



# SYSTEMATIC REVIEW OF WOMEN VETERANS' UNIQUE MENTAL HEALTH NEEDS

SPOTLIGHT ON WOMEN'S HEALTH, OCTOBER 10, 2012  
WOMEN'S MENTAL HEALTH SECTION, MENTAL HEALTH SERVICES

# Acknowledgements

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# Agenda

- Provide overview of women Veterans' mental health
- Introduce DoD/VA Integrated Mental Health Strategic Action #28 — Gender Differences
- Present current evidence review
- Identify next steps
- Highlight new resources available



# Women Veterans Mental Health: Overview

- Women Veterans are the fastest growing segment of eligible VHA users
- Yet, they continue to be a minority of VA users as compared to male Veterans
- As such, women Veterans may face unique challenges
- VA offers a full continuum of mental health services:
  - Outpatient: assessment, evaluation, psychiatry, individual and group therapy
  - Specialty services: posttraumatic stress disorder (PTSD), substance use disorders, depression, homelessness
  - Evidence-based therapies available at all VA medical centers
  - Inpatient and residential treatment options (mixed gender and women only)

# Single Gender Versus Mixed-Gender Programs

- VA recognizes that some Veterans will benefit from treatment in an environment where all of the Veterans are of one gender
  - May help address a Veteran's concerns about safety
  - May improve a Veteran's ability to disclose and address gender-specific concerns
  - May enhance treatment engagement and social support
- VA also recognizes that mixed-gender programs have advantages
  - May help Veterans challenge assumptions and confront fears about the opposite sex
  - May provide an emotionally-corrective experience
  - Also promotes efficient use of resources: accepting both men and women helps prevent treatment or admissions slots from going unused
  - Women can and should have access to all services, and not be limited to women only treatment settings
- Given these considerations, VA does not promote one model over another. The needs of a specific Veteran dictate which model is most clinically appropriate.

# Women-Only Programs

- Women Veterans can receive services at all VA medical centers
- Some facilities have established formal outpatient mental health treatment teams specializing in working with women Veterans
- Specific offerings vary from facility to facility, based on local demand and resources
- VA has residential and inpatient programs that provide treatment to women only or that have separate tracks for men and women

# Trends in Women Veterans' Use of VA Mental Health Services and Clinical Presentations



# Top 10 Diagnoses: Female OEF/OIF/OND Veterans In VA 2002-2012 (Q2=96,297)

Diagnosis	Percent of Women Presenting
Musculoskeletal	56%
Mental Disorders (e.g., PTSD, Non-PTSD Anxiety, Depression)	51%
Nervous System/Sense Organs	44%
Genitourinary System	41%
Digestive System	38%
Respiratory	34%
Endocrine System	32%
Diseases of Skin	27%
Injury/Poisonings	27%
Infectious and Parasitic Diseases	20%



# Women Veterans Mental Health: Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND)

Between 2002-2<sup>nd</sup> Quarter 2012:

- 56.2% of discharged female OEF/OIF/OND Veterans have accessed VA care (versus 54.2% of males)
- 51.0% of female OEF/OIF/OND Veterans seen at VA received a mental health diagnosis (versus 53.0% of males)
  - Adjustment reactions (including PTSD) and depressive disorders among most frequent diagnoses for men and women
  - Adjustment reactions: 31.5% of women versus 35.5% of men
  - PTSD: 23.4% of women versus 29.1% of men\*
  - Depressive disorders: 27.1% of women versus 21.0% of men

*\*Research on PTSD among OEF/OIF/OND Veterans suggests women are as resilient to effects of combat stress as men in the year following return from deployment*

# Changing Patterns of Women Veterans' Use of VA Mental Health Services

Between 2005-2010:

- Number of women who received VA inpatient mental health care increased 19.7%
- Number of women who received care at a VA Mental Health Residential Rehabilitation Treatment Program(MH RRTP) increased 47.4%
- Number of women who received VA outpatient mental health care increased 69.8%
- Overall, proportion of women Veterans who received VA specialty mental health care increased 24.1% between 2005-2010

