

# Trends in Several Health and Socio-Economic Factors Related to Mental Health: Gender Differences



Maryland, 2011-2015  
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## Abstract

The systematic collection of outcomes data in the Maryland Public Behavioral Health System (PBHS) has generated a wealth of data over several years through its Outcome Measurement System (OMS). The data is collected from individuals receiving outpatient treatment services in the PBHS across various life domains. The data has provided a unique opportunity to identify gender differences in several health and socio-economic factors related to mental health, such as substance use and homelessness. This analysis identifies gender differences in trends for selected risk factors among public mental health service recipients. Attention to these risks factors and differences will allow the system to be more sensitive to how gender differences may affect behavioral health outcomes. Moreover, understanding the gender-specific needs of individuals can be translated into improved interventions and services.

## Background

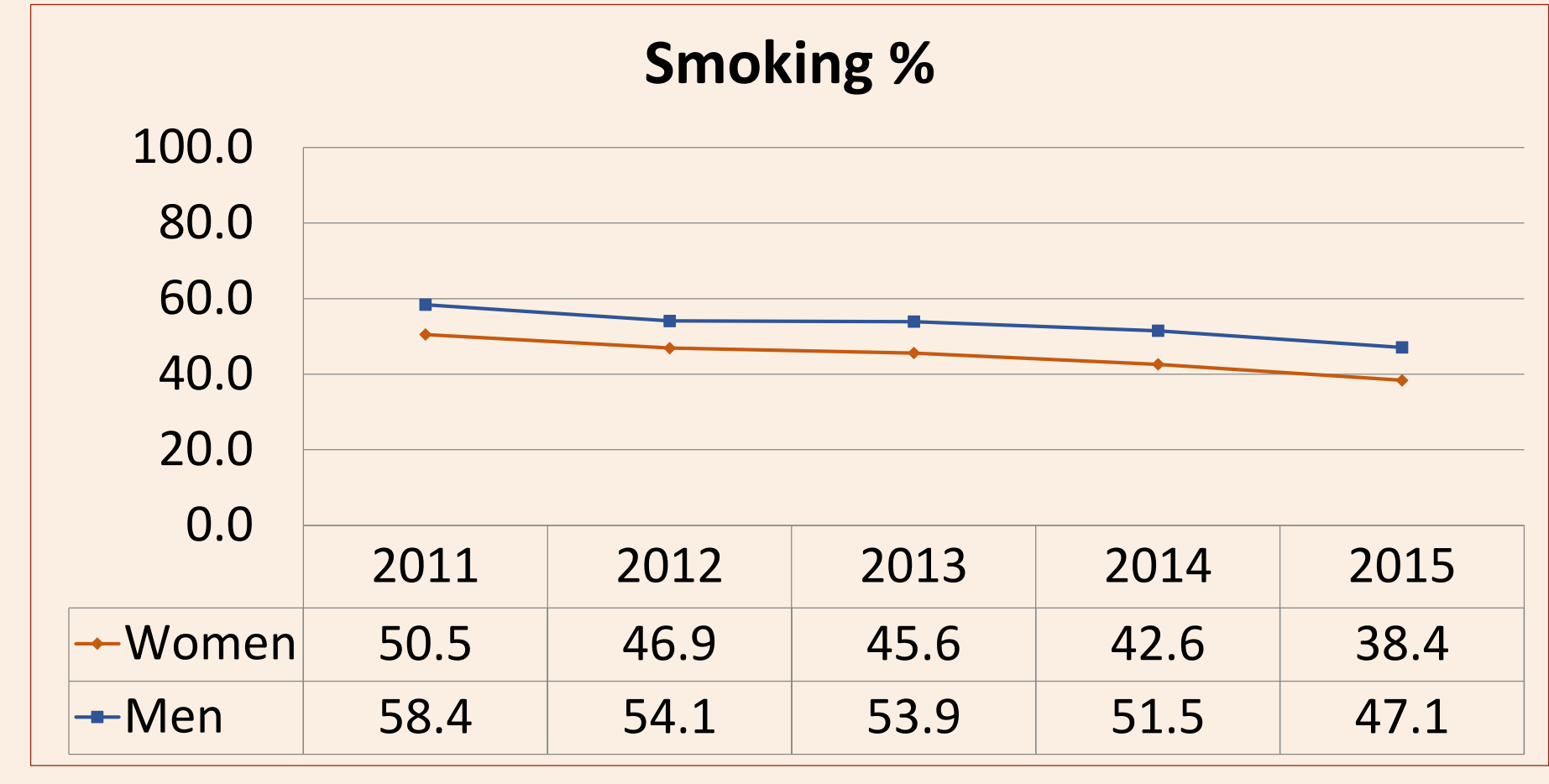
The literature shows that persons with serious mental illness are at high risk for smoking<sup>1, 2, 3</sup>, substance use<sup>4, 5</sup>, obesity<sup>6, 7, 8</sup>, and criminal justice involvement<sup>9, 10</sup>. Such individuals often have difficulty obtaining employment<sup>11, 12, 13, 14</sup> and living independently<sup>15, 16, 17</sup>. Homelessness is also a serious concern associated with serious mental illness<sup>18, 19</sup>. This analysis will focus on evaluating gender differences in these areas for the recipients of public mental health services in Maryland over the past five years.

