VA/DOD Collaboration in Women's Mental Health: Available Resources for Female Service Members Transitioning from Active Service

February 25, 2021

"Medically Ready Force…Ready Medical Force"

Presenters

Kimberly Lahm, L.M.F.T.

Program Director, Patient Advocacy & Experience,
Women's, Child & Family Health Policy, Health Services and Policy Oversight
Office of Assistant Secretary of Defense (OASD) of Health Affairs

Holly N. O'Reilly, Ph.D.

Acting Section Chief, Implementation
Clinical Care, Psychological Health Center of Excellence (PHCoE)
J-9 Research and Development, Defense Health Agency

Jennifer Strauss, Ph.D.

National Women's Mental Health Program Manager
Office of Mental Health and Suicide Prevention
Department of Veterans Affairs (VA)

Kimberly Lahm, L.M.F.T.

- Ms. Lahm serves as Program Director, Patient Advocacy & Experience, Women's Child and Family Health Policy for the Office of the Assistant Secretary for Health Affairs, Health Services Policy & Oversight. She is a Licensed Marriage and Family Therapist (LMFT) with over eighteen years of experience working with issues of interpersonal violence.
- She received her B.A. Speech Communication degree from The Pennsylvania State University in 1999, received her Masters degree in LMFT in 2001, and began her post-graduate work as a Child and Family Therapist for a non-profit organization assisting victims of intimate partner violence.
- In 2007, Ms. Lahm began her career working with the military as a clinician within the Family Advocacy Program. She later became the Counseling and Advocacy Supervisor for the Family Advocacy Program at the Walter Reed National Naval Medical Center.
- In 2015, Ms. Lahm joined the Navy's 21st Century Sailor Office as a Social Science Program Specialist, focusing on the Sexual Assault Prevention and Response Program(SAPR) policy development.
- Before joining the team at Health Affairs, Ms. Lahm served as the Policy Branch Chief for the Air Force Integrated Resilience Office where she represented the Air Force at various Department of Defense working groups.
- In addition to her federal service, Ms. Lahm served as an Adjunct Instructor with the State University of New York Learning Network, at Onondaga Community College, for sixteen years.

Holly N. O'Reilly, Ph.D.

- Holly N. O'Reilly, Ph.D. is the acting Section chief for Implementation in the Clinical Care branch of the DHA, Psychological Health Center of Excellence.
- Dr. O'Reilly prefers to use she/her/hers pronouns and she is a sexual assault/harassment SME and a women's mental health SME.
- Dr. O'Reilly serves as the co-chair of the Joint Executive Committee Sexual Trauma workgroup in addition to her role as the chair of the DoD/VA Women's Mental Health Mini-Residency.
- She serves on a number of workgroups devoted to advancing women's health and mental health in the DoD.
- Prior to joining DHA, Dr. O'Reilly has served as a clinical psychologist and SME consulting across the DoD, developing curricula and trainings, providing consultation and serving as a clinician.

Jennifer Strauss, Ph.D.

- Jennifer Strauss, PhD is the National Women's Mental Health Program Manager for the Office Mental Health and Suicide Prevention in VA Central Office.
- A clinical psychologist by training, she is also Associate Professor of Psychiatry and Behavioral Sciences at Duke University.
- In her VA Central Office role, Jennifer contributes to the development of strategies and policies to optimize mental health services for women Veterans, and represents the Women's Mental Health Program Office as a subject matter expert on national VA and VA/DoD work groups, committees, and project teams.
- She has authored over 60 journal articles and book chapters and currently leads several national clinical training initiatives to enhance providers' expertise in women Veterans' unique treatment needs.

Office of the Assistant Secretary of Defense Health Affairs (OASD/HA) DoD/VA Collaboration in Women's Health

Kimberly Lahm, LMFT , Program Director, Patient Advocacy & Experience, Women's, Child & Family Health Policy, Health Services and Policy Oversight, OASD(HA)

25 February, 2021

Disclosures

- Ms. Kimberly Lahm, L.M.F.T. has no relevant financial or non-financial relationships to disclose relating to the content of this activity.
- The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the Department of Defense, the U.S. Department of Veterans Affairs, nor the U.S. Government.
- This continuing education activity is managed and accredited by the Defense Health Agency J-7 Continuing Education Program Office (DHA J-7 CEPO). DHA J-7 CEPO and all accrediting organizations do not support or endorse any product or service mentioned in this activity.
- DHA J-7 CEPO staff, as well as activity planners and reviewers have no relevant financial or non-financial interest to disclose.
- Commercial support was not received for this activity.

Learning Objectives

At the end of the presentation, you will be able to:

1. Describe two resources that Service members may utilize to mitigate the negative outcomes associated with transition to civilian status.

2. List at least two ways that female Veterans' mental health problems can differ from those experienced by male Veterans.

3. Discuss at least two ways that VA mental health care has been designed to meet women Veterans' treatment needs.

4. Identify at least two ways that women Veterans can learn more about accessing VA services.

Senior JEC Leadership

Updated: December 2020

VA-DoD JOINT EXECUTIVE COMMITTEE (JEC)
38 U.S.C. § 320 (2004)

Ms. Pamela J. Powers
Acting Deputy Secretary (VA)

Mr. Matthew Donovan
Under Secretary of Defense, P&R (DoD)

VA-DoD FEDERAL ELECTRONIC HEALTH RECORD MODERNIZATION (FEHRM)
38 U.S.C. § 715 (2020)

Mr. Edward Reylets
Deputy Director, FEHRM
(VA)

Mr. William Tinston
Director, FEHRM
(DoD)

VA-DoD HEALTH EXECUTIVE COMMITTEE (HEC)
38 U.S.C. § 320(b)(2) (2004)

Dr. Richard Stone
Executive in Charge
Veterans Health Administration (VA)

Mr. Thomas McCaffery
Assistant Secretary of Defense for Health Affairs (DoD)

VA-DoD BENEFITS EXECUTIVE COMMITTEE (BEC)
38 U.S.C. § 320(b)(2) (2004)

