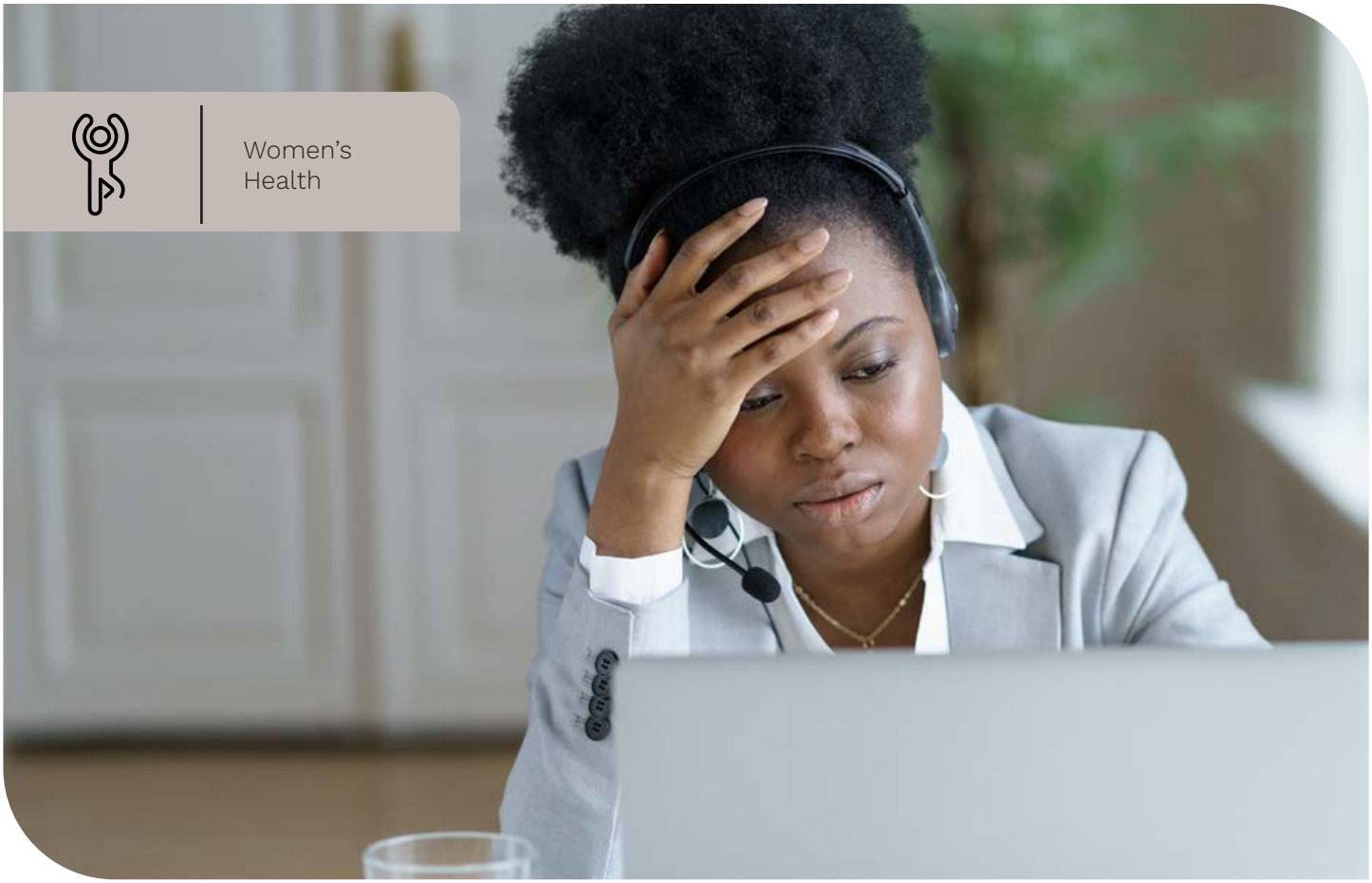

January 2024

Women's Mental Health

Women's Health Issue Brief, Part 2

PBGH Purchaser Business Group on Health

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This is part two in a series of briefs about key women's health issues with particular relevance to women of workforce age and for which employers can act to improve both the quality of life and health of women in the workforce. Each brief provides a general overview of each of the women's health issues below and then describes research related to employer workforce and/or health care costs and health inequities as applicable.

