How Research and Data Inform VA’s Women’s Mental Health Program

Jennifer Strauss, PhD
National Women’s Mental Health Program Manager
Office of Mental Health and Suicide Prevention

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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%)
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
• 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

Source: Northeast Program Evaluation Center, 2014
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