



Women Veteran Wellness Summit

May 15th, 2024

Ralph H. Johnson VA

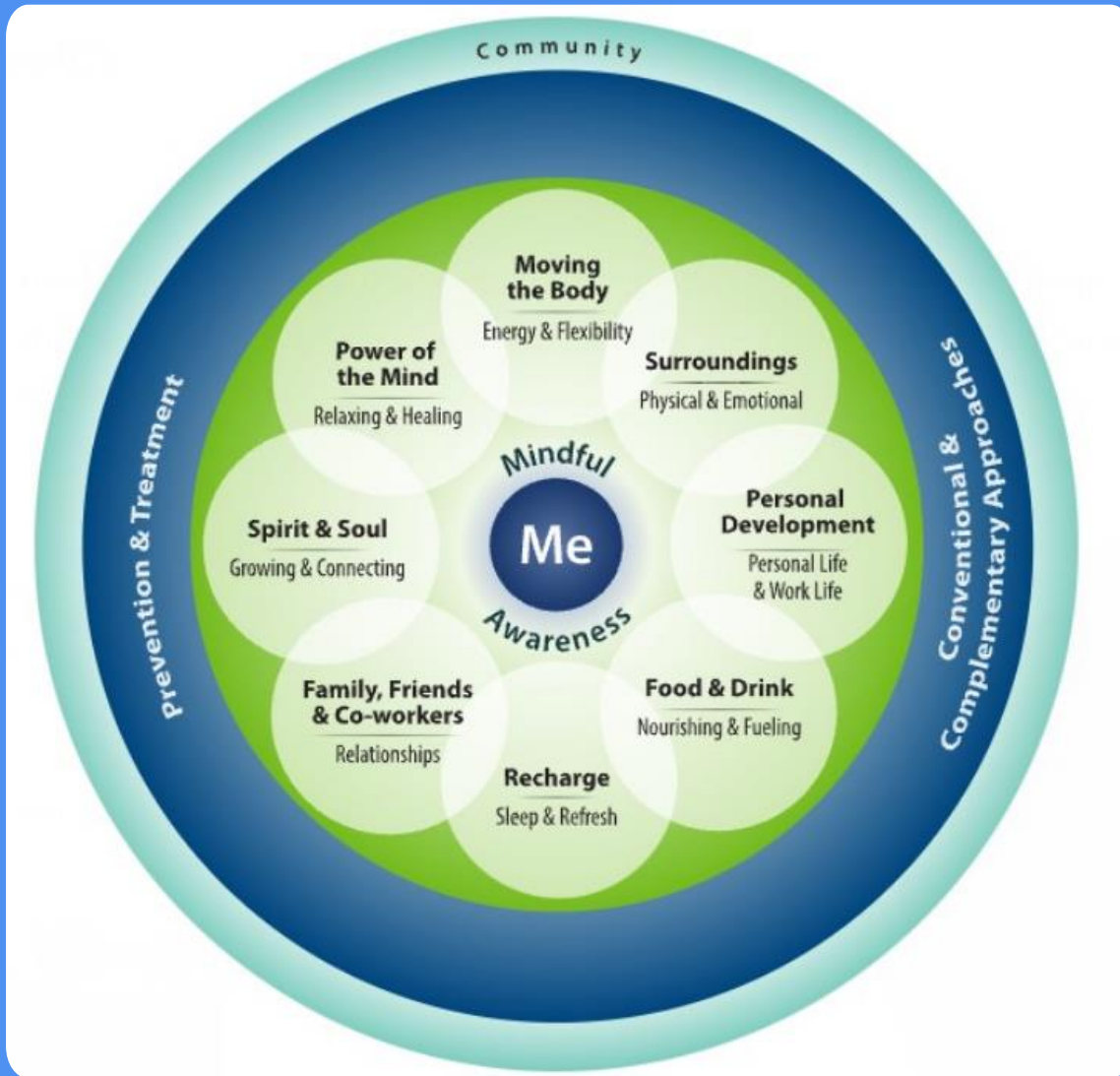
What is Wellness?

- “A holistic integration of physical, mental, and spiritual wellbeing, fueling the body, engaging the mind, and nurturing the spirit. Although it always includes striving for health, it’s more about living life fully . . .”

Source: [Dimensions of wellness: Change your habits, change your life - PMC \(nih.gov\)](#)

What does wellness mean to you?

Whole Health | VA Charleston Health Care | Veterans Affairs





Women-Only Therapy Groups

These groups are available exclusively to women Veterans. At this time, all groups are offered virtually unless otherwise noted. Please contact your mental health provider to discuss participating.

If you have questions about these groups or ideas for other group topics, please contact the Women's Mental Health Champion, Dr. Katie Rider Munday, at: 843-770-0444, ext 302235.

The Women's Mental Health Champion can also be reached through My HealthVet by sending a secure message to Women Mental Health Champion.

Women's Stress Management Group

Thursdays 1:00 pm - 2:00 pm

Who: All women Veterans are welcome.

This 9-week group includes a mix of skills-building and discussion. This group is focused on improving stress management techniques and connecting with other women.

Women's Health and Healing After Trauma Group

Thursdays 1:00 pm - 2:00 pm

Who: Any woman Veteran with a history of sexual trauma.

This 15-week group is designed to enhance trauma recovery skills with an emphasis on overall health and wellbeing. Topics addressed include managing emotions, physical health, relationship and intimacy issues, boundary setting, and body image.

Women's Chronic Pain Management Group

Mondays 1:00 pm - 2:00 pm

Who: Any woman Veteran struggling with chronic pain.

This 10-week group focuses on equipping women Veterans with strategies to improve their pain management using Cognitive Behavioral Therapy for Chronic Pain techniques. Pain management issues specific to women will be addressed, including the impact of hormones on chronic pain, care-giving with chronic pain, body image issues, and navigating gender treatment disparities.

Sexual Health and Empowerment Group

Wednesdays 11:00 pm - 12:00 pm

Who: All women Veterans are welcome.

This 8-week group is designed to assist women Veterans with developing or enhancing their ability to experience sexual independence, connection, safety, pleasure, and assertiveness. Topics addressed include factors that impact sexuality, developing

a healthy mindset about sex and intimacy, sexual rights and boundaries, increasing safety with sex and intimacy, assertive communication, and coping with difficult feelings and automatic reactions.

Beyond Trauma

Wednesdays 1:00 pm - 2:00 pm

Who: Any woman Veteran who is seen at the Savannah CBOC.

This group is offered in-person only.

This group is designed to assist women Veterans with building trauma recovery skills and achieving a meaningful life after trauma.

Women's Whole Health Group

Mondays 3:00 pm - 4:00 pm

Who: Any woman Veteran who is seen at the Myrtle Beach CBOC.

This group is offered in-person only.

This support group for women Veterans has a focus on striving for lifelong wellbeing and resilience.

"She served, she deserves the best care anywhere."

Women Veterans Call Center 1.855.VA.WOMEN



U.S. Department of Veterans Affairs
Veterans Health Administration
Ralph H. Johnson VA Medical Center

Groups

- Focused on women-specific topics
- Most are virtual

Website

[Women's Mental Health | VA
Charleston Health Care | Veterans
Affairs](#)