Ms. Beth Murphy
Director, VBA Compensation Service
(VA)

Mr. Michael Odle
Director, DoD/VA Collaboration Office
(DoD)

TRANSITION ASSISTANCE PROGRAM EXECUTIVE COUNCIL (TAP-EC)
38 U.S.C. § 320(b)(2) (2016)

Dr. Richard Hartman
Executive Director, Transition & Economic Development
(VA)

Mr. John Lowry
Assistant Secretary Veterans' Employment & Training Service
(DOL)

Mr. Brian Davis
Director, Defense Personnel & Family Support Center
(DoD)

INFORMATION AND TECHNOLOGY EXECUTIVE COMMITTEE (ITEC)

Mr. Dominic Cussatt
Deputy Chief Information Officer
(VA)

Mr. John Sherman
Chief Information Officer
(DoD)

JEC INDEPENDENT WORKING GROUPS

- Suicide Prevention Joint Action Plan Implementation Team (SP-JAPIT)
  VA – Dr. Matt Miller
  DoD – Dr. Karin Orvis
- Separation Health Assessment Working Group (SHAWG)
  VA – Ms. Karla Leal
  DoD – COL Mike Greenly
- Strategic Communications Working Group (SCWG)
  VA – Mr. Omar Boulware
  DoD – Ms. Lisa Lawrence
- Sexual Trauma Working Group
  VA – Ms. Susan McCutcheon
  DoD – Ms. Kimberly Lahm
- Capital Asset Planning Committee (CAPC)
  VA – Mr. Brett Simms
  DoD – Mr. Darrell Landreaux
- Base Access Working Group
  VA – Mr. Mark Williams
  DoD – Mr. Josh Freedman
- Cemetery Transfer Steering Group
  VA –Ms. Lisa Pozzebon
  DoD –Ms. Karen Durham-Aguilera

Legend

- JEC Committees
- JEC Committee Entities: Working Groups (WG), Business Lines (BL), Centers of Excellence (CoE), Boards, Steering Committees
- *Advisory Relationship

Health Executive Committee Structure

VA/DoD Health Executive Committee

VA Chair: Under Secretary for Health (VHA)
DoD Chair: Assistant Secretary of Defense (HA)

Healthcare Operations Business Line

VA Lead: TBD
DoD Lead: TBD

- Acquisition & Medical Materiel Management WG
- Care Coordination WG
- Continuing Education & Training WG
- Defense Medical Logistics Standard Support
- FHCC Advisory Board
- Reimbursements IPT
- Shared Resources WG

Clinical Care Business Line

VA Lead: Deputy to the Assistant Under Secretary for Health for Patient Care Services
DoD Lead (acting): Deputy Assistant Secretary of Defense, Health Services Policy & Oversight, Health Affairs

- Deployment Health WG
- Evidence Based Clinical Guidelines WG
- Pain Management WG
- Patient Safety WG
- Telehealth WG
- Women's Health WG

Health Informatics Business Line

VA Lead: Chief Medical Informatics Officer, VHA
DoD Lead (acting): MHS GENESIS Clinical Champion

- Interagency Clinical Informatics Board
  - Interagency Data and Analytics WG
  - Patient Engagement WG
  - Joint Clinical Information & Standards Implementation WG
  - Continuity of Care WG
  - Health Information Policy WG

Proposed Sept 2020

Emerging Priorities: Women's Mental Health

Holly N. O'Reilly, Ph.D.

Acting Section Chief, Implementation
Clinical Care, Psychological Health Center of Excellence (PHCoE)
J-9 Research and Development, Defense Health Agency

February 25, 2021

Disclosures

- Holly N. O'Reilly, Ph.D. has no relevant financial or non-financial relationships to disclose relating to the content of this activity.
- The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the Department of Defense, nor the U.S. Government.
- This continuing education activity is managed and accredited by the Defense Health Agency J-7 Continuing Education Program Office (DHA J-7 CEPO). DHA J-7 CEPO and all accrediting organizations do not support or endorse any product or service mentioned in this activity.
- Dr. O'Reilly, PHCoE and DHA J-7 CEPO staff, as well as activity planners and reviewers have no relevant financial or non-financial interest to disclose.
- Commercial support was not received for this activity.

Transition

Any event resulting in changed relationships, assumptions, routines or roles (Schlossberg, 1981, 1984)

- Impact determined by amount of change in one's daily life
- Reactions may change over time

