

**A COMPREHENSIVE, INTEGRATED APPROACH TO WOMEN'S HEALTH:
A case for integrating primary care, mental health and addictions care systems, complete
with a compendium of resources for bridging the public health and mental health
information needs of the maternal & child health workforce**

by

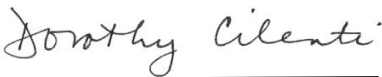
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Abstract

Inspired by the author's involvement with the Women's Integrated Systems for Health (WISH) initiative at the North Carolina Institute for Public Health, this paper addresses the need for enriched healthcare interventions that address the whole woman and all of her needs. It describes the evidence for integrating systems for women's health as well as policy implications. It also provides a compendium of resources in the form of a knowledge pathway to direct students and members of the current and future Maternal & Child Health workforce to resources beneficial to policymakers, health professionals, and families/consumers in bridging public health and mental health practice. It is hoped to be useful in promoting comprehensive health and wellness among women of reproductive age who also experience mental, emotional, or behavioral issues.

1. The need

The need for an integrated approach to addressing reproductive-aged women's health is apparent when one examines the evidence of co-existing conditions and layered challenges among many women who seek care today. Historically, healthcare for women has been fragmented such that if a woman has a mental illness, such as depression or bipolar disorder, she must go to a mental health professional who will perhaps prescribe a psychiatric medication. If she is of reproductive age, she will need to see an obstetrician, gynecologist or mid-level health practitioner for her reproductive health needs and if she experiences substance abuse issues, uses cigarettes, or experiences a chronic health condition such as high blood pressure, obesity or diabetes, she will also likely need to see a primary care physician as well. It is not common for these health professionals to communicate with one another, which increases the likelihood of medications interacting and for symptoms and issues to go undiagnosed. Furthermore, if this woman is uninsured, of a lower educational or socioeconomic status, an immigrant, or in a

violent relationship, her health concerns multiply, the difficulty of accessing care increases, and the likelihood of these health issues going unaddressed grows in significance. Unfortunately, in the United States today, this is reality for many women.

In this contemporary context, it is imperative that the health professional community become open to the fact that while we have traditionally separated our health systems into silos, they in fact intersect, and approaching women's health issues with an integrated systems approach is much more likely to have a greater impact. For example, people living with serious mental illnesses are dying 25 years earlier than the rest of the population, largely due to physical health conditions that go unmanaged.⁹ Furthermore, it has been found that 3 out of every 5 people with serious mental illness die due to a preventable health condition.⁹ According to the Substance Abuse and Mental Health Services Administration, nearly 8.9 million adults have co-occurring mental health and substance abuse disorders and only 7.4 percent of them receive treatment for both conditions with 55.8 percent receiving no treatment at all.¹⁴

Additionally, in regard to women's health specifically, a joint publication of the Association of Maternal and Child Health Programs (AMCHP) and CityMatCH through their Women's Health Partnership (WHP) produced an issue of Women's Health Prevention Brief that calls for a prioritization of improving mental health prevention efforts because of the following data:

- “Depression is quickly becoming a leading chronic disease impacting both men and women; however, chronic mental illness affects women at a much higher rate than men.”
- “One in four women will experience severe depression at some point in their lives.”

- “Addictive disorders such as substance abuse can co-occur in persons with depression; 29% of adults aged 18 and older with a lifetime history of a mental disorder have a history of substance abuse.”
- “Women of reproductive age are at high risk for psychological distress and major depressive episodes.”
- “Approximately 10 percent of women become depressed during pregnancy or within the first year after delivery, affecting functioning, relationships with family and ability to bond with their infant.”
- “According to several studies, sexual and physical abuses are major risk factors for depression. Recent findings report 3 of 5 women diagnosed with depressive illnesses had been victims of abuse, and among women who experienced severe sexual abuse as a child, 100% developed depression later in life.”
- “Only 20% of women who suffer from depression seek treatment.”^{3(p2)}

In the current healthcare system, further documentation that women’s significant health concerns are going undiagnosed and untreated was found in a study on depression screening in family planning clinics. The study surveyed 4,726 women who were neither pregnant nor postpartum, who were sexually experienced and aged 40 or younger. Results showed that one in five women surveyed in clinics had moderate or severe depression. These women were also more likely to have had a sexually transmitted disease (STD), not to have used a contraceptive method at last intercourse, and to have had intercourse under the influence of alcohol or drugs.⁶

It is also known that one out of every four women in the United States will report physical or sexual assault by a partner, spouse, or date at some point in her lifetime.⁸ While many health professionals may be aware of this statistic, or that women experience victimization more

often than men, it is necessary to note the chronic health conditions that can co-occur with or be consequences of violence against women.¹² Physically, victims report chronic pain, sexually transmitted infections, and gastrointestinal problems; the severity of these issues can also be linked to disability.⁸ Women who have been victimized also have an increased rate of disabling mental illnesses such as depression, anxiety, PTSD, substance abuse disorders, and are more likely to struggle with suicidality.⁸

Broadly, being female simply increases the likelihood of experiencing violence and trauma at any point in a person's life span.¹⁵ Women and girls are significantly more at risk of being victimized by someone they know and love and trauma can have a strong and persistent effect on their development and the experiences. It can affect their world view including social-emotional responses, view of self, and ability to trust others. Past trauma can also influence current skills, experiences and feelings. Specifically, evidence from neurobiological and other sciences shows that chronic or recurrent exposure to stress associated with maltreatment can lead to potentially irreversible changes in the interrelated brain circuits and hormonal systems that regulate stress. Strong and prolonged activation of these stresses, in the absence of any buffering relationships, leaves women and girls who experience them vulnerable to a range of physical and mental health problems throughout the life course.¹⁴

Trauma can impact every area of a girl or woman's life, including parenting, relationships, work and self-care.¹⁵ It is also important to note the heightened vulnerability to violence and trauma for girls and women with disabilities (physical as well as intellectual or developmental). Furthermore, it is important that practitioners be aware that violence, mental health and substance use issues/disorders can be connected to involvement with the criminal

justice system, homelessness and human trafficking.¹⁵ Research is uncovering the correlation between the co-occurring mental health and substance use disorders in women with a history of sexual or physical trauma, although these associations are not always recognized, and are often not successfully treated through comprehensive trauma-integrated approaches.¹⁴

Violent victimization is especially important to be aware of for women in their reproductive years as evidence suggests that women are particularly vulnerable to domestic violence during pregnancy and the postnatal period.¹¹ Pregnant women who are victims of violence may experience low maternal weight gain, anemia, infections, short inter-pregnancy interval, menstrual irregularities, bleeding in first and second trimesters, miscarriage and termination of pregnancy.¹¹ In further support of the need for an integrated approach to women's health, research shows that the majority of women who are victimized do not seek help from specialized violence services, rather they are as likely to use mental health, substance abuse, health care, and child welfare clinics as they are specialized domestic violence agencies.⁸ Further, during pregnancy and the postnatal period, women are more likely to come into contact with health professionals who are uniquely positioned to identify and support women who experience violence.¹¹ This supports the need for cross-training, or interspersing of specialist health professionals.

The fact that women who are victimized are known to seek care only at one of the following sites: a primary care provider, mental health practice, substance abuse service provider or domestic violence service provider speaks to the need for an integrated system of care to best meet a woman's needs. Even if she were to take the time to see all of these providers and attempt to fully address her needs, these practices are likely to use separate treatment perspectives- one for women seeking help with illness and disability, and another for women who have

experienced partner violence.⁸ Research shows that a shift is needed in the way our society provides health services in order to facilitate and support cohesive, comprehensive services for women across all sectors.⁸

2. Evidence supporting an integrated system of care

While the integrated approach is perhaps a modern way of thinking, there are studies documenting its efficacy. One study documented results of a randomized controlled trial to determine whether a primary care-based, care management intervention would improve medical outcomes and depression scores among patients with major depression and poorly controlled diabetes, coronary heart disease, or both.⁷ Results showed that an “intervention involving proactive follow-up by nurse care managers working closely with physicians, integrating management of medical and psychological illnesses, and using individualized treatment regimens guided by treat-to-target principles improved both medical outcomes and depression in depressed patients with diabetes, coronary heart disease, or both.”^{7(p2619)} Furthermore, the study reported that patients in the intervention group were more satisfied than controls with the care they received for medical and psychological disorders. Authors noted that satisfaction with care predicts greater self-care and more favorable outcomes.⁷

Next, an example of models of integrated, comprehensive care specifically for women in practice, was developed by the U.S. Department of Health and Human Services (DHHS) and the Department of Veterans’ Affairs (VA), and are known as specialized women’s health centers (WHCs). Developed in the mid-1990s, these agencies used a portion of legislative funds to create comprehensive WHCs, most of which were linked to university partners.² They have served as the foundation for innovations in delivering comprehensive care to women in diverse practice settings. Although DHHS and the VA developed their WHCs separately to address

fragmentation in different female populations, they show similar innovative organizational features.²

Table 1. Innovative features of comprehensive women's health centers. ^{2(p1283-1284)}

System openness	An organization's linkage to individuals outside the system and information exchanges across boundaries. Also, centers' use of benchmarking against best practices in women's health & use of patient satisfaction surveys.
Centralization	Control and authority over operations from a hospital's perspective, measured as a function of governance and the clinical home for women's health. Authors also examined physical space and privacy arrangements.
Complexity	The level of knowledge and expertise in an organization. Authors also documented the breadth and depth of women's health service availability on and off-site (i.e.: presence of preventive care, general reproductive services, menopausal mgmt., osteoporosis mgmt., trauma screening/counseling, behavioral health, and associated services such as nutrition counseling, social work services).
Formalization	An organization's degree of emphasis on rules and procedures in role performance. This was measured as a function of internal monitoring of clinical logistics, use of quality indicators or clinical guidelines in clinical practice, and monitoring complications of adverse events.
Interconnectedness	Linked by inter-professional networks and thus fosters innovation through the communication and transmission of new ideas. Authors also examined presence of educational programs for clinical providers in women's health as a measure.
Organizational slack	Uncommitted resources that may be allocated to new initiatives (i.e.: center operative hours, average number of clinic sessions per week, presence of extended or weekend clinic hours, and the proportion of patients able to see female providers).
Size	Larger organizations typically have more slack resources, broader technical expertise of

	employees, and organizational structures that more readily foster innovation. Size was measured as a function of patient volume in the past year.
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Other promising models of integrated care include Patient-Centered Medical Homes (PCMHs). Pilot projects exist in Maine and Tennessee where primary care practices are integrating mental health or behavioral health services into their systems and services are reimbursed.¹ Specifically, in the Cherokee Health Systems clinical model in Tennessee, a licensed behavioral health provider is employed on the primary care team who partners with the primary care doctor to help patients manage stress, depression or lifestyle changes necessary for addressing their medical condition. Benefits cited from this program include: “reduced emergency room use, fewer inpatient admissions, reduced specialty referrals, enhanced patient satisfaction, increased primary care use, and improved patient outcomes.”^{1(p3-4)} Data from these projects show that integrating primary care and mental health care saves 20 percent in health care costs.