## Method

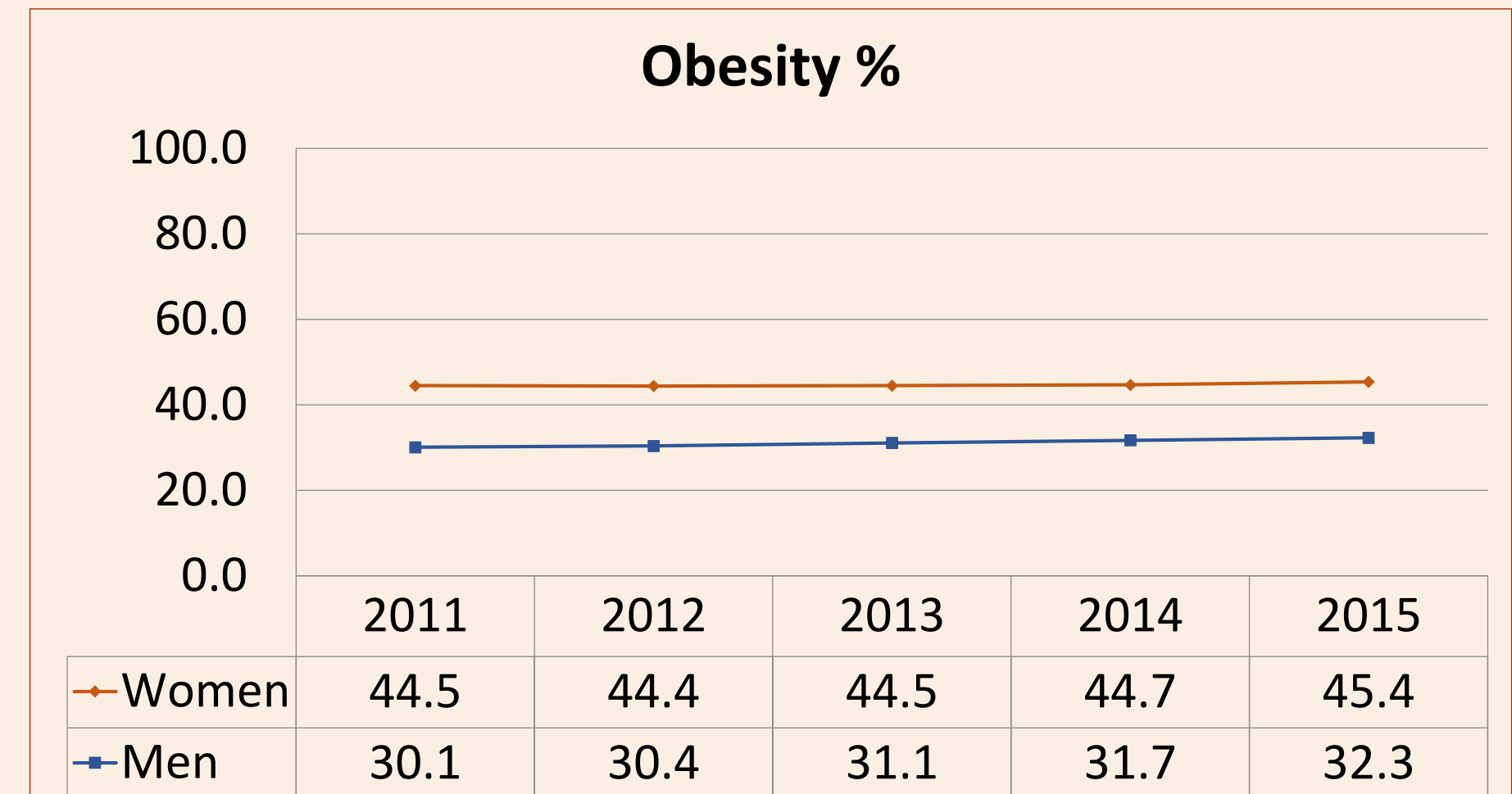
The Maryland Outcomes Measurement System (OMS) has been designed to track how individuals ages 6-64 receiving outpatient treatment services in the public mental health system are doing over time in various life domains. The study uses the aggregated data that has been provided by the OMS Datamart, available at [http://maryland.valueoptions.com/services/OMS\\_Welcome.html](http://maryland.valueoptions.com/services/OMS_Welcome.html)

