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Silent Pain: Why Depression Remains Unspoken and Untreated Among Women in the United States

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Abstract

In United States depression among women continues to dominant public health concern that is often unacknowledged and inadequately treated. In spite of increased awareness of mental health issues, countless women continue to suffer in silence due to cultural devaluation, cultural norms, fear of judgment, and stigma of seeking treatment. As a result, many women depression symptoms go undiagnosed and untreated, causing detrimental health outcome and reduction in quality of life. This article review examines current literature on depression among women in the United States, with a concentration on factors that influence the silence surrounding mental health. Key themes reviewed include the stigma of mental health, hindrance to treatment, social determinants of mental health on availability to mental health treatment. The essential role of nurses is also discussed in assessment and thorough screening, early identification, educating patients, advocacy and recommending appropriate resources and treatment. Reducing stigma, increasing access to culturally diverse individual centered treatment and improving nursing interventions are essential to elevating mental health outcomes for women. Developing tailored strategies and increasing awareness are key to encouraging women to seek treatments and support women experiencing symptoms of depression.

Keywords: Depression, Women, Mental health stigma, Help-seeking behavior, Barriers to care, Social determinants of health, Health disparities, Mental health services, Nursing, Public health

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Introduction

Understanding depression among women

Worldwide depression is known to be the leading contribution to disability [1]. In the United States depression is one of the most substantial mental health disorders affecting women [2]. Mental health awareness has progress greatly but still each year millions of women continue to display depressive symptoms without receiving the appropriate treatment. Untreated depression has many consequences beyond emotional suffering and has extensive effects on physical health, social interactions with others, functional independence, and overall quality of life.

Depression is substantially higher in women than men [2]. This disparity is attributed to a complex interplay of socio-environment, psychological and biological factors. Life experiences of being a caregiver, pre-post pregnancy, childbirth, menopause and the susceptibility to chronic stressors increases the risk of depressive disorders among women [3]. Additionally, socioeconomic difficulties, results of trauma and health inequality contribute to the strain of depression among culturally diverse of women [4].

Although depression is highly prevalent in today's society, many women continue to not seek professional treatment when symptoms appear [5]. The delay of treatment often results in increased severity of symptoms, increase healthcare utilization and reduced quality of life [5]. Understanding the elements that leverage recognition, disclosure is crucial for improving outcomes for women.

Nurses are frontline healthcare professionals who are distinctively positioned to identify depressive symptoms, advocate for mental health awareness and facilitate availability to supportive treatment services [6]. Through assessment and thorough screening, educating patients and advocacy, nurses play an essential role in managing mental health needs throughout a variety of healthcare settings [6].

This article review examines why depression remains unspoken among many women in the United States. Specifically, the review explores the influence of stigma, barriers to mental health care, and social determinants of health on women's experiences with depression and discusses the role of nursing in promoting early intervention and equitable access to mental health services.

Stigma and the Silence Surrounding Depression Among Women

Mental health disorders awareness has increase but unfortunately the stigma continues to be one of the most significant barriers preventing women from acquiring treatment for depression [7]. Although depression is a mental health condition that is perceive as common and treatable, many women continue to mask their symptoms due to

fear of been judge, cultural norms and fallacies surrounding mental illness. This concealment not only delays diagnosis and treatment but also contributes to poor psychological, physical, and social outcomes.

Women often act in varies roles as daughters, sisters, mothers, caregivers, spouses, friends, professionals, and leaders of the community [8]. The unspoken norm expectation set by society for women is to be resilient, nurturing and emotionally available while setting their needs aside and prioritizing others first [8]. This expectation may interfere with women from acknowledging emotional distress or pursuing professional treatment. It is taboo in many cultures to discuss mental health. This belief promotes that emotional distress should be managed privately and not through a professional health provider. Consequently, to avoid appearing weak women may conceal symptoms of depression.

The fear of being judged has a significant impact on women's willingness to acknowledge their symptoms of depression and seek professional treatment [9]. Women may worry about being perceived as emotionally unstable, inadequate personal roles in their life or incompetent in their professional lives. Concerns regarding negative stereotypes, social rejections, and being discriminated against often contribute to delayed professional treatment [9]. Internalize-stigma may further escalate these concerns, triggering women to internalize feelings of shame, guilt, or failure instead of understanding depression as a true medical condition requiring treatment from a professional health provider [9].