3. Policy implications

The advancement of an integrated system of women’s health services will not occur without a focus on policy. Those who advocate for Patient Centered Medical Homes (PCMHs) have disseminated consensus recommendations, some of which are outlined in a publication for the Agency for Healthcare Research and Quality under the U.S. Dept. of Health and Human Services. This organization advocates for five essential measures:

- 1) "Normalize mental health into mainstream medical practice,
- 2) Integrate reimbursement mechanisms
- 3) Create a roadmap for implementation
- 4) Determine mechanisms to address the needs of those with complex mental health

problems

5) Disseminate the tools needed by PCPs, that collectively will facilitate integrated mental health treatment in primary care settings and that are needed for the PCMH to achieve its full potential."^{4(p8-12)}

This document also explains that leadership will be required at all levels of the delivery system, including the Federal government. In fact, a substantial and integrated Federal role will be necessary for bringing together all relevant stakeholders to address issues, determining and assessing accountability for implementation.⁴

The National Council for Community Behavioral Healthcare also makes policy recommendations for integrating mental health into primary care and moving forward with Patient Centered Medical Homes. For example, the authors of a research document explain the financing methods that would need to be addressed at the policy level as the behavioral health system and the healthcare system have operated historically within completely different funding and reimbursement sectors.⁹ Secondly, the author notes that federal and state policies will need to be structured to encourage and support collaborative practice, the workforce will need to develop accordingly, clinical information sharing will need to be addressed, the issue of physical facilities for service delivery will be imperative and funds should be allocated for research.⁹

Additionally, in 1999, the Surgeon General called for the full integration of mental health into the nation's public health system. In 2009, the Surgeon General released a report repeating that mental health and wellness are essential to overall health and linking it to chronic disease.⁵ However, admitting that mental health issues are "not fully recognized by many policy makers, health-care providers, payers, and members of the general public."^{5(p190)} After the release of the Surgeon General's report in 1999, The Office of Women's Health released Action Steps for

Improving Women's Health which include the following, among others:

1. "Promote the widespread understanding that women's mental health is an essential part of their overall health."
2. "Improve the interface of primary care and mental health services for women."
3. "Promote a recovery-oriented, strengths-based approach to treatment for women promulgated by the recommendations of the President's New Freedom Commission."
4. "Meet the mental health needs of girls and young women as part of overall health care."

Lastly, the Mental Health Parity and Addiction Equity Act of 2008 and the Affordable Care Act (ACA) of 2010 offer new opportunities to integrate general and mental health-care.^{13; 17}

The ACA and Medicaid waiver expansion present opportunities for states to restructure their public behavioral health systems. First, states and federal agencies can test and evaluate improved financing and organizational arrangements to address fragmentation of services, in recognition that existing arrangements have largely led to poor quality, poor outcomes, and high costs of care. Next, this Act has provisions that promote comprehensive and coordinated care, such as the provision that encourages the development of patient-centered medical homes. This is expected to encourage more responsiveness to chronic disease comorbidities.¹⁷ Thirdly, providers have the opportunity to coordinate Medicaid behavioral health services with social services and housing supports that seek to prevent homelessness among individuals with mental illness. Fourth, the ACA allows providers to use preventive services and encourages those treating people with mental illness to focus more on conjoint substance abuse education and treatment.¹⁷ Last, the ACA encourages wider use of evidence-based practice models such as

assertive community treatment and supported employment which would also be beneficial to meeting women where they are and best meeting all of their needs holistically.

The 2008 Mental Health Parity and Addiction Equity Act was a step toward integrating mental health and public health at a population level because it was a Federal law requiring group health insurance plans that cover mental illness and substance use disorders to provide benefits with no more restrictions than all other medical and surgical procedures covered by the insurance plan.¹³ Therefore, insurance was required to view mental health and substance use disorders as legitimate conditions as they would other medical issues. As the lead government agency for public health, the Centers for Disease Control and Prevention (CDC) is recommended to play a central role in integration. In fact, the CDC's Division of Adult and Community Health convened a panel which was charged with examining how mental health can best fit into public health and how the CDC can best assist. The panel recommended that the CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) engage in public health activities that would include surveillance, prevention and promotion, and the system and policy context for these proposed changes.¹³

The implications for policy are many, but perhaps the most important are that the public health and medical models embrace the recovery model which is central to the mental health advocacy and policy communities.¹³ This model promotes a strengths-based approach that could be useful to many people with chronic medical conditions and to improving women's health overall.

Summary of the recovery model:

“Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.”¹⁶ The 10 fundamental components of the recovery model are: self-direction, individualized and person-centered, empowerment, holistic, non-linear, strengths-based, peer support, respect, responsibility, and hope.¹⁶ This model recognizes individuals with mental health disabilities as valuable citizens of American community life. It recognizes that they can make valuable contributions to society and advocates for their opportunity to do so.

Lastly, it will be equally important for the new, integrated system staff to consider social determinants of health especially in terms of mental health outcomes and a person’s overall well-being. The importance of the social determinants of health – the notion that health is impacted by many social, economic and environmental factors that extend far beyond individual biology of disease – is a new focus of Healthy People 2020. This means that improving health requires a broad approach in promoting a ‘health in all policies’ system that creates environments where the healthy choice is the easy choice.¹⁹

4. Education & training for students and health professionals

According to a document cited previously on Actions Steps for Improving Women’s Health by the Office of Women’s Health, one of the action steps listed is to “improve the interface of primary care and mental health services for women.”¹⁴ The authors of this document suggest that to achieve this goal, focus should be increased on the training and continuing education of primary and general health care practitioners to recognize mental health risks including gender based differences.¹⁴ Studies have documented findings on interventions that train primary care physicians in recognition and management of mental health disorders. These have shown mixed and negative results.¹⁸ Instead, models in which collaboration occurs effectively between primary care providers and consulting mental health specialists, facilitated by a care manager are shown to be much more beneficial. In fact, over 35 randomized clinical

trials of such collaborative care models for depression in the United States and Europe demonstrate their benefits over usual care with “specific advantages in retention in treatment, clinical outcomes, employment rates, functioning and quality of life.”^{18(p582)} These findings would suggest the importance of collaboration among healthcare providers and resources and training that encourage holistic perspectives and team approaches to addressing women’s complex health needs.

Further, as the healthcare system and behavioral health system have historically operated in different service delivery, funding and reimbursement sectors, integrated care will require new structuring and perhaps new payment methods.⁹ Skills needed to work on an integrated team are generally not part of academic training for clinicians, so success is dependent on bridging the cultural differences between primary and behavioral healthcare practitioners. This may require attention in clinical training programs at all levels.⁹

One way of bridging these differences perhaps more quickly and less painstakingly is through online training and resource programs that can both raise awareness about the need for integrated health systems for women’s health, the benefits they can achieve as well as actually training providers on a basic level and providing them with resources to address imminent issues they may encounter in their offices. An example of this is a compendium of resources for health care providers and for students. For instance, a Knowledge Path on Maternal & Child Health is described by the Georgetown Maternal & Child Health Library as: “containing selections of recent, high quality resources and tools for staying abreast of new developments and conducting further research. Components of a knowledge path include links to web sites, electronic publications, databases, discussion groups, and citations for journal articles and other print resources.”¹⁰ It specifically omits peer reviewed publications that can be readily identified

through research search engines such as PubMed and thus identifies the gray literature and practice-based resources that might otherwise go undiscovered. Students can use a Knowledge Path or similar resources to begin their careers in Maternal and Child Health with a focus on integrating health care and addressing women's health needs comprehensively.

[Excerpt taken from *WISH Project Knowledge Pathway Introduction*]:

“This knowledge path has been compiled by staff of the *Women's Integrated Systems for Health (WISH) Project* at the University of North Carolina at Chapel Hill for the Maternal and Child Health Library at Georgetown University. It is designed to bridge the public health and mental health information needs of professionals in regard to promising, practical intervention approaches to promote optimal health and wellness among women of childbearing age who experience a mental, emotional or behavioral health condition. This knowledge path is shaped by the literature [which acknowledges] limited training resources and educational materials responsive to the complex health related needs of adolescents and women with mental health and/or substance use disorders.

A selection of current resources is presented that offer data useful for framing the issues, describe integrative approaches, and report on key policies and best practices aimed at improving access to health promotion and disease prevention for this segment of the MCH population. While the overall goal of this knowledge path is to advance health and health access for young women, it is intended to also serve as a resource for efforts to integrate women's mental, emotional and behavioral health into a life course perspective.

A separate section of the knowledge path highlights consumer & family resources that support health related self-advocacy and recovery. Additional sections focus on specific topics of particular relevance to health promotion and disease prevention for all women, with content

specific to those with mental and behavioral health disorders: reproductive and maternal health; intentional injury; chronic conditions; healthy behaviors; and health disparities. The audience for this knowledge path is diverse and includes health and mental/behavioral health professionals, program administrators, educators, policymakers, researchers, and consumers and families.”

The methods used in gathering resources for the knowledge pathway include internet searches mostly of websites, organizational or government publications and some scholarly literature that the *WISH* team was familiar with and had access to due to their work in Public Health. All search results were evaluated using the MCH Library Resource Guide Selection Criteria which focuses on accuracy, authority, objectivity, currency, coverage, and access.¹⁰ These criteria for inclusion in entirety can be accessed at the following web address:

<http://www.mchlibrary.info/KnowledgePaths/criteria.html>.