Eating Disorder Treatment

Virtual, multidisciplinary
treatment for
disordered eating

Team includes
psychologists, medical
doctor, dietitian

Speak with your mental
health provider about a
referral

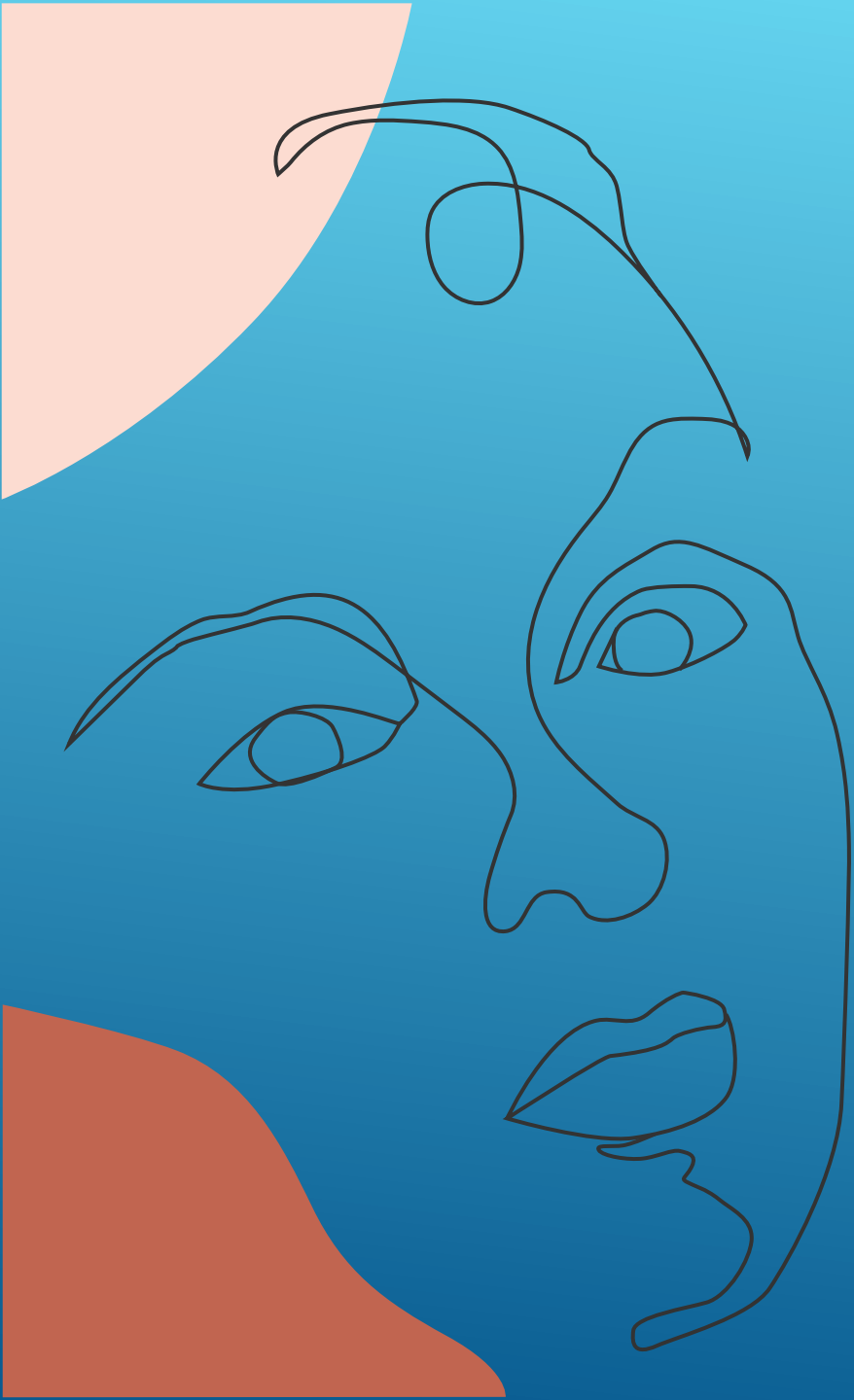


Contact

Dr. Katie Rider Munday

843-770-0444 ext. 302235

Send secure message to
Women's Mental Health
Champion through MyHealtheVet



MANAGING MENOPAUSE

Meghan Gray, NP
Primary Care Gynecology

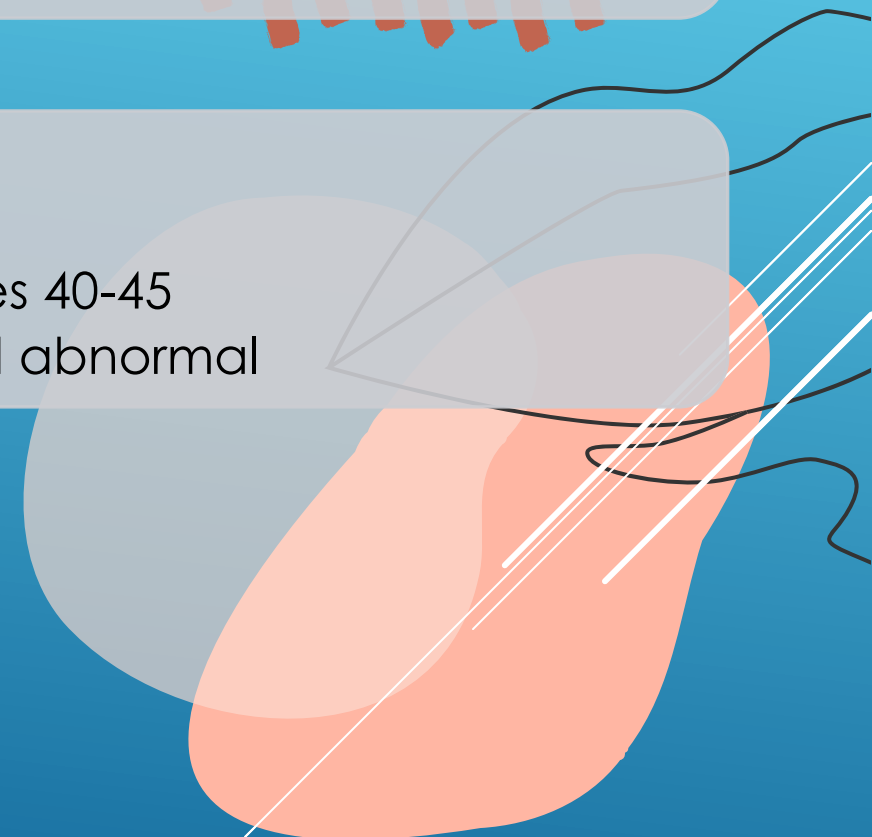
Menopause is when the ovaries have been depleted of follicles.

- Estrogen levels once produced by ovarian follicles decrease

Average age?

- 51 years of age
- 5% of women after age 55
- 5% of women between ages 40-45
- Before age 40 is considered abnormal

WHAT IS MENOPAUSE?



FACTORS AFFECTING AGE OF MENOPAUSE

A number of factors are thought to play a role in determining an individual woman's age of menopause, including genetics, ethnicity, smoking, and reproductive history.

- ▶ **Genetics:** women with a family history of early menopause.
- ▶ **Ethnicity:** two studies showed natural menopause occurred earlier among Hispanic women and later in Japanese American women when compared with White women.
- ▶ **Smoking:** The age of menopause is reduced by approximately two years in women who smoke
- ▶ **Other Factors:** Type 1 diabetes, DES exposure in utero, possible night shift work

HOW WILL I KNOW?

How will I know I am in menopause?

- ▶ 12 consecutive months without a menstrual cycle

DO I NEED LABS TO DIAGNOSE?

- ▶ No, not necessarily.
- ▶ If you are 45 yrs or older, you have experienced 12 months of amenorrhea, and have no other obvious cause – you can be diagnosed with natural menopause.
- ▶ If you cannot rely on the final menstrual period (due to medications, etc) then we may consider labs; however, the labs are not always accurate at differentiating between perimenopause and menopause.

SYMPTOMS OF MENOPAUSE

▶ Vasomotor Symptoms:

- ▶ Can occur 7-10 yrs prior to menopause (perimenopause)
- ▶ Hot flashes
- ▶ Night sweats
- ▶ Vaginal dryness



HOW DO I TREAT MY SYMPTOMS?

- ▶ We treat based upon your symptoms and not based upon lab tests.
- ▶ The popular notion of “balancing hormones” is a fallacy. We do not balance numbers, but rather we treat based upon your symptoms.



TREATMENT: HOT FLASHES & NIGHT SWEATS

- ▶ Hormone Replacement Therapy (HRT)
- ▶ Alternatives to HRT
- ▶ Herbal Options
- ▶ Holistic Therapy



HORMONE REPLACEMENT THERAPY

Who is a candidate for starting HRT?

- ▶ Those with bothersome hot flashes and night sweats.
- ▶ Age less than 60 y/o and within 10 yrs onset menopause.
- ▶ No history of DVTs/PEs/clotting disorders
- ▶ No history of CHF, CVA, or CHD
- ▶ No history of hormone sensitive cancers
- ▶ No HTN, or is well-controlled
- ▶ No high Cholesterol, or is well controlled
- ▶ No active liver disease



HORMONE REPLACEMENT THERAPY

- ▶ **If you still have a uterus:**

- ▶ Estradiol and Progesterone

- ▶ **If your uterus was removed (hysterectomy):**

- ▶ Estradiol

- ▶ **PEARL: The term “bioidentical hormones” was created as a marketing ploy. Estradiol IS bioidentical to what your ovaries were secreting. Compounded “bioidentical hormones” are not FDA approved; therefore, we do not support at the VA.**



ALTERNATIVE MEDICATIONS TO HRT

- ▶ **Paroxetine** 7.5mg (10 mg available). After 5 week use hot flashes decreased by 63%. Avoid if using Tamoxifen.
 - ▶ Other SSRIs/SNRIs that may help: citalopram, escitalopram, desvenlafaxine, or venlafaxine.
- ▶ **Gabapentin**. 50% decrease in intensity and reduction in frequency after 3 months of tx. Side effect is somnolence.
- ▶ **Clonidine 0.1mg/day**. Side effect is somnolence. Used to treat HTN
- ▶ **Fezolinetant 45mg/day**. Works by modulating neuronal activity in the hypothalamus.
- ▶ **Oxybutynin**. May cause dry mouth and urinary difficulties. Long term use may be associated with cognitive decline in older people.