Depression is misunderstood and often believes to be temporary sadness, weakness of a person or the inability to cope with the challenges of life [10]. Due to the lake of knowledge, depression continues to perpetuate stigma and discourage treatment [10]. These misconceptions diminish the severity of the disorder and may prevent women from acknowledging symptoms that justify a professional evaluation. Additionally, concerns about the dependence of medication and adverse effects, or the belief of ineffective treatment contribute to hesitation to pursue mental health treatment [10]. These misconceptions emphasized the need for revamping and improving public education regarding the causes, symptoms, prevention and professional treatment for depression.

The silence of depression not only has crucial consequences for women but also their families, and society [11]. Untreated depression contributes to the decreased quality of life, stressful interpersonal relationships, impaired occupational performance, and increased substance misuse and possibility of suicide [11]. Delay in treatment often causes more severe symptoms and decreases the ability to recover in many cases. Nurses plays a pivotal role in women communicating their symptoms by developing a trusting relationship, orchestrating routine screenings for depression, conducting culturally sensitive education, and connecting women to professional mental health resources [12]. By establishing a supportive, nonjudgemental atmosphere, nurses can promote women to discuss their mental health in an open environment and seek treatment in a timely manner.

Knowledge of how stigma, societal norms, and misconceptions contribute to the silence encircling depression is crucial for developing effective interventions that foster early recognition, improve access to care, and decrease the strain of depression among women in the United States [11].

Barriers to Mental Health Treatment Among Women

Mental health is not only a national public health issue but is a global public health issue too. Approximately, one in five adults in the United States live with a mental illness [13] and 1 in 20 adults in the United States experience serious mental health issues each year [14]. Women experience mental health symptoms than men, but the conditions (i.e., perinatal and perimenopausal depression) under which women experience them differ from men.

Regardless of the gender disparities in mental health incidence and prevalence, women still report difficulty in accessing mental health services. Approximately, one-third of all women report not getting mental health services despite the need. Barriers to care include stigma, cost of care, and lack of time away from work for care. Four in ten women report lack of access to mental health in their respective state. Of those who do obtain mental healthcare, 55% experienced barriers to seeking care. Barriers reported included available providers who were accepting new patients and financial issues.

Financial issues surrounding access to mental healthcare includes women with private insurance needing to pay some or all the out-of-pocket costs [15]. Among peripartum women, financial hardships were identified as a triad of categories: affordability, financial stress and unmet healthcare needs. Financial hardships are important barriers to address as they exacerbate mental health disparities.

Disparities in mental health not only exist by gender, but there are racial and ethnic differences too. Prevalence of mental health by demographic groups are highest in Non-Hispanic Multiracial (35.5%), Non-Hispanic American Indian or Alaska Natives (25.9%), and Non-Hispanic Whites (25.1%), Non-Hispanic Blacks (20.9), and Hispanic or Latino (20.7%). Mental healthcare utilization by race indicates that among females, all minority racial and ethnic groups report lower utilization when compared to Non-Hispanic White women [16].

Those who suffer from social determinants of health (SDOH) are at increased risk of mental health issues over one's lifespan, so as a matter of social justice, social determinants of health must be addressed [17]. Social determinants of mental health consist of those structural conditions which impact one's mental health outcomes. Examples of these structural conditions include socioeconomic status, education, employment and income status, social support, food and housing security, surrounding built environment, and access to health care. These conditions impact on a person's opportunities to prevent future mental health issues, maintain good mental health, and recover from poor mental health. Mental health includes individual interventions, but it also includes frameworks and methodologies to address it at the population level. Understanding and utilizing preventive frameworks that correlate SDOH and mental health issues, can aid in reducing inequalities and improving population mental health.

The Role of Nurses in Mental Health Advocacy and Support

Early identification of mental illness is important to ensure patient safety and positive patient outcomes with proper treatment. Nurses are often the first healthcare workers to encounter patients in healthcare settings. Nurses use depression screening tools to assess patients' mental status. In various settings, the Patient Health Questionnaire-2 (PHQ-2) begins the assessment. The PHQ-2 uses two questions to screen for signs and symptoms of depression over the past two weeks. The score on the PHQ-2 determines if a comprehensive assessment is necessary.