Knowledge Pathway

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1. Resources for Policymakers		
Websites	Distance Learning	Additional Resources from State & National Orgs.
<ul style="list-style-type: none"> National Center for Trauma-Informed Care http://www.samhsa.gov/nctic/ <p><i>“SAMHSA’s National Center for Trauma-Informed Care (NCTIC) is a technical assistance center dedicated to building awareness of trauma-informed care and promoting the implementation of trauma-informed practices in programs and services. Traumatic experiences can be dehumanizing, shocking or terrifying, singular or multiple compounding events over time, and often include betrayal of a trusted person or institution and a loss of safety. Trauma can result from experiences of violence. Trauma includes physical, sexual and institutional abuse, neglect, intergenerational trauma, and disasters that induce powerlessness, fear, recurrent hopelessness, and a constant state of alert. Trauma impacts one’s spirituality and relationships with self, others, communities and environment, often resulting in recurring feelings of shame, guilt, rage, isolation, and disconnection. Although exact prevalence estimates vary, there is a consensus in the field that most consumers of mental health services are trauma survivors and that their trauma experiences help shape their responses to outreach and services.”</i></p> <ul style="list-style-type: none"> American Psychiatric Association Healthy Minds. Healthy Lives: http://www.healthyminds.org/ <p><i>“HealthyMinds.org, the American Psychiatric Association’s online resource for anyone seeking mental health information. Here you will find information on many common mental health concerns, including warning signs of mental disorders, treatment options and preventative measures.”</i></p>	<ul style="list-style-type: none"> Behavioral Health: Public Health Challenge, Public Health Opportunity Presentation by Administrator Hyde, American Public Health Association, Oct 30, 2011 (Slides) http://store.samhsa.gov/product/Behavioral-Health-Public-Health-Challenge-Public-Health-Opportunity/SMA11-PHYDE10302011 <p><i>“Describes the challenges and opportunities in creating a public health approach to improved behavioral health. Presents SAMHSA’s eight strategic initiatives toward advancing support systems and community-wide strategies that improve health status and well-being.”</i></p> <ul style="list-style-type: none"> SAMHSA Blog: Recovery Defined – A Unified Working Definition and Set of Principles http://blog.samhsa.gov/2011/12/22/samhsa-%E2%80%99s-definition-and-guiding-principles-of-recovery-%E2%80%93-answering-the-call-for-feedback/ <p><i>“In August 2010, leaders in the behavioral health field, including people in recovery from mental health and addiction problems and SAMHSA met to explore the development of a common, unified definition of recovery. “Recovery is a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential.”</i></p> <ul style="list-style-type: none"> Recovery 202 http://www.bu.edu/cpr/webcast/recovery20 	<ul style="list-style-type: none"> Living Well with Chronic Illness: A Call for Public Health Action, Institute of Medicine Consensus Report (January 2012) http://www.iom.edu/Reports/2012/Living-Well-with-Chronic-Illness.aspx <p><i>“Chronic illnesses have emerged as major health concerns of Americans in recent decades. People are increasingly focused not simply on living longer, but on maintaining or even improving their capacity to live well over their entire lives. The IOM committee appointed to study the issue presents its findings in Living Well with Chronic Illness: A Call for Public Health Action. The concept of living well reflects the best achievable state of health that encompasses all dimensions of physical, mental, and social well-being. Living Well with Chronic Disease identifies the population-based public health actions that can help reduce disability and improve functioning and quality of life among individuals who are at risk of developing a chronic disease and those with one or more diseases. The book’s recommendations will inform policy makers concerned with health reform in public- and private-sectors and also managers of community-based and public-health intervention programs, private and public research funders, and patients living with one or more chronic conditions – including depression, diabetes, and schizophrenia...”</i></p> <ul style="list-style-type: none"> Women and Trauma: Report of the Federal Partners Committee on Women and Trauma, A Federal Intergovernmental Partnership on Mental Health (June 2011) http://www.vawnet.org/Assoc_Files_VAWnet/WomenAndTrauma.pdf <p><i>“The report illustrates the importance of listening to and incorporating the voices of people who have been directly impacted by trauma, and describes “trauma-informed care,” a new approach to addressing trauma that can be implemented in any setting. “In a trauma-informed framework, prevention programs, human services, government agencies, and civic groups work together to create</i></p>

<ul style="list-style-type: none"> Wellness and Recovery: the Vision and the Pledge http://www.bu.edu/cpr/resources/newsletter/healthandwellness/tr-healthandwellness.pdf <p><i>“This newsletter offers information, resources, and ideas or mental health service providers, consumers and families, administrators, practitioners, mental health associations, governmental agencies, funders, and the community at large to begin actualizing the vision and the pledge, and to implement changes promoting wellness for mental health services consumers.”</i></p>	<p>2/index.html</p> <p><i>“Judith Chamberlin, a leading activist, author, researcher, and pioneer in organizing on behalf of mental health consumer/survivors responds to question of “What is Recovery?” in this 2006 webinar. She describes how the concept developed within the consumer/survivor movement, some of the changes which occurred over time. She comments on the consensus statement and ten elements of recovery as published by SAMHSA. Dr. Farkas develops the theme of “What is a Recovery Oriented Program?” with some of the essential ingredients, common research themes and key studies illustrating that recovery is possible and more than just symptom reduction. She highlights some of the qualitative studies that have added to the knowledge base about recovery. She comments on the vision of an integrated system and the important values that would underline such a system. Webcast registration required.”</i></p> <ul style="list-style-type: none"> Repository of Recovery Resources http://www.bu.edu/cpr/repository/index.html <p><i>“The Repository of Recovery Resources is a one-stop source of information that can be used: - to promote and create recovery-oriented mental health systems; and - to increase awareness and understanding of the concept and reality of recovery. Originally designed to respond to the needs of state mental health administrators and consumers in their work at state offices of consumer/recipient affairs, these many resources are appropriate for anyone interested in recovery from serious mental illnesses. Resources include:</i></p> <ul style="list-style-type: none"> - Articles - Books - Documents and Reports - Multimedia and Websites 	<p><i>healthier, safer, more healing and more productive communities. This report provides background on women and trauma, describes a Roundtable held on April 29, 2010, and presents an outline of what the Committee plans for the coming year. The report was produced by the Federal Partners Committee on Women and Trauma, an outgrowth of the SAMHSA-sponsored “Federal Intergovernmental Partnership on Mental Health Transformation Working Group on Women and Trauma. The Federal Partners Committee came together with the collective mission of developing strategies to address the consequences of trauma on women.”</i></p> <ul style="list-style-type: none"> Building Partnerships: Conversations with Communities about Mental Health Needs and Community Strengths http://www.dmh.ca.gov/peistatewideprojects/docs/Reducing_Disparities/BP_Aggregate.pdf <p><i>“This report produced by the UC Davis Center for Reducing Health Disparities examines the needs of underserved communities, strategies to prevent mental disorders, and ways to address mental health needs specifically while also identifying strengths within the community. Researchers partnered with agencies, members, and advocates within specific communities to give them an opportunity to express their view of what is needed in their community with the goal of helping counties develop their plans and programs for the prevention of mental disorders. Participants' responses highlighted a number of key factors within these communities, including the prevalence of violence and trauma, the role of social conditions such as poverty and unemployment as being a hindrance to community well-being, and the lack of affordable services available in communities.”</i></p> <ul style="list-style-type: none"> Research Review of Health Promotion Programs for People with Serious Mental Illness http://www.integration.samhsa.gov/health-wellness/wellnesswhitepaper <p><i>“The SAMHSA-HRSA Center for Integrated Health Solutions engaged the Dartmouth Health Promotion Research Team, under the leadership of Stephen Bartels, MD, MS, to conduct a</i></p>
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	<p>- <i>Training and Technical Assistance.</i>”</p>	<p><i>comprehensive, systematic <u>review of published research literature</u> addressing non-pharmacological lifestyle interventions aimed at reducing obesity and improving fitness for people with serious mental illness who are at risk of myriad chronic conditions and premature death.”</i></p> <ul style="list-style-type: none"> • NYS Center for Excellence in Cultural Competence (2010). Improving the Physical Health of People with Serious Mental Illness – A Systematic Review of Lifestyle Interventions http://nyspi.org/culturalcompetence/what/documents/ImprovingthePhysicalHealthofPeoplewithSMI-ASystematicReviewofLifestyleInterventions.pdf <i>These interventions are structured approaches that help people engage in physical activity, manage their weight, eat a more balanced and healthier diet, and engage in health promotion activities.</i>
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2. Resources for Professionals

Websites/ General Resources	Distance Learning
<ul style="list-style-type: none"> • Bright Futures: A Health Care Provider's Guide to Promoting Women's Emotional Wellness: http://mchb.hrsa.gov/pdfs/bfclinicians.pdf <i>“This resource is part of a series of materials called ‘Bright Futures for Women’s Health and Wellness.’ The aim of the Bright Futures project is to help women of all ages achieve better physical, mental, social, and spiritual health by encouraging healthy practices. This guide contains information for health care professionals on the latest research about emotional wellness as well as tips and ideas for how you can discuss wellness issues with the female patients you serve.</i> • Addressing the Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Services Individuals: http://store.samhsa.gov/shin/content/SMA11-4657/SMA11-4657.pdf <i>“Arms mental health and substance abuse professionals with a comprehensive overview of unique prevention, treatment and recovery skills and practices, including trauma-informed care, to effectively serve women and girls. Useful for the full spectrum of behavioral health professionals.”</i> • American Psychiatric Association Healthy Minds. Healthy Lives 	<ul style="list-style-type: none"> • National Association on Mental Illness (NAMI) Hearts & Minds http://www.nami.org/template.cfm?section=hearts_and_minds <i>“The NAMI Hearts & Minds program is an online, interactive, educational initiative promoting the idea of wellness in both mind and body.</i> • Hearts & Minds Facilitator's Guide Download PDF / Purchase Booklet and DVD <i>“A downloadable Facilitator’s Guide serves as a template for program and group leaders who are implementing the Hearts & Minds program. This Facilitator's Guide to the NAMI Hearts & Minds program is provided to help deliver the program to groups and audiences in a variety of settings to both 1) expand its reach and 2) promote engagement to a wide range of individuals. The guide includes worksheets, such as a sample food journal, exercise journal, etc. is available in PDF format at http://www.nami.org/Content/NavigationMenu/Hearts_and_Minds/Resources195/FinalHMFacilitatorsGuide.pdf or for purchase with a companion DVD.”</i> • SAMSHA Wellness Trainings