## Results

- Men smoked more than women at each time point
- There was a consistent decrease in smoking rates for both genders

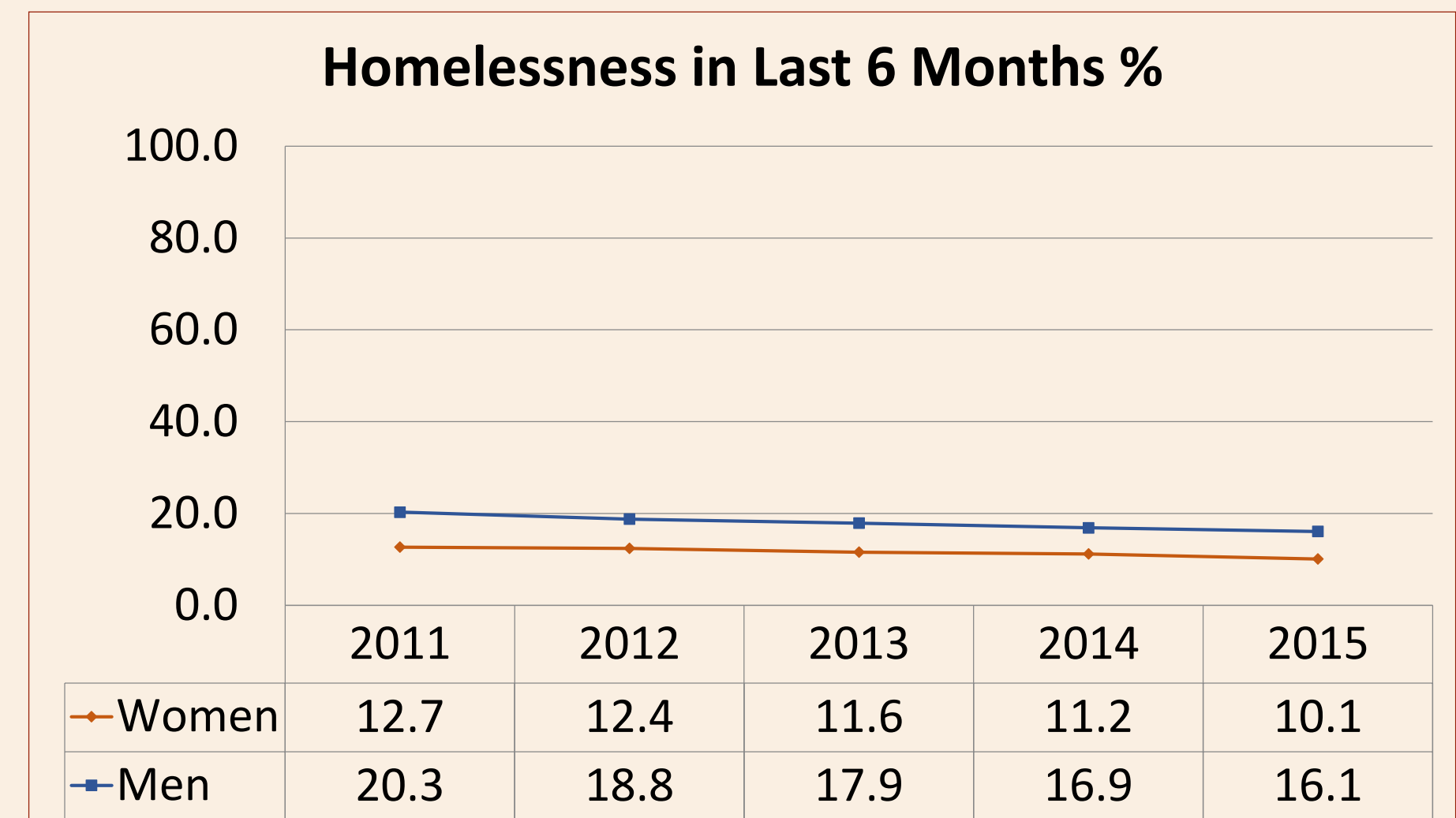


- A greater percentage of women were classified as obese\* at all time points
- There was a small but consistent increased obesity rate for both genders, more so for men