The PHQ-9 is a validated tool to screen for depression [18]. The comprehensive assessment asks nine closed-ended questions to determine a diagnosis of depression and suicidal risks. Consistent

nursing assessments that screen for signs and symptoms of depression lead to early detection, intervention, and appropriate patient education.

Nurses begin patient care with assessment. Nurses are a part of patient care from intact and admission to discharge which provides the opportunity to identify at-risk patients to effectively implement the necessary interventions [19]. Nursing assessments are made in hospitals, outpatient clinics, schools, correctional facilities, and community settings. Thorough assessments include health histories, medical, psychiatric, and social backgrounds to determine connections to mental health status. The utilization of depression screening tools with health histories helps to guide early intervention. The appropriate interventions are determined based on the information collected during assessments. Interventions may include referrals to support groups, psychiatric therapists, and mental health practitioners.

Nurses play a vital role in addressing the challenges of mental health care. Nurses provide education to patients, families, and communities regarding mental illness signs and symptoms, warning signs of crisis, medication adherence, support services, and coping strategies. Patient education regarding medication purpose, side effects, stigma, and misconceptions helps to enable patients to make mindful decisions and take part in their care. Nurses also conduct group sessions which focus on strategies for stress reduction, proper communication, and emotional regulation [18]. Early intervention and patient education have helped to decrease the stigma of mental illness and improve patient outcomes.

Communication is key to screening, intervention, education, and quality healthcare. Therapeutic communication is a focused, patient-centered conversation with a goal of establishing trust. Nurses' communication skills include patience and empathy to promote a supportive, caring environment to earn trust to facilitate positive health outcomes [20]. The conversation uses open-ended questions and is non-judgmental. Nurses use therapeutic communication in providing care that helps patients to feel comfortable expressing their feelings, struggles, and experiences.

A nurse's role in patient care includes being competent and aware of who the patient is, what they have experienced or may be experiencing, and how that plays into their health mentally and physically. Cultural competence is an understanding of cultures and implementing that understanding into care planning, delivery, and education. The absence of cultural competence can have a negative impact on patient health and safety [21]. It is imperative that nurses have knowledge about various cultures and complete thorough assessments to gather pertinent information about the patient's cultural beliefs, values, and practices that may relate to their illness and care needs.

Trauma-informed care provides nurses with a framework that acknowledges what patients have experienced and how to best provide holistic care. Trauma-informed care consists of the principles of safety, empowerment, trust and transparency, peer support, voice and choice, collaboration and mutuality, and attending to cultural, historical, racial and gender issues [22]. Nursing actions constitute a therapeutic relationship that works to establish trust by increasing the patient's sense of security by being responsive to needs, providing emotional support, and using effective communication [23]. Nurses provide individualized, patient-centered care that addresses the specific trauma experienced by patients.

Community health and advocacy initiatives

Advocacy begins with patient assessment and continues to goal setting with the patient and family, creating a plan, and implementation of actions for positive health outcomes. Nurses work in community settings where they have an opportunity to address unmet needs by designing and implementing initiatives such as school health programs, health fairs, and lobbying for policy legislation. Care coordination and navigation with patients and families ensures the individualized treatment plan addresses the patient's priorities and preferences [24]. Advocating for the needs of patients who have experienced trauma, addressing not only physical and emotional needs, but social determinants of mental health in housing insecurity, food instability, and support services, drives the care of community health nurses, resulting in holistic care [25].

Conclusion

In the United States depression among women continues to silently build as a public health concern that affects individuals, families, and communities. The awareness surrounding mental health has increased but the stigma and hinderance to care continue to obstruct many women from seeking the appropriate treatment and support. The role of healthcare professionals, especially the role of nurses, are essential to assessing and identifying symptoms, advocating for mental health education, championing for equitable access to appropriate treatment, and delivering person-centered support to vulnerable populations. Future initiatives should focus on decreasing stigma, promoting barrier-free access to culturally safe spaces for mental health services, and bolstering community-based actions that empower women to seek treatment without fear of judgement or shame. Healthcare systems can have great impact on mental health outcomes and amplify the overall quality of life for women across the United States by addressing these challenges.

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Conflict of Interest

None.

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