Bright Futures

A Health Care Provider's Guide To Promoting Women's Emotional Wellness





This resource is part of a series of materials called "Bright Futures for Women's Health and Wellness." This series also includes a promotional flyer for health care providers, two consumer booklets, and a guide for community organizations.

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. 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.

Like physical health, mental health exists along a spectrum. At one end are feelings of thriving and flourishing, and at the other are depressed and anxious feelings. For a variety of reasons, the field of mental health has historically focused on the negative end of this spectrum. The Bright Futures project is different. It is not about avoiding or treating depression: It is about helping women to thrive. Health care professionals can be an important part of this effort.

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. It is important to note that this guide focuses on women's emotional wellness with some discussion on the more common types of depression and anxiety that many women can face from time to time. It does not discuss more serious clinical diagnoses of unipolar and/or bipolar disorders that can occur among some women, nor the treatment and care that is warranted in these cases.



Introduction	i
Current Research on Mental Health and Emotional Wellness	1
How to Talk to Patients about Emotional Wellness	4
Conversation Starters	5
Companion Patient Education Tools	6
Additional Resources	7
Works Cited	8
Endnotes	11

Introduction

Emotional wellness promotes physical wellness and plays a major role in patients' adherence to medical advice and recovery from medical conditions. Research has linked depression and its negative affect to a wide range of serious health conditions, including diabetes, heart disease, and chronic pain, as well as risky behaviors like smoking and poor eating habits.¹ This booklet helps health care providers address the important link between physical and emotional health.

Promoting emotional wellness may be especially important for women. Depressive disorders affect nearly twice as many women as men each year in the United States, and increasing numbers of women continue to suffer from a wide range of chronic illnesses including cancer, heart disease, and diabetes.² Women's mental health may be related to the ability to balance multiple roles and responsibilities, including the often-competing demands of work, relationships with friends and family members, and children. While women appear to be more susceptible to depression than men are, they also experience more joy.³

As a health care provider, you can help promote positive mental health in your female patients by helping them understand the relationship between their physical and emotional health. By promoting simple steps, you can help them appreciate themselves, find their balance and purpose in life, and connect with others. These factors will help women of all ages increase their well-being, satisfaction, and overall quality of life, and may also improve their physical health. You can help your patients think of emotional wellness as a goal for their overall health, just like fitness or nutrition goals.

This booklet provides:

- A short overview of current research on mental health and emotional wellness
- ▶ Information on how talk to your patients about emotional wellness
- ▶ Conversation starters to use with your patients
- ▶ Information about companion patient education tools
- Additional resources
- Works cited

Current Research on Mental Health and Emotional Wellness

Like physical health, mental health exists along a spectrum. At one end are feelings of thriving and flourishing, and at the other are depressed and anxious feelings. While the field of mental health has historically focused on the negative end of this spectrum, a growing body of research is examining the factors that support positive mental health. This research suggests that mental health can be improved through the development of skills such as flexibility, strength, and optimism, enhanced personal traits such as high self-esteem and a sense of purpose, and expanded personal resources such as spiritual practices and support from family and friends.

People who are emotionally well feel good about themselves, their relationships, and their purpose in life. Emotional wellness is not the absence of sadness, anger, or confusion. All people will feel these emotions from time to time. However, people who are emotionally well may have fewer emotional lows and will be able to recuperate faster from such lows. Emotional wellness may also increase feelings such as happiness and joy during positive times. Emotional wellness has many components, including:

- ▶ Healthy emotional, cognitive, and physical habits (such as physical activity, healthy eating, and developing good sleep habits) that reflect the practice of valuing self
- Identification and/or connection with others
- ▶ Rewarding and supportive relationships
- Rewarding activities
- A sense of balance and purpose in life (which allows for opportunities to engage in pleasurable activities)
- > A strong sense of self and compassion for personal life experience
- Compassion for others
- The ability to adapt to change and cope successfully with adversity
- ▶ Meaningful spiritual and/or cultural beliefs, traditions, and practices

Mental health is shaped by the interaction of multiple factors and processes, some of which are within the individual's control and some of which are not. Environmental factors such as safe and clean living conditions, access to quality medical care, and good nutrition can decrease an individual's risk for psychological problems. Conversely, crowded or dangerous living conditions, lack of access to medical care, inadequate nutrition, or discrimination or social stigma based on race, ethnicity, gender, religion, spirituality, or other factors can

increase this risk. Likewise, a family history of positive relationships and nurturing activities decrease risk, while depression or substance abuse, chronic illness, or stresses such as divorce or the death of a loved one increase risk.