<p>http://www.healthyminds.org/ <i>“HealthyMinds.org, the American Psychiatric Association’s online resource for anyone seeking mental health information. Here you will find information on many common mental health concerns, including warning signs of mental disorders, treatment options and preventative measures.”</i></p> <ul style="list-style-type: none"> • National Center for Trauma-Informed Care (also under Table 1) http://www.samhsa.gov/nctic/ <i>Trauma-informed care is an approach to engaging people with histories of trauma that recognizes informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. NCTIC facilitates the adoption of trauma-informed environments in the delivery of a broad range of services including mental health, substance use, housing, vocational or employment support, domestic violence and victim assistance, and peer support. In all of these environments, NCTIC seeks to change the paradigm from one that asks, “What’s wrong with you?” to one that asks, “What has happened to you?”</i> • CDC’s Intimate Partner Violence & Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings http://www.cdc.gov/ncipc/pub-res/images/ipvandsvscreening.pdf <i>This document is a compilation of existing tools for assessing intimate partner violence (IPV) and sexual violence (SV) victimization (defined below) in clinical/healthcare settings.</i> 	<p>http://www.promoteacceptance.samhsa.gov/10by10/archives/default.aspx <i>Each year, SAMHSA conducts and archives several wellness-related training teleconferences that are free of charge and open to all. These educational events are designed to help participants enhance mental health consumer wellness by relating the most up-to-date research and information about programs within the United States and beyond that are working to reduce early mortality among persons with mental health problems. In addition to featuring two or more formal presentations on wellness and related topics, each teleconference includes a 30-minute open forum. All SAMHSA 10x10 Wellness Campaign training teleconferences are conducted via telephone. Accompanying presentation materials are made available through the SAMHSA 10x10 Wellness Campaign Web site.”</i></p>
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3. Resources for Families & Consumers		
Websites	Distance Learning	Additional Resources from State & National Orgs.
<ul style="list-style-type: none"> • SAMHSA, 10 by 10 Wellness Campaign http://store.samhsa.gov/shin/content//SMA10-4567/SMA10-4567.pdf <i>“Arms people with mental illnesses with information about wellness and its importance in overall health. Describes each of the eight dimensions of wellness and includes suggestions for how people can apply them to their own lives to improve their overall wellbeing.”</i> • Office of Women’s Health http://www.womenshealth.gov/mental-health/ <i>“The Office of Women’s Health has a section</i> 	<ul style="list-style-type: none"> • National Association on Mental Illness (NAMI) Hearts & Minds Program http://www.nami.org/template.cfm?section=hearts_and_minds <i>The NAMI Hearts & Minds Program is an online, interactive, educational initiative promoting the idea of wellness in both mind and body. Wellness is an ongoing process of learning how to make choices that support a more successful, healthy life. Unfortunately, the risk for chronic diseases such as heart conditions and diabetes is greater for people living with mental illness, especially those taking second-generation atypical antipsychotic medications (SGAs). The more you know, the more you</i> 	<ul style="list-style-type: none"> • Bright Futures: A Woman's Guide to Emotional Wellness http://mchb.hrsa.gov/pdfs/bfwomen.pdf <i>“This booklet is part of a series of materials called ‘Bright Futures for Women’s Health and Wellness.’ It includes guides for young women, community organizations, and health care providers. These materials were developed by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Office of Women’s Health, with the guidance of a 10-member panel of predominantly female mental health experts (medical doctors, psychiatrists, and researchers) from across the country.</i>

dedicated to mental health in English and Spanish.”

- Girlshealth.gov
Girlshealth.gov 

“Girlshealth was created by the [Office on Women's Health \(OWH\)](#) to help girls (ages 10-16) learn about health, growing up, and issues they may face. Girlshealth.gov promotes healthy and positive behaviors in girls, giving them reliable and useful health information in a fun, easy-to-understand way. The website also provides information for parents (in English and in Spanish) and educators to help them teach girls about healthy living. “

- Teen Survival Guide: Health Tips for On-the-go Girls

“The girlshealth.gov Teen Survival Guide is a 78-page, pocket-sized publication for girls which answers questions like: “Does chocolate cause pimples?”; “What do I do if the kids at school make fun of me?”; “Can I get a sexually transmitted disease from kissing?” It teaches girls about their health through: teen tips; activities; fun quizzes; a glossary of new words; questions from young women. You can download a PDF of the [girlshealth.gov Teen Survival Guide: Health Tips for On-the-go Girls](#)  (8.6MB) or view an [online version](#) of the guide, or call our toll free number at 1-800-994-9662.”

- SAMHSA, Consumer Resources
http://www.samhsa.gov/samhsanewsletter/volume_17_number_3/womensmentalhealth.aspx

“This consumer booklet addresses the stigma associated with mental health, with information on the signs and symptoms of mental illness. This publication also provides suggestions for support and solutions for preventing and coping with mental illness.”

- SAMHSA, Women’s Mental Health
<http://store.samhsa.gov/shin/content/OWH09-CONSUMER/OWH09-CONSUMER.pdf>

“This booklet is about women’s mental health. It is based on

can increase your odds of living a long and full life. Knowledge is power and even small changes in your choices can help improve your life. Have questions or concerns? Send an email to heartsandminds@nami.org

The site also offers specific resources on these Wellness topics: Medical Self Advocacy; Smoking Cessation; Healthy Eating; Exercise; and Mindfulness. Watch the video on the NAMI Heart’s & Mind Campaign at http://www.youtube.com/user/NAMIVideo#p/u/4/bVhP8S_wmNds

- Wellness Works Initiative
<http://www.power2u.org/wellnessworks/index.htm>

“National Empowerment Center (NEC) Technical Assistance Center Director Oryx Cohen introduces the Wellness Works Initiative to promote the many ways wellness can improve quality of life and increase life expectancy for people diagnosed with mental health issues.

*As a part of [National Wellness Week](#), the National Empowerment Center together with the National Coalition for Mental Health Recovery and the consumer-run and consumer-supporter Technical Assistance Centers -- the National Mental Health Consumers' Self-Help Clearinghouse, PeerLink, the Cafe TA based perspective, and the NAMI STAR Center -- invited submission of pieces of original creative work expressing what wellness means in your life and for your communities. Browse the accepted works including art, poetry, and videos such as the digital story by Leah Harris entitled, *Beyond the Dirty Window*”*
<http://www.power2u.org/wellnessworks/video.htm>

- FacingUs.org Online Clubhouse
<https://www.facingus.org/>

“A unique website with innovative and interactive features that enable those living with depression and

The aim of the Bright Futures project is to help women achieve better physical, mental, social, and spiritual health by encouraging healthy practices.”

- En Espanol
<http://mchb.hrsa.gov/womenshealth/womenespanol.pdf>
- Bright Futures: A Young Woman's Guide to Emotional Wellness
<http://mchb.hrsa.gov/pdfs/bfyoungwomen.pdf>

“This booklet is about helping young women like you to feel your best. The tips in this booklet are drawn from the latest research into what helps young women to feel and be their best. The research suggests that young women can increase their self-esteem and learn skills like flexibility, being strong, and optimism. Additionally, spiritual practices and support from family and friends can make young women feel better.”

- En Espanol
<http://mchb.hrsa.gov/womenshealth/teensespanol.PDF>
- Violence & Trauma Survivors Resources: National Center on Domestic Violence, Trauma & Mental Health

“Experiencing abuse can affect how we feel and how we respond to other people and the world around us. Our responses to abuse help us to survive and cope with the abuse and its traumatic effects, but these same responses can sometimes create obstacles to our safety, well-being, and life goals. If someone is abusing you, you might feel scared, hurt, sad, confused, angry, embarrassed, or hopeless. Many people have feelings like these when they are being abused or after leaving an abusive relationship. Your abuser may tell you that something is wrong with you, that you are “crazy,” or that no one will believe you because of your mental health condition.

the best science available. Researchers have a growing understanding about women's unique mental health needs. This booklet does not take the place of your doctor. And it does not diagnose mental illness. But it offers tips to help you protect your mental health. It also suggests who to turn to and where to go when you need help. And it could make it easier for you to talk about mental health. Promoting better mental wellness for women is important to everyone."

- National Mental Health Consumer's Self-Help Clearinghouse

<http://www.mhselfhelp.org/>

"The National Mental Health Consumers' Self-Help Clearinghouse, the nation's first national consumer technical assistance center, has played a major role in the development of the mental health consumer movement. The Clearinghouse works to foster consumer empowerment through our website, up-to-date news and information announcements, a directory of consumer-driven services, electronic and printed publications, training packages, and individual and onsite consultation. We help consumers organize coalitions, establish self-help groups and other consumer-driven services, advocate for mental health reform, and fight the stigma and discrimination associated with mental illnesses. We also strive to help the movement grow by supporting consumer involvement in planning and evaluating mental health services, and encouraging traditional providers and other societal groups to accept people with psychiatric disabilities as equals and full partners in treatment and in society."

- What a Difference a Friend

Makes <http://www.whatadifference.samhsa.gov/>

"This site is here for people living with mental illness—and their friends. You'll find tools to help in the recovery process, and you can also learn about the different kinds of mental illnesses, read real-life stories about support and recovery, and interact with the video to see how friends can make all the difference."

bipolar disorder to create their own personal wellness tools to aid on the road to recovery. Designed as a "clubhouse," an online community provides inspiration and encouragement and is available 24 hours a day, 7 days a week. The Facing Us Clubhouse provides consumers with the opportunity to 'pull up a chair' and create a personal wellness plan and journal—a map to living a more balanced and healthy life. We'll walk you through, step by step, a program for creating an action plan to help keep your day, and life, on course."

