

A Checklist for County Officials to Assess Local Mental Health Services for Women

Overview

The purpose of this checklist is to stimulate a creative review of mental health services to women. This checklist is not intended to establish an artificial “cookie-cutter” standard in which one model fits all communities. This checklist is to serve as a guideline for services to women which should be adapted and modified, according to local needs and resource availability.

The Mental Health Checklist for Women was developed as a result of the CEWAER research and policy paper *Women and Mental Health: Ensuring Access in a Reformed System*. That paper determined that women were under-served in California’s publicly funded mental health services, both in hospital based and community based services. These statewide under utilization statistics bear out in large and moderate sized counties. (However, in smaller counties, services appear to be evenly distributed.) The CEWAER paper explores a number of possible reasons for insufficient or inadequate services for women and provides policy recommendations.

Kern County CEWAER and the Kern County Mental Health Department jointly sponsored a *Women and Mental Health Conference*. Representatives of a variety of community agencies and organizations interested in services to women, worked together to review local services to determine gaps and to develop plans for future change. Prior to this working conference, staff had prepared a checklist based on the CEWAER paper to begin the discussion.

The Kern County checklist was then taken to Ventura County, where mental health staff reviewed and made suggestions for improvement from the perspective of older women’s services, adult services, and children and youth services. After the Ventura County changes, the checklist was sent out for a final review by a group of County Supervisors and County Mental Health Directors. The final result is this checklist, a flexible tool for use in local review and planning for women in need of mental health services.

Mental Health Access for Women:

Women’s mental health issues tend to be more internalized than externalized. For example, the rate of major depression for women is three times greater than for men. Therefore, they are less likely to come to the attention of public agencies. As a result, women (and girls) tend more

often to be episodic, not planned, users of mental health services. They are more likely to be seen in crisis, intake, and Emergency Rooms than referred by public agencies.

- Is staff training provided to ensure awareness of gender differences in prevalence, course, treatment, and

outcome of psychiatric disorders, medication dosages, and responses?

- Do crisis services have the means to assess internalized as well as externalized symptoms?
- Are there crisis service linkages to women's self-help groups, family planning, teen pregnancy, domestic violence shelters, restraining order legal clinics, and other woman-specific programs?

Mentally Ill Mothers:

Women will frequently forego treatment for themselves if it interferes with care-taking responsibilities.

- Does the intake service consider care-taking needs in assessments and service planning?
- Are linkages available with services to assist with care-taking (i.e.) Child Care agencies, respite care, home health care, etc.?
- What services are in place which assist mentally ill women to parent their children? Are extended family members involved?
- Do treatment services address concerns of child custody and loss of custody? Are fathers and extended family involved when appropriate?
- Is there strong linkage with Social Services Departments concerning children under jurisdiction of the Juvenile Court?

Women who are Victims of Violence and Trauma

Declining resources have resulted in greater emphasis on mentally ill persons who exhibit potentially dangerous behavior problems. There is an apparent correlation between trauma and victimization and many symptoms of mental illness. Pressure on the public mental health system to respond to perpetrators rather than victims has created an unintended direction limiting access for women.

- What services are available for women who have been victims of violence and trauma?
- Women who are abused are often fearful about seeking services. What outreach or public information programs are available to assist these women?
- Are there facilities or homes available to provide shelter to abused women and their children?
- What interagency agreements or collaborative efforts exist which are providing services to this population?
- Are support or self-help groups available for women who are victims of violence and trauma? Are support services available for their children?
- Have efforts been made to inform judges, social services, law enforcement, attorneys and service providers of programs available for families in which abuse occurs?

- Do services for *seriously* mentally ill women address issues of violence and trauma? Are staff trained to identify history and impact of abuse on SMI women?

Women of Color

The problems of recognizing, diagnosing, and assuring access for women in general become even more complex for women with diverse ethnic and racial backgrounds.

- Do system-wide standards or protocols reflect a fundamental goal of providing cultural and ethnically appropriate services?
- Do services which receive public funds make a meaningful effort to become linguistically proficient?
- Are direct service providers trained to identify and understand culturally derived behaviors in women of color who experience mental illness? Are services sensitive to the roles of women in families and social networks in different cultures?
- Is cultural literacy a system-wide goal for all providers of mental health services?
- Does the system employ an administrative process which audits to insure that services and programs culturally and linguistically reflect the community?