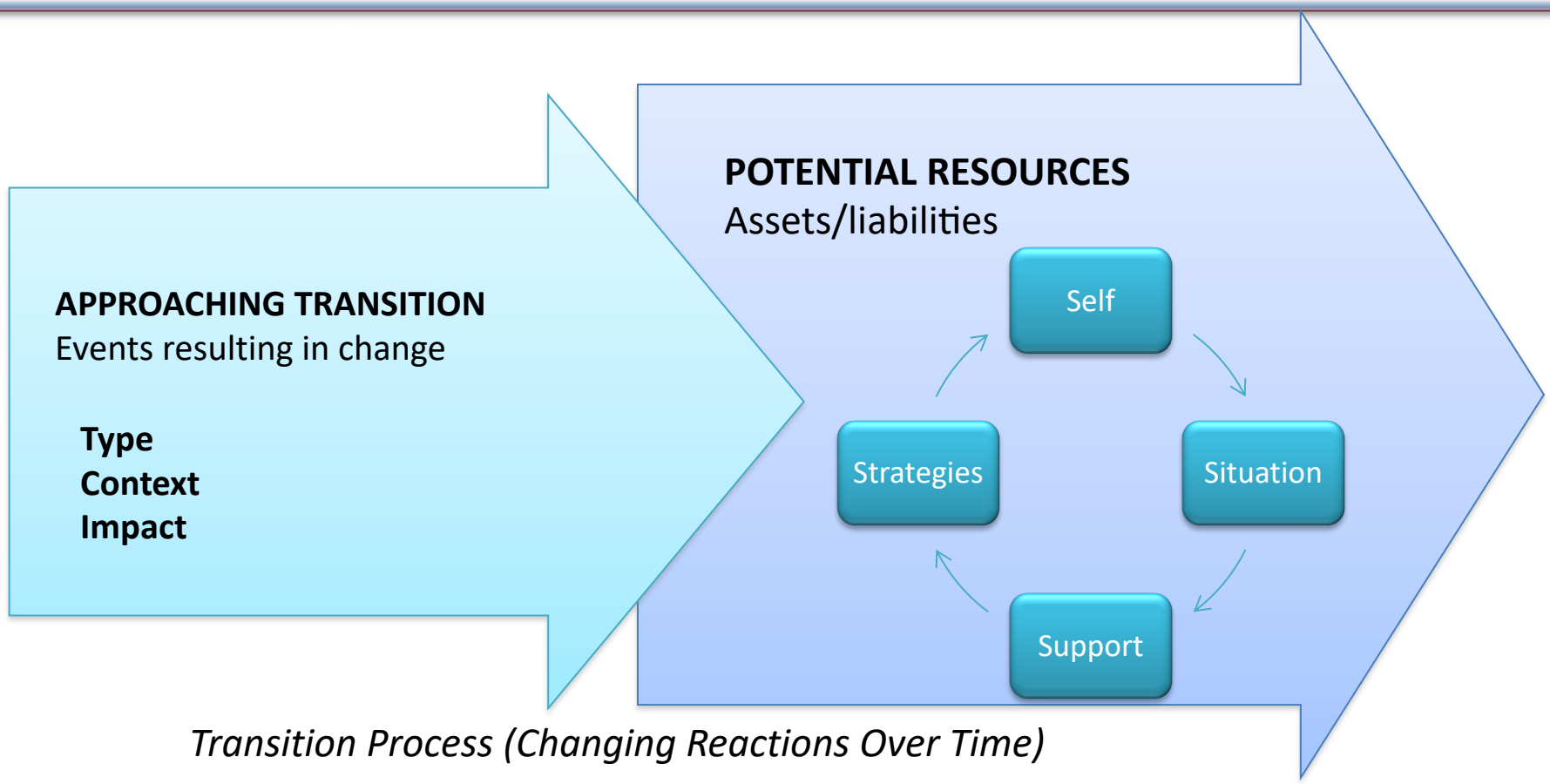
Photo by Tech Sgt Courtright, USAF

Transition

Schlossberg Adult Transition model (1981, 1984)

- Situation – level of control
- Self – personal characteristics
- Social Support – amount and types of support
- Strategies – coping response and strategies

The Individual in Transition



Transition Process (Changing Reactions Over Time)

(Image adapted from Schlossburg, 2006)

Transitions:
Active Duty to Civilian

- Transition often involves:
  - Change in housing
  - Change in social activities, interruption in social network
  - Change in daily uniform
  - Change in job title, responsibilities
  - Lapse in health care

- Those who transition without a strategic plan or without social support are at risk for negative outcomes (Albright et al, 2018; Thomas et al, 2018)

Transitions: Challenges Facing Female Veterans

- Mental and/or health conditions, employers' misperceptions, reintegration with family and friends, and difficulty adjusting to civilian life (Foster & Vince, 2009; Szelwach, Steinkogler, Badger, & Muttukumaru, 2011)

- Women Veterans with trauma exposure tend to experience underlying health issues (Mattocks et al, 2012)

Photo by Sr Airman Anthony, USAF

Poll Question

What resources do you offer Service members who are preparing to retire or separate from Service?

Transitions:
Proper Support can Help

- Veterans, particularly women and minorities, reported lack of preparedness for military to civilian transition (Albright et al, 2018)

- Support is needed, especially resource referrals and where to go for additional information (Albright et al, 2018)

- Preparing Veterans to handle reintegration into civilian society depends on the availability of support (Rausch, 2014)

Transitions: Providing Support

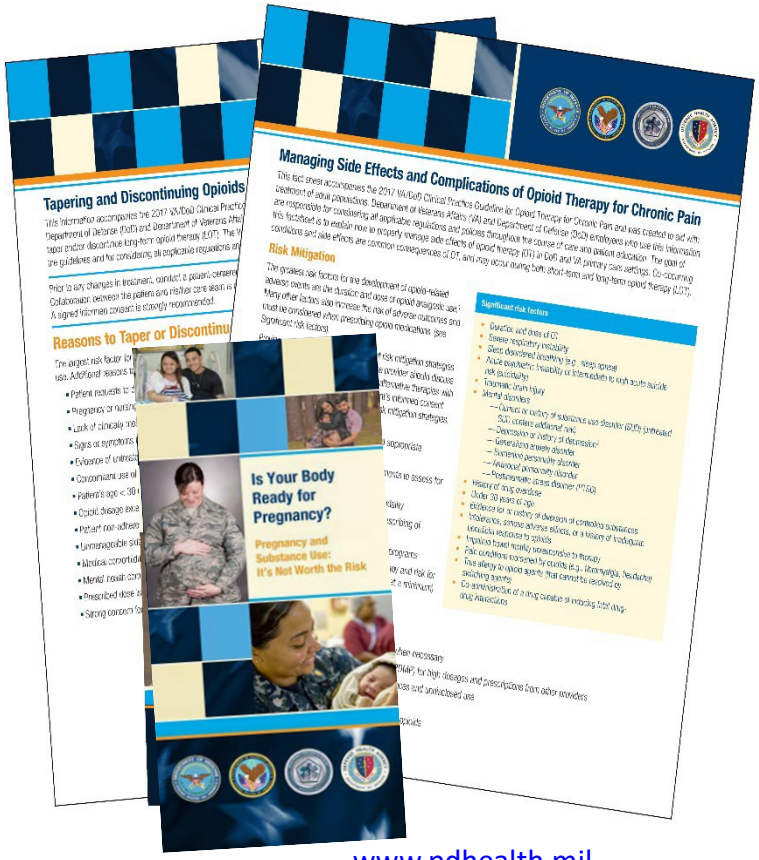
Support is needed to aid in transition and minimize negative outcomes

- Psychoeducation
- Clinical decision aids
- Patient advocacy
- Social support

Photo by Airman Valle, USAF

Psychological Health Center of Excellence (PHCoE) Clinical Resources

- Clinical guidance on Women's Mental Health (WMH)
- Evidence briefs
- Clinician's Corner blog series
- PHCoE Referral hotline
- Clinical support tools



www.pdhealth.mil

What is a Clinical Support Tool?