To understand emotional wellness, it is helpful to know the characteristics of people who are emotionally well. One review of scientific studies on happiness⁴ found that happy people tend to:

- ▶ Be optimistic, outgoing, and agreeable
- ▶ Have close relationships (e.g., friendships or marriages)
- ▶ Have work and leisure activities that engage their skills
- ► Have meaningful faith traditions
- Sleep well
- Exercise
- Have high self-esteem

Likewise, positive subjective well-being (including life satisfaction, happiness, and optimism), positive traits (creativity, compassion, courage, and integrity), and positive institutions (healthy relationships, communities, and schools) are related to overall wellness.⁵ Positive mental health also has been linked to a sense of competence, autonomy, and relatedness.⁶

Emotional wellness both promotes and maintains emotional and mental health. For example, positive emotions buffer resilient people against depression and help them to thrive, as well as trigger upward spirals toward emotional well-being. In addition, several components of emotional wellness have been linked to positive physical health outcomes. Promoting emotional wellness may be one way to promote self-management of diseases.

For example:

- ▶ Coping: Effective coping skills can enable individuals to exercise some control over their mental and physical health. Coping styles are associated with significant positive and negative health outcomes as early as mid-adolescence. Moreover, coping styles are important determinants of how well individuals adjust to serious illnesses. It
- ▶ Optimism: Optimism is consistently related to positive physical health outcomes, 12 and optimism provides protective benefits to people who are suffering from severe illnesses. 13
- ▶ Self-esteem: Self-esteem is linked to positive health outcomes throughout the lifespan. 14
- ▶ Social support: Health-promotion behaviors are more frequent among individuals with positive and strong social support networks.¹⁵
- ▶ Spirituality: Spirituality is an additional resource for coping. 16

The good news is that women can build positive emotional health and counteract negative forces through the development of positive skills, traits, and resources. Qualities such as resiliency, hardiness, and optimism can help individuals be healthier and thrive.¹⁷ As importantly, these skills can be learned.¹⁸ For example, optimism has been successfully increased via clinical interventions.¹⁹ This suggests that emotional wellness can be learned and strengthened.

How to Talk to Patients about Emotional Wellness

Health care providers have a unique opportunity to promote emotional wellness. When patients come in for regular checkups or with specific health concerns, providers can briefly discuss emotional wellness in addition to physical wellness. Talking with patients about emotional wellness emphasizes providers' overall commitment to patients' well-being and recognizes the important connection between physical and emotional health.

In most clinical settings, health information is conveyed by multiple staff members, including primary care providers, psychologists, nurses, social workers, case managers, receptionists, pharmacists, or health educators. Take some time to think about the people who can promote emotional wellness in your clinical setting. Keep in mind that it might be more effective for multiple team members to provide information. Try to coordinate the effort across team members so that messages remain consistent.

Wellness information should be provided at an appropriate literacy level for the patient and in the patient's preferred language, if possible. Wellness messages also should be culturally responsive and sensitive to the influence of cultural and social contexts on what is healthy and appropriate. Attributes that may be considered desirable in one culture (for example, assertiveness) may be viewed as inappropriate and, thus, not related to emotional wellness in another.²⁰ One way to approach these variations is to ask women to examine what cultural values they grew up with and if these values are helpful and healthy for them, and then help them to make decisions about negotiating these values while staying connected to their culture of origin.

If you do not have the resources or time to adapt emotional wellness messages culturally, you can target messages around universal themes related to emotional wellness. For example:

- ▶ Emotional wellness is linked to better physical health and greater life satisfaction.
- ▶ Every woman can learn how to improve her emotional wellness.
- Women can improve their emotional wellness through simple tips and activities to appreciate themselves, find their balance and purpose, and connect with others.

Conversation Starters

Most clinical encounters are brief, allowing little time for lengthy provider-patient interaction unrelated to the main purpose for the appointment. Fortunately, conversations about emotional wellness do not need to be lengthy. Because emotional wellness is closely related to physical health and overall well-being, there are many opportunities for health care providers to talk to patients about these issues. You can discuss any concept related to emotional wellness (such as balance, self-esteem, or relationships) in your interactions with patients. Your patients might initiate these conversations, or you can bring up the topic in a neutral and non-judgmental way, and then actively listen for cues related to emotional wellness. Your initial goal may be simply to start a dialogue to encourage patients to begin thinking about these issues. Here are some potential conversation-starters:

- ▶ "It is important to find time for yourself, even when you are busy. Let's talk about how you are doing that."
- ▶ "Many women have multiple roles and responsibilities. Are you finding balance in your own life?"
- "I'd like to help you set a goal related to your emotional wellness."
- "Every woman deals with some stress in her life. Tell me how you relax and recharge yourself."
- ▶ "Strong connections are important to our overall health. Tell me about some of your connections with your friends, family, or community."
- ▶ "One of the best ways to manage your [insert diagnosis] is to make sure you're taking care of your emotional health. Can we talk about some of the ways you can do this?"

