



U.S. Department
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How Research and Data Inform VA's Women's Mental Health Program

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Today's Women Veterans



Use of VHA mental health services:

- FY 2005 - FY 2015, 181% increase in the *number* of women who received VHA mental health care
 - Over twice the rate of growth in the number of men who received VHA mental health care (72%)
- FY 2005 – FY 2015, 48% increase in the *proportion* of women who received VHA mental health care
 - Higher than the rate of growth in the proportion of men who received VHA mental health care (42%)



Today's Women Veterans

Women are increasingly accessing VHA services

- Use of VHA:
 - Between FY 2005 and FY 2015, there was a 92% increase in the *number* of women accessing VA health care (19% increase among men)
- FY 2015:
 - 430,828 female VHA users
 - 5,339,922 male VHA users
- OEF/OIF/OND
 - 63% of eligible women have accessed VA care
 - 61% of eligible men have accessed VA care



Today's OEF/OIF/OND Women Veterans

- Mental illness is relatively common among Veterans of this era
 - Among OEF/OIF/OND Veterans who received VA mental health care in FY15, 42% were diagnosed with a mental illness.
 - Rates were similar for men and women
- Top 3 Mental Disorders for Females
 - 64% Adjustment Reaction (including PTSD)
 - 60% Depressive Disorder
 - 52% Anxiety, Dissociative & Somatoform Disorder



Gender-Sensitive Mental Health Care

- Gender-sensitive mental health care refers to:
- Differences may be due to:
 - Biological sex differences:
 - Female reproductive cycle stages
 - Effects of medications
 - Social and cultural differences:
 - Gender roles
 - Gender-linked traumas
 - Influence of gender on use and access to treatment
- VA surveyed mental health leadership at every medical center within the VA health care system to determine the availability of gender-sensitive mental health care for women Veterans



What we learned about gender sensitivity

- **Comprehensiveness**
 - Includes a full continuum of service availability for women in general mental health, specialty mental health, and residential/inpatient programming in a range of treatment settings
- **Choice**
 - One size doesn't fit all; provide options (e.g., mixed-gender or women-only)
- **Competency**
 - Providers have expertise to address women's unique treatment needs
- **Innovation**
 - Creative options and settings for subgroups of women, especially when caseloads of women are small



What we learned about treatment options for women Veterans

- General and specialized outpatient mental health treatment options available to women Veterans at all VA health care systems
- Mental health services for women Veterans most commonly provided in mixed-gender settings
- Individual therapy was most frequently reported alternative to mixed-gender group therapy
- Other alternatives to mixed-gender groups: telemental health, referrals to Vet Centers or community resources, non-VA care