Other briefs in this series:

Part 1, Overview of Women's Health

Part 3, Cardiovascular Health in Women

Part 4, Obesity in Women

Part 5, Menopause / Healthy Aging in Women

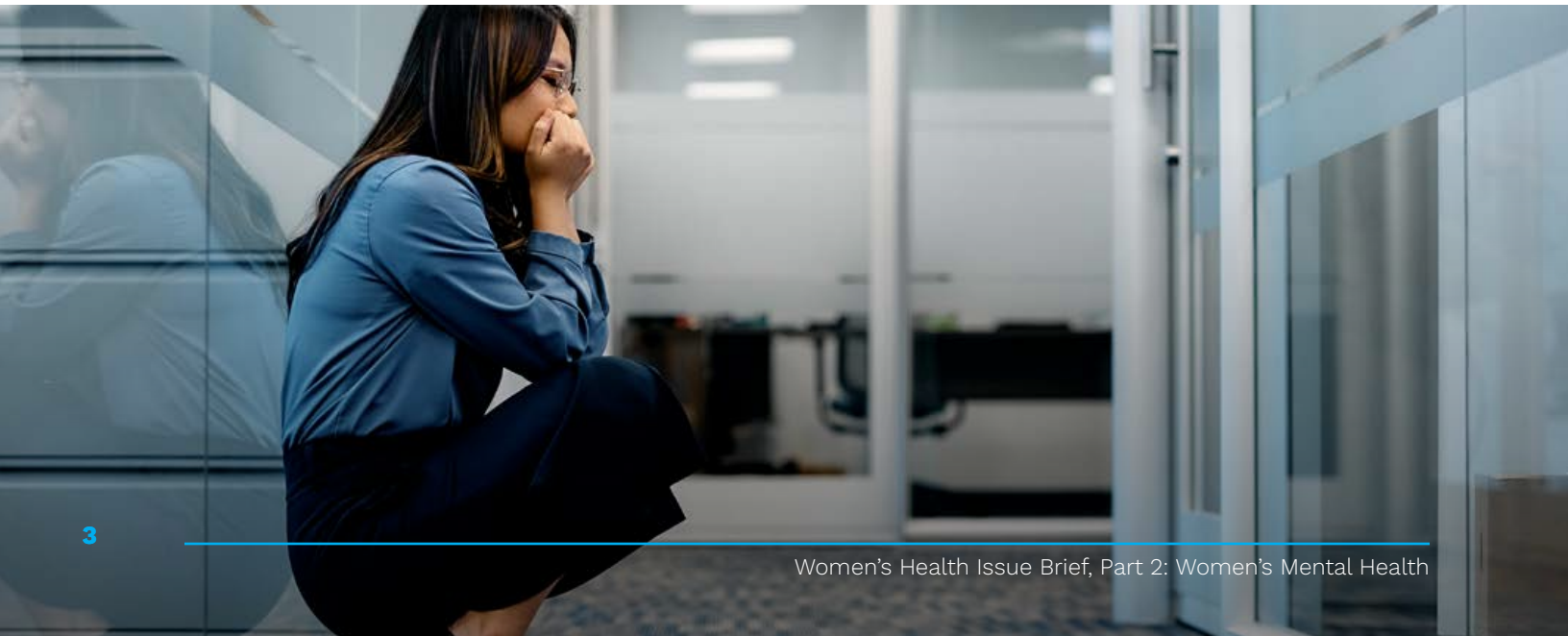
More than one in five women experienced a mental health condition in the past year, such as depression or anxiety. According to the American Psychiatric Association, employees with unresolved depression experience a 35% reduction in productivity, contributing to a loss to the U.S. economy of $236.6 billion a year in absenteeism, reduced productivity, and medical costs.

Overview of Women's Mental Health

Results from a 2017 survey found that more than one in five women in the United States experienced a mental health condition in the past year, such as depression or anxiety.[1] Additionally, many mental health conditions, such as depression and bipolar disorder, affect more women than men or affect women in different ways from men.[2,3] The prevalence of depression in women is approximately two times higher than in men.[4,5] This difference holds true among adults 20 years of age to older than 60 years, with the highest prevalence of depression occurring in women 40 to 59 years of age.[6] The reasons for higher risk and prevalence of depression in women are not fully understood and are hypothesized to involve multiple biologic and environmental factors.[7,8] Major depressive disorder is the leading cause of disease-related disability in women.[9] Women are also more likely than men to have an anxiety disorder, including post-traumatic stress disorder, panic disorder, or obsessive-compulsive disorder.[10]

This issue brief uses gender-specific language and the term "women" for simplicity although much of this information may also apply to transgender men, nonbinary individuals or those who may identify differently than the gender and pronouns used in this issue brief.