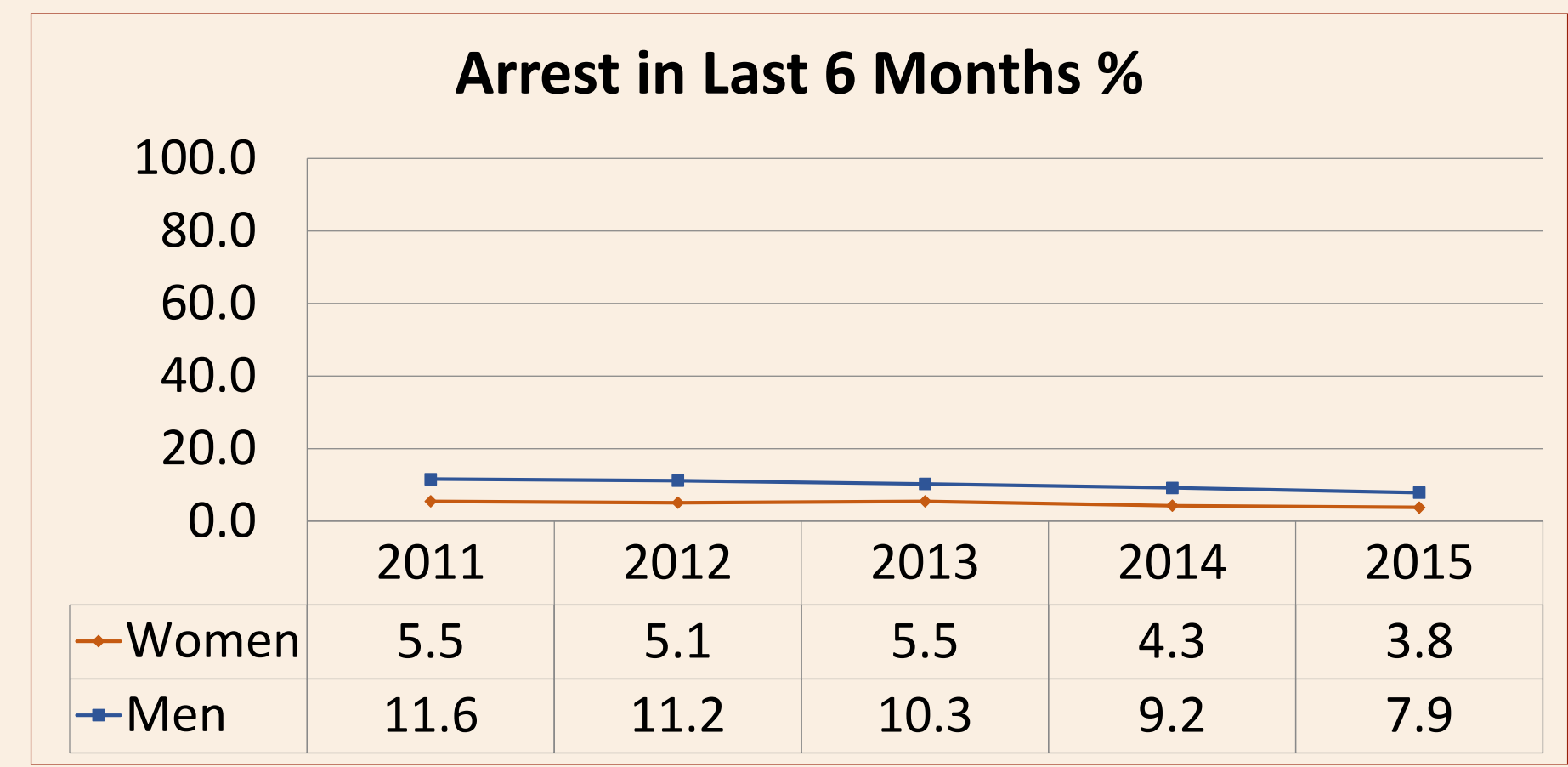


Height and weight are used to calculate Body Mass Index (BMI)

