.9	14.7	19.4
35-44	62.7	17.6	19.7
45-54	66.0	12.7	21.3
55-64	74.6	10.0	15.5
65-74	81.9	4.5	13.7
75+	79.0	6.4	14.6
Income			
< $15,000	52.9	17.1	30.0
$15,000 - $34,999	71.1	12.4	16.5
$35,000 - $49,999	68.5	14.4	17.1
$50,000	71.2	15.2	13.6
Employment			
Employed	70.3	14.2	15.5
Unemployed/Unable to Work	42.9	14.6	42.5
Homemaker	70.2	13.2	16.6
Student	57.5	21.5	21.0
Retired	79.6	5.8	14.6
Education			
< High School	64.3	10.2	25.5
High School Grad or GED	71.0	11.8	17.3
Some College	67.3	14.5	18.2
College Graduate	74.7	14.7	10.7
Marital Status			
Married/Couple Living Together	71.1	12.6	16.3
Widow/Divorced/Separated	68.6	9.4	22.0
Never Married	63.8	19.6	16.6
Insurance Status			
Insured	70.6	12.6	16.9
Uninsured	62.3	13.5	24.2
Health Status			
Excellent/Very Good/Good	74.9	12.9	12.2
Fair/Poor	50.6	11.9	37.5

*Based on responses to the BRFSS Question, "Now thinking about mental health, which includes depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"

SOURCE: Kentucky BRFSS, 2000

Figure 5.
Symptoms of Depression

- persistent sad, anxious or empty mood;
- loss of interest or pleasure in activities, including sex;
- restlessness, irritability, or excessive crying;
- feelings of guilt, worthlessness, helplessness, hopelessness, pessimism;
- sleeping too much or too little;
- appetite and/or weight loss or overeating and weight gain;
- decreased energy, fatigue, feeling "slowed down";
- thoughts of death or suicide, or suicide attempts;
- difficulty concentrating, remembering, or making decisions;
- or persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain.

SOURCE: National Institute of Mental Health

high levels of depression versus 17 percent of men.[13]

Because depression is often left untreated for numerous reasons, lack of understanding of this disorder, culture and attitudes toward mental illness, and lack of access to services, accurate statistics of its prevalence are hard to acquire. It is important to distinguish between depression and poor mental health because one is clinically diagnosable condition and the other is not. Though it is possible that poor mental health may ultimately lead to depression.

For those that are suffering from a diagnosable mental illness, one of the most significant barriers to treatment is stigma associated with mental illness. Nearly two-thirds of all people with diagnosable mental disorders do not seek treatment.[14] Stigma is identified as bias, distrust, stereotyping, fear, embarrassment, anger and / or avoidance. It is a burden not only for a person with a diagnosable mental illness but for the general public as well. It often prevents people from realizing that mental illness is a treatable disease just as physical illnesses.

Anxiety Disorders

For women suffering from depression, anxiety disorder is often a co-occurring illness.[15] Affecting nearly 19 million Americans, anxiety disorders include panic disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder, and phobias.[16] Like depression, women are more likely than men to suffer from an anxiety disorder, with nearly 40 percent of those suffering from panic attacks, also suffering from depression.[17] (Fig. 6) Panic disorder, post-traumatic stress disorder, and generalized anxiety disorder are twice as prevalent in women as men. However, for obsessive-compulsive disorder and social phobia, the prevalence among men and women is the same.[18]

People with panic disorder perceive their own physical and emotional well-being as poor and seek medical help more often than do those in the general population. Studies have reported that between 25 and 60 percent of patients with chest pain who see a physician for possible heart problems suffer instead from panic disorder.[19] Of those suffering from panic disorders, 25 to 30 percent harbor suicidal thoughts at some point. Eighteen percent of people with panic disorder, 12 percent of those with social phobias, and 13 percent of patients with OCD have attempted suicide.