- Clinical support tools are educational materials and decision aids for primary care and specialty care providers, line leaders, patients, and families.

- The tools deliver evidence-based prevention and treatment information that is consistent with Department of Veterans Affairs (VA) and Department of Defense (DoD) clinical practice guidelines for psychological health.

PHCoE Clinical Support Tools

Clinical support tools

https://pdhealth.mil/clinical-guidance/clinical-practice-guidelines-and-clinical-support-tools

- Posttraumatic Stress Disorder (PTSD)
- Suicide risk management
- Depression
- Insomnia
- Pregnancy support
- Substance Misuse
- Opioid Therapy for Chronic Pain

Where to Access PHCoE Clinical Support Tools?

Three ways to access clinical support tools:

- Visit PHCoE's website www.pdhealth.mil
- Visit the clinical practice guidelines section of the VA website www.healthquality.va.gov
- Army, Air Force and Navy personnel can order hard copies of the tools on the Army Medical Command Quality Management Office www.qmo.amedd.army.mil

Real Warriors Campaign (realwarriors.net)

- Multimedia public awareness campaign to reduce stigma, educate about PH and encourage help-seeking behavior to AD/RC, Veterans, families, leaders and providers since 2008

REAL WARRIORS ★ REAL BATTLES
REAL STRENGTH

- Activities:
  - Platform of print and digital resources including SM video profiles (2 of which you can see on the jumbotron at “Nats” home games)
  - Provide hardcopy campaign materials for waiting rooms, health fairs, etc.
  - Outreach (Twitter, Facebook, Yellow Ribbon events, conferences)
  - Partner network (200+ service specific military, government and civilian non-profit)
  - Target areas with high need and low resources

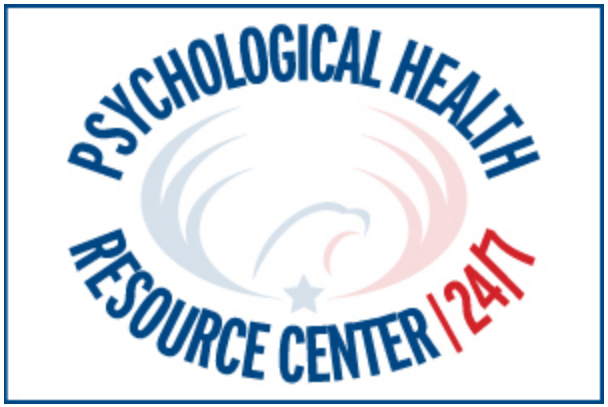
inTransition
CONNECTING • COACHING • EMPOWERING

DHA
Defense Health Agency

- Provides a warm handoff between providers and/or systems of care
- Provides coaching until an appointment with an MH provider has been achieved
- Any Veteran or Service member is eligible; no matter the era or the type of discharge
- Can be used multiple times
- Staffed by credentialed, master's level mental health providers
- Supports Section 402 of the Veterans Access, Choice and Accountability Act of 2014
  - ❑ Facilitates confidential sexual assault-related MH services for active duty Service members at Vet Centers

https://www.pdhealth.mil/resources/intransition

Psychological Health Resource Center



- A call/e-mail/chat center which serves any military family member, Service member or Veteran
- Answers psychological health questions, helps people problem-solve, and helps to connect people to local resources
- https://www.pdhealth.mil/resources/call-centers/psychological-health-resource-center

Key Takeaways

- The impact of transition may be estimated by the degree of change in daily life
- Those who transition without a strategic plan or support are at risk for negative outcomes
- inTransition can provide support as SM transition between health care systems
- Clinical Support Tools can be utilized to provide psychoeducation, decision aids and resources for support.

Connect with PHCoE

Email: usarmy.ncr.medcom-usamrmc-dcoe.mbx.dhcc-pdhealth@mail.mil

Web: http://pdhealth.mil

Facebook: www.facebook.com/PHCoE

inTransition: www.pdhealth.mil/resource-center/intransition

Real Warriors Campaign: www.realwarriors.net

Point of Contact
Holly N. O'Reilly, PhD
Acting Section Chief, Implementation
holly.n.oreilly.civ@mail.mil

U.S. Department of Veterans Affairs

VA Mental Health Services and Resources for Women Veterans

Jennifer Strauss, PhD
National Women's Mental Health Program Manager
Office of Mental Health and Suicide Prevention
Department of Veterans Affairs (VA)

Presentation for Defense Health Agency, Clinical Communities Speaker Series
February 25, 2021

Disclosures

- Jennifer Strauss, Ph.D. has no relevant financial or non-financial relationships to disclose relating to the content of this activity.
- The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the Department of Defense, the U.S. Department of Veterans Affairs, nor the U.S. Government.
- This continuing education activity is managed and accredited by the Defense Health Agency J-7 Continuing Education Program Office (DHA J-7 CEPO). DHA J-7 CEPO and all accrediting organizations do not support or endorse any product or service mentioned in this activity.
- DHA J-7 CEPO staff, as well as activity planners and reviewers have no relevant financial or non-financial interest to disclose.
- Commercial support was not received for this activity.