- National Council Live Seminars Spotlight on new SAMHSA Guidebook
<https://www2.gotomeeting.com/register/517003154>

The National Council for Community Behavioral Healthcare, in partnership with SAMHSA's National Center on Trauma-Informed Care and Promoting Alternatives to Seclusion and Restraint Project, invites you to join us for the July 9 webinar, Engaging Women in Trauma-Informed Peer Support. The webinar will introduce and discuss a new guidebook on this topic from SAMHSA's NCTIC. Engaging Women in Trauma-Informed Peer Support: A Guidebook is a technical assistance document developed with the input of trauma survivors from across the country to help their peers understand trauma's impact on women and to incorporate trauma-informed principles into peer support relationships. Using non-clinical and culturally congruent language, the guidebook explores how peer support relationships are affected when any party involved has experienced trauma. Click here to download a free copy of the guidebook <http://nasmhpd.org/EngagingWomen.cfm>

The webinar will discuss the guidebook's tips and resources for applying trauma-informed principles with a focus on healing, choice, safety, mutual empowerment, mentoring, and cultural congruence. Presenters will explain how the guidebook can be used as a resource for

If you or someone you know needs help locating local resources (including counseling services) for survivors of domestic violence or their children, Get Help Now

National Domestic Violence Hotline
1-800-799-7233
1-800-787-3224 (TTY)

National Sexual Assault Hotline
1-800-656-HOPE (4673)
<https://ohl.rainn.org/online/> (online hotline)

National Sexual Violence Resource Center
<http://www.nsvrc.org/>

Rape, Abuse and Incest National Network
<http://www.rainn.org/>

For resources on teen dating violence visit:
<http://www.loveisrespect.org/>

<ul style="list-style-type: none"> • Half of Us Campaign http://www.halfofus.com/default_splash.aspx “The Jed Foundation’s <i>Half of Us</i> campaign with mtvU uses stories of students and high-profile artists to increase awareness about mental health problems and the importance of getting help. Visit to view video stories, learn more about emotional disorders, support others by becoming an advocate and download the My Mood Ring application for your Facebook page.” • Esperanza Magazine: Hope to Cope with Anxiety and Depression http://www.hopetocope.com/Item.aspx/610/putting-the-go-in-goals#.UFibT-jxzVo.email “An internal battery that’s hard to boost is part of living with depression, but our 5-step program gives you strategies for overcoming inertia.” • American Psychiatric Association Healthy Minds. Healthy Lives: (Also under Table 2) http://www.healthyminds.org/ “HealthyMinds.org, the American Psychiatric Association’s online resource for anyone seeking mental health information. Here you will find information on many common mental health concerns, including warning signs of mental disorders, treatment options and preventative measures.” 	<p><i>advocacy; individual, program, and organizational development; and trauma-informed systems change.</i></p>	
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4.1 Resources on Specific Aspects of Women’s Health: (1) Reproductive & Maternal Health		
Pregnancy & Breastfeeding	Postpartum Depression	Family Planning & Contraception
<ul style="list-style-type: none"> • Carolina Global Breastfeeding Institute- Toolkits http://cgbi.sph.unc.edu/take-action/toolkits “Toolkits for Action” have been developed to provide easy access to information you may need to understand and address pressing issues in breastfeeding, birth spacing and birthing practices.” 	<ul style="list-style-type: none"> • Depression and Bipolar Support Alliance http://www.dbsalliance.org/site/PageServer?pagename=education_depression_postpartum&gclid=CK6njYK4vbICFYFo4AodmyUA Og <i>Educational resource that explains symptoms, how to get help, what are risk factors and how you can get help.</i> • Postpartum Support International http://www.postpartum.net/ 	<ul style="list-style-type: none"> • Guttmacher Institute http://www.guttmacher.org/index.html <i>Fact sheets, reports, research on reproductive and sexual health and family planning.</i> • Family Planning Council http://www.familyplanning.org/reprolinks.shtml#r7 “The Council’s mission is to ensure access to high quality, comprehensive, reproductive and related health and

<ul style="list-style-type: none"> • U.S. Department of Health & Human Services, Office on Women's Health: Breastfeeding http://www.womenshealth.gov/breastfeeding/ *Also available in Spanish. <i>"The experience of breastfeeding is special for so many reasons – the joyful bonding with your baby, the cost savings, and the health benefits for both mother and baby. Read for tips and suggestions to help you successfully breastfeed."</i> • La Leche League International http://www.lalecheleague.org/nb.html <i>"Here you will find answers to your breastfeeding and parenting questions, drawn from the various resources on our site, conveniently grouped by topic. Resources come from New Beginnings (our former publication for parents); Check-out our NEW online magazine, <u>Breastfeeding Today!</u>, Leaven (our publication for our volunteer Leaders), Breastfeeding Abstracts (our publication for professionals), our Frequently Asked Questions collection, and our podcasts."</i> • Office on Women's Health: Guide to Breastfeeding: http://www.womenshealth.gov/publications/our-publications/breastfeeding-guide/ <i>"This easy-to-read publication provides women the how-to information and support needed to <u>breastfeed</u> successfully. It explains why breastfeeding is best for baby, mom, and society and how loved ones can support a mother's decision to breastfeed. Expert tips and illustrations help new moms learn how to breastfeed comfortably and</i> 	<p><i>Postpartum Support International is dedicated to helping women suffering from perinatal mood and anxiety disorders, including postpartum depression, the most common complication of childbirth.</i></p> <ul style="list-style-type: none"> • U.S. National Library of Medicine: PubMed Health Postpartum depression http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004481/ <i>Definition, causes, incidence, symptoms, risk factors</i> 	<p><i>prevention services to primarily low-income individuals and families. The Council develops, manages, and promotes programs that are innovative, research-based and responsive to women, men and adolescents. In fulfilling this mission, the Council provides financial and other administrative support to a wide range of organizations and programs throughout the five-county Philadelphia region, including family planning providers; providers serving families affected by HIV; and, breast and cervical cancer screening and prevention programs for women 40 and older. In its family planning program, the Council supports <u>26 family planning provider agencies in 71 locations</u> throughout the region. This network includes the area's major teaching hospitals, Planned Parenthood affiliates, federally funded community health centers, and the Philadelphia Department of Health. In 2010, 140,725 low-income women, men, and adolescents were served. The basic funding for these programs comes from the Title X Federal Family Planning Program; in 2010, the Council received \$5.4 million in Title X funds."</i></p> <ul style="list-style-type: none"> • Mental Health America http://www.mentalhealthamerica.net/go/information/get-info/strengthening-families/when-a-parent-has-a-mental-illness-serious-mental-illness-and-parenting <i>"Adults with mental illnesses are just as likely to be parents as those without a mental illness. [1]In fact, the population of parents who have serious mental illnesses has increased in recent years. With the advent of improved services and medications, increased consumer advocacy, expansion of community-based care and decreased reliance on psychiatric hospitalization, more adults with serious mental illnesses have chosen to become parents. However, parents with mental illness face challenges when dealing with reproductive issues, custody loss, and past and present victimization, often without family support due to the lack of services and specialized programs to aid this population. [2] This fact sheet describes the issues and needs particular to parents with a mental illness: specialized programs, recovery process, medication and illness management, and family planning."</i>
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<p><i>how to overcome common challenges. The wisdom of real moms is shared in personal stories that reassure and encourage.</i>"</p>		
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4.2 Resources on Specific Aspects of Women’s Health: (2) Intentional Injury		
Suicide	Family Violence, Sexual Assault, & Trauma	Cutting & Self Injury
<ul style="list-style-type: none"> • National Suicide Prevention Lifeline 1-800-273-TALK (8255) <i>The Lifeline is a free, 24-hour hotline available to anyone in suicidal crisis or emotional distress. Calls are routed to the crisis center closest to the caller.</i> • Having Trouble Coping? With Help Comes Hope; Suicide Warning Signs: http://store.samhsa.gov/shin/content//SVP11-0155R/SVP11-0155R.pdf <p><i>“Lists warning signs of depression and suicide that may occur after a traumatic event. Urges those who exhibit signs to call the suicide prevention hotline. Lists the National Suicide Prevention Lifeline toll-free number on the wallet card.”</i></p> <ul style="list-style-type: none"> • Jed Foundation https://www.jedfoundation.org/ <i>“Suicide is the second leading cause of death among college students, and untreated mental health problems prevent thousands more students from graduating every year. The Jed Foundation is the leading nonprofit organization working to reduce the rate of suicide and the prevalence of emotional distress among college students. The Jed Foundation’s programs are guided by an expert board of mental health professionals and target students, parents, colleges, the medical community, and the general public”</i> • The New York Times, Health Guide 	<ul style="list-style-type: none"> • National Center on Domestic Violence, Trauma & Mental Health http://www.nationalcenterdvtraumamh.org/ <i>“Domestic violence and other lifetime trauma can have significant mental health consequences. Yet the systems to which survivors and their children turn are frequently unprepared to address the range of issues they face in trying to access safety and heal from the traumatic effects of abuse. The National Center on Domestic Violence, Trauma & Mental Health provides training, support, and consultation to advocates, mental health and substance abuse providers, legal professionals, and policymakers as they work to improve agency and systems-level responses to survivors and their children.</i> • The National Center on Domestic Violence, Trauma & Mental Health archived webinar series: <ul style="list-style-type: none"> ○ Understanding Trauma & Mental Health in the Context of Domestic Violence: An Integrated Framework for Healing and Social Change <i>Carole Warshaw, MD, Director, National Center on Domestic Violence, Trauma & Mental Health</i> ○ Working at the Intersection of Domestic Violence, Substance Abuse and Mental Health: Creating Trauma-informed Services and Organizations 	<ul style="list-style-type: none"> • Helpguide.org, A Trusted Nonprofit Resource http://www.helpguide.org/mental/self_injury.htm <i>“Self-injury help, support, and treatment.”</i> • Self Injury: Information Sheet for Domestic Violence Advocates http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Infosheet_Self-Injury_NCDVTMH_Dec2011.pdf <i>“An information sheet to assist advocates in responding to self-injury that is not dangerous as well as emergencies caused by self-injury.”</i> • WebMD http://www.webmd.com/mental-health/features/cutting-self-harm-signs-treatment <i>WebMD article on “cutting and self-harm: warning signs and treatment.”</i> • Mayo Clinic http://www.mayoclinic.com/health/self-injury/DS00775 <i>Online article that provides a basic and in-depth description of self-injury/cutting.</i> • Mental Health America: Self Injury http://www.nmha.org/go/information/get-info/self-injury <i>Information about self injury including how to help yourself, a friend, and other resources.</i> • SAFE Alternatives: http://store.selfinjury.com/products/Parents-