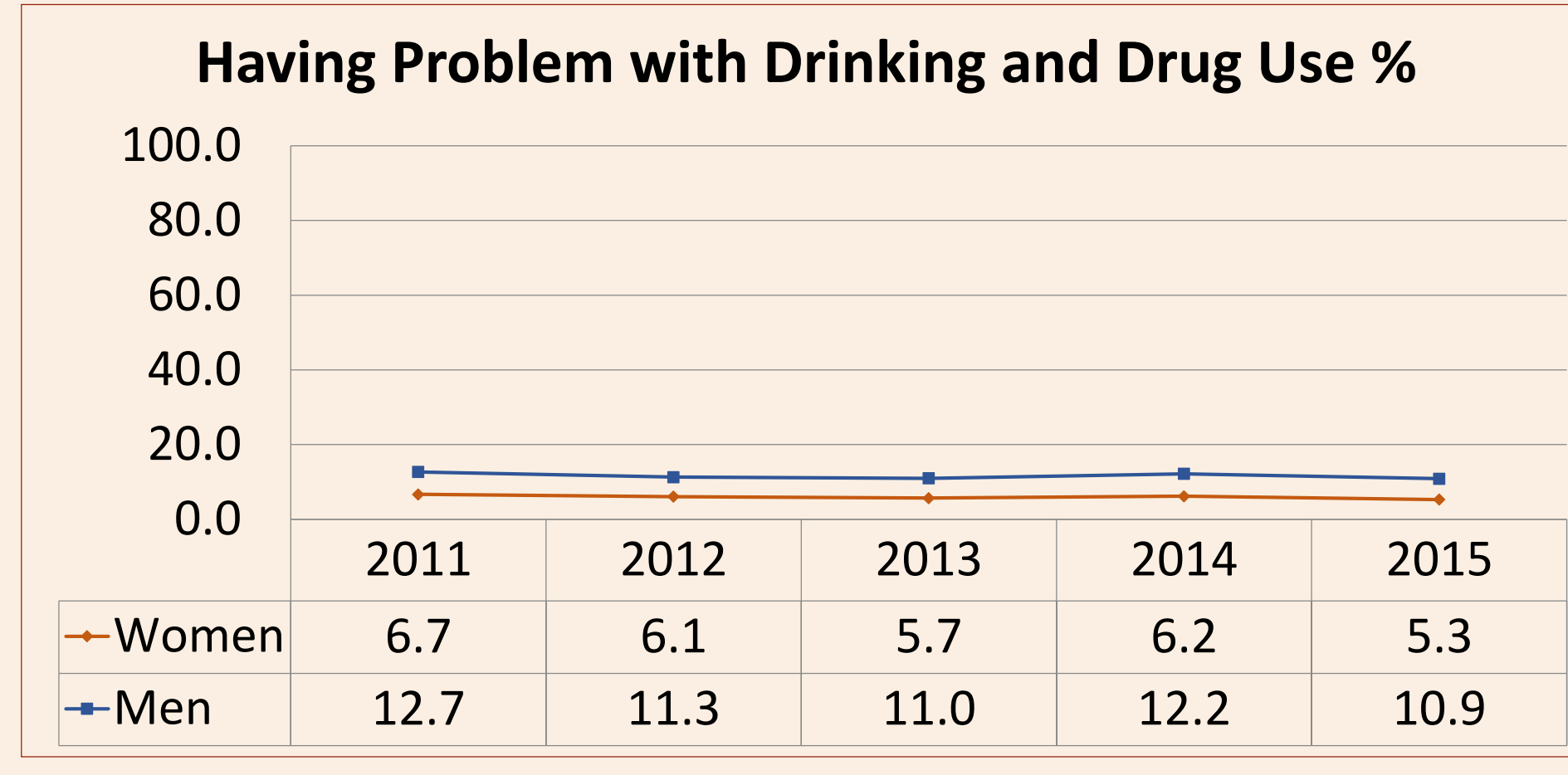
- More men than women reported being homeless in the last six months at each time point
- There were decreasing rates of homelessness for both genders, with a greater decrease for men