HERBAL/DIETARY THERAPY

▶ **Might Help:**

- ▶ Isoflavones (phytoestrogen class). Soybean, flaxseed, lentils.
- ▶ Red Clover Extract: 80mg per day
- ▶ Evening Primrose oil. 500mg per day- may decrease severity of hot flashes.
- ▶ Acupuncture: may decrease frequency and severity of hot flashes

▶ **Likely Will Not Help:**

- ▶ Dong quai- no improvement
- ▶ Ginseng- no improvement
- ▶ Vitamin E 800mg/day – no improvement noted
- ▶ Black Cohosh. No studies showed effectiveness. Concerns for hepatotoxicity. Do not recommend



HOLISTIC THERAPY

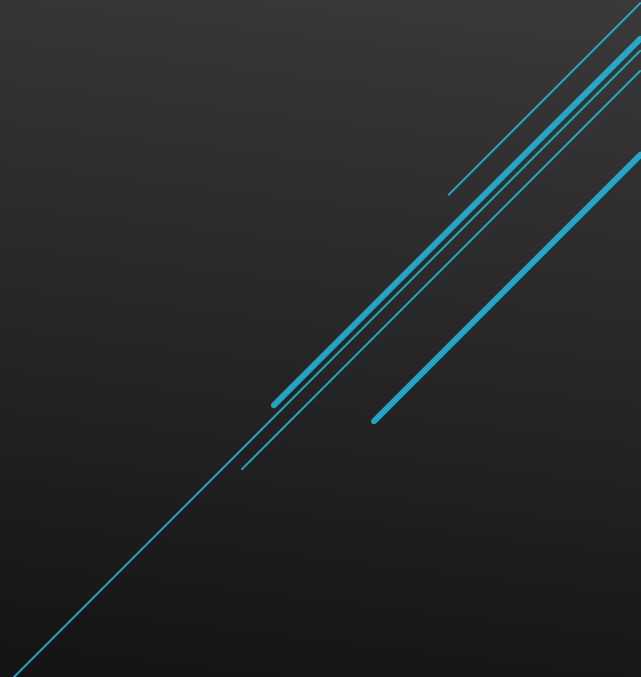
- ▶ **Yoga: 68% of women felt improvement in hot flashes**
- ▶ **Exercise: 50% of women felt improvement in hot flashes**
- ▶ **Mindfulness based stress reduction: possible some decrease in number of hot flashes**
- ▶ **Cognitive Behavioral Therapy: After 6 weeks CBT had significant reduction in hot flashes.**



TREATMENT: VAGINAL DRYNESS

- ▶ **Feelings of vaginal dryness, irritation, dyspareunia.**
- ▶ **Often best treated separate from systemic HRT.**
- ▶ Treatment options:
 - ▶ Premarin vaginal cream
 - ▶ Estrace vaginal cream (bioidentical)
 - ▶ Estradiol vaginal tablets
 - ▶ E-String: small, flexible estradiol ring placed in vagina and changed every 3 mo
 - ▶ Imvexxy
 - ▶ Ospemifene (SERM): oral tablet taken daily
 - ▶ Vaginal moisturizers: Replens
 - ▶ Vaginal lubricants: water based
 - ▶ Coconut oil- natural vaginal lubricant

BUT WAIT...WHAT ABOUT MY OTHER SYMPTOMS?

- ▶ Many women complain of “brain fog”, mood changes, and weight gain; however, these are not always directly attributable to the hypoestrogenic state of menopause therefore they are not treated with HRT.
 - ▶ So, how do you address these concerns?
- 
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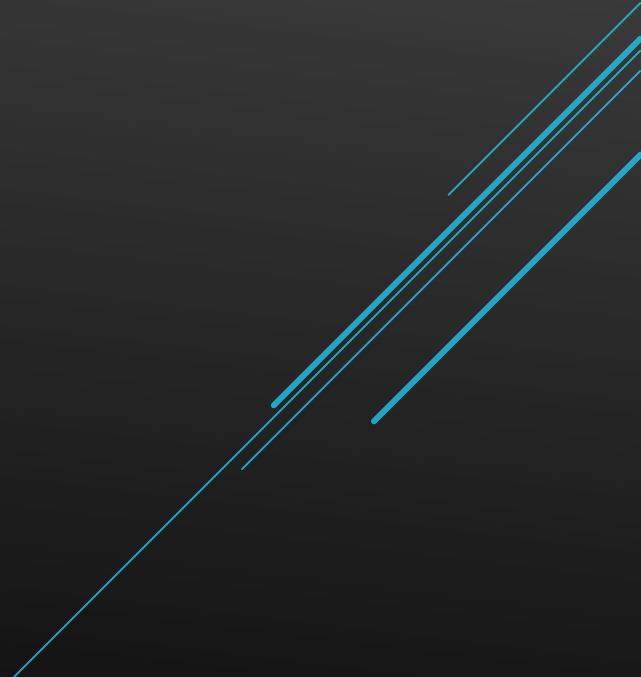
BRAIN FOG

▶ In studies, this is usually associated with depression and sleep disturbances.

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NOT SLEEPING WELL?

If not sleeping well we should look at a few common culprits:

- ▶ medication use (steroids, stimulants, antidepressants, opioids),
 - ▶ pain issues,
 - ▶ bowel or bladder problems,
 - ▶ anxiety,
 - ▶ are you napping during the day?
- 
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Medical Management:

Histamine receptor antagonists:

- Diphenhydramine (OTC Benadryl)
- Doxylamine (OTC Unisom)
- Melatonin

Nonbenzodiazepine benzodiazepine receptor agonists (BZRAs):

- Zolpidem
- Low dose doxepin



Sleep Hygiene Suggestions:

Keep a regular sleep schedule

Minimize/eliminate alcohol

No caffeine within 8 hrs of bedtime

Do not eat large meals within few hrs of bedtime

Do not exercise before bedtime, but exercising earlier in day is good

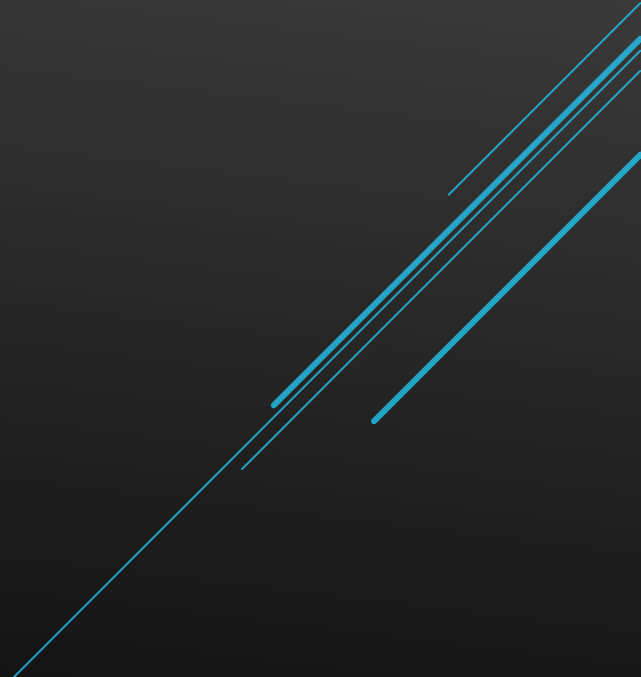
Keep room cool (65-68 degrees)

Minimize screen time within 1 hr of bedtime.

NOT SLEEPING WELL?

MOOD CHANGES

Recommendations:

- ▶ SSRIs are first line
 - ▶ Counseling
 - ▶ Meditation, yoga, mindfulness
 - ▶ Exercise
 - ▶ Ginseng
 - ▶ St John's wort- do not use with SSRIs
- 
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WEIGHT GAIN

Many women complain of weight gain as they age.


- ▶ It is believed that this weight gain is due to a decreasing metabolic rate. Metabolic rate is tied very closely with muscle mass. As we age, we naturally start to lose muscle mass.
- ▶ HRT will not help you lose weight.

Recommendations:

- ▶ Nutrition consult
- ▶ Weight training to build and maintain muscle mass
- ▶ Aerobic activity to burn calories throughout the day

RESOURCES

- ▶ www.mymenoplan.org
- ▶ [MenoNotes \(menopause.org\)](http://MenoNotes(menopause.org))



WH PROGRAM

WOMEN VETERAN PROGRAM MANANGER- DOROTHY K. GOUEDY, RN

Our Mission/Vision/Values

Mission/Vision/Values

The mission, vision, and values of the Women Veterans Program Health are consistent with the mission/vision/values of RHJ Medical Center. These are reflected throughout this strategic plan.

WH Program Mission: The Ralph H. Johnson Women's Health Program works to ensure that women Veterans experience timely, high quality comprehensive health care services in a sensitive and safe environment at all points of care.

WH Program Vision: To serve as a trusted resource and the treatment site of choice for the women Veterans.

WOMEN VETERANS

Women are now the fastest growing subgroup of U.S. Veterans. The number of women Veterans is expected to increase dramatically in the next 10 years, and VA health care is expected to be in high demand by the women Veterans of Operation Enduring Freedom and Operation Iraqi Freedom. The Department of Veterans Affairs understands the health care needs of women Veterans and is committed to meeting these needs. Women Veterans served and they deserve the best quality care. Learn more about [VA health care services](#) for women Veterans.