*Women Veterans are increasingly accessing VA mental health services*

# DoD/VA Integrated Mental Health Strategy (IMHS): Strategic Action #28 — Gender Differences

- DoD and VA identified the need for an integrated strategy for the provision of mental health care to military service members, Veterans, and their families
- IMHS resulted from recommendations from the 2009 DoD-VA Mental Health Summit
- 28 Strategic Actions focused on establishing continuity between episodes of care, treatment settings, and transitions between the DoD and VA
- Workgroup assigned to each Strategic Action, includes VA and DoD clinicians, researchers, and policy experts

# DoD/VA Integrated Mental Health Strategy (IMHS): Strategic Action #28 — Gender Differences

## IMHS SA #28: Gender Differences

- Explore gender differences in delivery and effectiveness of prevention and mental health care for women and for those with military sexual trauma (both genders)
- Identify disparities, specific needs, and opportunities for improving treatment and preventive services

 Systematic evidence review

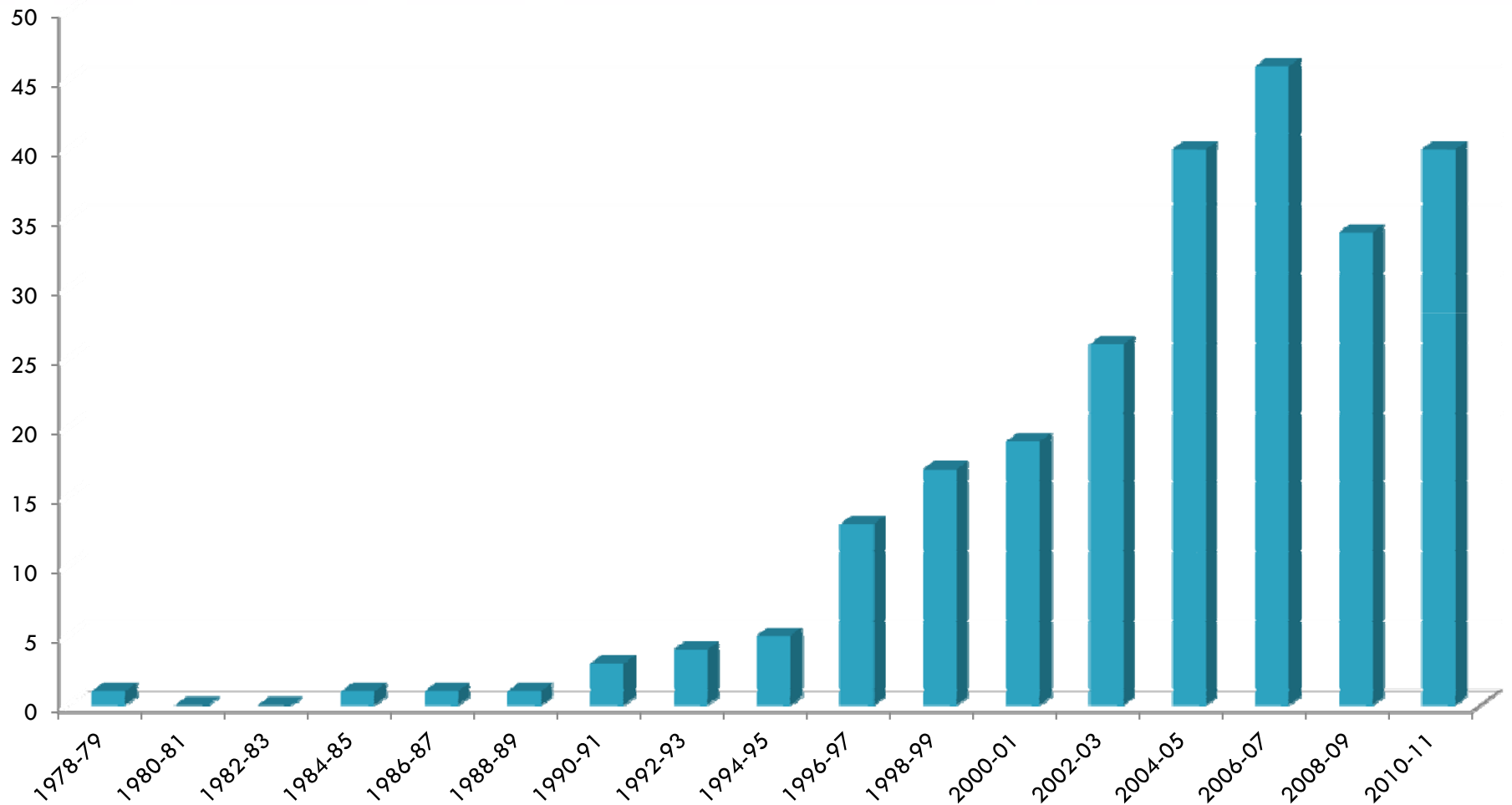
# Women Veterans' Mental Health Research: Past and Current