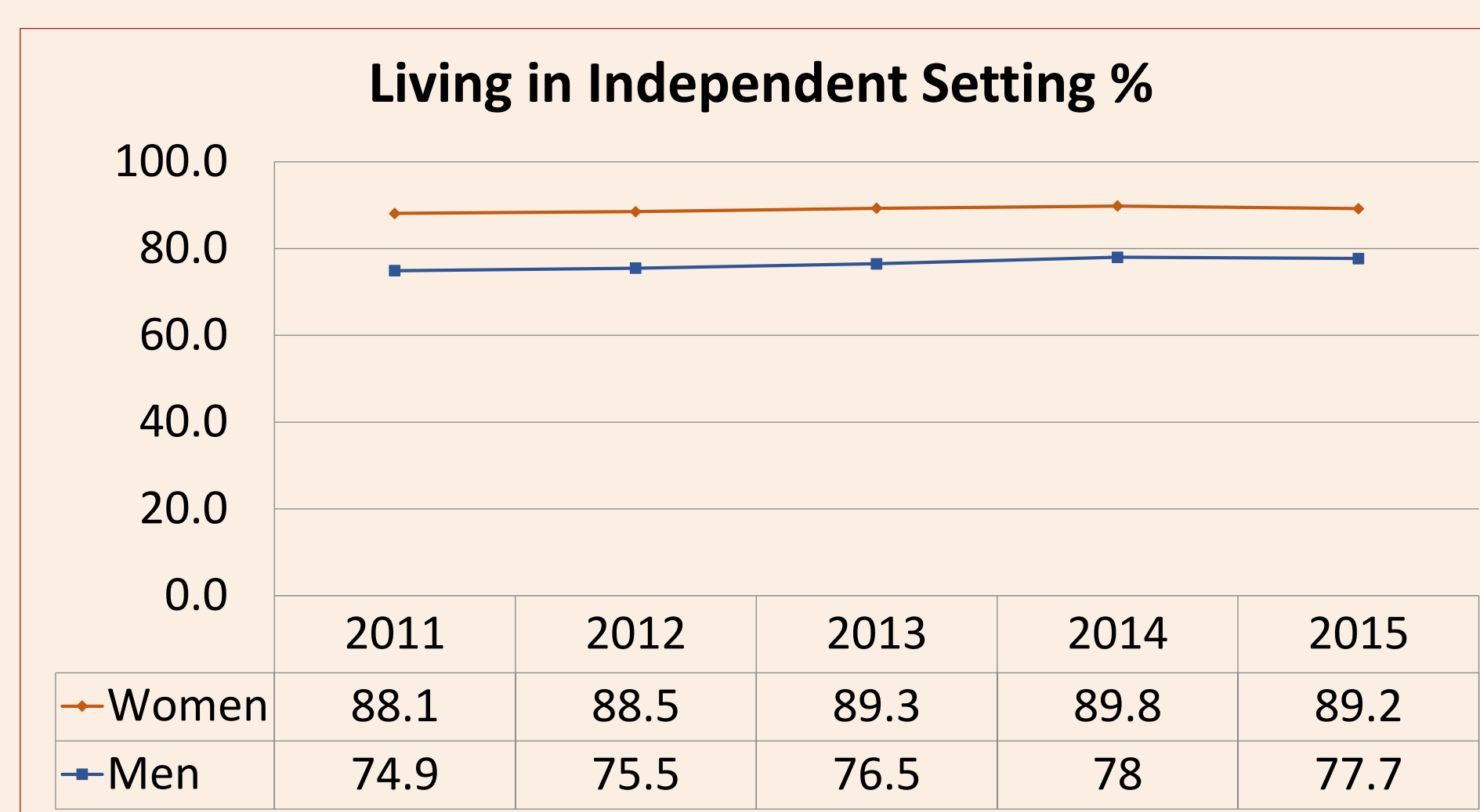
- A greater percentage of men were arrested in the last six months at all time points
- There was a decreasing arrest rate for both genders