<https://www.va.gov/womenvet/>

<https://www.dol.gov/agencies/vets/womenveterans>



WH Enrollees

14,067

Unique:

11,249

***A unique patient is an individual social security number recorded at Austin in any of the workload files that you have selected (unique outpatient, unique inpatient, etc.). If you select the Outpatient and Inpatient files for a unique patient report, the patient is only counted once as a unique patient, regardless of whether the patient was seen as both an inpatient and an outpatient. Use the Unique Patient Cube for User utilization analysis.

Patient Demographics

➤ Age:

(65+) 1,871=14.6%

(50-64) 3,943=30.9%

(<50) 6,967=54.5%

➤ Gender

Female 6,967=24.9%

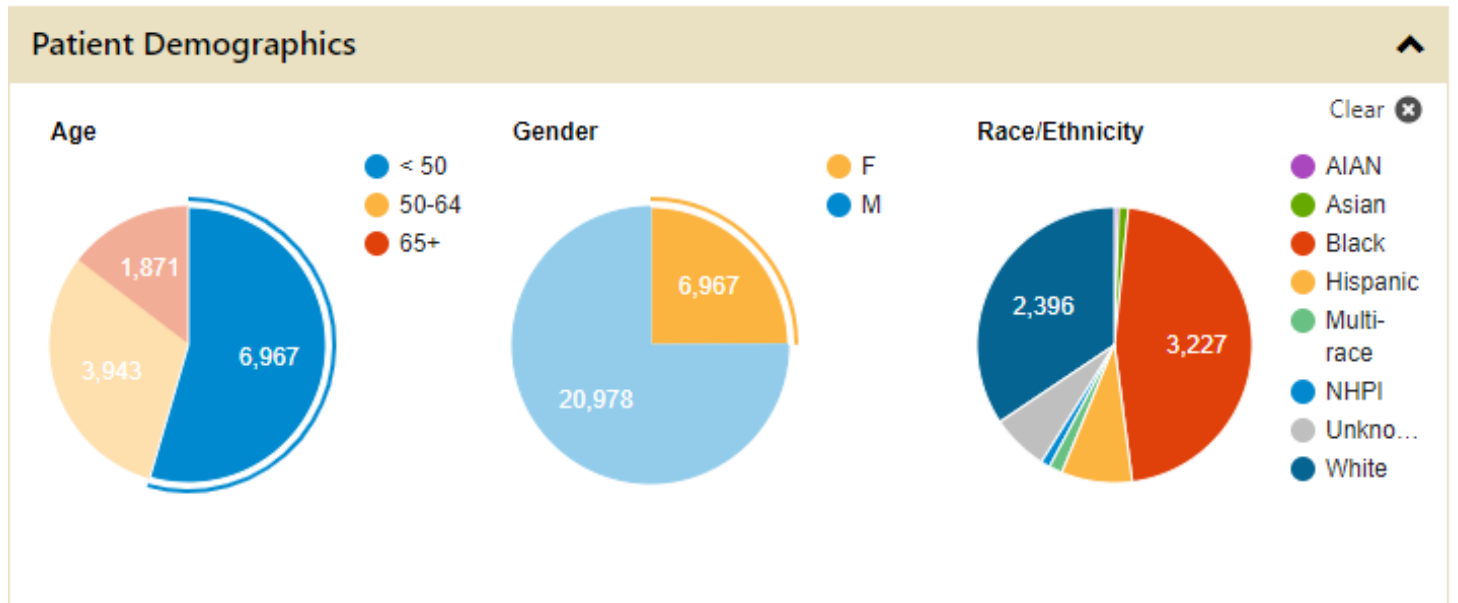
Males 20,978=75.1%

➤ Race/Ethnicity

Black 3,227=46.3%

White 2,396=34.4%

Hispanic 579=8.3%



WH SERVICES OFFERED

- PRIMARY CARE
- GYN
- COMMUNITY CARE: MATERNITY CARE, IVF, REPRODUCTIVE ENDO



- MST COORDINATOR
- IVP COORDINATOR
- LGBTQ+ COORDINATOR
- WOMEN'S MENTAL HEALTH CHAMPION



WH FACILITIES

- RALPH H. JOHNSON- VA HOSPITAL



- **CBOCS:**
 - NORTH CHARLESTON
 - GOOSE CREEK
 - SAVANNAH
 - BEAUFORT
 - HINESVILLE
 - MYRTLE BEACH
 - BRUNSWICK

Counties Covered:

- Brunswick- GA
- Bryan, GA
- Chatham- GA
- Effingham- GA
- Liberty-GA
- Long-GA
- McIntosh- GA
- Tattnall- GA
- Wayne- GA
- Beaufort-SC
- Berkeley-SC
- Charleston-SC
- Colleton-SC
- Dorchester-SC
- Florence- SC
- Georgetown-SC
- Hampton-SC
- Horry-SC
- Jasper-SC
- Marion- SC
- Williamsburg- SC

WOMEN HEALTH PROGRAM STAFF

- ❖ WHMD
- ❖ WVPM
- ❖ WH LIASONS
- ❖ WH NURSE NAVIGATORS
- ❖ MATERNITY
COORDINATOR
- ❖ WH RN, LPN, NP, MSA-
GYN TEAM
- ❖ WH PSA
- ❖ WH SW



WH SOPS AND DIRECTIVES

- **SOPs:**
- CERVICAL
- **DIRECTIVES:**
- WH Directive 1330.01-Health Care Services for Women Veterans
- Directive 1334-IVF Counseling and services available to certain eligible Veterans and their spouses
- Directive 1330.03- Maternity Health Care and Coordination
- MCP- Directive for Mammogram Procedures



WH Metrics

- ❑ Breast Cancer Screenings
- ❑ Cervical Cancer Screenings
- ❑ Maternity- High Risk
- ❑ Osteo
- ❑ WH1




WH GRANTS

- WHISE 1.0- STAFFING AND EQUIPMENT
- WHISE 2.0- STAFFING
- HEALTHY TEACHING KITCHEN- NUTRITION AND FOOD SERVICES
- WHISE 3.0- Staffing
- WHISE 4.0- staffing, equipment

WH OUTREACH ACTIVITIES

ATTENTION FEMALE VETERANS

The Ralph H. Johnson VA Health Care System and Women's Health Program cordially invite you to join us at our biannual Women's Health Fair.



SEPT. 22

3:00 - 4:30 pm
North Charleston VA Outpatient Clinic, 6450 Rivers Ave, North Charleston, SC 29406

Guest Speaker: Dr. Charlene Pope, Chief Nurse for Research and Development.

Informational Tables:

• Whole Health	• VET Center
• WH Program	• Maternity Coordinator/ GYN
• Suicide Prevention	• Minority Coordinator
• Outreach Program	• Post 9/11 M2VA Program

Join us for light refreshments at the end of the program.
For more information, please contact: **Dorothy K. Gouedy, RN- Women Veteran Program Manager.**
Email: Dorothy.Gouedy2@va.gov
Phone: 843-308-8690, EXT. 424509

Women Veterans Cordially Invites you to Celebrate with us.

Heart Health Month

- ♥ Blood Pressure Checks
- ♥ Maternity Care Coordinator
- ♥ Women's Health Program
- ♥ BLS (Basic Life Support)
- ♥ Pharmacy
- ♥ Whole Health
- ♥ Nutritionist

Keynote Speaker: Dr. Charlene Pope
Chief Nurse for Research

Contest with Giveaways!

Recipe Book!

Light Refreshments will be available
FEB 14 WEDNESDAY
2 - 4 pm
North Charleston Clinic - Rivers Ave
Clinic Room L212 & 213

We would like to celebrate **Women Veterans** during **Heart Health Month.**

WH OUTREACH ACTIVITIES

ATTENTION FEMALE VETERANS

The Ralph H. Johnson VA Health Care System and Women's Health Program cordially invite you to join us at our biannual Women's Health Fair.

Mar.
26

3:00 - 4:30 pm

North Charleston VA Outpatient Clinic, 6450 Rivers Ave, North Charleston, SC 29406



Honoring Native American Women Veterans

WH OUTREACH ACTIVITIES



Maternity Support Group

Pregnancy can be unpredictable and ever-changing. At the Ralph H. Johnson VA Health Care System, we understand the challenges and complexities in this phase of life. We also understand the benefits of maternity support during this critical time. We are offering monthly support groups to discuss the journey along the way. The support group will include:

- What to expect during pregnancy
- Safe medications during pregnancy
- Community Care Program & billing
- Nutrition & whole health
- Breastfeeding & other feeding support
- Postpartum care (including mental health)
- Contraceptive options

Monthly meetings occur every 2nd Tuesday at 2:30 p.m. – 3 p.m. on Microsoft Teams

RSVP: Rhonda Lucas, Maternity Care Coordinator
Rhonda.lucas@va.gov | 843-304-8911

VA



U.S. Department of Veterans Affairs
Veterans Health Administration
Ralph H. Johnson VA Health Care System

WH OUTREACH ACTIVITIES



If you are a new or an expectant mother, this event is for you! Come and join us for a

Drive-thru Baby Shower

Date: May 1, 2021 | Time: 11:00 am - 1:00 pm | Location: RHJ VA Medical Center
Who can participate: New and expectant mothers who are currently women Veterans enrolled at the RHJ VAMC

If you are interested in participating please contact:
Rhonda Lucas, Maternity Care Coordinator at 843-789-6673 | rhonda.lucas@va.gov
Dorothy Gouedy, Acting Women Veteran Program Manager at 843-308-8712 | dorothy.gouedy2@va.gov
Please present your military ID and invitation to the event.
Each participant will be receiving a brand-new diaper bag with new baby items.
This event is by RSVP only.

