

The Hackett Center for Mental Health

Women's Mental Health Across the Lifespan

This brief outlines the critical issue of women's mental health across their lifespan and the far-reaching consequences of unaddressed mental health needs among women. These consequences include increased morbidity and mortality, the intergenerational transmission of trauma and adversity, exacerbation of inequities, and economic loss. For example, a striking statistic reveals that the economic cost of untreated perinatal mood and anxiety disorders for mothers and children in the United States was estimated at a staggering \$14 billion in 2017.¹ This brief emphasizes the importance of addressing women's mental health through a comprehensive, systems-based, and multifaceted approach. It encompasses specific recommendations, including building social connection to advance promotion, prevention, and early intervention; making treatment more accessible; building capacity within clinical and community-based workforces; fostering interdisciplinary collaboration and research; and centering women's voices to dismantle barriers and create an equitable future for women's mental health.

The Issue

Mental health is a critical aspect of overall well-being, and women experience life events and transitions throughout the life course that can affect their mental health. Poor mental health among women has far-reaching consequences that extend beyond individual well-being. Undiagnosed, underdiagnosed, and untreated mental health needs can negatively impact family dynamics, productivity, and economic stability, ultimately affecting entire communities. Societal expectations and the normalization of certain emotional struggles can contribute to the oversight of women's mental health conditions, and this becomes even more evident for certain populations, including women of color.

Significant mental health disparities exist between men and women.² For example, high school girls are more than twice as likely to experience poor mental health compared to high school boys,³ and women are twice as likely as men to experience depression in their lifetime.⁴

¹ The Financial and Human Cost of Untreated Maternal Mental Health Conditions in Texas (2021). *St. David's Foundation*. <https://stdaidsfoundation.org/news-and-stories/the-financial-and-human-cost-of-untreated-maternal-mental-health-conditions-in-texas/#:~:text=In%20this%20newly%20issued%20report%2C%20Mathematica%20estimated%20the,expenditures%20%28%24445%20million%29%2C%20and%20preterm%20births%20%28%24372%20million%29>.

² Yu S. (2018). Uncovering the hidden impacts of inequality on mental health: a global study. *Translational psychiatry*, 8(1), 98. <https://doi.org/10.1038/s41398-018-0148-0>

³ Centers for Disease Control and Prevention. Youth Risk Behavior Survey Data Summary and Trends Report 2011-2021. https://www.cdc.gov/healthyyouth/data/yrbs/yrbs_data_summary_and_trends.htm

⁴ Brody, D. J., Pratt, L. A., & Hughes, J. P. (2018). Prevalence of Depression Among Adults Aged 20 and Over: United States, 2013-2016. *NCHS data brief*, (303), 1–8. <https://pubmed.ncbi.nlm.nih.gov/29638213/>

Additionally, women are more likely to experience anxiety disorders, eating disorders, and posttraumatic stress disorder (PTSD) than men.^{5,6,7,8,9} Even when attempting to access care, women meet a fragmented mental health system and encounter providers who have little to no training in women's behavioral health. This problem is two-fold—a lack of available education and training opportunities for clinicians in women's behavioral health and a gap in scientific research involving women. This deficit in training and in the involvement of women in clinical trials limits provider capacity to effectively address women's mental health and furthers disparities in outcomes for women.

The illustration below shows periods of increased mental health risk and opportunity across a woman's lifespan. These risks are not well known and are often shrouded in stigma. It is time to elevate what research — and women themselves — confirm about their unique mental health needs. The consequences of silence, a lack of information, and systemic inaction are too serious to accept.