<p>http://health.nytimes.com/health/guides/disease/suicide-and-suicidal-behavior/overview.html Descriptions of suicide and suicidal behaviors including causes, symptom, treatment, etc.</p> <ul style="list-style-type: none"> • Mental Health America: Suicide http://www.nmha.org/go/suicide Information about suicide including warning signs and statistics. • Suicide in the US: Finding Pathways to Prevention – archived webinar from NIMH http://www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml Information about suicide prevention in the U.S. • Suicide in America: Frequently Asked Questions http://www.nimh.nih.gov/health/publications/suicide-in-america/suicide-in-america-frequently-asked-questions.shtml A brief overview of the statistics on depression and suicide with information on depression treatments and suicide prevention • En Español: http://www.nimh.nih.gov/health/publications/espanol/el-suicidio-de-am-rica-facil-de-leer/el-suicidio-en-los-estados-unidos-de-am-rica-preguntas-frecuentes.shtml • National Institute of Mental Health http://www.nimh.nih.gov/science-news/2011/widely-used-screening-tool-shown-to-successfully-predict-suicide-attempts.shtml A screening tool for use in predicting suicide attempts. • Action Alliance for Suicide Prevention – the Public Private Partnership Advancing the National Strategy for Suicide Prevention http://actionallianceforsuicideprevention.org/ “The National Action Alliance for Suicide Prevention 	<p><i>Pre-Conference Institute on Working at the Intersection of Domestic Violence, Substance Abuse and Mental Health: Creating Trauma-informed Services and Organization at the National Conference on Health and Domestic Violence in San Francisco.</i></p> <p>Use this link to access webinars: http://www.nationalcenterdvtraumamh.org/trainingta/webinars-seminars/</p> <ul style="list-style-type: none"> • Prevalence of Intimate Partner Violence and Other Lifetime Trauma Among Women Seen in Mental Health Settings http://nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Warshaw-Prevalence-of-IPV-in-MH-Settings.pdf A PDF that describes research on the prevalence of intimate partner violence and other lifetime trauma among women in mental health settings. • Intimate Partner Violence and Lifetime Trauma http://nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Warshaw-IPV-and-Lifetime-Trauma.pdf A PDF that describes research on intimate partner violence and lifetime trauma. • Responding to Domestic Violence: Tools and Forms for Mental Health Providers http://www.nationalcenterdvtraumamh.org/publications-products/responding-to-domestic-violence-tools-and-forms-for-mental-health-providers/ “These materials provide tools and information for mental health providers on how to be responsive to domestic violence. These materials were adopted from DVMHPI-CDPH-MODV Pilot Project, previously approved by OVW for 2004 Disabilities Grant. [These 	<p>Webinar%3A-by-Dr.-Wendy-Lader.html “How to Understand and Help My Child Who Is Self-Injuring: A Parent Educational Opportunity Part 1 Dr. Wendy Lader co-founder of S.A.F.E. ALTERNATIVES® and co-author of <i>Bodily Harm: The Breakthrough Healing Program for Self-Injurers</i> now offers an educational Webinar for parents. Listen as the world renowned expert on self injury answers the tough questions... “What is self-injury?”, “Why is my child self-injuring?”, “How can I help?”, “Is this behavior lethal?”, “What resources are available?”, and so much more.... This Webinar is a PowerPoint presentation which runs approximately 33 minutes. It is a prerequisite for the Q&A Webinar.”</p>
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<p><i>envisions a nation free from the tragic experience of suicide. To advance the National Strategy for Suicide Prevention (NSSP) by: Championing suicide prevention as a national priority, catalyzing efforts to implement high priority objectives of the NSSP, cultivating the resources needed to sustain progress.”</i></p> <ul style="list-style-type: none"> National Best Practices Registry for Suicide Prevention: http://www2.sprc.org/bpr/index <i>“The purpose of the BPR is to identify, review, and disseminate information about best practices that address specific objectives of the National Strategy for Suicide Prevention. The BPR is a collaborative project of the Suicide Prevention Resource Center (SPRC) and the American Foundation for Suicide Prevention (AFSP). It is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).”</i> BP Magazine, Bipolar Disorder and Suicide: http://www.bphope.com/Item.aspx/180/straight-talk-about-suicide <i>“According to the American Foundation for Suicide Prevention (AFSP), an estimated three to 20 percent of persons diagnosed and hospitalized with bipolar disorder die by suicide. Yet, 80 to 90 percent of those who have bipolar disorder can be treated effectively with medication and psychotherapy, the AFSP maintains.”</i> 	<p><i>materials are] recommended for mental health providers in private practice, mental health agencies, and domestic violence programs that are collaborating with mental health providers or agencies.”</i></p> <ul style="list-style-type: none"> Report of the Federal Partners Committee on Women and Trauma, A Federal Intergovernmental Partnership on Mental Health Transformation: A Working Document http://static.nicic.gov/Library/025082.pdf <i>“While both boys and girls are affected by violence, adolescent girls between the ages of 16-19 are four times more likely than boys to be a victim of rape, attempted rape, or sexual assault. More than one thousand women are murdered every year by their partner, and one of six women will be sexually assaulted in her lifetime.”</i> Jennings A., “The Damaging Consequences of Violence and Trauma: Facts, Discussion Points, and Recommendations for Behavioral Health Systems,” NTAC/NASMHPD, 2004 http://www.theannainstitute.org/DCS.pdf <i>“The Damaging Consequences of Violence and Trauma: Facts, Discussion Points, and Recommendations for the Behavioral Health System is a uniquely valuable publication in that it combines elements of a technical report, literature review, and a de facto call-to-action under one cover. However, the most accurate description of this document is that it is a collection of evidence compiled to help inform state mental health officials and the federal government’s Substance Abuse and Mental Health Services Administration (SAMHSA) about trauma and to generate interest in this daunting public health and public policy issue.”</i> Healing Neen 	
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<http://www.healingneen.com/about.html>

“After surviving a childhood of abuse and neglect, Tonier “Neen” Cain lived on the streets for two nightmarish decades, where she endured unrelenting violence, hunger and despair while racking up 66 criminal convictions related to her addiction. Incarcerated and pregnant in 2004, treatment for her lifetime of trauma offered her a way out... and up. Her story illustrates the consequences that untreated trauma has on individuals and society at-large, including mental health problems, addiction, homelessness and incarceration. Today, she is a nationally renowned speaker and educator on the devastation of trauma and the hope of recovery.”

- The Anna Institute/Anna Foundation

<http://www.TheAnnaInstitute.org>

“The Anna Institute celebrates and honors the life of Anna Caroline Jennings, by using her artwork and life experience to educate others on the hidden epidemic of childhood trauma and its horrific lifelong impacts on society, and paths to prevention and healing.”

- Articles, curricula and reports:

<http://www.theannainstitute.org/articles.html>

<http://www.cdc.gov/ace/index.htm>.

- The Story of Child’s Path to Mental Illness

http://www.youtube.com/watch?feature=player_embedded&v=fI4Cy5qoZQA#!

“A video presentation that describes the early childhood of Anna, a young woman sexually abused in early childhood, who spent 17 years in the mental health system diagnosed as schizophrenic, and who took her life at the age of 32. The presentation includes photographs and artwork along with a narrative of Anna’s childhood story based on Anna’s memories, and the memories of her parents, brothers and sisters, and the many people who knew and interacted with her as a young child. Current research

	<p><i>findings are presented on the damaging consequences that can occur over the lifetime to children who suffer from traumatic experiences and who are not recognized or helped.”</i></p> <ul style="list-style-type: none"> • SAMHSA Presentation: <u>The Impact of Trauma on Wellness: Implications for Comprehensive Systems Change</u> <p>To access the archived presentation visit: http://www.promoteacceptance.samhsa.gov/10by10/archives/2011_3_30_archive.aspx</p> <p><i>“Participants on this training teleconference will hear from leaders who are: a trauma survivor; a parent whose child experienced undetected sexual abuse; and a clinical psychologist investigating the relationship between spirituality, recovery, and well-being. These leaders are dedicated to comprehensive systems change, including preventing harm and inadvertent retraumatization, and ensuring that services and supports are welcoming, engaging, and culturally attuned. The goal is to help facilitate the healing process among people who have experienced abuse so that they can become fully engaged in their communities.”</i></p>	
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4.3 Resources on Specific Aspects of Women’s Health: (3) Chronic Conditions		
Heart disease	Diabetes	Cancer
<ul style="list-style-type: none"> • Million Hearts http://millionhearts.hhs.gov/index.html <p><i>“Million Hearts is a national initiative of the U.S. Department of Health and Services to prevent 1 million heart attacks and strokes over the next 5 years. Heart disease and stroke are two of the leading causes of death in the United States. Million Hearts brings together communities, health systems, nonprofits, federal agencies, and private-sector partners from across the country to fight heart</i></p>	<ul style="list-style-type: none"> • Metabolic Syndrome & Type 2 Diabetes http://www.nami.org/Content/NavigationMenu/Hearts_and_Minds/Diabetes.pdf <p><i>“Unfortunately, the risk of diabetes is great for people living with mental illness, especially those taking second generation atypical antipsychotic medications (SGAs). People also need to be aware of metabolic syndrome, a condition that can be a precursor to diabetes, also known as pre-diabetes. Left untreated, these two conditions can cause severe health problems and can shorten lives. For a Fact Sheet on Metabolic Syndrome & Type 2 Diabetes.”</i></p>	<ul style="list-style-type: none"> • Cancer Treatment Centers of America http://www.cancercenter.com/ <i>A comprehensive resource with information about types of cancer, treatment options and integrated care.</i> • CDC- Gynecological Cancers http://www.cdc.gov/cancer/gynecologic/ <i>“In the United States in 2008,* 83,662</i>