WOMEN VETERANS' MENTAL HEALTH NEEDS

- Women Veterans may differ from men in the prevalence and their experience of mental health problems, as well as their response to treatment.
- Differences may be due to:
  - Biological sex differences
    - Female reproductive cycle stages
    - Effects on drug metabolism
  - Social and cultural differences
    - Gender roles
    - Gender-linked traumas
  - Influence of gender on access to care and engagement in services

MENTAL HEALTH ISSUES AMONG WOMEN VETERANS

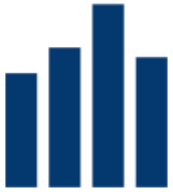
- Women Veterans are more likely than male Veterans to be diagnosed with a mental health condition by a VA provider:
- In FY 2019:
  - 43% of **women** Veteran VHA users had a confirmed mental health diagnosis
  - 26% of **male** Veteran VHA users had a confirmed mental health diagnosis
- As compared to male Veterans, women Veterans have:
  - Higher rates of depression and anxiety
  - Lower rates of substance use
  - Higher rates of mental health and medical comorbidities
- Clinical complexity among women Veterans with mental health concerns and suicide prevention are areas of special focus

SUICIDE AMONG WOMEN VETERANS (2018)

15.9

*The age-adjusted suicide rate for **women Veterans.****

**per 100,000 population*



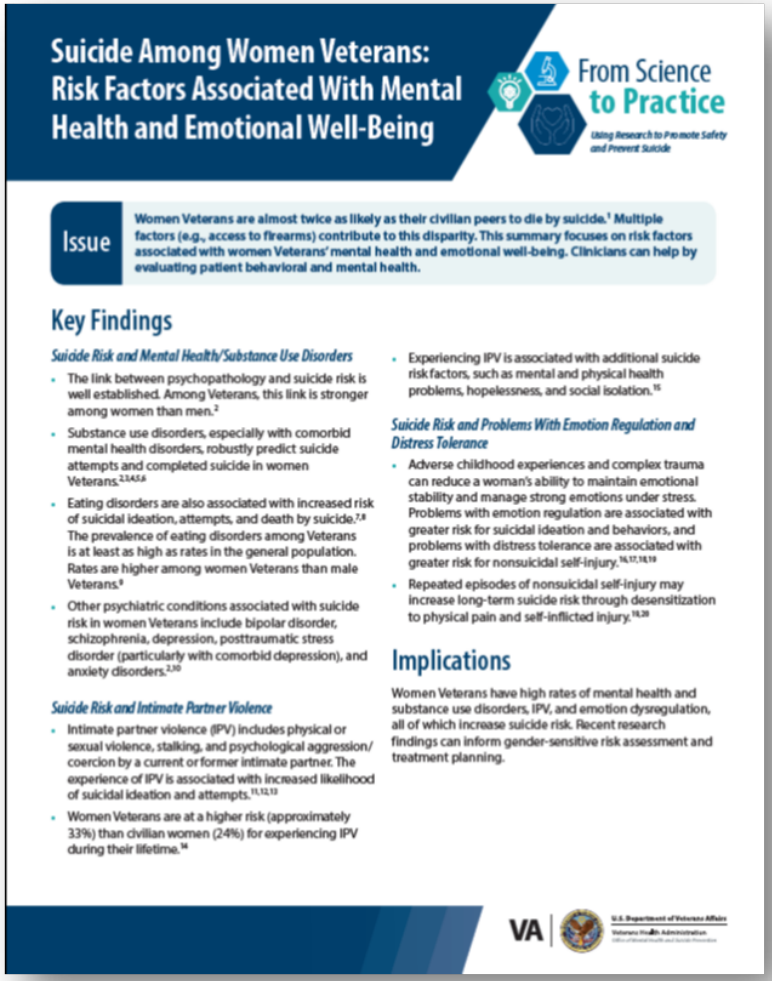
That rate is about **2.1** times higher than the rate for civilian women ages 18 and over.

Among women Veterans, the rate is highest for young women Veterans, ages **18-34**.

Women Veterans have a greater likelihood of using firearms, which are a particularly lethal method of suicide, in comparison with women non-Veterans. This may explain some of the difference between suicide rates of women Veterans and women non-Veterans.

2020 National Veteran Suicide Prevention Annual Report, Office of Mental Health and Suicide Prevention, VA; https://www.mentalhealth.va.gov/healthcare-providers/suicide-prevention.asp

SUICIDE PREVENTION IN WOMEN VETERANS: EDUCATIONAL RESOURCES



Suicide Among Women Veterans: Risk Factors Associated With Mental Health and Emotional Well-Being

From Science to Practice
Using Research to Promote Safety and Prevent Suicide

Issue

Women Veterans are almost twice as likely as their civilian peers to die by suicide.[1] Multiple factors (e.g., access to firearms) contribute to this disparity. This summary focuses on risk factors associated with women Veterans' mental health and emotional well-being. Clinicians can help by evaluating patient behavioral and mental health.

Key Findings

Suicide Risk and Mental Health/Substance Use Disorders

- The link between psychopathology and suicide risk is well established. Among Veterans, this link is stronger among women than men.[2]
- Substance use disorders, especially with comorbid mental health disorders, robustly predict suicide attempts and completed suicide in women Veterans.[2,3,4,5,6]
- Eating disorders are also associated with increased risk of suicidal ideation, attempts, and death by suicide.[7,8] The prevalence of eating disorders among Veterans is at least as high as rates in the general population. Rates are higher among women Veterans than male Veterans.[9]
- Other psychiatric conditions associated with suicide risk in women Veterans include bipolar disorder, schizophrenia, depression, posttraumatic stress disorder (particularly with comorbid depression), and anxiety disorders.[2,10]

Suicide Risk and Intimate Partner Violence

- Intimate partner violence (IPV) includes physical or sexual violence, stalking, and psychological aggression/coercion by a current or former intimate partner. The experience of IPV is associated with increased likelihood of suicidal ideation and attempts.[11,12,13]
- Women Veterans are at a higher risk (approximately 33%) than civilian women (24%) for experiencing IPV during their lifetime.[14]
- Experiencing IPV is associated with additional suicide risk factors, such as mental and physical health problems, hopelessness, and social isolation.[15]