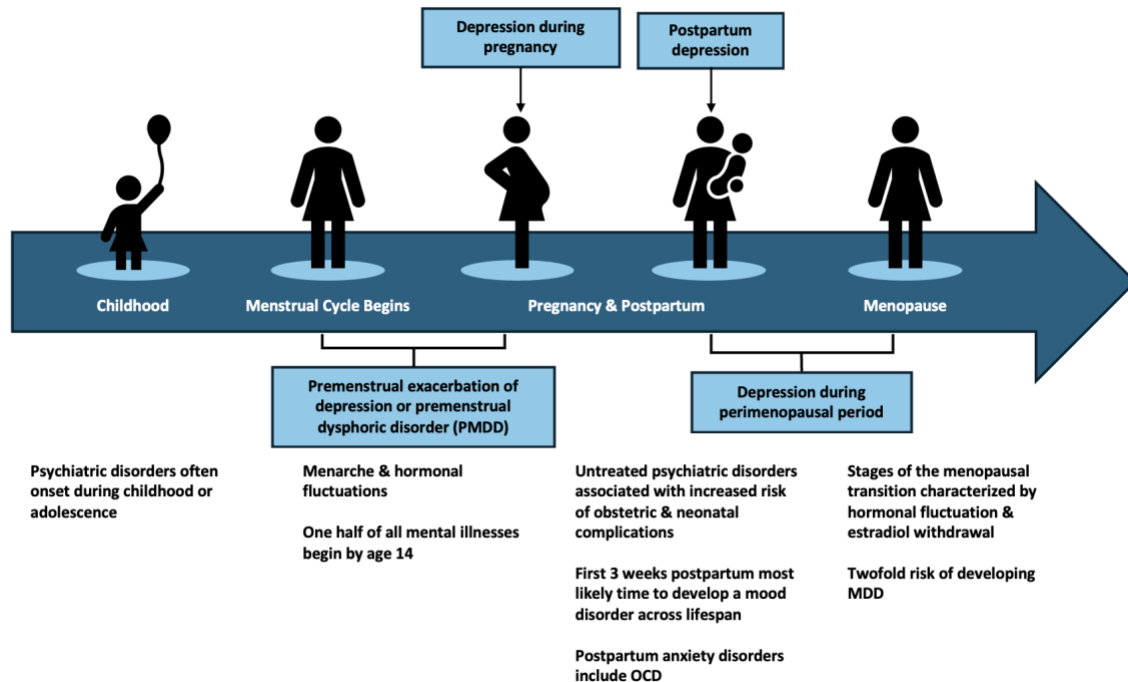
⁵ GBD 2019 Diseases and Injuries Collaborators (2020). Global burden of 369 diseases and injuries in 204 countries and territories, 1990-2019: a systematic analysis for the Global Burden of Disease Study 2019. *Lancet*, 396(10258), 1204–1222. [https://doi.org/10.1016/S0140-6736\(20\)30925-9](https://doi.org/10.1016/S0140-6736(20)30925-9)

⁶ Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of general psychiatry*, 52(12), 1048–1060. <https://doi.org/10.1001/archpsyc.1995.03950240066012>

⁷ Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of general psychiatry*, 62(6), 593–602. <https://doi.org/10.1001/archpsyc.62.6.593>

⁸ Halbeisen, G., Braks, K., Huber, T. J., & Paslakis, G. (2022). Gender Differences in Treatment Outcomes for Eating Disorders: A Case-Matched, Retrospective Pre-Post Comparison. *Nutrients*, 14(11), 2240. <https://doi.org/10.3390/nu14112240>

⁹ Pereda, N., Guilera, G., Forns, M., & Gómez-Benito, J. (2009). The prevalence of child sexual abuse in community and student samples: a meta-analysis. *Clinical psychology review*, 29(4), 328–338. <https://doi.org/10.1016/j.cpr.2009.02.007>



Mood Disorders Across the Life Course.¹⁰

The Impact

The economic cost of untreated Perinatal Mood and Anxiety Disorders (PMADs) on mothers and children through age five was estimated to be \$14 billion in 2017.¹¹ Costs exceed \$2 billion annually in Texas alone.¹² The societal cost is arguably higher. Failing to address women’s mental health across the life course can have severe consequences, including:

- **Morbidity and mortality:** Untreated mental health conditions can lead to physical health complications, substance use, and increased risk of suicide.¹³

¹⁰ Image adapted from Abel, K. M., & Freeman, M. P. (2023). Optimizing mental health for women: recognizing and treating mood disorders throughout the lifespan. *The Journal of clinical psychiatry*, 84(5). <https://doi.org/10.4088/JCP.vtmsdd2136ahc>

¹¹ Luca, D. L., Margiotta, C., Staats, C., Garlow, E., Christensen, A., & Zivin, K. (2020). Financial Toll of Untreated Perinatal Mood and Anxiety Disorders Among 2017 Births in the United States. *American journal of public health*, 110(6), 888–896. <https://doi.org/10.2105/AJPH.2020.305619>

¹² Margiotta, C., Gao, J., O’Neil, S. et al. (2022). The economic impact of untreated maternal mental health conditions in Texas. *BMC Pregnancy Childbirth* 22, 700. <https://doi.org/10.1186/s12884-022-05001-6>

¹³ Walker, E. R., McGee, R. E., & Druss, B. G. (2015). Mortality in mental disorders and global disease burden implications: a systematic review and meta-analysis. *JAMA psychiatry*, 72(4), 334–341. <https://doi.org/10.1001/jamapsychiatry.2014.2502>