You can use a flyer or a handout (such as the one in this series) as a cue for you or your patients to initiate a conversation about emotional wellness. If your patients have further questions or would like a resource to take home, you could recommend "A Woman's Guide to Emotional Wellness," "A Young Woman's Guide to Emotional Wellness," or other materials, as appropriate. If you recommend a resource to a patient, make note of it and ask about it on subsequent visits.

Companion Patient Education Tools

Two tools you can review and recommend to promote emotional wellness are "A Woman's Guide to Emotional Wellness" and "A Young Woman's Guide to Emotional Wellness." These documents are comprehensive, evidence-based resources about emotional wellness and can be downloaded for free at www.hrsa.gov/womenshealth. These guides help women of all ages improve their emotional wellness. Each guide provides tips and ideas around basic wellness themes:

- Appreciating Oneself: Provides ideas on building self-respect; building self-confidence; building self-esteem; setting expectations; taking care of yourself; thinking positively; making time for activities you enjoy; and learning skills to cope with difficult emotions and situations.
- ▶ Finding Balance and Purpose: Provides ideas on learning about yourself; developing a purpose statement; setting goals; being able to change; learning how to deal positively with stress; increasing confidence; and nurturing the spirit.
- ▶ Connecting with Others: Provides tips about finding a connection; identifying with racial, ethnic, or cultural backgrounds; learning about healthy relationships; learning about empathy and its importance in relationships; learning how to be more mindful of other people; developing patience; connecting with children; being safe in relationships, and helping others in need.

When appropriate, encourage your patients to find suggestions in the guides to adopt before their next visit. At their next visit, discuss what changes they have made to enhance their emotional wellness. You might also consider keeping copies of these guides in your waiting room or exam rooms as reading material, and let women know where they can obtain their own free copy.

To help you promote these materials and to introduce the concept of emotional wellness, a free one-page flyer can be downloaded at www.hrsa.gov/womenshealth. You can give the flyer to your female patients to encourage them to obtain these guides or display it as an additional conversation starter.

Additional Resources

The following resources provide general information about women's and girls' health:

- ▶ GirlsHealth.gov: Promotes emotional and physical health for teenage girls and provides information about body, fitness, nutrition, bullying, and other issues. WEB www.girlshealth.gov
- National Women's Health Information Center: Lists health organizations, campaigns, events, publications, and more. TEL 800-994-9662 TTY 888-220-5446 WEB www.womenshealth.gov
- ▶ U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Women's Health: *Provides leadership and guidance in developing policy and in establishing goals and priorities for women's health issues across the lifespan*.

 TEL 888-ASK-HRSA (275-4772) TTY 888-877-4TY-HRSA (489-4772)

 WEB www.hrsa.gov/womenshealth

This booklet is designed to promote emotional wellness among your female patients. However, some women might need help overcoming anxiety, depression, or a more serious mental illness. If you think one of your patients might be depressed, the following resources can help:

- Anxiety Disorders Association of America: Provides information about anxiety disorders and treatment. TEL 240-485-1001 WEB www.adaa.org
- ► Freedom From Fear: *Provides information about anxiety and depression and information and resources to obtain help.* TEL 718-357-1717 ext. 24 WEB www.freedomfromfear.org
- National Mental Health Association: *Provides information about mental health, including programs, news, and advocacy.* TEL 800-969-6642 WEB www.nmha.org
- ▶ National Suicide Prevention Lifeline: *Trained crisis counselors assist callers with emotional distress.* TEL 800-273-8255
- ▶ U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Mental Health: *Provides information about mental health and mental illness, news releases, clinical trials, and more.* TEL 866-615-6464 WEB www.nimh.nih.gov
- ▶ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration Provides information on:
 - substance abuse problems National Clearinghouse for Alcohol and Drug Information TEL/TTY 800-729-6686 En Español 877-767-8432 WEB www.ncadi.samhsa.gov
 - mental health problems National Mental Health Information Center TEL 800-789-2647 TTY 800-433-5959 WEB www.mentalhealth.samhsa.gov