VA  U.S. Department of Veterans Affairs
Office of Health Administration & Policy
1675 L Street, NW
Washington, DC 20330

ATTENTION FEMALE VETERANS

The Office of the Women Veteran Program Manager welcomes you to participate in a Virtual Women's Health Informational class focused on:

- Relationships - Health & Safety
- Whole Health Wellness
- Mobile Appts for Self-Care
- Suicide Prevention
- Military Sexual Trauma

When: January 29, 2021 from 12:00 - 13:30
Where: Your Home, Virtual Mode - Microsoft Teams

We would like to extend this invitation to all Women Veteran who can benefit from learning more from these topics. If you think you would like to participate, please use the following link:

[Microsoft Teams Link](#)



VA  U.S. Department of Veterans Affairs
Women's Health Administration
John A. Johnson III Medical Center

WH PROGRAM ACCOMPLISHMENTS

- NEW SOPs- CERVICAL
- WH EDUCATIONAL TRAINING AND COMPETENCIES DEVELOPED -WH BUNDLE, MATERNAL HYPERTENSION
- WH LIAISONS GROUP IMPLEMENTED
- 1.0 FTE WVPM
- WMHD
- NEW WH STAFF: WH NN, WH RN, WH NP, WH NN, MCC, MSA, PSA and WH LPN.
- WH STRATEGIC PLANNING IMPLEMENTED
- EOC ROUNDS
- WH REFERRAL CALL CENTER- 100% COMPLETION
- BABY SHOWERS X2/YEAR

MORE ACCOMPLISHMENTS

- WH CAMPAIGNS
- NEW MASSAGE CHAIRS- LACTATION ROOMS
- OUTREACH ACTIVITIES- BABY SHOWER, FOCUS GROUPS, HEALTH FAIRS, SUPPORT GROUPS
- GRANTS: WHISE 1.0, WHISE 2.0, WHISE 3.0, WHISE 4.0 AND HTK
- WH NEWSLETTER- STAFF
- EXPANDED COLLABORATION WITH GYN, MH, PC, NURSING
- PREMIUM HYGIENE KITS FOR FEMALE VETERANS- HOSPITAL STAY- In collaboration with Veterans Experience
- MATERNITY SUPPORT GROUP
- WH PROSTHETICS TEMPLATE
- WH GYN E-CONSULTS



WH RESOURCES

- <https://www.benefits.va.gov/persona/veteran-women.asp>
- <https://www.dva.wa.gov/women/resources-women-veterans>
- Women's Health SharePoint [Welcome!](#) ([sharepoint.com](#))

Questions? THANK YOU FOR YOUR SERVICE!



WH PROGRAM- WVPM

- Dorothy K. Gouedy, RN
- Women Veteran Program
Manager
- 3129 W. Montague Ave
- North Charleston, SC 29418
- dorothy.gouedy2@va.gov
- 843-308-8690, ext. 424509

WOMEN VETERANS HEALTH CARE

*You served, you deserve
★ the best care anywhere.*



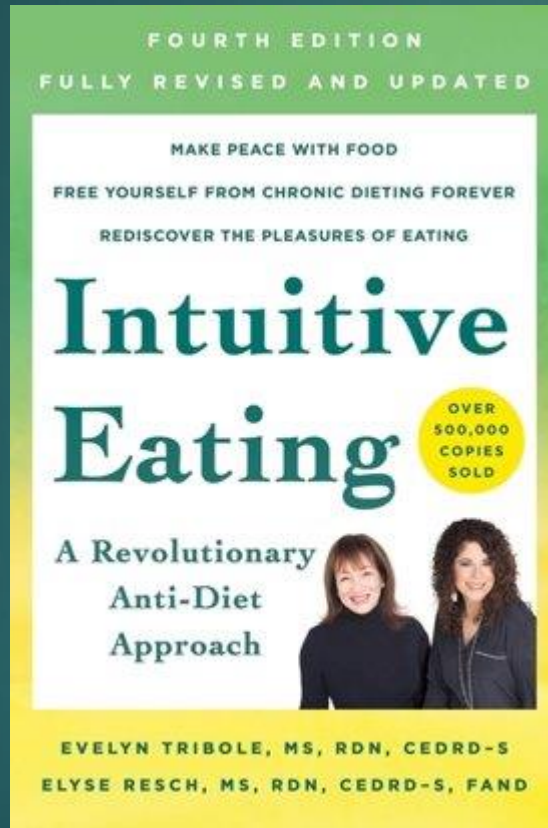


Intuitive Eating

LAURA NEWMAN MS, RD, CSG, LD, EP-C

BEAUFORT HBPC DIETITIAN

What is Intuitive Eating?



- A **non-diet** approach developed by Evelyn Tribole and Elyse Resch in 1995
- Forget about “yo-yo” dieting and weight cycling
- Prioritizes your personal needs, preferences, innate hunger and fullness cues
- Make peace with your body and food
- Reconnect with internal wisdom about eating

10 Principles of Intuitive Eating

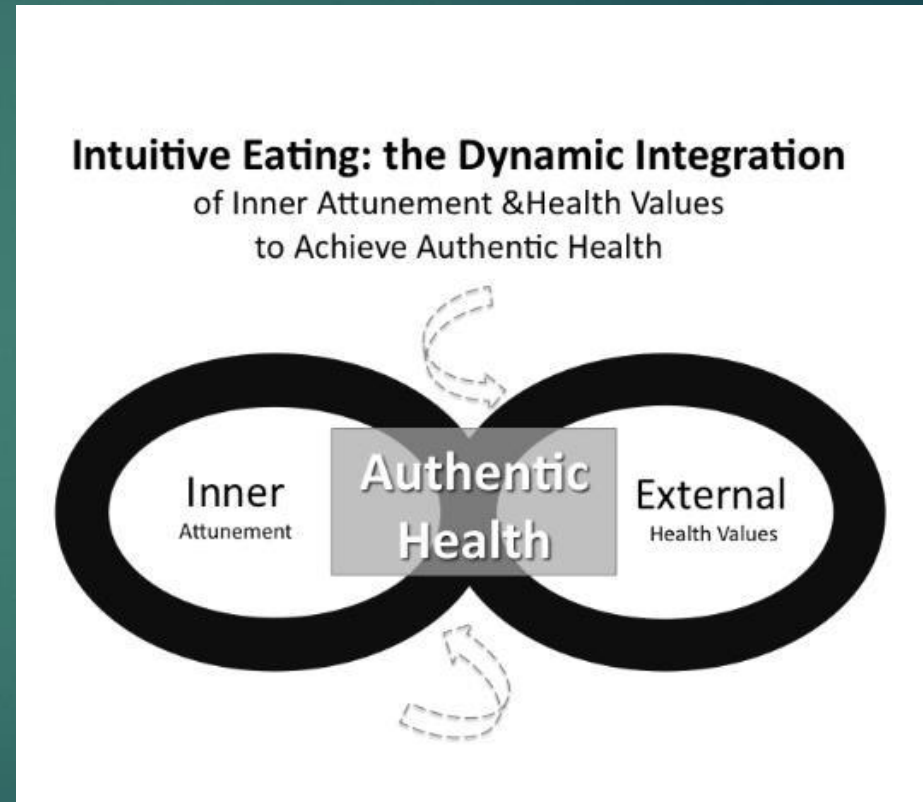
1. Reject the Diet Mentality
2. Honor Your Hunger
3. Make Peace with Food
4. Challenge the Food Police
5. Discover the Satisfaction Factor
6. Feel Your Fullness
7. Cope with Your Emotions with Kindness
8. Respect your body
9. Movement—Feel the Difference
10. Honor Your Health—Gentle Nutrition

Why Intuitive Eating?