Figure 6.
Prevalence of Anxiety Disorders in Women

Disorder	Percent Lifetime Prevalence	Percent 12-Month Prevalence
Panic Disorder	5.0	3.2
Agora-phobia (without panic)	7.0	3.8
Social Phobia	15.5	9.1
Simple Phobia	15.7	13.2
General anxiety disorder	6.6	4.3
Any anxiety disorder	30.5	22.6

SOURCE: Kessler, Ronald C., et al, "Lifetime and 12-Month Prevalence of DSM-III-R Psychiatric Disorders in the United States: Results from the U.S. National Comorbidity Survey," Archives of General Psychiatry, 51 (January 1994)

Adolescent girls with panic disorders have nearly three times the risk of suicide as those without anxiety.[20]

Anxiety disorders are highly treatable, yet only about one-third of those suffering from an anxiety disorder receive treatment. Despite this, people with an anxiety disorder are three-to-five times more likely to go to the doctor and six times more likely to be hospitalized for psychiatric disorders than non-sufferers.[21]

Postpartum Depression (PPD)

The term postpartum depression describes the range of physical, emotional and behavioral changes new mothers experience following the delivery of their babies. Symptoms can range from mild to severe. Mild postpartum depression, often referred to as "baby blues", is experienced by 30 to 75 percent of women, with symptoms lasting from four to ten days.[22] Postpartum depression is relatively common, with prevalence rate approximately the same as that for major depression in non-pregnant women. Symptoms usually begin in the third trimester of pregnancy and are similar to those for major depression.[23]

Roughly 10 percent of pregnancies result in a postpartum depression that lasts months after delivery. The condition is characterized by more intense feelings of sadness, despair, anxiety and irritability. Although it can last up to a year, postpartum depression can be diagnosed and its symptoms alleviated.[24]

A much more serious condition is postpartum psychosis, which affects approximately 1 in 500-1000 new mothers.[25] These women may completely lose touch with reality and often experience hallucinations and delusions. Intervention with these women should be immediate.

Schizophrenia

Schizophrenia is a serious biological brain disorder which affects how a person thinks, feels and acts. Schizophrenia is not "split personality" or "multiple personalities". It is not caused by childhood experiences, poor parenting, or lack of willpower, nor are the symptoms identical for each person.[26]

According to the DSM IV, two or more of the following symptoms must be present during a one-month period to diagnose schizophrenia:

- hallucinations
- delusions
- disorganized speech
- grossly disorganized or catatonic behavior
- negative symptoms - reduction in the range of emotional expression; poverty of speech

In the U.S., about 2.5 million people have schizophrenia, or about one in every hundred people. Onset generally occurs during young adulthood (mid-20s for men, late 20s for women) and may be abrupt or gradual.[27] For some women, schizophrenia does not develop until after menopause. This delay is thought to be related to the protective effects of estrogen.[28]

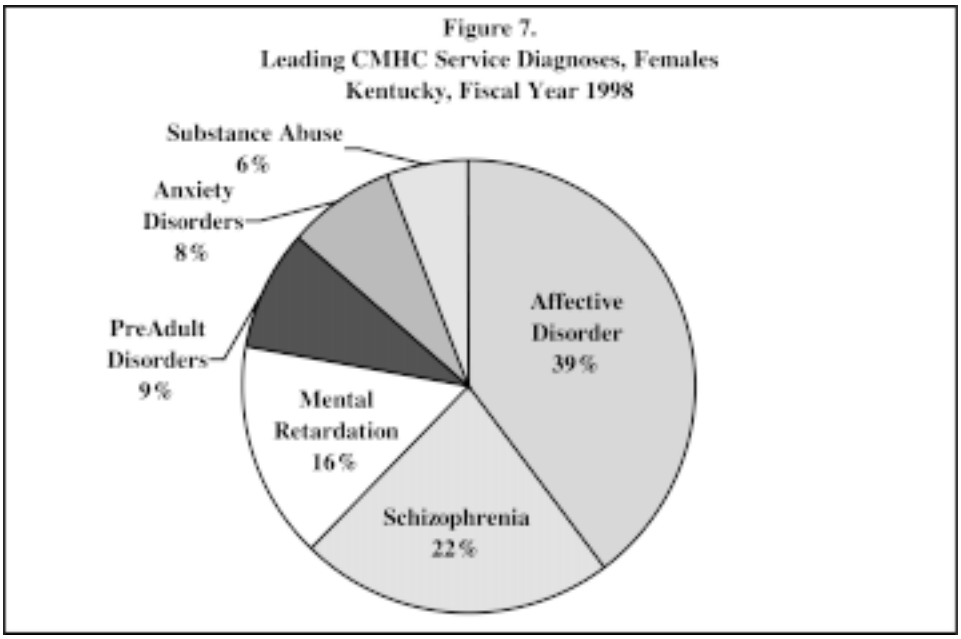
In fiscal year 2000, 22 percent of women and 43 percent of men receiving services at Kentucky Community Mental Health

Centers were diagnosed with schizophrenia.