- **Intergenerational transmission:** Women's mental health challenges can perpetuate cycles of adversity, affecting the well-being of subsequent generations and communities.^{14,15}
- **Economic loss:** Societal and economic costs of untreated mental health disorders include lost productivity, health care expenses, and social welfare costs.¹⁶
- **Exacerbating inequities:** Neglecting women's mental health can contribute to increased marginalization, discrimination, and inequities, undermining progress toward equality.¹⁷

Solutions

By acknowledging the unique aspects of women's mental health and working to dismantle barriers, we can pave the way for a more comprehensive and equitable mental health landscape for women. As a society, we need more public education around mental health, specifically women's mental health issues across the life course. Partners, relatives, friends, and employers should be more informed about how to provide essential social support through a collective effort. Addressing women's mental health requires a multifaceted approach that involves various stakeholders and levels of intervention.¹⁸

- **Promotion and prevention:** Reduce stigma, promote mental health literacy, and foster supportive environments that promote mental wellness for women across the life course, with a particular focus on key physiologic time periods.
- **Fostering social connection and equipping parents with knowledge, skills, and confidence:** Optimize children's brain development in a supportive environment and improve parental mental health, parent-child attachment, and responsive parent interactions.
- **Early intervention and screening:** Enhance mental health screenings and early interventions at critical life stages, such as puberty, pregnancy, and menopause.

¹⁴ Bush, N. R., Noroña-Zhou, A., Coccia, M., Rudd, K. L., Ahmad, S. I., Loftus, C. T., Swan, S. H., Nguyen, R. H. N., Barrett, E. S., Tylavsky, F. A., Mason, W. A., Karr, C. J., Sathyanarayana, S., & LeWinn, K. Z. (2023). Intergenerational transmission of stress: Multi-domain stressors from maternal childhood and pregnancy predict children's mental health in a racially and socioeconomically diverse, multi-site cohort. *Social Psychiatry and Psychiatric Epidemiology*, 58(11), 1625–1636. <https://doi.org/10.1007/s00127-022-02401-z>

¹⁵ Moog, N. K., Cummings, P. D., Jackson, K. L., Aschner, J. L., Barrett, E. S., Bastain, T. M., Blackwell, C. K., Bosquet Enlow, M., Breton, C. V., Bush, N. R., Deoni, S. C. L., Duarte, C. S., Ferrara, A., Grant, T. L., Hipwell, A. E., Jones, K., Leve, L. D., Lovinsky-Desir, S., Miller, R. K., Monk, C., ... ECHO collaborators (2023). Intergenerational transmission of the effects of maternal exposure to childhood maltreatment in the USA: a retrospective cohort study. *The Lancet. Public health*, 8(3), e226–e237. [https://doi.org/10.1016/S2468-2667\(23\)00025-7](https://doi.org/10.1016/S2468-2667(23)00025-7)

¹⁶ Christensen, M. K., Lim, C. C. W., Saha, S., Plana-Ripoll, O., Cannon, D., Presley, F., Weye, N., Momen, N. C., Whiteford, H. A., Iburg, K. M., & McGrath, J. J. (2020). The cost of mental disorders: a systematic review. *Epidemiology and psychiatric sciences*, 29, e161. <https://doi.org/10.1017/S204579602000075X>

¹⁷ Yu S. (2018). Uncovering the hidden impacts of inequality on mental health: a global study. *Translational psychiatry*, 8(1), 98. <https://doi.org/10.1038/s41398-018-0148-0>

¹⁸ Temmerman, M., Khosla, R., Laski, L., Mathews, Z., Say, L., & Women and Health Working Group for the Global Strategy for Women's, Children's and Adolescents' Health (2015). Women's health priorities and interventions. *BMJ* (Clinical research ed.), 351, h4147. <https://doi.org/10.1136/bmj.h4147>

- **Accessible and responsive treatment:** Promote evidence-based, culturally sensitive interventions for women while providing support services such as childcare, transportation, and flexible scheduling.¹⁹
- **Capacity building and workforce development:** Expand the number of providers specialized in women's mental health services²⁰ and invest in training mental health professionals to address the needs of women across the life course.
- **Promotion of interdisciplinary collaboration:** Support a whole-person approach to care that addresses the physical, mental health, and social needs. Increase the workforce through nonclinical providers such as midwives, doulas, community health workers (CHWs), and peer support specialists.²¹
- **Research and data collection:** Invest in research that supports efforts to better understand the unique mental health needs of women across socioeconomic and cultural backgrounds.
- **Centering women's voices:** Engage women and girls with lived experience in the development and implementation of mental health policies and programs.

