WOMEN VETERANS’ HEALTH: PSYCHOLOGICAL ASPECTS

Carol OBrien, Ph.D.
Chief, PTSD Programs
Bay Pines VA Healthcare System
Overview

- General issues in women’s mental health
- Unique characteristics of women Veterans
- Most significant Mental Health problems for Women Veterans
- Health-related behaviors
- Interaction between mental health and physical health
- Gender-specific health concerns for women Veterans
- Impact of psychosocial issues that are likely to affect women Veterans
- Implications and recommended treatment interventions
Women and Mental Health

- Higher rates of depressive disorders, anxiety and general psychological distress for women
- Higher rates of Substance Use Disorders for men
- Consistent across cultures and countries
- Impacts functional status
- There are changes in rates of MH problems across the life-span for women
  - Relationship to puberty
  - Pregnancy
  - Menopause
Mental Health and Women Veterans

• Compared to men, women Veterans are more likely to be diagnosed with a Mental Health Disorder (31% v. 20%)
• Women Veterans are significantly more likely to have a diagnosis of:
  • Depression
  • PTSD
  • Other Anxiety Disorder
  • Bipolar Disorder
  • Some Personality Disorders
• Studies indicate that women Veterans with mental health problems experience a greater health burden and utilize health care at higher rates than male Veterans
Mental Health and Physical Health

• Mental Health Disorders in Women Veterans are associated with:
  • Lower health perceptions
  • More medical diagnoses
  • Increased pain
  • Poorer psychosocial functioning
  • Lower perceived quality of life
  • Higher level of health-risk behaviors
  • Greater utilization of medical and other services

• Greater mental health burden is associated with increased physical health problems (dosing effect)
OEF/OIF Women: MH and GI Disorders

Adjusted Odds Ratio: GI Disorder for Number of MH Conditions

Maguen, et al. (2013)
Women Veterans: MH and Reproductive Health

- Study of OEF/OIF Women Veterans who first used VA 2001-2010 (n=71,504)
- 44% had at least one MH diagnosis
- Women with any MH diagnosis significantly more likely to have:
  - Sexually transmitted infection
  - Urinary tract infection
  - Pelvic/genital pain condition
  - Sexual dysfunction
  - Other reproductive health problems
- Several possible mechanisms to account for this relationship

Cohen, et al. (2012)
Pregnancy and MH

• OEF/OIF Female Veterans who used VHA care
  • 32% of Veterans with pregnancy had MH dx
  • 21% of Veterans without pregnancy had MH dx
  • Exceeded typical civilian rates

• Veterans with pregnancy were 2x more likely to have a range of MH problems
  • Large proportion had more than one MH diagnosis
  • Diagnoses often preceded the pregnancy (except anxiety)

• Some evidence that complications are more likely during pregnancy for women with mental health disorders

• Implications for use of medications, post-partum MH problems, and parenting
Military Women: Unique Stressors

• Combat Stress: Women less likely to report direct combat exposure but more likely to report handling human remains (38% v. 29% for men)
• Stress of minority status for women in the Military
• Pre-military Trauma
• Parenting
  • 40% of military parents have children under 5
  • Military mothers more likely to be single, under 25, and lower SES
• Divorce
• Interpersonal violence
Intimate Partner Violence

- Women Veterans experience a higher rate of Intimate Partner Violence (IPV) than non-veteran women.
- Military women are more likely to be married to or partnered with another soldier, increasing the stress and risk of IPV.
- The isolation and other elements of military culture may prolong the problem.
- IPV is associated with health risk behaviors.
- Up to 50% of Primary Care visits may be related to IPV.
- Increases use of emergency care.
- Impacts children.
Intimate Partner Violence and Health Behaviors

Dichter, et al. (2010)
Sexual Trauma and Women Veterans

- Women who enlist in the military have higher rates of childhood victimization (as high as 50% for CSA)
- Early victimization increases the risk of subsequent victimization
- Women are at risk for sexual trauma during military service (approximately 23% report MST)
- Sexual Harassment during military service is reported by the majority of women Veterans and may be a chronic stressor that increases risk for other mental health conditions
- Homelessness is a significant risk factor for victimization among women Veterans
- All of these experiences are associated with poorer health.
MST & MH Problems in Deployed Women

- Any MH
- Depression
- PTSD
- Other Anxiety
- ETOH/drugs
- Adj D/O

Kimerling et al. (2010)
Quality of Life and Violence: Women Veterans

Sadler, et al. (2000)
Trauma and Health Outcomes

• Direct Effects
  • Injury
  • STDs

• Mediated by other Mental Health Disorders associated with a history of trauma
  • PTSD
  • Depression
  • Treatment effects

• Health Risk Behaviors

• Somatization
  • Over utilization of medical services
  • Underutilization
Medical Conditions & PTSD: OEF/OIF Women

Frayne, et al. (2010)
Interventions

• Primary Care/Mental Health Teams
  • Includes screening for MH symptoms and trauma exposure
  • Easy access
  • Less stigma
  • Integrated care
  • Early intervention and focus on behavioral health
  • Women’s PC/MH Clinics include breast care, GYN care, etc.

• Specialty Mental Health Care
  • Evidence-based treatments
  • Recovery-based care
  • Patient-centered care
  • Addresses co-occurring MH disorders
Conclusions

- Women Veterans have an elevated risk for mental health problems even at the time of enlistment.
- Military service presents stressors that are unique for women.
- Victimization has especially negative consequences for women Veteran’s health.
- Women Veterans with mental health problems have increased somatic symptoms and medical concerns that affect virtually every system.
- Women Veterans with more than one mental health disorder or with PTSD have even greater vulnerability to medical co-morbidity.
- An integrated Primary Care environment along with Evidence-Based Specialty Mental Health interventions and early identification and management are essential.
Thank-you