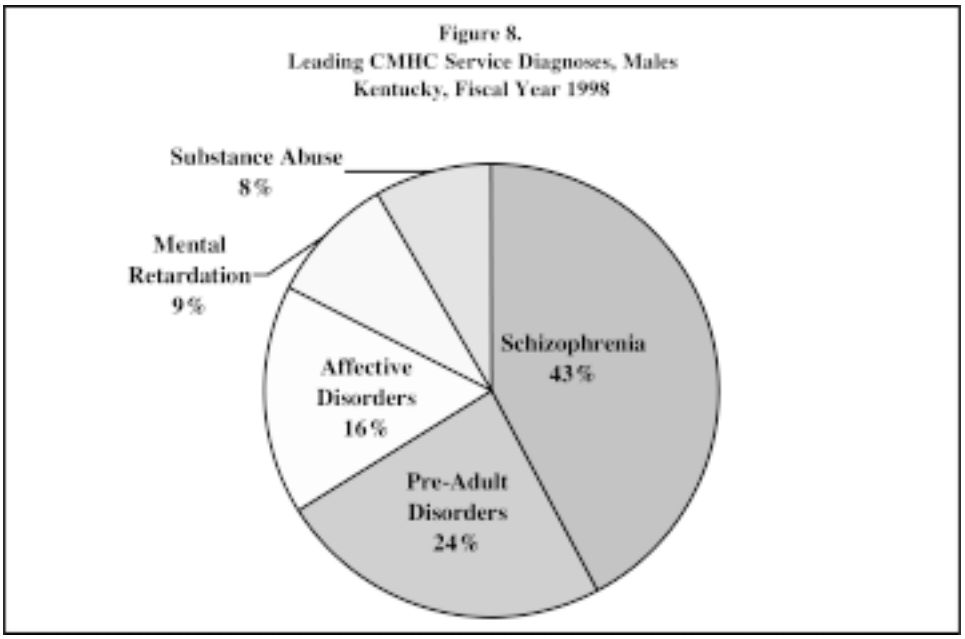
MENTAL HEALTH SERVICES

Community Mental Health Centers

In fiscal year 2001, Kentucky Community Mental Health Centers (CMHCs) served approximately 138,000 adults and children with mental health problems of varying degrees.



SOURCE: Kentucky Department for Mental Health / Mental Retardation Services, 2001



SOURCE: Kentucky Department for Mental Health / Mental Retardation Services, 2001

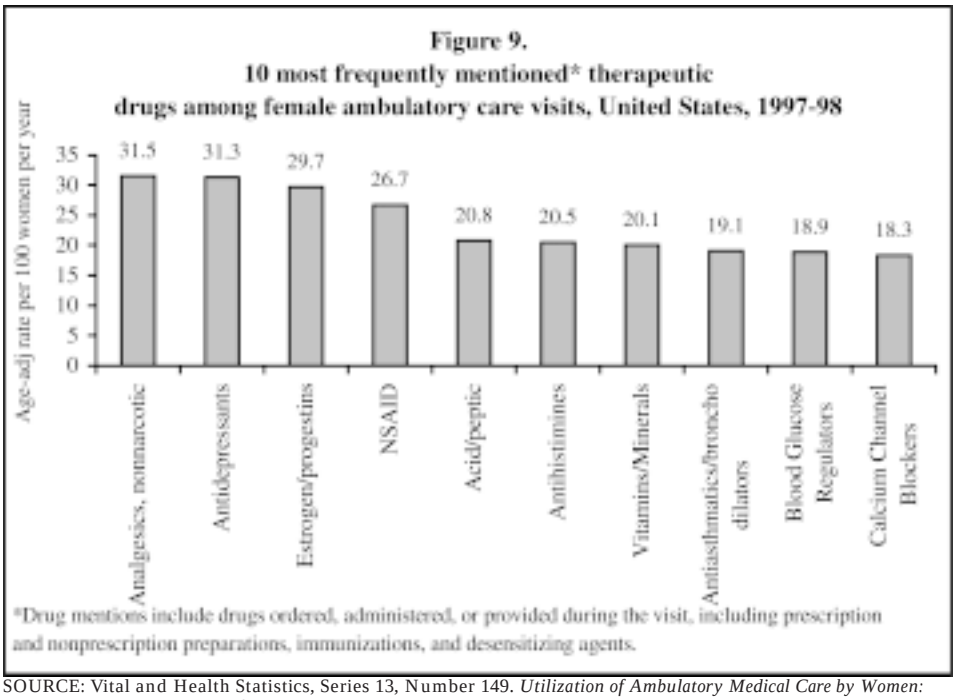
Some patients received services for multiple diagnoses, thus, are counted more than once in the total. There were approximately 2,000 patients receiving multiple services. Of the total services provided, 65,663 were provided to females and 72,485 to males.[29]