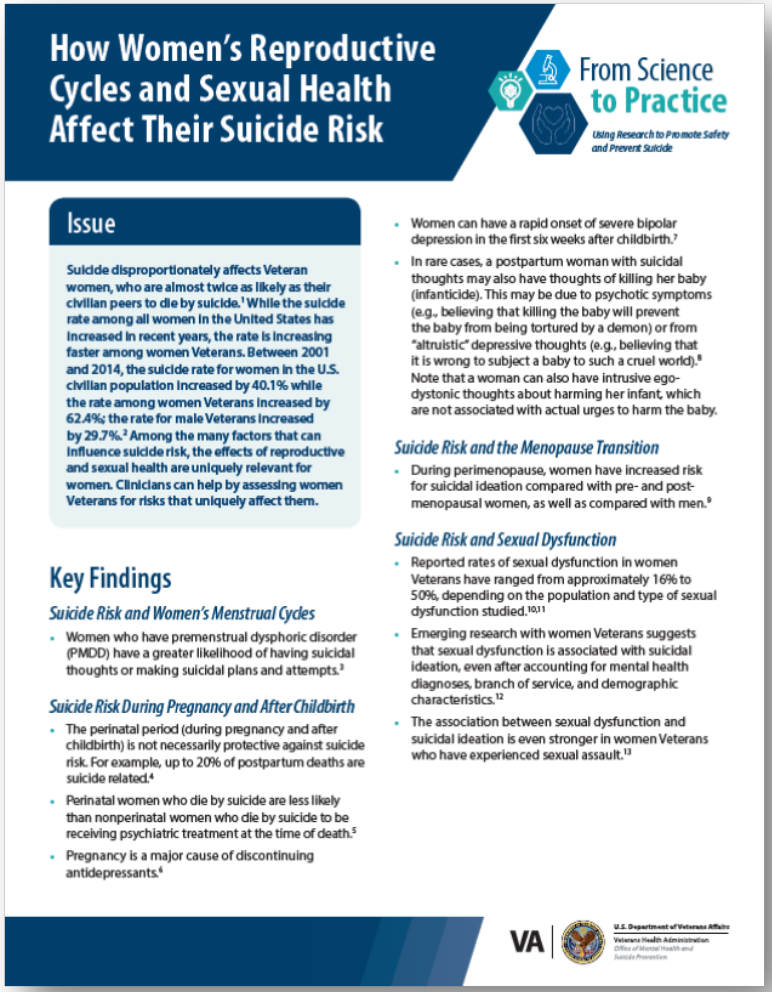
Suicide Risk and Problems With Emotion Regulation and Distress Tolerance

- Adverse childhood experiences and complex trauma can reduce a woman's ability to maintain emotional stability and manage strong emotions under stress. Problems with emotion regulation are associated with greater risk for suicidal ideation and behaviors, and problems with distress tolerance are associated with greater risk for nonsuicidal self-injury.[16,17,18,19]
- Repeated episodes of nonsuicidal self-injury may increase long-term suicide risk through desensitization to physical pain and self-inflicted injury.[18,20]

Implications

Women Veterans have high rates of mental health and substance use disorders, IPV, and emotion dysregulation, all of which increase suicide risk. Recent research findings can inform gender-sensitive risk assessment and treatment planning.

VA | U.S. Department of Veterans Affairs



How Women's Reproductive Cycles and Sexual Health Affect Their Suicide Risk

From Science to Practice
Using Research to Promote Safety and Prevent Suicide

Issue

Suicide disproportionately affects Veteran women, who are almost twice as likely as their civilian peers to die by suicide.[1] While the suicide rate among all women in the United States has increased in recent years, the rate is increasing faster among women Veterans. Between 2001 and 2014, the suicide rate for women in the U.S. civilian population increased by 40.1% while the rate among women Veterans increased by 62.4%; the rate for male Veterans increased by 29.7%.[2] Among the many factors that can influence suicide risk, the effects of reproductive and sexual health are uniquely relevant for women. Clinicians can help by assessing women Veterans for risks that uniquely affect them.

Key Findings

Suicide Risk and Women's Menstrual Cycles

- Women who have premenstrual dysphoric disorder (PMDD) have a greater likelihood of having suicidal thoughts or making suicidal plans and attempts.[3]

Suicide Risk During Pregnancy and After Childbirth

- The perinatal period (during pregnancy and after childbirth) is not necessarily protective against suicide risk. For example, up to 20% of postpartum deaths are suicide related.[4]
- Perinatal women who die by suicide are less likely than nonperinatal women who die by suicide to be receiving psychiatric treatment at the time of death.[5]
- Pregnancy is a major cause of discontinuing antidepressants.[6]
- Women can have a rapid onset of severe bipolar depression in the first six weeks after childbirth.[7]
- In rare cases, a postpartum woman with suicidal thoughts may also have thoughts of killing her baby (infanticide). This may be due to psychotic symptoms (e.g., believing that killing the baby will prevent the baby from being tortured by a demon) or from "altruistic" depressive thoughts (e.g., believing that it is wrong to subject a baby to such a cruel world).[8] Note that a woman can also have intrusive ego-dystonic thoughts about harming her infant, which are not associated with actual urges to harm the baby.