<p>disease and stroke. Building on SAMHSA's work to promote wellness, HHS has committed to aligning all available resources to support improved outreach and provision of comprehensive healthcare to people with mental and substance use disorders.”</p> <ul style="list-style-type: none"> Chronic Disease and Reproductive Health http://www.cdc.gov/reproductivehealth/womensrh/ChronicDiseaseandReproductiveHealth.htm <i>“For women of reproductive age (ages 15–44 years), some of the most common chronic diseases are depression, hypertension (high blood pressure), and diabetes. Chronic diseases can be on-going such as diabetes or they can be reoccurring, such as with depression.”</i> 	<ul style="list-style-type: none"> Treating Mind And Body: Integrating Mental Health And Primary Care Cuts Costs http://www.inforum.com/event/article/id/319926/group/News/ <i>“An article in INFORUM speaks to the importance of integrating mental health and primary care when a patient at Stanford clinic was diagnosed with diabetes. The patient realized she turned to food as an unhealthy form of self-medication for depression, but over the course of her diabetes treatment, she felt strong enough to begin therapy for her depression. In a normal primary care clinic, there is a one- in-five-chance treatment will result in a decrease of depression symptoms. However, embedding mental health professionals in primary care settings has yielded far better results, with a decrease of symptoms in half the cases on average. Click here to read more about integrating mental health and primary care to cut costs. “</i> 	<p>women were told that they had a gynecologic cancer, and 27,813 died from a gynecologic cancer. † CDC provides information and educational materials for women and health care providers to raise awareness about the five main gynecologic cancers (cervical, ovarian, uterine, vaginal, and vulvar).”</p> <ul style="list-style-type: none"> Foundation for Women’s Cancer http://www.foundationforwomenscancer.org/ <i>“Gynecologic cancer, awareness, research, education.” (Three websites under this larger one- linked on homepage).</i>
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4.4 Resources on Specific Aspects of Women’s Health: (4) Healthy Lifestyles				
Physical activity & healthy eating	Primary care & a medical home	Alcohol & drug use	Tobacco	Stress reduction/ Wellness
<ul style="list-style-type: none"> A Roadmap to Wellness for Individuals Living with Mental Illness http://www.nami.org/Content/NavigationMenu/Hearts_and_Minds/FINALfinalRoadmaptoWellness.pdf <i>“The NAMI Hearts & Minds program is an educational wellness initiative promoting the idea of wellness in both mind and body.”</i> Goal-setting Tip Sheet http://www.nami.org/Content/NavigationMenu/Hearts_and_Minds/Resources195/MyGoalsWorksheet.pdf <i>“Setting goals makes it easy to follow your progress; it allows you to identify exactly what you want to achieve, how</i> 	<ul style="list-style-type: none"> Medical Self Advocacy http://www.nami.org/template.cfm?section=medical_self_advocacy <i>“Many people living with mental illness do not have access to quality medical care that meets all of their health care needs. Often, when someone tells a health care provider that he or she is taking antipsychotic medications or has a serious mental illness, a person will receive a lower quality of care or less attention.</i> 	<ul style="list-style-type: none"> Mental Illness & Substance Abuse http://www.nami.org/Content/NavigationMenu/Hearts_and_Minds/Smoking_Cessation/SubAbuse.pdf <i>Fact sheet on mental illness and substance abuse.</i> Alcohol and Drug Treatment: How it works and how it can help you: http://www.kap.samhsa.gov/products/brochures/pdfs/cja_consumerbrochure.pdf <i>“Why get treatment? Using drugs or alcohol may have contributed to</i> 	<ul style="list-style-type: none"> Connection between Smoking and Mental Illness http://www.nami.org/Content/NavigationMenu/Hearts_and_Minds/Smoking_Cessation/Smoking.pdf <i>Smoking cessation fact sheet.</i> New Frontiers in Smoking Cessation to Support Wellness among People with Mental Health 	<ul style="list-style-type: none"> Bright Futures: A Community Organization's Guide to Promoting Emotional Wellness: http://mchb.hrsa.gov/pdfs/bfcommunity.pdf <i>“These materials were developed by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Office of Women’s Health, with the guidance of a 10-member panel of predominantly female mental health experts (medical doctors, psychiatrists, and researchers) from across the country. This guide contains information for community organizations about emotional wellness, as well as tips and ideas for</i>

<p>you will achieve it and where you have to concentrate your efforts.”</p> <ul style="list-style-type: none"> Physical Activity and Exercise Fact sheet: http://www.nami.org/Content/NavigationMenu/Hearts_and_Minds/Exercise/Exercise.pdf “As with the general population, activity and exercise are very important for people living with mental illness because of a higher risk for heart disease. Exercise can have a huge impact on your health. Physical activity can lower the risk of early death, heart disease and stroke, Type 2 diabetes, high blood pressure, weight gain and high cholesterol—all problems commonly found among people living with mental illness. “ A Sample Exercise Journal http://www.nami.org/Content/NavigationMenu/Hearts_and_Minds/Resources195/SampleExerciseJournal.pdf Food for Thought http://www.nami.org/Content/NavigationMenu/Find_Support/Education_Training_and_Peer_Support_Center/Hearts_and_Minds/4NamiFoodForThought.PDF.pdf “National Alliance on Mental Health – Nutrition is important for everyone, but if you are living with mental illness, eating well is especially important for you. The foods you eat can affect your daily life, mood and energy level and play a huge role in how you feel, both 	<p>That’s why it is crucial that <u>people who live with mental illness advocate for their own health care</u> and work to change the very culture that promotes these unfair experiences.”</p> <ul style="list-style-type: none"> Engaging in Primary Health Care http://www.nami.org/Content/NavigationMenu/Hearts_and_Minds/Medical_Self_Advocacy/Engaging_in_Primary_Health_Care.htm “Health care providers are a key part in improving and maintaining overall wellness. They have access to tests and information that can help identify issues and areas of need. There are steps you can make to ensure the best from your primary health care.” Medical Home http://www.nami.org/Content/NavigationMenu/Hearts_and_Minds/Resources195/MyHealthNotes.pdf “Many people report they have care that is all over the place, resulting in lack of communication between providers. Some 	<p>your arrest or re-arrest. While drugs or alcohol are not an excuse for criminal behavior, your arrest gives you an opportunity to break free of drugs or alcohol. Whether you are released or kept in custody, you should consider getting treatment for your drug or alcohol problem.”</p> <ul style="list-style-type: none"> En Espanol: http://www.kap.samhsa.gov/mli/docs/spanish/alcohol_drug_tx_spanish.pdf National Council for Behavioral Healthcare http://www.thenationalcouncil.org/ “The National Council for Community Behavioral Healthcare and Hazelden have joined forces to promote excellence in the integrated treatment of co-occurring disorders. Visit the dedicated bookstore to browse resources designed to help your organization evolve into a fully integrated treatment provider across the behavioral health continuum of care. Order books, curricula, and hands-on guides to help you design and enhance complete programs to care for people with co-occurring mental and substance use disorders or zero in on areas of specific interest such as assessment and engagement, treatment, continuing care, and recovery support.” 	<p>Problems http://www.promoteacceptance.samhsa.gov/10by10/archives/2010_5_26_archive.aspx SAMHSA archived presentation.</p> <ul style="list-style-type: none"> Establishing Smoking Cessation Initiatives in Health Centers Webinar http://www.integration.samhsa.gov/Recording/Presentation “SAMHSA and the Smoking Cessation Leadership Center hosted a Leadership Academies for Wellness and Smoking Cessation in Oklahoma to help state leaders develop an action plan to reduce smoking among adults with behavioral health problems, as well as professional staff, by 2015” The New England Journal of Medicine article: “Smoking and Mental Illness: Breaking the Link” 	<p>how your organization can incorporate wellness themes into your existing programs and activities. These suggestions are based on the latest research into what helps women of all ages thrive and flourish.”</p> <p>Mind/Body Connection: How Your Emotions Affect Your Health FamilyDoctor.org is a portal for health information for the whole family with a section on emotional health. Learn about how your emotions can affect your health and how to improve your emotional health. http://familydoctor.org/familydoctor/en/prevention-wellness/emotional-wellbeing/mental-health/mind-body-connection-how-your-emotions-affect-your-health.html</p> <ul style="list-style-type: none"> Information for General Health Care Providers, SAMHSA Wellness Campaign: http://store.samhsa.gov/shin/content/SMA10-4566/SMA10-4566.pdf “The 10x10 Wellness campaign aims to improve the life expectancy of people with mental illnesses by 10 years in 10 years.” The Eight Dimensions of Wellness: http://store.samhsa.gov/shin/content/SMA10-4568/SMA10-4568.pdf Top Three Ways to Promote Wellness: http://store.samhsa.gov/shin/content/SMA10-4568/SMA10-4568.pdf
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<p><i>mentally and physically. .This resource helps you create a well-balanced diet by suggesting food substitutions, giving tips on portion control, supermarket shopping guidelines, and recommendations for a healthy diet. “</i></p> <ul style="list-style-type: none"> • A Fact Sheet on Healthy Eating http://www.nami.org/Content/NavigationMenu/Hearts_and_Minds/Healthy_Eating/Eating.pdf • Sample Food Journal http://www.nami.org/Content/NavigationMenu/Hearts_and_Minds/Resources195/SampleFoodJournal.pdf • <i>BP Magazine</i>, ‘Pound Advice’ (Bipolar Disorder and Nutrition): http://www.bphope.com/Item.aspx/880/pound-advice <i>Earlier this year, researchers looking at obesity in North America estimated that one in three Americans and one in four Canadians has a body mass index higher than 30 (the baseline for obesity).</i> • Food Education for People with Serious Psychiatric Disabilities http://www.bu.edu/cpr/products/curricula/foodeducation.html <i>Food Education for People with Serious Psychiatric Disabilities is designed to guide rehabilitation practitioners in helping people with psychiatric disabilities to learn good</i> 	<p><i>people overcome this by engaging in a medical home.”</i></p>		<p>http://www.nejm.org/doi/full/10.1056/NEJMp1105248 <i>“Addresses prevailing myths that perpetuate tobacco use among people with behavioral health problems. The article also discusses ways to address smoking cessation with patients.”</i></p> <ul style="list-style-type: none"> • The University of Colorado Denver: Tobacco Cessation for Persons with Mental Illnesses: A Toolkit for Mental Health Providers http://www.tcln.org/beadocs/Quit_MHToolkit.pdf <i>“Created to guide providers and leadership in their efforts to help people with behavioral health problems quit smoking.”</i> • The Center on Alcoholism, Substance Abuse and Addictions at the University of New Mexico’s “Smoking cessation during substance abuse treatment: What 	<p>MA10-4569/SMA10-4569.pdf <i>SAMHSA’s 10x10 Wellness Campaign gives its top three ways to promote wellness among people with mental illnesses.</i></p> <ul style="list-style-type: none"> • The Relaxation Response http://www.relaxationresponse.org/ <i>“The relaxation response is a physical state of deep rest that changes the physical and emotional responses to stress...and the opposite of the fight or flight response.”</i>
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<p><i>nutrition and healthy eating practices and to empower people with serious psychiatric disabilities to achieve nutritional health as a resource for recovery.</i></p> <ul style="list-style-type: none"> National Center on Physical Activity and Disability created a fact sheet entitled, "<u>Food and your Mood: Nutrition and Mental Health.</u>" <p>http://www.ncpad.org/606/2558/Food~and~Your~Mood~Nutrition~and~Mental~Health</p> <p><i>Access the <u>National Center</u> on Physical Activity and Disability for the latest information, resources, and research.</i></p> <ul style="list-style-type: none"> Food Education, A Curriculum to assist people with Psychiatric Disabilities to eat well. Boston University, nutrition and fitness center and center for psychiatric rehabilitation. <p>http://www.bu.edu/cpr/products/curricula/sample-foodedcurr.pdf</p> <p><i>"A curriculum to empower people with serious psychiatric disabilities to achieve nutritional health as a resource for recovery."</i></p>			<p>you need to know"</p> <p><u>http://www.thenationalcouncil.org/galleries/business-practice%20files/%2311%20Bac-Yahne-Smoking%20Cessation%20during%20substance%20abuse%20treatment.pdf</u></p> <p><i>Provides a literature review and shares successful cessation interventions.</i></p> <ul style="list-style-type: none"> Integrating Tobacco Treatment within Behavioral Health <p>http://www.integration.samhsa.gov/images/res/AT_TUD-position.pdf</p> <p><i>The Association for the Treatment of Tobacco Use and Dependence developed a position paper, to inspire providers to encourage active intervention for patients who smoke.</i></p> <ul style="list-style-type: none"> Smokefree <u>www.smokefree.com</u> <p><i>The federal government's interactive website dedicated to smoking cessation. Individuals can also access counseling via phone at 1-877-44U-</i></p>	
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			QUIT (1-877-448-7848) and via trained Quit Coaches.	
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4.5 Resources on Specific Aspects of Women’s Health: (5) Health Disparities			
Racial & Ethnic	Geographic	Gender & Sexual Orientation	Stigma & Discrimination
<ul style="list-style-type: none"> Journal article: The Role of Public Health in Addressing Racial and Ethnic Disparities in Mental Health and Mental Illness: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2811515/ <i>Online Journal: Preventing Chronic Disease. Public Health Research, Practice & Policy.</i> National Organization for People of Color Against Suicide http://www.nopcas.com/ “NOPCAS promotes life-affirming strategies that will help to decrease life-threatening behaviors. It is our aim to develop prevention, intervention, and postvention support services to the families and communities impacted adversely by the effects of violence, depression, and suicide in an effort to decrease 	<ul style="list-style-type: none"> Integrating Behavioral Health in Community and Migrant Health Centers: Motivation, Readiness, & Cultural Challenges. http://www.integration.samhsa.gov/about-us/webinars “Mental health and substance use problems are common among people seeking primary healthcare, triggering upwards of 70% of primary care visits. According to the Health Resources and Service Administration (HRSA), the third most common reason an individual visits a Federally Qualified Health Center (FQHC) is depression. Within migrant populations, this is complicated by an array of social, cultural, economic, and linguistic factors that contribute to their disease burden. Webinar participants can expect to learn to: <ul style="list-style-type: none"> Identify successful implementation elements. Explore cultural competencies for implementing integrated behavioral health for special populations. 	<ul style="list-style-type: none"> GLBTQI Mental Health: Recommendations for Policies and Services: http://www.nami.org/Template.cfm?Section=Multicultural_Support1&Template=/ContentManagement/ContentDisplay.cfm&ContentID=83077 “Gay, lesbian, bisexual, transgender, questioning, or intersex (GLBTQI) individuals are often reported to have limited access to behavioral health services or to experience unwelcoming environments where behavioral health programs and rehabilitative care is provided. This publication makes recommendations for policy makers and service providers to ensure equal access to and quality services for GLBTQI individuals and to promote recovery and community integration. It includes an assessment of barriers experienced by GLBTQI individuals seeking behavioral health care and suggestions for ways to address these barriers.” Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=ShowDetailView&TermToSearch=12956539&ordinalpos=13&it 	<ul style="list-style-type: none"> Active Minds Changing the Conversation about Mental Health: http://www.activeminds.org/index.php “Active Minds is the only organization working to utilize the student voice to change the conversation about mental health on college campuses. By developing and supporting chapters of a student-run mental health awareness, education, and advocacy group on campuses, the organization works to increase students’ awareness of mental health issues, provide information and resources regarding mental health and mental illness, encourage students to seek help as soon as it is needed, and serve as liaison between students and the mental health community. Bring Change 2 Mind: www.bringchange2mind.org “Bring Change 2 Mind is a national anti-stigma campaign founded by Glenn Close, <i>The Balanced Mind Foundation</i>, <i>Fountain House</i>, and Garen & Shari Staglin of the <i>International</i>

