



Fast Facts on Mental Health, Insurance and Women

(June 14, 2004)

I. Millions of women have mental illnesses.

A. Roughly one in five—or approximately 29 million— women have a diagnosable mental illness in a given year. ¹ Five to seven percent, ² —or between seven and ten million³—have a serious mental illness, such as major depression or schizophrenia.

B. Certain mental disorders are more common among women than men.

1. Depression is more prevalent:

Nearly twice as many women (12.0 percent) as men (6.6 percent) are affected by a depressive disorder each year. These figures translate to 12.4 million women and 6.4 million men in the U.S.⁴

2. Anxiety disorders are more common:

Women are more likely than men to have an anxiety disorder. Approximately twice as many women as men suffer from panic disorder, post-traumatic stress disorder, generalized anxiety disorder, agoraphobia, and specific phobia, though about equal numbers of women and men have obsessive-compulsive disorder and social phobia.⁵

C. Eating disorders are more common:

Females are much more likely than males to develop an eating disorder. Only an estimated 5 to 15 percent of people with anorexia or bulimia and an estimated 35 percent of those with binge-eating disorder are male... In their lifetime, an estimated 0.5 percent to 3.7 percent of females suffer from anorexia and an estimated 1.1 percent to 4.2 percent suffer from bulimia.⁶

II. Millions of women lack insurance and have poor access to mental health services.

- A. Nearly 14 percent of all women—or more than 20 million—lack health insurance.⁷**
- B. Without insurance, women with mental health needs are less likely to be able to access needed services.**

Adults with mental health coverage are more likely to receive mental health services from both general medical and specialty mental health providers and to receive care consistent with clinical practice guidelines than those without any health insurance or with insurance that does not cover mental health conditions. Receipt of appropriate care has been associated with improved functional outcomes for depression and anxiety disorders (Sturm and Wells, 1995; Wang et al., 2000). Studies also show that uninsured adults with severe mental illnesses receive less appropriate care or medications and experience delays in receiving services until they gain insurance coverage (Rabinowitz et al., 1998, 2001; McAlpine and Mechanic, 2000).⁸

III. Lack of insurance can be disastrous for woman and families attempting to deal with mental illnesses.

A. Untreated mental illness can be fatal.

1. Nearly 6,000 women attempted suicide in 2001.⁹ Nine of ten people who commit suicide had a diagnosable mental disorder.¹⁰

2. Without help, eating disorders can be fatal.

The mortality rate among people with anorexia has been estimated at 0.56 percent per year, or approximately 5.6 percent per decade, which is about 12 times higher than the annual death rate due to all causes of death among females ages 15-24 in the general population.¹¹

B. Other outcomes associated with untreated mental illness include increased risk of unemployment and homelessness.¹²

C. Without insurance, families can be torn apart in their attempts to access needed mental health services for children.

- 1. In 2001, more than 12,700 families relinquished custody of their children to obtain mental health services for their children.¹³**
- 2. Lack of insurance and limits on private coverage of mental health services is a major contributing factor to custody relinquishment.¹⁴**

3. Custody relinquishment is devastating to children and families.

Custody relinquishment carries with it a host of negative outcomes, including making children feel abandoned by their family. It also leads to children being placed in more expensive and less supportive residential placements. Residential treatment centers, according to the 1999 Surgeon General's Report on Mental Health, are the second most restrictive form of care for children with severe mental disorders (next to inpatient hospitalization) with only weak evidence for their effectiveness. Additionally, parents have no say in their day-to-day activities-what they eat, what they wear, who their friends are. They may not even know where their children are. Ultimately, children who need the most emotional support and stability are being ripped from their homes to live with complete strangers.¹⁵

¹ Estimates based on national estimates on population and prevalence of mental illness. Source data:

Mental Health: A Report of the Surgeon General. 1999. Online at http://www.surgeongeneral.gov/library/mentalhealth/chapter2/sec2_1.html#epidemiology

U.S. Census Bureau. "Health Insurance Coverage in the United States: 2002" Report P60-223. September 2003. Available online at <http://www.census.gov/prod/2003pubs/p60-223.pdf>

² President's New Freedom Commission on Mental Health. Achieving the Promise: Transforming Mental Health Care in America. July 2003, retrieved online 4/7/04 at <http://www.mentalhealthcommission.gov/reports/reports.htm>

³ Estimate based on U.S. Census Bureau Data. June 2003.

⁴ Narrow WE. One-year prevalence of depressive disorders among adults 18 and over in the U.S.: NIMH ECA prospective data. Population estimates based on U.S. Census estimated residential population age 18 and over on July 1, 1998. Unpublished table. Online at <http://www.nimh.nih.gov/publicat/numbers.cfm#5>

⁵ National Institutes of Mental Health. The Numbers Count: Mental Disorders in America. 2001. On line at <http://www.nimh.nih.gov/publicat/numbers.cfm>

⁶ Ibid.

⁷ U.S. Census Bureau. "Health Insurance Coverage in the United States: 2002" Report P60-223. September 2003. Available online at <http://www.census.gov/prod/2003pubs/p60-223.pdf>

⁸ Institute of Medicine of the National Academies. "Insuring America's Health: Principles and Recommendations." The National Academies Press. Washington, DC 2004

⁹ McIntosh, John L. "U.S.A. SUICIDE: 2001 OFFICIAL FINAL DATA" American Association of Suicidology. September 26, 2003. Available online at: <http://www.suicidology.org/associations/1045/files/2001datapg.pdf>

¹⁰ Institute of Medicine. (2002). Reducing suicide: A national imperative. Washington DC: National Academy Press.

¹¹ National Institutes of Mental Health. The Numbers Count: Mental Disorders in America. 2001. Online at <http://www.nimh.nih.gov/publicat/numbers.cfm>

¹² President's New Freedom Commission on Mental Health. Achieving the Promise: Transforming Mental Health Care in America. July 2003, retrieved online 4/7/04 at <http://www.mentalhealthcommission.gov/reports/reports.htm>

¹³ U.S. General Accounting Office. (2003) *Child Welfare and Juvenile Justice: Federal Agencies Could Play a Stronger Role in Helping States Reduce the Number of Children Placed Solely to Obtain Mental Health Services*. Report GAO-03-397. April 2003. Available: <http://www.gao.gov/new.items/d03397.pdf>

¹⁴ Ibid.

¹⁵"Keeping Families Together: Removing Barriers That Force Parents to Relinquish Custody of Their Children to Secure Mental Health Services" Testimony of Tammy Seltzer, Staff Attorney, Bazelon Center For Mental Health Law before the Committee on Governmental Affairs, United States Senate (July 15, 2003). Available online at: <http://www.bazelon.org/issues/children/custody/7-15-03seltzertestimony.htm>