Unmet mental health needs are known to affect the overall well-being and productivity of individuals, families, and society, and studies have consistently shown that women are disproportionately affected by these unmet needs.[11] Research from the Kaiser Family Foundation in 2022 found that significantly more women (50%) than men (35%) thought they needed mental health services in the past two years.[12] Almost half of women who needed mental health services and tried to get care were able to get an appointment within a month, but more than one-third of women had to wait more than a month. Among those who could not get an appointment, women cited limited provider availability and cost as the main reasons they were unable to access mental health care.[13] Moreover, about 20% of privately insured women who had a mental health appointment in the past two years said their provider did not accept their insurance.[14]



Disparities in Mental Health Burden and Mental Health Service Use

Most non-white racial and ethnic groups have similar or lower incidence of mental health disorders than whites, but often bear a disproportionately higher burden of disability resulting from mental health disorders.[15] For example, while rates of depression are lower in Blacks and Hispanics than whites, depression in Blacks and Hispanics is likely to be more persistent.[16] People from non-white groups are less likely to receive mental health care and, because they are also accessing fewer preventive care visits, may be screened less frequently, contributing to underreporting of mental health needs. According to the 2016 National Healthcare Quality and Disparities Report, in adults with any mental illness, 48% of whites received mental health services, compared with 31% of Blacks and Hispanics, and 22% of Asians.[17] Yet, among all racial and ethnic groups, except American Indian/Alaska Native, women are much more likely to receive mental health services than men.[18]

Factors affecting access to treatment by members of diverse ethnic and racial groups may include:

- Lack of insurance/underinsurance
- Mental illness stigma, often greater among minority populations
- Lack of diversity among mental health care providers
- Lack of culturally competent providers
- Language barriers
- Distrust in the health care system
- Inadequate access to mental health services in safety net settings (uninsured, Medicaid, etc.)[19]

Mental Health & Employer Workforce and/or Cost

Mental health disorders such as depression are associated with higher rates of disability and unemployment. Results from the 2014 Impact of Depression at Work Audit (IDeA) survey found that 23% of U.S. workers and managers responded that they have received a diagnosis of depression at some time in their life and 40% of those respondents reported taking time off from work (an average of 10 days a year) as a result of their diagnosis. In this survey, women reported that depression significantly impacts workplace productivity.[20] Sixty-four percent of respondents with a diagnosis of depression reported that cognitive-related challenges, defined as difficulty concentrating, indecisiveness, and/or forgetfulness, had the most impact on their ability to perform tasks at work.[21] Other research also found that depression interferes with a person's ability to complete physical job tasks about 20% of the time and reduces cognitive performance about 35% of the time.[22]

According to data supplied by the American Psychiatric Association in 2021, employees with unresolved depression experience a 35% reduction in productivity, contributing to a loss to the U.S. economy of $236.6 billion a year in absenteeism, reduced productivity, and medical costs.[23] Even after taking other health risks—like smoking and obesity—into account, employees at high risk of depression had the highest health care costs during the 3 years after an initial health risk assessment.[24,25] In both government and commercially insured populations, around 60% of healthcare spend is attributable to the roughly 23% of the population diagnosed with behavioral health conditions.[26]

More than 60% of the U.S. population lives in counties with an insufficient supply of psychiatrists, with only 40% of all psychiatrists accepting any form of insurance and 20% not accepting new patients, according to McKinsey & Company's 2021 Vulnerable Populations Data Hub.[27] As a result, commercially insured patients are between five and six times more likely to use out-of-network providers for their behavioral health needs than for physical healthcare.[28] This disparity leads to higher out-of-pocket costs and significant barriers to care for patients with mental health and substance use disorders. This is also compounded by the fact that payers are struggling to expand their networks of behavioral health professionals. [29]

Findings from the Kaiser Family Foundation 2022 Women's Health Survey suggest that future policies affecting telehealth, provider availability, health insurance coverage, and affordability will play a significant role in addressing the demand for mental health care.[30] Employers can also offer workplace wellness programs and seminars to educate employees about the signs of psychological distress and available treatment options. During the COVID-19 pandemic, many employers reported augmenting the number of mental health visits available at no cost through Employee Assistance Programs.[31] Additionally, employers have added tele-behavioral health services to augment existing networks, peer-to-peer support programs and digital mental health tools, many of which have also become embedded in health plan offerings. As another example, Ernst & Young organized focus groups among their team members to obtain input on work redesign and strategies to reduce workplace stress associated with post-pandemic return to work issues.[32]

More information about treatment recommendations and guidelines is provided by the American Psychiatric Association.

*For issue briefs on more women's health topics, **click here**.*

Endnotes

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Endnotes (continued)

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About the Purchaser Business Group on Health (PBGH)

Purchaser Business Group on Health (PBGH) is a nonprofit coalition representing nearly 40 private employers and public entities across the U.S. that collectively spend $350 billion annually purchasing health care services for more than 21 million Americans and their families. PBGH has a 30-year track record of incubating new, disruptive operational programs in partnership with large employers and other health care purchasers. Our initiatives are designed to test innovative methods and scale successful approaches that lower health care costs and increase quality across the U.S.

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