<p>life-threatening behavior. We invite the participation and support of all those who wish to assist in the effort to reduce the incidence of suicide in minority communities.”</p> <ul style="list-style-type: none"> • National Asian American Pacific Islander Mental Health http://naapimha.org/ <i>“NAAPIMHA believes in strengthening the voice of those impacted by mental health problems. It strives to improve the quality of lives of children, youth and their families, adults and elders who face unique challenges brought on by culture and language barriers. NAAPIMHA joins other advocates who understand that there really is no health without mental health. It follows a public health approach that recognizes that mental health impacts and is impacted by every aspect of a person’s life including not only their physical health but also their education, employment, housing, immigration and social, political events.”</i> <ul style="list-style-type: none"> • Fact Sheets listed on the site: http://naapimha.org/wordpress/media/facts-behavior.pdf • National Alliance for Hispanic Health http://www.hispanichealth.org/re 	<ul style="list-style-type: none"> • <i>Learn the key elements of organizational culture and motivation necessary for successful implementation of integrated behavioral health services.”</i> 	<p>ool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum</p> <p><i>“This article examines research evidence that shows lesbians, gay men, and bisexuals (LGB) having higher rates of mental disorders than heterosexuals. In seeking to understand this disparity, the author has developed and presents a framework to examine the factors contributing to this increased prevalence. He suggests that minority stress, which includes prejudice and discrimination experienced or anticipated by LGBs as well as a number of other factors, makes for a hostile and stressful environment that leads to the development of mental disorders.”</i></p>	<p><i><u>Mental Health Research Organization (IMHRO)</u>, aimed at removing misconceptions about mental illness. The idea was born out of a partnership between Glenn Close and Fountain House, where Glenn volunteered in order to learn more about mental illness, which both her sister, Jessie Close, and nephew, Calen Pick, live with.”</i></p> <ul style="list-style-type: none"> • Minds on the Edge: www.mindsontheedge.org <i>“Minds on the Edge: Facing Mental Illness is a multi-platform media project that explores severe mental illness in America.”</i> • ADS Center: http://www.stopstigma.samhsa.gov <i>ADS= Acceptance, Dignity& Social Inclusion. “Countering prejudice and discrimination associated with mental illness by: sharing ideas about what works, promoting best practices, connecting people and programs.”</i> • The Carter Center: www.cartercenter.org <i>“Ultimately, the work of The Carter Center is about helping people achieve better opportunities and watching hope take root where it languished before.”— Jimmy Carter The Carter Center, in partnership with Emory University, is guided by a fundamental commitment to human rights and the alleviation of human suffering; it seeks to prevent and resolve conflicts, enhance freedom and democracy, and improve health.”</i>
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<p>source/publications.aspx <i>Many relevant publications available, including a publication about cultural competence.</i></p> <ul style="list-style-type: none"> HBCU Center of Excellence in Behavioral Health http://www.hbcucfe.net/ <i>“The goals of HBCU-CFE are to: promote student behavioral health to positively impact student retention, expand campus service capacity, including the provision of culturally appropriate behavioral health resources, and facilitate best practices dissemination and behavioral health workforce development.”</i> Native American Wellness http://www.nami.org/heartsandminds/native_wellness.pdf <i>“Wellness resources designed specifically for Native American populations by the Native Wellness Institute (www.nativewellness.com) are available through the NAMI Hearts & Minds Campaign.”</i> National Latino Behavioral Health Association: http://www.nlbha.org/index.php?option=com_content&view=article&id=124&Itemid=105 			<ul style="list-style-type: none"> Open Minds Open Doors : www.openmindsopendoors.com <i>“OpenMindsOpenDoors is an <u>MHAPA</u> initiative aimed at ending discrimination against people with <u>mental illnesses</u>. Approximately one in five people in this country live with a mental illness. People who have needs just like everyone else, and demand basic rights just like everyone else. This campaign is centered around five <u>messages</u> to educate the public about mental illnesses, and the legal rights of people living with a mental illness. The campaign is coordinated by the <u>Mental Health Association in Pennsylvania</u> with support from other stakeholder organizations.”</i> Mental Health Association in Pennsylvania (MHAPA) Anti Stigma audiotape. http://www.mhapa.org/resources/AntiStigmaCD.htm <i>“This seven minute piece highlights the key campaign messages with feedback from consumers in the state. Available in the following formats: CD-ROM and VHS (limited).”</i> National Alliance on Mental Illness: Hearts and Minds http://www.nami.org/Content/NavigationMenu/Hearts_and_Minds/Medical_Self_Advocacy/Culturally_Compentent_Care.htm <i>“America's population is rapidly becoming more diverse. The cultural</i>
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<p><i>“This network is comprised of Latinos with mental and substance use disorders who work to promote holistic approaches to health and wellness in recovery through equal access to treatment. The network engages in advocacy to influence policy, eliminate disparities, and improve treatment outcomes. It also provides educational and networking opportunities and support for consumer/survivors.”</i></p>			<p><i>competence of our health care providers is important to enhancing positive health care outcomes. Culturally competent care brings together a combination of attitudes, skills and knowledge that allows health care providers to better understand and take care of people whose cultural backgrounds, sexual orientation, religious beliefs or gender are different from their own. Medical care that lacks cultural competence has caused well-documented disparities in access to services and in quality of care for many individuals and communities. Advocates must continue to press for a health care workforce that meets the needs of all who rely on the system for care. You should be open about any personal, cultural, spiritual or religious issues. You should inform your provider if you have certain cultural needs or preferences to support your own unique recovery.”</i></p>
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5. Observations & recommendations

The process of researching contemporary resources for the advancement of integrated systems for women's health yielded many specific and comprehensive resources for some topics, while other topics, such as family planning, could barely be addressed. (See tables above). Some of the gaps in our knowledge include specific aspects of women's health such as chronic conditions. It was difficult to find comprehensive and authoritative resources on this issue. This was also true for the reproductive health section. However, the table on Healthy Lifestyles provides many resources for women with mental or behavioral health issues. It is important to note that the majority of resources identified for the Knowledge Path were published since 2011. This means that the literature is continuing to develop and we remain in the initial stages of understanding issues like addressing reproductive health among women who experience mental or behavioral health concerns. A conclusion that can be drawn from these observations is that increasing attention is being paid to assisting women with mental or behavioral health conditions in leading healthier lives and successful interventions and educational materials are increasingly becoming available for clinical practice, program development, and policy improvements. It is recommended that greater attention be paid in this same way to chronic conditions and reproductive health among women with mental or behavioral health concerns so that they can be supported in this way as well.

Furthermore, the resources available to policymakers and families and consumers seem to be varied and plentiful while resources geared towards health professionals seem to be fewer and less varied. Hopefully, as policy progresses and as families and consumers continue to be educated and feel empowered to advocate on behalf of themselves and their families, the resources for training health professionals in an integrated approach to women's health will

develop accordingly. *The Women's Integrated Systems for Health (WISH)* initiative which guides this paper is an example of a resource for health professionals that will be accessible for years to come. In addition, it is recommended that many more resources be developed and become institutional pieces of health professional education and on-the-job training. This is imperative for the healthcare system in the United States to truly become integrated and optimally beneficial for women's health.

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