- People who give themselves full permission to eat enjoyed foods are:
 - ▶ Less likely to eat to excess
 - ▶ Less likely to engage in binge eating
 - ▶ Experience less guilt when eating
- People who eat in response to hunger and fullness (intuitive eaters):
 - ▶ Have a more positive self-esteem
 - ▶ Are more satisfied with their bodies
- Intuitive eating has also been associated with:
 - ▶ higher high density lipoprotein (HDL) cholesterol levels (“good” cholesterol)
 - ▶ lower triglyceride levels (fat in the blood)
 - ▶ lower body mass index (BMI)
 - ▶ lower overall cardiovascular risk

The Goal of Intuitive Eating

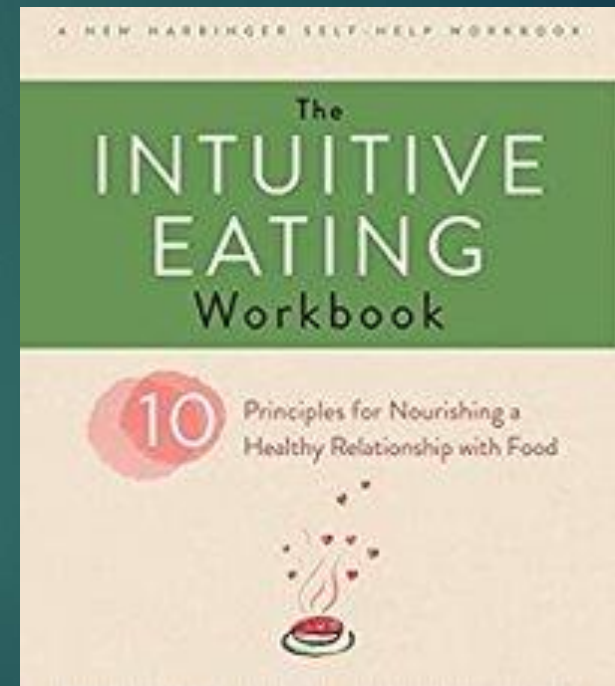
- ▶ The Intuitive Eater
 - ▶ Makes food choices without experiencing guilt or an ethical dilemma
 - ▶ Honors hunger
 - ▶ Respects fullness
 - ▶ Enjoys the pleasures of eating



How to Learn More

▶ Books:

- Intuitive Eating: 4th Edition by Evelyn Tribole and Elyse Resch
- The Intuitive Eating Workbook
- VVC Intuitive Eating Group
 - ▶ Every Tuesday from 1-2pm
 - ▶ Next group starts May 21, 2024



Pregnancy and Wellness through the Trimesters

Rhonda Lucas RN
Maternity Care Coordinator



First trimester

- ▶ According to the [American College of Obstetricians and Gynecologists \(ACOG\)](#), exercising during pregnancy can lead to a lower incidence of:
 - preterm birth
 - cesarean birth
 - excessive weight gain
 - [gestational diabetes](#) or hypertensive disorders such as [preeclampsia](#)
 - lower birth weight
- ▶ It's also an excellent way to:
 - maintain physical fitness
 - reduce low back pain (hello, growing tummy!)
 - manage symptoms of depression and anxiety
 - reduce stress

Safe Exercise During Pregnancy



Stay Hydrated Keep your heart at 150 BPM Eat Snacks



TYPES OF EXERCISES

- ▶ Walking during the first trimester is great, if you are just getting started 10-15 minutes a day and gradually increased to 30 minutes 3-5 times a week

Safety Tips while Exercising

If you're new to exercise, your heart rate should stay below 150 bpm.

Stay well hydrated before, during and after exercise.

Eat a snack or drink juice 15-30 minutes before you exercise.

Stop if you become dizzy, short of breath or experience any bleeding.

Do not exercise outside when it is very hot or humid.

Second Semester



walking



swimming



pre-pregnancy exercise as long as it isn't high-impact or lifting weight over 25 pounds



Prenatal yoga and stretching can also be very beneficial and help increase your strength and flexibility as you prepare for childbirth.

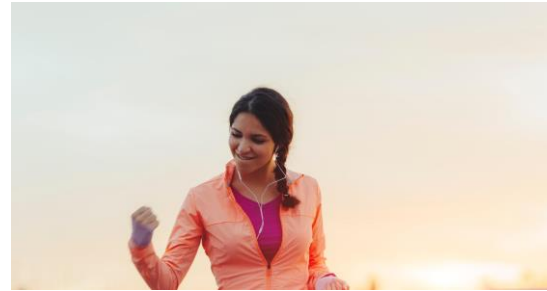
Third Semester

- ▶ Walking
- ▶ Swimming
- ▶ biking in a reclined exercise bike
- ▶ Prenatal yoga is still a good option for this stage as you get ready to deliver your baby
- ▶ Pelvic floor exercises



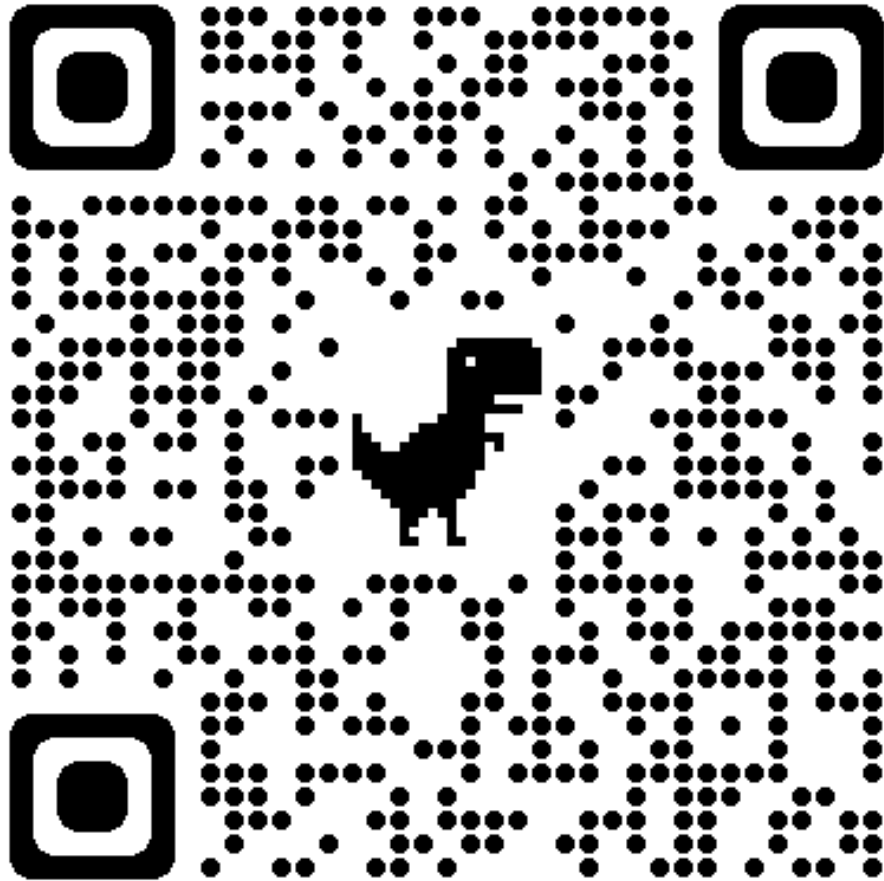
Why Exercise during Pregnancy

- ▶ Physical activity during pregnancy is safe and healthy – for you and your baby. And did you know it can help you feel better right away? Boost your mood Sharpen your focus Reduce your stress Improve your sleep So get more active – and start feeling better today. Getting active can even make your labor shorter and recovery faster. Plus, it can make it less likely you'll have complications like: • Gestational diabetes (a type of diabetes that happens during pregnancy) • Preeclampsia (a condition that causes high blood pressure and other problems)



Unsafe exercises during pregnancy

- ▶ What's safe during pregnancy? Lots of activities are safe!
- ▶ Just avoid: • Contact sports and anything where you could fall or get hit in the belly
- ▶ • Lying flat on your back during activity after the first trimester (it causes problems with blood flow) You can find ways to adapt your favorite physical activities – like propping yourself up with a pillow when you'd normally be on your back.
- ▶ Listen to your body. If an activity doesn't feel right, try something else! Talk with your doctor.
- ▶ Prenatal checkups are a great time to talk about physical activity. Try asking these questions: • How can being active help me have a healthier pregnancy? • What activities would you recommend for me? • Are there any activities I should avoid? You can get more active. No matter how active you were before pregnancy, or what stage of pregnancy you're at



Move Your Way from DHHS

- ▶ PLEASE VISIT SITE AND ENJOY YOUR PREGNANCY!!!!!!!!!!!!
- ▶ Thank You

Promoting Women' Veterans Physical & Mental Wellness

Charlene Pope, PhD

Nursing Research & QI Project Coordinator

Site Lead for WHRN

Health Equity & Rural Outreach Innovation Center

(HEROIC)/COIN



Objectives

- **Present resources on VA women's health**
- **Identify resources for VA women's health research**
- **Review background of VA WOMEN'S HEALTH RESEARCH NETWORK (WHRN)**



VA Women's Health Services (WHS)

- **Number of women Veterans has doubled in last decade**
 - 2.2 million women Veterans in US; 390,00 use the VHA (18%)
- **At VACO, WHS has 3 divisions:**
 - Comprehensive Health
 - Education
 - Reproductive Health
- **Contacts: VISN WH leads, facility Local WH Champions and Womens Health Program Coordinator : Dorothy Gouedy at RHJ VAHCS. Maternity Care Coordinator: Rhonda Lucas.**

VA Women Veterans at RHJ VAHCS

- Younger women Veterans in our area
- More Black Veterans than other groups
- More service-connected status
- More rural and small urban dwellers
- Similar women Veterans with mental health needs compared to National
- More receiving reproductive health services

Women Veteran Outpatient Characteristics

FY2012	%, Local VA N = 5,125	%, National VA N = 354,402
Age 18-44	49.2	42.3
Age 45-64	45.2	46.0
Age 65+	5.5	11.7
Race and Ethnicity		
American Indian/Alaska Native	0.5	1.1
Asian	0.4	1.2
Black/African American	45.2	26.6
Hispanic	2.3	5.8
Native Hawaiian/Other Pacific Islander	0.7	0.9
White	36.6	56.2
Service-Connected (SC) Status		
No SC Status	36.0	42.2
SC: 0-49%	29.3	27.5
SC: 50-99%	28.3	24.3
100% SC Status	6.0	5.4
Residence		
Small Urban	32.4	18.3
Large Urban	37.9	52.4
Other Rural	28.9	27.0
Highly Rural	0	1.0
Care Types Used		
Primary Care User	89.4	88.3
Mental Health User	37.5	37.2
Types of Conditions		
Musculoskeletal	55.9	57.0
Endocrine/Metabolic/Nutritional	49.1	51.6
Mental Health/SUD	44.3	45.4
Cardiovascular	35.7	38.0
Reproductive Health	37.0	31.7

*VA Women's Health Evaluation Initiative (WHEI) data, FY2014.