Older Women

Older women with mental disorders are more likely than men to be poor and living alone. The combination of

poverty, isolation, and failing health can often lead to institutionalization.

- What services are currently in place which specifically address the mental health needs of older women?
- At initial contact, it can be difficult to determine whether the primary presenting problems are related to physical health deterioration, mental health issues, concurrent problems. Is there communication with or assessment services available to physicians who care for older women?
- Older women sometimes have limited physical mobility as well as inadequate transportation. What “in home” mental health services are available?
- Older women respond extremely well to psychotropic medications. Are there linkages with nursing homes or other facilities where older women with psychiatric symptoms are likely to be found?
- What interagency protocols or agreements exist to facilitate collaborative service delivery with other programs or organizations providing care to this population?
- What therapeutic processes exist to help older women with mental illness establish a social or support network? Is family outreach available?

Adolescent Girls

Girls are more likely to internalize symptoms, more likely to be depressed, and less likely to come to the attention of public mental health services. Public agencies, including schools, are more likely to respond to aggressive loud behavior, resulting in more boys referred and therefore receiving treatment. 80% of children in 3632 residential placement are boys.

- Do referral source assessment protocols include assessment of internalized symptoms as well as externalized symptoms?
- Are parents (who are more likely than school or public agencies to recognize the seriousness of girl's problems) included in referral assessments?
- Are there linkages with Child Shelter Care Facilities (55.2% girls) in place as well as linkages with Residential Care (80% boys)?
- Girls are more likely not to be referred by public agencies, therefore are more likely to have "episodic" contacts with crisis teams or hospitals. Are there linkages with crisis teams and Emergency Rooms which specifically address girls episodic use of crisis?
- Are there linkages with programs for pregnant or parenting teens?

Alcohol and Other Drug Services for Women

Co-occurring substance abuse and mental illness cannot be adequately treated separately. Effective services to

this population must be integrated. Alcohol dependent women have a higher chance (65%) of having a co-occurring mental illness than men (44%), and more likely to be disabled.

- Is there transitional living, housing or a specialized board and care facility available which recognizes and addresses the special needs of women requiring treatment for both mental illness and substance abuse?
- Do existing programs provide for medically supervised substance abuse services for women, including pregnant women?
- Is there an alcohol and other drug residential program which addresses the needs of women who are caregivers to children?
- Are judges, attorneys and service providers aware of programs available to women in lieu of incarceration?

Homeless Mentally Ill Women

Homeless mentally ill women have higher rates of childhood physical and sexual abuse, are in continual threat of assault, rape, sexually transmitted diseases, high rates of pregnancy, and poor birth outcomes.

- Homeless women do not seek help at traditional sites for homeless services. Is an outreach program available and working?
- Homeless women need access to all primary resources (food, shelter, clothing, health). What linkages and advocacy currently exist?

- Having no fixed abode or inadequate, unstable living conditions is a circumstance of homelessness. What services are in place to respond to such circumstances?
- Mentally ill women being released from jail or prison are often homeless upon discharge. What services are in place to avoid “losing” women at this point?
- Do outreach workers address the issues of violence and trauma? What linkages exist to specialized programs?
- Do programs address high rates of high risk pregnancy and provide necessary linkage to medical services?

Women in Alternative Lifestyles

- Do services and programs exist which address the issues of sexual preference?
- Does advocacy, specialized services, and/or staff training exist to ensure access and culturally competent services for lesbian and bi-sexual women?
- Are consciousness raising programs in place for the education of service providers and the community?
- What resources exist to support alternative family structures? (i.e. programs and services which work with biological fathers, children and nuclear families?)

- Are advocacy or legal support services available to ensure protection of the legal or custodial rights of lesbian or bi-sexual women?

Mentally Ill Women with HIV/AIDS

- Is comprehensive education on HIV/AIDS available which specifically addresses prevention information for women?
- Is confidential and/or anonymous HIV testing available for women receiving mental health services?
- Do programs exist which address the issues of children whose mother is positive for HIV/AIDS?

General Issues Impacting Women

- Mentally disabled women have a lower rate of employment than men, and lower rates of referral to Vocational Rehabilitation. Lack of employment contributes to lack of self-esteem, depression, and to the prevalence of poverty and homelessness among women. Are there gender sensitive linkages to vocational rehabilitation?
- The complexity of female biology causes women to be susceptible to physical disorders appearing as psychological problems and vice versa. Are there consultative mechanisms between health and mental health to assure adequate diagnosis?