Women treated at CMHCs were more likely than men to be treated for affective disorders (the broad term for the various forms of mood disturbances, including depression), at 41 and 21 percent, respectively. Men were more often treated for schizophrenia and mental retardation than women. (Figs. 7 & 8) A listing of CMHCs in Kentucky is provided in Appendix A.

Mental illness issues are cause for a substantial proportion of ambulatory care visits by women, as demonstrated by medication use. According to the National Health Care Survey analyzed by the National Center for Health Statistics, antidepressants are the second most frequently prescribed or provided therapeutic medication among all female ambulatory care visits, second to non-narcotic analgesics (pain medication) and followed by estrogen / progestins.[30] (Fig. 9) The mention of central nervous system drugs, (including antidepressants and anti-anxiety drugs) increases with age and is higher among white women than black women.

Hospitalizations – Short Term

Hospitalization is necessary for patients with severe depression, psychosis, substance abuse, severe hopelessness or limited social support. Patients with suicidal thoughts are also likely



SOURCE: Vital and Health Statistics, Series 13, Number 149. *Utilization of Ambulatory Medical Care by Women: United States, 1997-98*. Data from National Health Care Survey, DHHS Publication No. (PHS) 2001-1720

to be hospitalized and clinically managed by a psychiatrist.[31] According to hospital discharge data (representing 90 percent of expected discharges statewide) collected by the Department for Public Health, 37,409 people were discharged from Kentucky hospitals in 2000 with depression as one of their diagnoses.[32] They may have been admitted for something other than depression, but depression was recorded as one of nine possible diagnoses. Of this number, 24,435 were female and 12,974 were male, representing virtually a 2:1 ratio.

Of the hospitalized women diagnosed with depression, 58 percent resided in a rural county versus 42 percent from urban areas. (Fig. 10)

Hospitalizations – Long Term

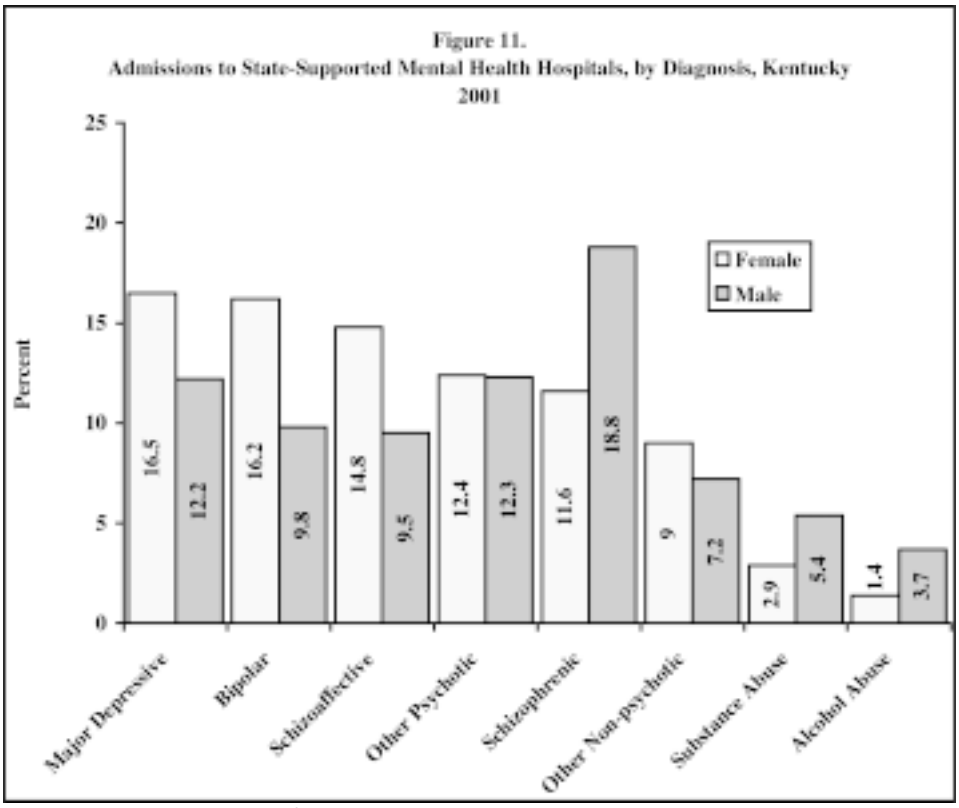
Kentucky currently has 14 state-supported mental health hospitals providing inpatient services for men and women with mental illness. Most of the beds in these facilities are utilized for long-term mental health needs for adults. The average length of stay, for clients admitted within the past five years to a state hospital, was 83 days for females and 92 days for males.[33]