Works Cited

- Abend TA & Williamson GM. (2002). "Feeling attractive in the wake of breast cancer: Optimism matters, and so do interpersonal relationships." Personality & Social Psychology Bulletin, 28(4), 427-36.
- Ai AL, Tice TN, Peterson C, & Huang B. (2005). "Prayers, Spiritual Support, and Positive Attitudes in Coping With the September 11 National Crisis." Journal of Personality, 73(3), 763.
- Ai AL, Peterson C, Tice TN, Bolling SF, & Koenig HG. (2004). "Faith-based and secular pathways to hope and optimism subconstructs in middle-aged and older cardiac patients." Journal of Health Psychology, 9(3), 435-450.
- Ball J, Tannenbaum L, Armistead L, Maguen S, & Family Health Project Research Group. (2002). "Coping and HIV infection in African American women." Women & Health, 35(1), 17-36.
- Ball K, Crawford D, & Kenardy J. (2004). "Longitudinal relationships among overweight, life satisfaction, and aspirations in young women." Obesity Research, 12(6), 1019-30.
- Breslau N, Peterson EL, Schultz LR, Chilcoat HD, & Andreski P. (1998). "Major depression and stages of smoking. A longitudinal investigation." Archives of General Psychiatry, 55(2), 161-6.
- Cieslak R, Widerszal-Bazyl M, Luszczynska-Cieslak A. (2000). "The moderating role of hardiness and social support in the relation between job stressors and well-being. A lesson from a clerical women sample." International Journal of Occupational Safety and Ergonomics: JOSE, 6(2), 257-92.
- Cox, E. (2002). Psychology for the AS Level. Oxford University Press.
- de Groot M, Anderson R, Freedland KE, Clouse RE, & Lustman PJ. (2001). "Association of Depression and Diabetes Complications: A Meta-Analysis." Psychosomatic Medicine, 63, 619-630.
- Ferketich AK, Schwartzbaum JA, Frid DJ, & Moeschberger ML. (2000). "Depression as an Antecedent to Heart Disease Among Women and Men in the NHANES I Study." Archives of Internal Medicine, 160(9), 1261-1268.
- Fishbain DA, Cutler R, Rosomoff HL, & Rosomoff RS. (1997). "Chronic pain-associated depression: antecedent or consequence of chronic pain? A review." The Clinical Journal of Pain, 13(2),116-37.
- Frederickson B. (2003). "Positive emotions and upward spirals in organizations." In Positive Organizational Scholarship, Berrett-Koehler Publishers.

- Frederickson B & Joiner T. (2002). "Positive emotions trigger upward spirals toward emotional well-being." Psychological Science, 13, 172-175.
- Gillham JE. (2000). The Science of Optimism and Hope: Research essays in honor of Martin E.P. Seligman. Templeton Foundation Press.
- Heatherton TF & Baumeister RF. (1991). "Binge Eating as Escape from Self-Awareness." Psychological Bulletin, 110(1), 86-108.
- Hill R. (1998). "Enhancing the resilience of African American families." Journal of Human Behavior in the Social Environment, 1(2/3), 49-61.
- Jones D, O'Connell C, Gound M, Heller L, & Forehand R. (2004). "Predictors of self-reported physical symptoms in low-income, innercity African American women: The role of optimism, depressive symptoms, and chronic illness." Psychology of Women Quarterly, 28(2), 112-121.
- Kahn MH. (2000). "Hardiness for hard times: Coaching ambitious people to stay healthy & fulfilled." www.hardiness.com/hardiness.html.
- Kovacs A. (2003). "The design and evaluation of a brief intervention to enhance well-being among women with breast cancer completing chemotherapy." Dissertation Abstracts International: Section B: The Sciences & Engineering, 64 (6-B), 2924.
- Lauriola M, Laicardi C, Artistico D, & Baldassarri F. (2000). "Alternative factor structures of health-related psychological tendencies and their relationship to self-reported health seeking behaviors." Psychology & Health, 15(4), 539-544.
- Lucas JA, Orshan SA, & Cook F. (2000). "Determinants of health-promoting behavior among women ages 65 and above living in the community." Scholarly Inquiry for Nursing Practice, 14(1), 77-100.
- Luthar S, Cichetti D, & Becker B. (2000). "The construct of resilience: A critical evaluation and guidelines for future work." Child Development, 71(3), 543-562.
- Mann M, Hosman C, Schaalma H, & deVries N. (2004). "Self-esteem in a broad spectrum approach for mental health promotion." Health Education Resources, 19(4), 357-72.
- Mann T. (2001). "Effects of future writing and optimism on health behaviors in HIV-infected women." Annals of Behavioral Medicine, 23(1), 26-33.
- McEwen B & Lasley E. (2002). The End of Stress as We Know It. National Academies Press.
- Myers D. (1993). Pursuit of Happiness. Perennial Currents.