Suicide Risk and the Menopause Transition

- During perimenopause, women have increased risk for suicidal ideation compared with pre- and post-menopausal women, as well as compared with men.[9]

Suicide Risk and Sexual Dysfunction

- Reported rates of sexual dysfunction in women Veterans have ranged from approximately 16% to 50%, depending on the population and type of sexual dysfunction studied.[10,11]
- Emerging research with women Veterans suggests that sexual dysfunction is associated with suicidal ideation, even after accounting for mental health diagnoses, branch of service, and demographic characteristics.[12]
- The association between sexual dysfunction and suicidal ideation is even stronger in women Veterans who have experienced sexual assault.[13]

VA | U.S. Department of Veterans Affairs

Available: https://www.mentalhealth.va.gov/healthcare-providers/suicide-prevention.asp

CONTINUUM OF MENTAL HEALTH CARE

- VA offers a full continuum of mental health services for women Veterans
  - General outpatient mental health services: assessment, evaluation, pharmacotherapy, individual, family, and group psychotherapy
  - Specialty mental health services: posttraumatic stress disorder (PTSD), depression, substance use disorders, homelessness, and recovery from experiences of military sexual trauma (MST)
  - Evidence-based therapies available at all VA medical centers
  - Residential and inpatient treatment options
- The breadth and coordination of services available at VA (one-stop shopping) are rarely available in the private sector
- Over half of VA mental health clinicians are female

WOMEN'S MENTAL HEALTH CHAMPIONS

- The VA Women's Mental Health Champion is a mental health clinician with a specific interest and expertise in women Veterans' mental health
- Each undergoes specialized training in women Veterans' mental health, including the Women's Mental Health Mini-Residency
- This collateral position was established to ensure at least one point of contact for Women's Mental Health within each VA healthcare system
- Champions disseminate information, facilitate consultations, and help to develop local resources in support of gender-sensitive mental health care

Addressing the needs of MST survivors is a key VHA priority

- Care for all MST-related mental and physical health conditions provided free of charge, with expansive eligibility
- Designated MST Coordinator at every VA health care system
- Outreach materials, educational documents for Veterans and public-facing MST-specific website (www.mentalhealth.va.gov/msthome.asp)
- Mandatory training on MST required for all mental health and primary care providers in VHA
- National MST Support Team to promote best practices
- MST Consultation Program available to any VA staff member with a question related to assisting Veterans who experienced MST

FOCUS ON WOMEN'S REPRODUCTIVE MENTAL HEALTH

Reproductive health refers to the functioning of a woman's reproductive system throughout her life.

- Elements of a woman's reproductive health, such as hormonal changes during pregnancy and menopause, can affect her mental health and influence treatment decisions, such as use of medications during pregnancy
- Premenstrual dysphoric disorder, pregnancy, the postpartum period and perimenopause affect suicide risk; optimal treatment can reduce risk

REPRODUCTIVE MENTAL HEALTH CONSULTATION PROGRAM

- In Fiscal Year (FY) 2020, VA launched an innovative National Reproductive Mental Health Consultation Program following a very successfully pilot program in FY 2019
- A team of VA national subject matter experts respond to requests for consultation from VA clinicians
- A range of topics are covered, including mental health concerns related to the menstrual cycle, pregnancy, the postpartum period, the transition to menopause, contraception, breast cancer and gynecologic illnesses

EXPANDING ACCESS TO EATING DISORDERS TREATMENT

- Rates of eating disorders among Veterans (both male and female) are at least as high as rates of eating disorders in the general population
  - An estimated 14% of female Veterans and 4% of male Veterans who receive VA health care report probably eating disorder diagnosis
  - Veterans with eating disorders also have high rates of co-occurring depression, PTSD and previous trauma exposure including military-specific trauma histories
- Eating disorders are associated with serious, sometimes life-threatening, medical consequences, as well as increased risk of suicide attempts and death by suicide

EXPANDING ACCESS TO EATING DISORDERS TREATMENT

- Rates of eating disorders among Veterans (both male and female) are at least as high as rates of eating disorders in the general population
  - An estimated 14% of female Veterans and 4% of male Veterans who receive VA health care report probably eating disorder diagnosis
  - Veterans with eating disorders also have high rates of co-occurring depression, PTSD and previous trauma exposure including military-specific trauma histories
- Eating disorders are associated with serious, sometimes life-threatening, medical consequences, as well as increased risk of suicide attempts and death by suicide

MULTIDISCIPLINARY EATING DISORDER TREATMENT TEAMS

- Specialized outpatient clinical teams in each VISN offer, and provide consultation on, the treatment of Veterans with eating problems, such as anorexia, bulimia, and binge-eating disorder
  - This gold standard, team-based treatment model includes evidence-based psychotherapy, psychiatric medication management, primary care, dietician services and case management
  - Eating disorders are associated with serious medical consequences and increased risk of suicide attempts and death by suicide
  - Rates of eating disorders among Veterans (both male and female) are at least as high as rates of eating disorders in the general population

CLINICAL TRAINING INITIATIVES

- VA has developed specialized training initiatives to develop the clinical competency of mental health providers who care for women Veterans
- Designed to increase women Veterans' access to gender-sensitive, evidence-informed mental health services to meet their treatment needs across the reproductive lifespan
- These initiatives expand the portfolio of treatment options available to women Veterans and complement the strong cadre of evidence-based practices available to all Veterans
  - Includes online resources, live teleconferences, expert clinical consultation, interactive web-based trainings, and face-to-face
  - The curriculum for many of these trainings is specifically designed to address suicide risk in women Veterans

WOMEN'S MENTAL HEALTH MINI-RESIDENCY

- Multi-day training covers a broad range of topics related to the treatment of women Veterans and Service members.
- Nationally recognized experts lead sessions in gender-tailored psychotherapies and psychiatric medication management, with a focus on the influence of hormonal changes and the reproductive cycle.
  - The Department of Defense partners with VA at least every other year to create a joint VA/DoD Mini-Residency
- On post-training evaluations participants report:
  - Increased competency to provide gender-sensitive care to women Veterans
  - Required Action Plans impact women's mental health services at their local facility

STAIR TRAUMA TREATMENT

- VA provides expert-led clinician training and consultation in STAIR (Skills Training in Affective and Interpersonal Regulation) and Parenting STAIR.
- STAIR and Parenting STAIR are cognitive-behavioral trauma treatments that teach skills for managing strong emotions and building healthy relationships, including parenting relationships.
- These are important areas of functioning that can be highly disrupted in women with histories of serious interpersonal traumas, such as sexual assault.
- Research suggests that emotion dysregulation is associated with suicidal ideation and behaviors.

KEY TAKEAWAYS

- Optimal care includes tailoring mental health services to address women Veterans' treatment needs and preferences.