# The Importance of Including Gender in Research

- Different: Women Veterans experience greater rates of post-deployment musculoskeletal, back problems, and joint problems than men (Haskell et al., 2012)
- Similar: Women Veterans are as psychologically resilient to the effects of combat-exposure as men (Vogt et al., 2011)
- Unknown: Do women Veterans' families experience the same or different effects of deployment as male Veterans' families?

# Number of Publications That Include Women Veterans And Mental Health Content



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Adapted from Bean-Mayberry et al., 2010; excludes non-mental health-related citations.

# Prior Reviews: Goldzweig et al. (2006)

## State of women Veterans health research

- 182 studies reviewed:
  - 2 randomized clinical trials (RCTs), 180 observational studies
- Approximately half had a mental health focus
  - Predominantly PTSD and/or military sexual trauma (n = 43)
- Key gender findings:
  - Predictors of PTSD similar for both genders (e.g., combat and sexual trauma)
  - Higher rates of mental/medical co-morbidity among women
  - Women receiving primary care in a VA women's clinics report greater satisfaction than those in general primary care



# Prior Reviews: Bean-Mayberry et al. (2010)

## Systematic review of women Veterans health research 2004-2008

- 195 studies reviewed
  - 5 RCT/experimental studies; all others descriptive/observational
  - 85 mental health (PTSD, depression, military sexual trauma)
  - 33 deployment/post-deployment health (some overlap with mental health)
- Key gender findings:
  - RCT of prolonged exposure and present-centered therapy in women Veterans (N = 284); 1<sup>st</sup> VA multi-site trial in women
  - As compared to men, OEF/OIF women are disproportionately and/or more affected by symptoms of PTSD, depression, and other mental health issues
  - For both women and men, assault histories prior to combat exposure was associated with a two-fold increase in new-onset PTSD symptoms
  - Knowledge gaps, particularly among VA non-users, exist regarding eligibility criteria and availability and quality of women's health care

## Prior Reviews: Batuman et al. (2011)

### Health effects of military service on women

- 44 studies reviewed
  - 5 RCT/experimental studies; all others descriptive/observational
  - 13 mental health (predominantly PTSD, depression)
  - OEF/OIF only
- Key gender findings:
  - OEF/OIF women accessing less care for non-PTSD related mental health disorders than men
  - Younger women less likely than younger males to use VA mental health services, whereas older women are more likely to use VA as compared to male counterparts
  - Suicide risk is lower among women Veterans versus males, but higher than non-Veteran within the general population

# Current Review

## Systematic review of gender differences in mental health and the unique needs of women Veterans

- Database search for articles related to women Veterans, published between January 2008 and July 2011, supplemented by bibliographic review and consultation with Subject Matter Experts (SMEs)
- Employed same search terms and strategies as prior reviews
  - Included: peer reviewed articles focused on or including women Veterans and mental health
  - Examined: content included and organized by prevalence, risk factors, functional impairments, healthcare utilization and barriers, and satisfaction with VA care

# Data Flow

375 Articles identified

288 rejected after abstract/title review

87 articles full text review

55 rejected after full-text review:  
*27 Sample criteria not met*  
*6 Content criteria not met*  
*14 Study design not appropriate*  
*8 Overlap with prior evidence reviews*

32 articles assessed

Screening and Prevalence of Mental Health Conditions (n=10)

Risk Factors or Vulnerabilities Associated with Mental Health Conditions (n=7)

Medical and Functional Impairment Associated with Mental Health Conditions (n=5)

Mental Healthcare Utilization and Barriers to Care (n=11)

Satisfaction with VA Care (n=2)

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(not mutually exclusive categories)

