Each year, there are nearly 25,000 hospital stays for mental health conditions among women of reproductive age (WRA) who are 15-44 years old.

Other than childbirth, mental health conditions are the most common cause of hospitalization for WRA.

The most common type of mental health conditions resulting in hospital stays for WRA are mood disorders, such as bipolar disorder or depression.

### Table 1. Annual Number and Rate of Hospital Stays for Mood, Psychotic, and Anxiety Disorders among Illinois Women ages 15-44, 2011-2014

<table>
<thead>
<tr>
<th></th>
<th>Annual Number of Hospital Stays</th>
<th>Rate of Hospital Stays (hospital stays per 10,000 women)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood Disorders</td>
<td>20,186</td>
<td>77.4</td>
</tr>
<tr>
<td>Psychotic Disorders</td>
<td>3,527</td>
<td>13.5</td>
</tr>
<tr>
<td>Anxiety Disorders</td>
<td>555</td>
<td>2.1</td>
</tr>
<tr>
<td>Any of the Above</td>
<td>24,268</td>
<td>93.0</td>
</tr>
</tbody>
</table>

The rate of hospital stays for mental health conditions among Black WRA was 50% higher than Whites and 200% higher than Latinas.

Young women ages 15-19 had the highest rate of mental health hospital stays — 174 hospital stays per 10,000 women. This translates to 1 hospital stay each year for every 57 Illinois women ages 15 to 19.
The Burden of Mental Health on Women is High Throughout Illinois

- Saline, Marion, and Adams counties had the highest rates of mental health related hospital stays among women ages 15-44, with rates twice as high as the state average.
- The average length of hospital stay for a mental health condition was 7 days.
- Women’s mental health hospital stays resulted in an average of $360 million in hospital charges annually.

How Can Women’s Mental Health Be Improved?

- Screen women for mental health conditions throughout their lives.
- Expand availability of mental health services through creative solutions, like internet-based interventions and telemedicine.
- Strengthen partnerships between medicine, public health, social services, & mental health systems to link and coordinate care.
- Educate health professionals to provide culturally-sensitive care.
- Increase the availability of family education and support.
- Build social capital in vulnerable communities to improve social networks and support.
- Target young adult women with programs that build self-esteem, promote healthy coping, and teach effective stress management.

Resources on Mental Health

For more information on mental health conditions, services, and support, visit:
www.mentalhealth.gov
www.nami.org

Questions?

For more information on this study, contact:
Illinois Department of Public Health
Office of Women’s Health & Family Services
122 South Michigan Avenue, 7th Floor
Chicago, IL  60603
312-814-6816

Data Source & Methodology

- 2011-2014 Illinois Hospital Discharge data obtained from IDPH Division of Patient Safety and Quality.
- Analysis included all hospitalizations for women ages 15-44.
- Mental health hospitalizations were identified if the primary diagnosis code fell into Clinical Classification Software (CCS) diagnosis categories 651 (anxiety), 657 (mood disorders), or 659 (schizophrenia and other psychotic disorders).
- 2011-2013 U.S. Census Bureau Post-Censal population estimates were summed (2013 was used as a proxy for 2014) to estimate the population of women ages 15-44, which served as the denominator for estimating hospitalization rates.

IDPH Office of Women’s Health and Family Services

Vision: OWHFS envisions a future free of health disparities, where all Illinoisans have access to continuous, high-quality medical care.

Mission: OWHFS strives to improve health outcomes of all Illinoisans by providing preventive education and services, increasing health care access, using data to ensure evidence-based practice and policy, and empowering families.