Resources: Center for Women Veterans

- <https://www.va.gov/womenvet/>

VA U.S. Department of Veterans Affairs

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VA Benefits and Health Care About VA Find a VA Location

I AM A...
Select One

For Veterans
For Family Members & Spouses
For Employees
For Business
Forms & Publications
Jobs
Volunteer or Donate
Public & Intergovernmental Affairs

VA » Center for Women Veterans (CWV)

Center for Women Veterans (CWV)

Schedule Your Pap
Women Veterans should connect with their primary care provider to better understand their Pap smear schedule per the new guidelines developed in 2018.
[Learn more »](#)

#VeteranOfTheDay
Mary Billingsley-Jones

Cervical Screening

From the desk of the Executive Director

New Text Feature

Veterans Crisis Line
1-800-273-8255 PRESS 1

Women Veterans with Disabilities are Valued

SITE NAVIGATION

Women's Health Services Program

- <https://vaww.infoshare.va.gov/sites/womenshealth/whsra/prog/PROGHome.aspx>

The screenshot displays the website for the Women's Health Services Program. At the top left is a red button with the text "WOMEN VETERANS HEALTH CARE". To its right are navigation links: "WHS VACO (Restricted)", "Women's Health Services" (with a dropdown arrow), "VA Goes Red for Women", and "VA ESW Toolkit". The main heading "PROGHome" is centered at the top. On the left side, there are two vertical navigation menus. The first menu, under "Updated Pages", lists "Campaigns", "Reports", "WHStaff", "PROGHome", and "VHAPolicies". The second menu, under "Women's Health", lists "About WH Program", "Comprehensive Health", "Education & Training", "Reproductive Health", and "Grant Opportunities". A third menu, under "Info & Resources", lists "Field Feedback Site" and "Infertility and IVF". The main content area features three sections: "About Women's Health Services" in red text, "Welcome" in red text, and "Comprehensive Health Care" in purple text. The "Welcome" section contains a paragraph about the growing population of women Veterans and the role of the Women's Health Services (WHS) office. The "Comprehensive Health Care" section defines comprehensive care for women Veterans and notes that VHA has implemented this care at 100% of VHA health care systems.

WHS VACO (Restricted) **Women's Health Services** ▾ VA Goes Red for Women VA ESW Toolkit

PROGHome

About Women's Health Services

Welcome

The population of women Veterans has doubled in the past 10 years. Currently, there are over 2.2 million women Veterans in the US, and over 390,000 utilized Veterans Health Administration (VHA) health care services in FY13. The office of Women's Health Services (WHS), in the office of Patient Care Services, is responsible for addressing the health care needs of women Veterans by working to ensure that timely, equitable, high-quality, and comprehensive health care services are provided in a sensitive and safe environment at VHA facilities nationwide.

Comprehensive Health Care

Comprehensive care for women Veterans is defined as care by a designated women's health provider who is interested and proficient in women's health and can provide equitable primary care and gender-specific care to women Veterans. This includes access to primary care, gender-specific care, specialty care (cardiology, endocrinology, orthopedic, etc.) and mental health care in the context of a continuous patient-clinician relationship. VHA successfully implemented comprehensive primary care for women Veterans at 100% of VHA health care systems.

Updated Pages

- Campaigns
- Reports
- WHStaff
- PROGHome
- VHAPolicies

Women's Health

- About WH Program
- Comprehensive Health
- Education & Training
- Reproductive Health
- Grant Opportunities

Info & Resources

- Field Feedback Site
- Infertility and IVF

VA Women Veterans Health Access



- **19% of women Veterans had delayed healthcare or unmet healthcare need during the past 12 months**

Reasons:

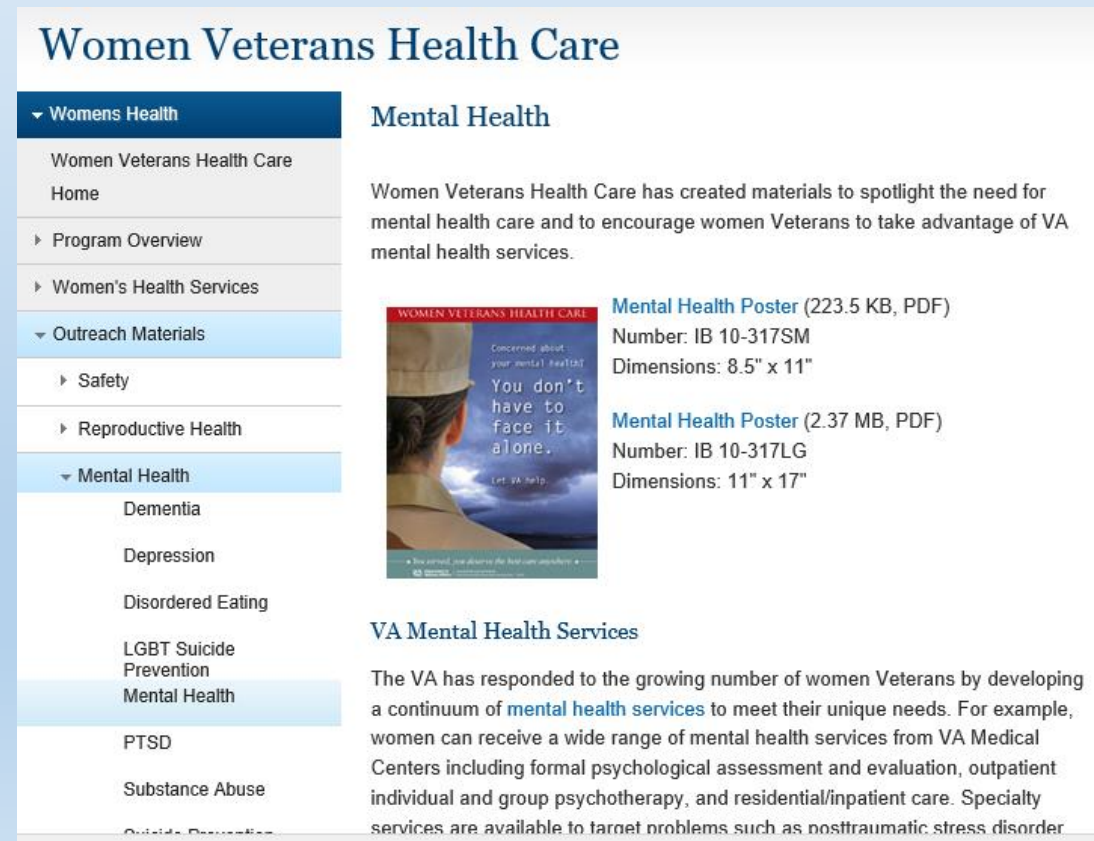
- **Knowledge gaps about VA care**
- **Perception that VA providers are not gender-sensitive**
- **Military sexual assault history**
- **Being uninsured predicted delaying or foregoing care**

VA Women Veterans Mental Health

- https://www.womenshealth.va.gov/WOMENSHEALTH/outreachmaterials/mentalhealth/mental_health.asp

In a Primary Care survey:

- 84% Women Veterans who perceived Mental health needs received services;
- Only 49% reported care met their Mental health needs completely or very Well
- Sites with female providers, women-only treatment settings or groups, and gender-related comfort efforts met mental health needs two times more



The screenshot displays the 'Women Veterans Health Care' website. The left sidebar contains a navigation menu with the following items: 'Womens Health' (expanded), 'Women Veterans Health Care Home', 'Program Overview', 'Women's Health Services', 'Outreach Materials' (expanded), 'Safety', 'Reproductive Health', 'Mental Health' (expanded), 'Dementia', 'Depression', 'Disordered Eating', 'LGBT Suicide Prevention', 'Mental Health', 'PTSD', 'Substance Abuse', and 'Outside Resources'. The main content area is titled 'Mental Health' and includes the following text: 'Women Veterans Health Care has created materials to spotlight the need for mental health care and to encourage women Veterans to take advantage of VA mental health services.' Below this text are two links for mental health posters: 'Mental Health Poster (223.5 KB, PDF) Number: IB 10-317SM Dimensions: 8.5" x 11"' and 'Mental Health Poster (2.37 MB, PDF) Number: IB 10-317LG Dimensions: 11" x 17"'. The poster image shows a woman in a military uniform with the text: 'Concerned about your mental health? You don't have to face it alone. Let VA help.' Below the poster is the section 'VA Mental Health Services' with the text: 'The VA has responded to the growing number of women Veterans by developing a continuum of mental health services to meet their unique needs. For example, women can receive a wide range of mental health services from VA Medical Centers including formal psychological assessment and evaluation, outpatient individual and group psychotherapy, and residential/inpatient care. Specialty services are available to target problems such as posttraumatic stress disorder.'