- VA provides a full continuum of mental health services for women Veterans, including new resources such as Women's Mental Health Champions and a National Reproductive Mental Health Consultation Program.

- VA has developed a large portfolio of clinical training resources to ensure that VA providers have the expertise to provide gender-sensitive mental health care to women Veterans.

U.S. Department of Veterans Affairs

Resources

WOMEN VETERANS CALL CENTER

- This service provides women Veterans with information about relevant VA benefits and services and answers women Veterans' questions about their benefits
- Call or text **1-855-VA-WOMEN (1-855-829-6636)** to contact responders who can make referrals to Women Veterans Program Managers, the Health Eligibility Center, the Veterans Benefits Administration, and suicide and homeless crisis lines as needed

More information about the Women Veterans Call Center is available at:
www.womenshealth.va.gov/programoverview/wvcc.asp

MAKE THE CONNECTION

Visit VA's Make the Connection website to hear stories of recovery from Veterans, including women Veterans and MST survivors: https://www.maketheconnection.net/

#BETHERE PREVENTION INITIATIVE

U.S. Department of Veterans Affairs

Thank you!

Contact information:
Jennifer Strauss, PhD
jennifer.strauss@va.gov

References

cont. 1 of 3

Albright, D.L., McCormick, W.H., Carroll, T.D., Currier, J.M., Thomas, K.H., Hamner, K., Slagel, B.A., Womack, B., Sims, B.M., & Deiss, J. (2018). Barriers and resources for veterans' post-military transitioning in south Alabama: A qualitative analysis. *Traumatology, 24*(3), 236-245. http://dx.doi.org/10.1037/trm0000147

Foster. L.K., & Vince, S. (2009). *California's women's Veterans: The challenge and needs of those who served*. California Research Bureau, CBR-09-009. California State Library. Sacramento, CA. ISBN 1-58703-257-0. http://PolicyArchive.org/95752.pdf

Goodman, J., Schlossberg, N. K., & Anderson, M. L. (2006). *Counseling adults in transition: Linking practice with theory*. Springer Publishing Co.

Mattocks, K.M., Haskell, S.G., Krebs, E.E., Justice, A.C., Yano, E.M., & Brandt, C. (2012). Women at war: Understanding how women Veterans cope with combat and sexual trauma. *Social Science & Medicine, 74*(4), 537-545. https://doi.org/10.1016/j.socscimed.2011.10.039

Rausch, M.A. (2014). Contextual career counseling for transitioning military Veterans. *Journal of Employment Counseling, 51*(2), 89-96. https://doi.org/10.1002/j.2161-1920.2014.00044.x

References

cont. 2 of 3

Schlossberg, N.K. (1981). A model for analyzing human adaptation to transition. *The Counseling Psychologist, 9*, 2-18. https://doi.org/10.1177/001100008100900202

Schlossberg, N.K. (1984). Counseling Adults in transition. New York: Spring Publishing Company.

Schlossberg, N.K. (2011). The challenge of change: The transition model and its applications. *Journal of Employment Counseling, 48*(4), 159-162. https://10.1002/j.2161-1920.2011.tb01102.x

Szelwach, C.R., Steinkogler, J., Badger, E.R., & Mutttukumaru, R. (2011). Transitioning to the civilian workforce: Issues impacting the reentry of rural women Veterans. *Journal of Rural Social Sciences, 26*(3), 83-112.

Thomas, K.H., McDaniel, J.T., Haring, E.L., Albright, D.L., & Fletcher, K.L. (2018). Mental health needs of military and Veteran women: An assessment conducted by the Service Women's Action Network. *Traumatology, 24*(2), 104-112. https://doi.org/10.1037/trm0000132

U.S. Department of Veterans Affairs (VA). (2020). 2020 National Veteran Suicide Prevention Annual Report. https://www.mentalhealth.va.gov/docs/data-sheets/2020/2020-National-Veteran-Suicide-Prevention-Annual-Report-11-2020-508.pdf

References

cont. 3 of 3

U.S. Department of Veterans Affairs (VA). (2019). How women's reproductive cycles and sexual health affect their suicide risk. https://www.mentalhealth.va.gov/suicide_prevention/docs/Literature_Review_FSTP_Womens_Sexual_and_Reproductive_Health_508_FINAL_06-18-2019.pdf#

U.S. Department of Veterans Affairs (VA). (2019). Suicide among women veterans: Risk factors associated with mental health and emotional well-being. https://www.mentalhealth.va.gov/suicide_prevention/docs/Literature_Review_FSTP_Womens_Mental_Health_Emotional_Well-being_508_FINAL_06-18-2019.pdf

Questions?

How to Obtain CE Credits

To receive CE/CME credit, you must register by 0745 ET on 26 February 2021 to qualify for the receipt of CE/CME credit or certificate of attendance. You must complete the program posttest and evaluation before collecting your certificate. The posttest and evaluation will be available through 11 March 2021 at 2359 ET. Please complete the following steps to obtain CE/CME credit:

1. Go to URL https://www.dhaj7-cepo.com/content/feb-2021-ccss-emerging-priorities-womens-health
2. Click on the REGISTER/TAKE COURSE tab
   a. If you have previously used the CEPO CMS, click login.
   b. If you have not previously used the CEPO CMS, click register to create a new account.
3. Click "ENROLL."
4. Follow the onscreen prompts to complete the following for each session you wish to claim CE/CME Credit:
   a. Read the Accreditation Statement
   b. Select the CE/CME credit type(s) you are seeking
   c. Complete the Evaluation
   d. Take the Posttest
   e. Download your Certificate(s)
   f. Complete the Commitment to Change survey (optional)
5. After completing the posttest at 80% or above, your certificate will be available for print or download.
6. You can return to the site at any time in the future to print your certificate and transcripts at https://www.dhaj7-cepo.com/
7. If you require further support, please contact us at dha.ncr.j7.mbx.cepo-cms-support@mail.mil