The chapter by Geller, Nelson, Kornfield, and Goldstein Silverman describes the integration of clinical health psychologists in women's health care settings, underscoring the benefits conferred to both women and healthcare providers. The integration of behavioral health providers into primary care and obstetrics and gynecology (ob/gyn) medical settings is an innovation with many positive effects [1]. Geller and colleagues describe reproductive health issues and comorbid psychological conditions, the importance of addressing contextual and psychosocial variables within ob/gyn settings, and why collaborative care can contain costs and resources. They also summarize the most common psychological and reproductive health issues, as well as the role that clinical health psychologists can play in the treatment of women, specifically regarding the implementation of psychosocial interventions.

Because many women see primary and specialty care medical providers relevant to obstetrics and gynecology, it is important to understand the varied stressors and psychological symptoms that accompany women's reproductive health problems to provide optimal individualized care and to enhance treatment compliance. As noted by Geller et al., contextual factors are important to women's reproductive health and may often be overlooked by primary care medical providers [2]. Women in ob/gyn settings experience high levels of stress as they juggle multiple roles, including working and caring for children, elderly parents, or other family members they also may experience interpersonal difficulties, such as intimate partner violence [3-6]. Geller and colleagues provide further insight into these important contextual factors that influence women's experiences in the ob/gyn setting. Clinical health psychologists can provide an important perspective and understanding of the numerous factors affecting women's health. Psychological symptoms can develop from the stress of these factors and reproductive health issues, including posttraumatic stress disorder, anxiety, and depression. Behavioral health providers have the knowledge and skills to assess and treat psychological symptoms and conditions, and to assess psychosocial variables. Addressing women's mental health in medical settings has the potential to improve medical prognoses because many aspects of physical and psychological health are intertwined and should be treated together [7].

Including clinical health psychologists in these settings has the potential to save time, money, and resources and ultimately improve outcomes for women. Women of lower socioeconomic status experience higher rates of depression, anxiety, and psychiatric disorders while low income and immigrant women are less likely to receive adequate health care because of financial and social barriers [8-10]. Therefore, these women are not likely to seek the mental health treatment that they need, which further highlights the importance of providing psychological treatment in an integrated care setting. Integrating behavioral health professionals into the primary care setting can help identify women in need of such services and provide women with the necessary resources and treatment to treat psychological symptoms. If women are experiencing psychological distress, an integrated team that includes clinical health psychologists can provide immediate consultation for mental health problems, as well as evidence-based interventions such as skills training, psychoeducation, and motivational enhancement [11]. Moreover, integrated care generates faster and longer-lasting recovery from physical symptoms and increases access and rates of treatment and most patients prefer receiving their mental health care in integrated settings [12-15].

Geller et al.'s chapter reviews common mental health problems that follow women's reproductive issues as well as assessment and intervention approaches that can aid women and families with these key problems areas. The major women's health conditions discussed in this chapter are antenatal depression, postnatal depression and psychosis, perinatal anxiety, perinatal loss, sexual health and dysfunction, as well as pain, infertility, peri-menopause, and menopause. Based on extant literature, the prevalence, risk factors, and outcomes of these conditions are discussed. The chapter also reviews the assessments and interventions that clinical health psychologists can utilize in these settings to treat these conditions and improve psychological and physical functioning for women and their families. For example, the time of pregnancy and childbearing is associated with worsening depressive and anxiety symptoms for many women [16-20]. The higher risk for psychological distress can be a result of hormonal changes, psychosocial variables, or life changes. In ob/gyn settings, clinical psychologists can evaluate pregnant women for risk factors and symptoms during their prenatal or postpartum visits. They also can assist in managing health issues and health-related behaviors such as cigarette smoking or eating behaviors. Research indicates that cognitive-behavioral treatment and patient education can result in decreased anxiety, less requests for cesarean deliveries, and shorter durations of labor [21,22]. Psychologists can empower women to manage the complex physical and psychological issues to ultimately improve their reproductive health experiences.

A health care team that emphasizes a biopsychosocial approach to women's reproductive health can provide the care, support, and resources that women need to manage personal and family stress, improve relations with health care providers, maintain psychological and physical health, and eventually improve quality of life. Clinical health psychologists can serve as behavioral health providers, liaisons between medical staff and patients, and educators of families and students. They can help communicate about medical treatments, daily stressors, provide psychological assessments to screen for mental health conditions, provide psychoeducation to the women and their families, and assist with medical adherence [23]. More research is needed to develop interventions to apply in active ob/gyn settings and further enable clinical health psychologists to serve as key players.

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on interdisciplinary health care teams. Geller and colleagues provide substantive information to make a compelling case for clinical health psychologists to collaborate closely with medical staff within ob/gyn and women's health settings, and provide current information on assessment and treatment for key women's health conditions that can serve as an important reference for providers and researchers.

References