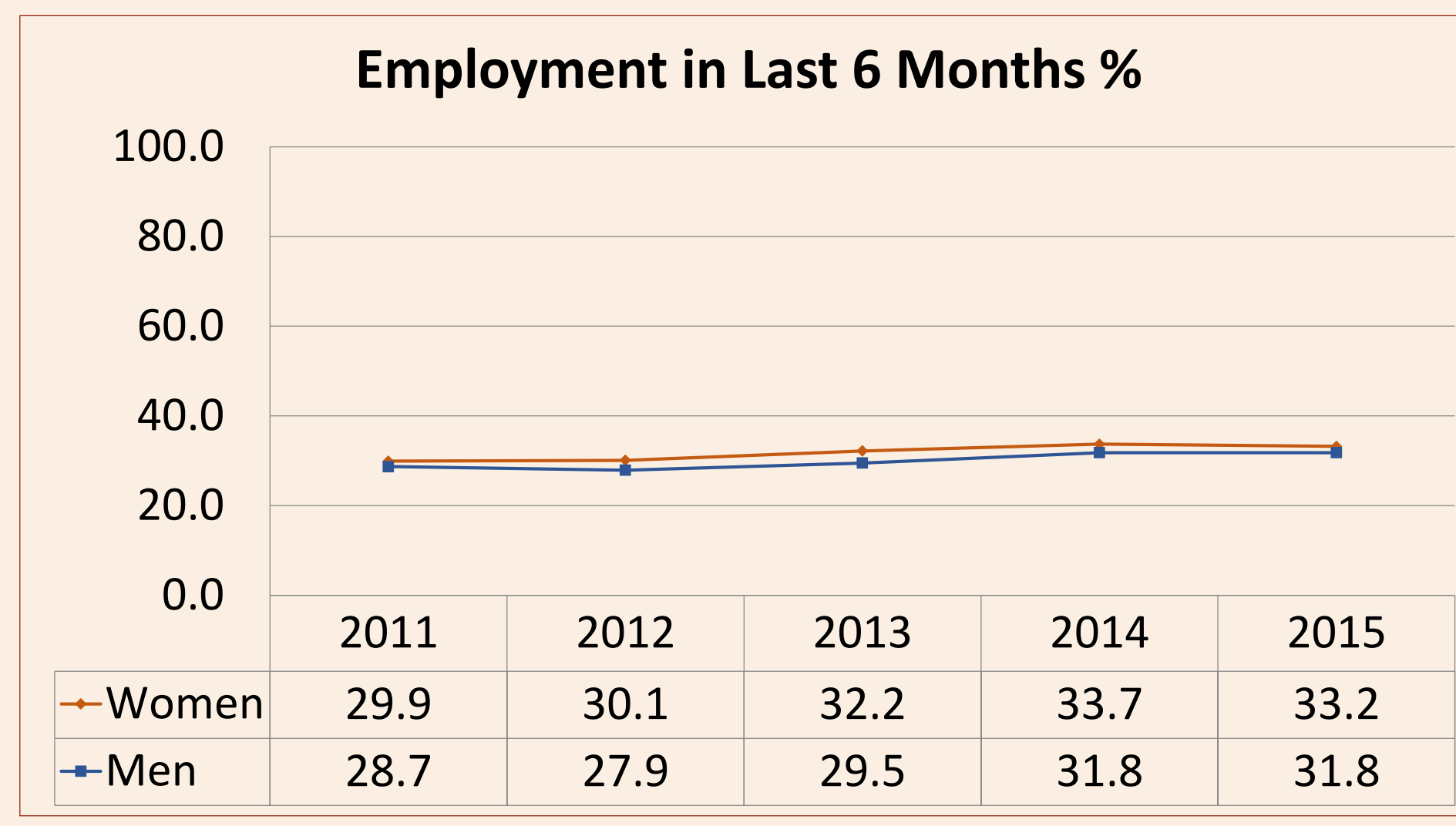
- More men than women reported that they "often" or "always" had problems from drinking or drug use\* at each time point



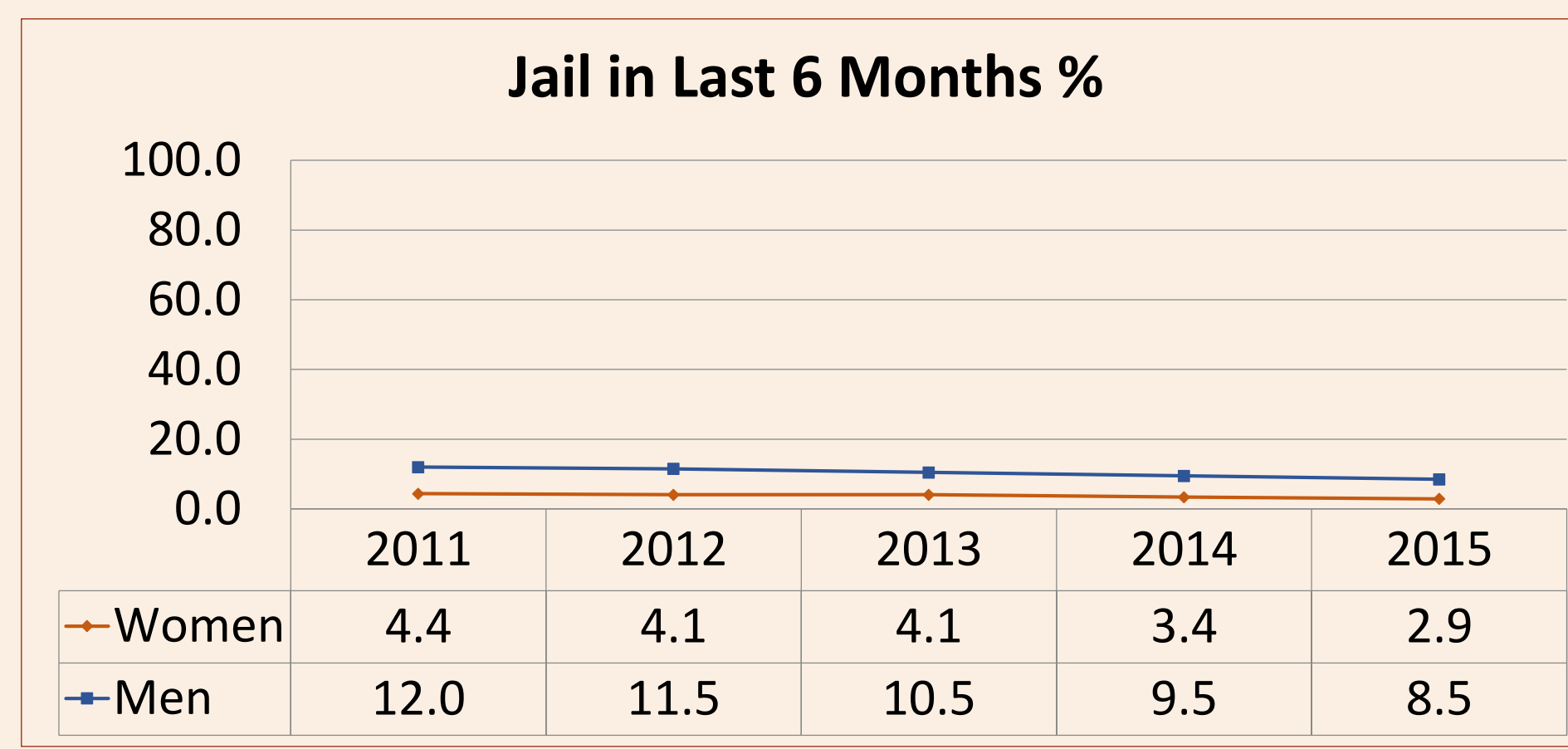
- More women than men were living in independent settings at each time point
- Over time, there was a slight increase in the number of individuals living in independent settings