- Nolen-Hoeksema S & Girgus JS. (1994). "The emergence of gender differences in depression during adolescence." Psychological Bulletin, 115(3), 424-43.
- Piccinelli M. (2000). "Gender differences in depression." The British Journal of Psychiatry, 177, 486-492.
- Rodriguez R. (2001). "Explanatory style and health among polio survivors." Dissertation Abstracts International: Section B: The Sciences & Engineering, 62(6), 2964.
- Ryan R. & Deci E. (2000). "Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being." American Psychologist, 55(1), 68-78.
- Schnoll R, Harlow L, Stolbach L, & Brandt U. (1998). "A structural model of the relationships among stage of disease, age, coping, and psychological adjustment in women with breast cancer." Psycho-Oncology, 7(2), 69.
- Seligman M. (2002). Authentic Happiness. Free Press.
- Shatte A & Reivich K. (2002). The Resilience Factor: 7 essential skills for overcoming life's inevitable obstacles. Broadway, 1st edition.
- Steiner H, Erickson S, Hernandez N, & Pavelski R. (2002). "Primary prevention of risk factors for eating disorders in adolescent girls: Learning from practice." International Journal of Eating Disorders, 32(4), 401-411.
- Stuifbergen AK, Seraphine A, & Roberts G. (2000). "An explanatory model of health promotion and quality of life in chronic disabling conditions." Nursing Research, 49(3), 122-9.
- Tangeman P & Weaver-Robuck A. (1999). "Health and Wellness: Self-definitions by individuals with disabilities." Promoting Health and Wellness of Women with Disabilities Conference program and poster abstracts, August 2-5, 1999. San Antonio, TX.
- U.S. Department of Health and Human Services. (2006). "Women's Health Statistics." www.4women.gov/statistics/
- Willoughby DF, Kee C, & Demi A. (2000). "Women's psychosocial adjustment to diabetes." Journal of Advanced Nursing, 32(6), 1422-30.
- Yarchestki TJ, Mahon NE, & Yarcheski A. (2003). "Social support, self-esteem, and positive health practices of early adolescents." Psychology Report, 92(1), 99-103.

Endnotes

- de Groot, Anderson, Freedland, Clouse, & Lustman, 2001; Ferketich, Schwartzbaum, Frid, & Moeschberger, 2000; Fishbain, Cutler, Rosomoff, & Rosomoff, 1997; Breslau, Peterson, Schultz, Chilcoat, & Andreski, 1998; Heatherton & Baumeister, 1991.
- ² Nolen-Hoeksema & Girgus, 1994; Piccinelli 2000; U.S. Department of Health and Human Services, 2006.
- ³ Myers, 1993.
- 4 Ibid.
- ⁵ Seligman, 2002.
- 6 Ryan & Deci, 2000.
- ⁷ Frederickson, 2003.
- 8 Frederickson & Joiner, 2002.
- 9 McEwen & Lasley, 2002.
- ¹⁰ Steiner, Erickson, Hernandez, & Pavelski, 2002.
- ¹¹ Schnoll, Harlow, Stolbach, & Brandt, 1998; Ball, Tannenbaum, Armistead, & Maguen, 2002.
- 12 Gillham, 2000; Lauriola, Laicardi, Artistico, & Baldassarri, 2000.
- 13 Rodriguez, 2001; Abend & Williamson, 2002; Jones, O'Connell, Gound, Heller, & Forehand, 2004.
- ¹⁴ Mann, Hosman, Schaalma, & deVries, 2004; Lucas, Orshan, & Cook, 2000.
- ¹⁵ Yarchestki, Mahon, & Yarcheski, 2003; Stuifbergen, Seraphine, & Roberts, 2000; Willoughby, Kee, & Demi, 2000; Tangeman & Weaver-Robuck, 1999.
- 16 Ai, Tice, Peterson, & Huang, 2005; Ai, Peterson, Tice, Bolling, & Koenig, 2004; Ball, Crawford, & Kenardy, 2004.
- 17 Luthar, Cichetti, & Becker, 2000; Kahn, 2000; Cieslak, Widerszal-Bazyl, & Luszczynska-Cieslak, 2000.
- ¹⁸ Shatte & Reivich, 2002; Hill, 1998.
- 19 Kovacs, 2003; Mann, 2001.
- ²⁰ Cox. 2000.

Bright Futures for Women's Health and Wellness 2007