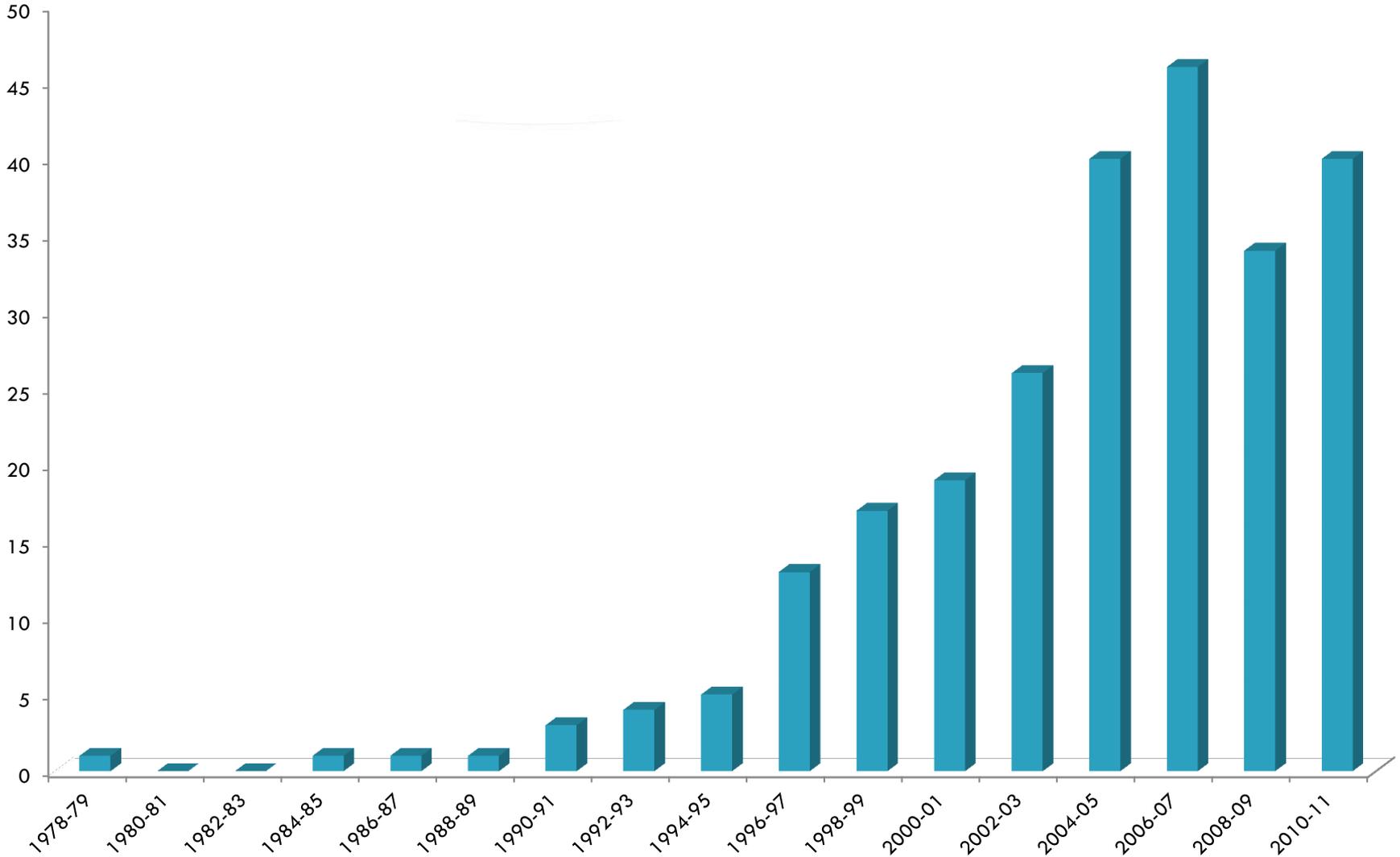


Women's Mental Health Research

- As with the development of the survey on gender sensitivity, policy makers and researchers increasingly partner to identify and answer relevant, actionable questions.
- Key questions:
 - What do we know?
 - What else do we need to know to provide the highest quality, gender-sensitive mental health care for women Veterans?
 - How can we use research to move the field forward?



Growing number of journal publications





What do we know?

- Conducted a formal, scientific review of gender differences in Veterans' mental health and women Veterans' unique needs
- Examined research articles through January 2011
- Summarized key findings in different categories:
 - Prevalence of mental health conditions
 - Risk factors associated with mental health conditions
 - Medical and functional impairments associated with mental health conditions
 - Mental health care use and treatment barriers
 - Satisfaction with VA care



Examples of key findings

- Gender differences:
 - Women Veterans have higher rates of anxiety, depression and medical conditions
 - Among recent Veterans, women have less social and financial support
- No gender differences:
 - Among Veterans who use VA care, men and women report generally positive view of the care they receive
 - For both men and women, multiple deployments are associated with increased risk of developing posttraumatic stress disorder (PTSD)
- Unknown:
 - There are reasons to believe that women and men Veterans may have different experiences of post-deployment readjustment, but we don't yet know enough to draw firm conclusions
 - We are also still learning about the effects of recent deployment on Veterans' families and possible gender differences



Where are there gaps in our knowledge?

- VA recently completed an “evidence map” of published research in women Veterans.
- Rather than summarizing research findings, evidence map shows how much research has been conducted in different content areas (and where there are gaps)
- How does this help?
 - Identify understudied areas
 - Informs planning of future research priorities, coordination with clinical and policy priorities
- 2008-2015: 437 articles published identified
 - Approximately half were mental health-related
 - Of those, approximately half were PTSD-related
 - Another trend: increasing body of knowledge about the co-occurrence of mental health and physical health problems



Looking to the future

- Foundation of research well-documented
- Focus on strategies to reduce gender disparities and identify best practices
- Initiatives for further research and collaborations in place:
 - Practice-Based Research Network
 - Women's Health Consortium
 - Women's Health Evaluation Initiative
 - Strong collaborations between national VA policy offices and women's mental health research community