- A slightly greater percentage of women reported being employed in the last six months at all time points
- There was an increasing rate of employment over time for both genders



- A greater percentage of men than women reported spending time in jail at each time point
- Both groups showed a decreasing rate of being in jail



## Conclusion

Men and women differed across a wide range of life domains. Men had higher smoking rates, more problems from drinking or drug use, more reported homelessness, and more criminal justice involvement. A higher percentage of women were employed, lived in independent settings, and were obese. Recognizing that men and women receiving services may show differences in such areas has important implications. Gender, as well as other demographic characteristics, should be taken into consideration to ensure the most effective allocation of available resources and targeted approaches. For example, it may be that the types of supports that men need to live independently may differ a bit from women, possibly accounting for the differences seen in living situations. This could have implications for system development and improving outcomes. Many of the factors observed showed trends in a positive direction. This is encouraging; however there is still a need to support individuals who are struggling. Ongoing collection of outcomes data will help the public behavioral health system to monitor the system, frame its policies and practices, and direct resources most efficiently to improve service delivery and enhance the quality of care, thereby assisting clients to further their own recovery.

## Acknowledgement

We would like to acknowledge the contributions of the Maryland Behavioral Health Administration, Beacon Health Options, and the numerous clients, family members, and service providers who have assisted in the development of the OMS.

## References

- CDC (2013). *MMWR, Morb Mortal Wkly Rep*, 62(5), 81–87.
- Dickerson, et al. (2013). *Psychiatr Serv*, 64(1), 44–50.
- Smith, Mazure, & McKee (2014). *Tob Control*, 23(e2), e147-53.
- SAMHSA. (2014). The TEDS Report: Gender Differences in Primary Substance of Abuse across Age Groups.
- SAMHSA. (2015). Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health.
- Bradshaw, & Mairs (2014). *Healthcare*, 2(2), 166–182.
- Compton, Daumit, & Druss (2006). *Harvard Rev Psychiat*, 14(4), 212–222.
- Jonikas, et al. (2015). *Community Mental Health J*, 52(4), 1–10.
- Crocker, Hartford, & Heslop, L. (2009). *Psychiatr Serv*, 60(1), 86–93.
- Van Dorn, et al. (2013). *Psychiatr Serv*, 64(9), 856–62.
- Burke-Miller, et al. (2006). *Community Mental Health J*, 42(2), 143–159.
- Luciano, & Meara (2014). *Psychiatr Serv*, 65(10), 1201–1209.
- NAMI (2014). Road to Recovery: Employment and Mental Illness.
- Tsang, et al. (2000). *Journal of Rehabil*, 66(2), 19–31.
- Bond, et al. (2013). *J Occup Rehabil*, 23(2), 261–9.
- Bond, et al. (2007). *J Consult. Clin. Psychol.*, 75(6), 968–982.
- Drake, et al. (1996). *J Consul. Clin. Psychol.*, 64(2), 391–399.
- Baggett, et al. P (2013). *Addiction*, 108(11), 2009–2018.
- National Coalition for the Homeless. (2009). Mental Illness and Homelessness.