# Current Evidence Review: Results – Overview

- Few intervention studies
- Primarily VA healthcare users
- Mixed-gender but with preponderance of males
- 18 studies used national databases
  - 13 studies used select VAs
- Most examined OEF/OIF or unidentified service-era

## Gender Findings: Prevalence

- Compared to men, women exhibit slightly lower PTSD rates and slightly higher depression rates
- Women have higher rates of co-morbidity of disorders than male Veterans (e.g., PTSD and co-morbid depression)
- Older women ( $\geq 65$ ) more likely to engage in treatment than younger women
- Women slightly less likely to receive a substance use disorder diagnosis than men

## Gender Findings: Risk Factors

- For both genders repeated deployment increases risk for PTSD
- Women Veterans of the current conflicts with mental health diagnoses experience less social and financial support than male counterparts
- For women, older age associated with greater PTSD prevalence and chronicity
  - More lifetime trauma exposure?
  - More deployment-related disruption of social and family networks?

# Gender Findings: Functional Impairment, Utilization and Barriers

## Functional Impairment:

- For both genders, post-deployment trauma symptoms associated with relationship disruption
  - Limitation: largely male sample
- Among Veterans with PTSD, women report more health and interpersonal impairment than men

## Utilization and Barriers:

- OEF/OIF women using VA are younger and show greater increase in primary care and mental health service use
- Barriers include service eligibility awareness and perceptions about providers



# Gender Findings: Satisfaction with VA Care

- VA healthcare users have positive impressions of VA care
  - 91% of those with a mental health diagnosis reported positive rating for last appointment
- Relatively lower care ratings noted among:
  - Disability status
  - Younger age, minority
  - Diagnosis of bipolar disorder, substance use disorders, or PTSD
- Compared to non-VA users, VA-users reported:
  - Perception of care as “good as” care for men

# Advances in Knowledge Since Prior Reviews

- Demographics:
  - New women enrollees in VA care younger
  - Minority status
  - Use more medical services
- Increased co-morbidity knowledge
  - Higher rate PTSD with co-morbid depression
  - Mental illness with substance use disorders
- Increased barriers knowledge
  - Poorer perception of VA care among non-users
- Care organization may affect treatment
  - Integrated care increases mental health treatment referral for women



# Summary of Key Gender Findings

- Higher rates of non-PTSD anxiety disorders, depression, and medical co-morbidities among women versus men
- Less post-deployment social and financial support for women; new women enrollees are younger
- Effects of deployment on families described for men but not women
- Organizational barriers to care include availability of specialized services for women
- Generally positive views of care among VA-users of both genders

# Potential Areas for Growth in Research

- Substance use disorders and serious mental illness
- Co-morbidity of health and mental health conditions
  - Traumatic brain injury, chronic pain
- Effects of deployment/military service on families and parenting
- Factors affecting satisfaction with mental health care (VA and private sector)
- Increasing understanding of 'best practices' for gender sensitive mental healthcare

# Building the Literature Through...

- Increasing intervention studies
- Increasing longitudinal studies that examine:
  - Time-course and co-morbidity of disorders
  - Effects of treatment
  - Risk factors for relapse
- Broadening outcome variables (beyond diagnosis and symptoms)
  - Quality of life, level of functional impairment
- Examining organizational interventions

# Looking to the Future

- Foundation of research now well-documented
- Focus on strategies to reduce disparities/identify best practices
- Initiatives for further research and practice in place:
  - Practiced-Based Research Network (PBRN) and Women's Health Consortium
  - Women's Mental Health, Mental Health Services — national survey of best-practices for gender-sensitive mental health care
  - Strong inter-departmental (DoD/VA) partnership

## Staff Education & Training Activities:

- New women's mental health monthly training calls for VA staff
  - Initiative launched in August 2012
  - An average of 235 teleconference lines have been used for this call each month
  - 1<sup>st</sup> Monday of each month, Noon ET - VANTS # 20992
  - Future plans: audio recordings and PowerPoint slides of archived presentations will be made available on the intranet
  - Women's Mental Health SharePoint site – under construction
- National women's mental health distribution list
  - Initiative launched in September 2012
  - 350+ members to date
  - Requests can be sent directly to [Natara.Garovoy@va.gov](mailto:Natara.Garovoy@va.gov)

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**Thank You!**