According to the Research and Data Management Center of the Department for Mental Health and Mental Retardation, 1,714 women and 2,970 men were admitted to the state-supported mental health hospitals in fiscal year 2001. The majority of women were admitted for major depressive

Figure 10.
Hospitalizations Among Women with a Diagnosis of Depression, Kentucky, 2000

	Rural	Urban	Total
Women Total	14,214 (58%)	10,221 (42%)	24,435 (100%)
< 15	211	222	433
15–44	5,116	3,756	8,872
45–64	4,427	2,921	7,348
65 +	4,460	3,322	7,782

SOURCE: Kentucky Department for Public Health, Health Policy Development Branch, 2000 Hospital Discharge File



SOURCE: Kentucky Department for Mental Health / Mental Retardation Services, 2001

disorder and bipolar disorder (16.5 and 16.2 percent respectively). The third and fourth leading diagnoses for female admissions were schizo-affective disorder, representing 14.8 percent of new admissions, and schizophrenic disorder, representing 11.6 percent.

The majority of men, 18.8 percent, were admitted for schizophrenic disorder. Major depressive and psychotic disorders accounted for 12.2 percent each with another 9.8 percent of male admissions diagnosed with bipolar disorder. (Fig. 11)

NOTES

[1]U.S. Department for Health and Human Services. *Mental Health: A Report of the Surgeon General.* Rockville MD: US DHHS, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999. http://www.surgeongeneral.gov/library.

[2] U.S. Department for Health and Human Services. *Mental Health: A Report of the Surgeon General.* Rockville MD: US DHHS, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999. http://www.surgeongeneral.gov/library.

[3] Ibid.

[4] Ibid.

[5] Kentucky Department for Public Health, 2000 BRFSS data.

[6] Kentucky Department for Public Health, 2000 BRFSS data.

[7] U.S. Department for Health and Human Services. *Mental Health: A Report of the Surgeon General.* Rockville MD: US DHHS, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999. http://www.surgeongeneral.gov/library.

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[12] National Mental Health Association, Clinical Depression and Women Fact Sheet: http://www.nmha.org/ccd/support/factsheet.women.cfm.

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[15] National Institute on Mental Health, Publication no. 01-4584. *The Numbers Count, Mental Disorders in America,* January 2001.

[16] National Institute on Mental Health, Publication no. 01-4584. *The Numbers Count, Mental Disorders in America,* January 2001.

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[19] MSN Health with WebMD, *How Serious are Anxiety Disorders.* Internet at http://content.health.msn.com/content/dmk/dmk_article_5461927.

[20] MSN Health with WebMD, *How Serious are Anxiety Disorders.* Internet at http://content.health.msn.com/content/dmk/dmk_article_5461927.

[21] Anxiety Disorders Association of America, on the web at http://www.adaa.org/AnxietyDisorderInfor/OverviewAnxDis.cfm.

[22] American Family Physician. Bhatia, Subhash C. *Depression in Women: Diagnostic and Treatment Considerations, July 1999.* Internet: http://www.findarticles.com/cf_dls/m3225/1_60/57441684/print.jhtml.

[23] American Family Physician. Bhatia, Subhash C. *Depression in Women: Diagnostic and Treatment Considerations, July 1999.* Internet: http://www.findarticles.com/cf_dls/m3225/1_60/57441684/print.jhtml.

[24] http://www.4woman.gov/owh/pub/factsheets/postpartum.htm.

[25] http://www.4woman.gov/owh/pub/factsheets/postpartum.htm.

[26] National Advance for the Mentally Ill. Internet at http://www.nami.org.

[27] U.S. Department for Health and Human Services. *Mental Health: A Report of the Surgeon General.* Rockville MD: US DHHS, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999. http://www.surgeongeneral.gov/library.

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