What The Meadows Mental Health Policy Institute Is Doing About It

Prevention

The Hackett Center for Mental Health, the Meadows Mental Health Policy Institute's first regional center, serves Houston and the Gulf Coast region. It offers *Brain Builders*, a unique, two-generation approach that supports strong mother-child and peer-to-peer relationships. *Brain Builders* is a free, facilitated, six-week program designed as a space for mothers to learn the science of brain development and to build social connections. The program is open to women aged 18 and older who are pregnant or parenting children three years old or younger. It is offered in person or online in both Spanish and English. Participants report reduced stress and increased knowledge and skill in laying a firm foundation for their children. Intervention during this unique period of early childhood brain development helps prevent mental health issues for the child and builds protective factors for the mother's well-being.²²

¹⁹ Ranji, U., Rosenzweig, C., & Salganicoff, A. (2019). *Women's coverage, access, and affordability: Key findings from the 2017 Kaiser Women's Health Survey*. KFF. <https://www.kff.org/womens-health-policy/issue-brief/womens-coverage-access-and-affordability-key-findings-from-the-2017-kaiser-womens-health-survey/>

²⁰ Joyce, H. D., & Early, T. J. (2014). The Impact of School Connectedness and Teacher Support on Depressive Symptoms in Adolescents: A Multilevel Analysis. *Children and youth services review*, 39, 101–107. <https://doi.org/10.1016/j.childyouth.2014.02.005>

²¹ Centers for Medicare & Medicaid Services (2023). *Transforming Maternal Health (TMAH) Model*. CMS. <https://www.cms.gov/priorities/innovation/innovation-models/transforming-maternal-health-tmah-model>

²² Center on the Developing Child (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. Harvard University. <https://developingchild.harvard.edu/resources/the-foundations-of-lifelong-health-are-built-in-early-childhood/>

Early Identification and Accessible, Responsive Treatment

The Meadows Institute actively promotes the Collaborative Care Model (CoCM) as an evidence-based, systematic strategy for treating women's behavioral health conditions in primary care through the integration of care managers and psychiatric consultants.²³ This population health intervention helps address workforce shortages, mitigates patient access to care barriers, and has been shown to be effective for various women's mental health conditions across diverse settings, including addressing perinatal mental health issues within obstetrics and gynecology services.²⁴

Interdisciplinary Collaboration

To facilitate improved coordination among systems, The Hackett Center, Texas Health Institute, March of Dimes, and Mental Health America Greater Houston co-host a series of roundtable gatherings to elevate the issue of maternal behavioral health in Houston. Participants gain a better understanding of the barriers and assets in the behavioral health ecosystem. They also identify and act on aligned priorities. The goals and structure of the roundtables have evolved with input from participants and in response to emerging knowledge, opportunities, and contexts. These convenings include non-licensed community professionals — such as community health workers, doulas, peer support specialists, lactation consultants, and others — to gain further insight into comprehensive mental health strategies that improve community mental health.

Conclusion

Promoting and safeguarding women's mental health is a societal imperative with profound implications for individual well-being, family dynamics, economic productivity, and community resilience. Designing and implementing a comprehensive systems-based strategy that leverages increased social connection, along with clinical and community capacity building, will strengthen the landscape of women's mental health for the benefit of individual women, families, and society. Collective action from various stakeholders, coupled with targeted investments and a commitment to addressing the unique needs of women, can lay the critical groundwork for a future where mental health is prioritized, stigma is reduced, and women receive the support they need to thrive.

²³ Reist, C., Petiwala, I., Latimer, J., Raffaelli, S. B., Chiang, M., Eisenberg, D., & Campbell, S. (2022). Collaborative mental health care: A narrative review. *Medicine*, *101*(52), e32554. <https://doi.org/10.1097/MD.00000000000032554>

²⁴ Fortney, J. C., Pyne, J. M., Mouden, S. B., Mittal, D., Hudson, T. J., Schroeder, G. W., Williams, D. K., Bynum, C. A., Mattox, R., & Rost, K. M. (2013). Practice-based versus telemedicine-based collaborative care for depression in rural federally qualified health centers: a pragmatic randomized comparative effectiveness trial. *The American journal of psychiatry*, *170*(4), 414–425. <https://doi.org/10.1176/appi.ajp.2012.12050696>