Women Health & Medication Safety

<https://www.womenshealth.va.gov/WOMENSHEALTH/outreachmaterials/safety/medicationsafety.asp>

The Women Veterans Health Care Site has a Veteran focus.



Women Veterans Health Care

▼ Womens Health

Women Veterans Health Care Home

▸ Program Overview

▸ Women's Health Services

▼ Outreach Materials

▼ Safety

Gun Safety

Medication Safety

▸ Reproductive Health

▸ Mental Health

▸ General Health and Wellness

▸ Abuse and Violence

▸ Culture Change

Women Veterans Make History

▸ Latest Information

▸ More Health Care

Medication Safety

The first step in ensuring that you and your family are safe from medication-related accidents or misuse is by learning about the medications and other supplements you have in your home, how to store them and how to throw them away. Below are medication safety tips, resources in case of emergency and medication services that VA provides for you.

Medication Storage Checklist

- Find out what medications you have in your home and whether or not they are current, require a refill or are expired.
- Make sure that you keep all medications out of the reach of children and in a secure location. Depending on the situation, it may be beneficial to use a locked box or cabinet.
- Keep medications closed in their original containers so that you are always aware of the type of medication, expiration date, dosage, and other key information.
- Keep a list of medication, provider contact and emergency contact information handy. To get started, you can print your full VA medication list at [My HealtheVet Pharmacy](#) or contact your nearest [VA Medical Center](#). Visit the [Poison Help](#) website for poison emergency information or to obtain a [Poison Help](#)*† information sticker.
- When in doubt, always ask your pharmacist about the best way to store your medications and other supplements.

Barriers to Care for Women Veterans

https://www.womenshealth.va.gov/WOMENSHEALTH/docs/Womens%20Health%20Services_Barriers%20to%20Care%20Final%20Report_April2015.pdf

- **Barrier 1: Understanding of Eligibility Requirement and Scope of Services [51% VA non-users]**
- **Barrier 2: Effect of Outreach Specifically Addressing Women's Health Services (67% non-users)**
- **Barrier 3: Effect of Driving Distance on Access to Care (Predictor)**
- **Barrier 4: Location and Hours (72% do not use closest VA PC site)**
- **Barrier 5: Childcare (42% users who found it hard)**
- **Barrier 6: Acceptability of Integrated care (60% prefer women-only PC)**
- **Barrier 7: Gender sensitivity (users only) (Providers rated highest)**
- **Barrier 8: Mental Health Stigma (24% hesitant)**
- **Barrier 9: Safety and Comfort (users only) (Most satisfied; OEF/OIF least)**

Women Veterans Health Research

- https://www.research.va.gov/programs/womens_health/default.cfm

The screenshot displays the website for the Office of Research & Development (ORD). The header includes the title "Office of Research & Development" and navigation options for "Sign up for VA Research Updates" and "Print". A left sidebar menu lists various ORD programs, with "ORD Programs" selected. The main content area is titled "Women's Health Research" and contains a detailed paragraph about the expansion of research on women Veterans' health, covering areas like PTSD, military sexual trauma, and reproductive health. A right sidebar section titled "LEARN MORE" provides links to resources such as the "Women's Health Literature Database", "Women's Health Citations from VA HSR&D", "VA HSR&D Women's Health Research Portfolio", and "VA Research Virtual Media Roundtable: VA Research: Making A Difference in the Health".

Office of Research & Development

Sign up for VA Research Updates Print

ORD Home

- ▶ About Us
- ▶ ORD Services
- ▼ ORD Programs
 - See All Programs
 - ▶ Animal Research
 - Biosafety & Biosecurity
 - ▶ Cooperative Studies Program (CSP)
 - ▶ Million Veteran Program (MVP)
 - ▶ Nonprofit Program Office (NPPO)
 - ▶ Office of Research Protections, Policy, and Education (ORPP&E)
 - ▶ REQUIP

Women's Health Research

Research on women Veterans' health has expanded in recent years in its breadth and depth. Historically, the majority of research among women Veterans was focused on mental health conditions, chiefly in the areas of posttraumatic stress disorder (PTSD) and the consequences of military exposures, including military sexual trauma. Now, efforts to build a broader and stronger evidence base across the lifespan have yielded new research on primary care and prevention, reproductive health, access/rural health, and the care for complex chronic conditions and the long term care needs of older women Veterans. Deployment and post-deployment health research is now a major portion of the VA women's health research portfolio, extending knowledge into the health and healthcare needs of women returning from Operations Enduring Freedom, Iraqi Freedom and New Dawn (OEF/OIF/OND), as well as women still in active duty service. New initiatives to accelerate women Veterans' healthcare research and its impacts include the [VA Women's Health Research Network](#), the [Women Veterans' Healthcare CREATE](#), and the [EMPOWER Quality Enhancement Research Initiative \(QUERI\)](#). The [longitudinal study](#) of long-term health outcomes of women's services during the Vietnam Era has also been recently completed, with

LEARN MORE

If you're a VA researcher, and would like to participate in the conversation about VA and women's health research, [subscribe](#) to our listserv. You can also learn more about what's new by using the links and resources below.

- [Women's Health Literature Database](#)
- [Women's Health Citations from VA HSR&D](#)
- [VA HSR&D Women's Health Research Portfolio](#)
- [VA Research Virtual Media Roundtable: VA Research: Making A Difference in the Health](#)

Major Areas of VA Womens' Health Research

- **Access/Rural Health**
- **Complex Chronic Conditions/Long Term Care & Aging**
- **Deployment Health**
- **Primary Care/Prevention**
- **Reproductive Health**
- **Military Sexual Trauma**



VA Women's Health Research Network (WHRN)



- 250 VA investigators in the Consortium
- Over 3 years:
 - Have assisted 29 women's health grants get funded
 - Assisted 40 papers published
 - Oversaw 2 VA-funded journal supplements
 - Organized a national conference
 - Launched 2 national studies and assisted many others

VA works to understand women Veteran's needs and concerns

- Check out our [Overview of Health Services](#) page and find additional resources and health care services for women below:
- [Women Veterans Call Center](#)
- [She Wears the Boots Podcast](#)
- [Maternity Care](#)
- [Breast Feeding](#)
- [Cervical Cancer/Gynecological Cancer](#)
- [Breast Health/Mammography](#)
- [Pre-conception Health](#)
- [Pregnancy and Mental Health](#)
- [Prosthetics For Women Veterans](#)
- [Menopause](#)



REFERENCE: <https://www.womenshealth.va.gov/building-a-culture-of-respect.asp#:~:text=Legislation%2C%20such%20as%20the%20Women,of%20their%20well%2Ddeserved%20benefits>

Who leads WHRN?

WHRN is collaboratively led by three investigators who, respectively, oversee the Consortium, WH-PBRN and engagement work.

- **Elizabeth Yano, PhD, MSPH** (elizabeth.yano@va.gov) leads national Consortium development. At VA Greater Los Angeles, Dr. Yano is also Director of the VA HSR&D Center for the Study of Healthcare Innovation, Implementation & Policy, Director of the VA Women Veterans' Healthcare CREATE, and Professor of Health Policy & Management, UCLA Fielding School of Public Health.
- **Susan Frayne, MD, MPH** (susan.frayne@va.gov) leads the WH-PBRN. At VA Palo Alto, Dr. Frayne also directs the VA Women's Health Evaluation Initiative, and is an Investigator at the VA HSR&D Center for Innovation to Implementation and Professor of Medicine, Stanford University.
- **Alison Hamilton, PhD, MPH** (alison.hamilton@va.gov) leads the multilevel engagement work. Also at VA Greater Los Angeles, Dr. Hamilton is Director of the VA EMPOWER QUERI Program, and Research Anthropologist, Department of Psychiatry & Biobehavioral Sciences, UCLA Geffen School of Medicine. WHRN work is supported two Program Managers,
- **Ruth Klap, PhD** (ruth.klap@va.gov), whose expertise in health services research methods and inclusion of women in research advances the capabilities of the Consortium
- **Diane Carney, MA** (diane.carney@va.gov), whose longstanding multisite research and project management experience ensures the effective management of the 60-site WH-PBRN.

SEXUAL HEALTH

Ashley Hatton, PsyD

Women Veteran Wellness Summit
5/15/2024

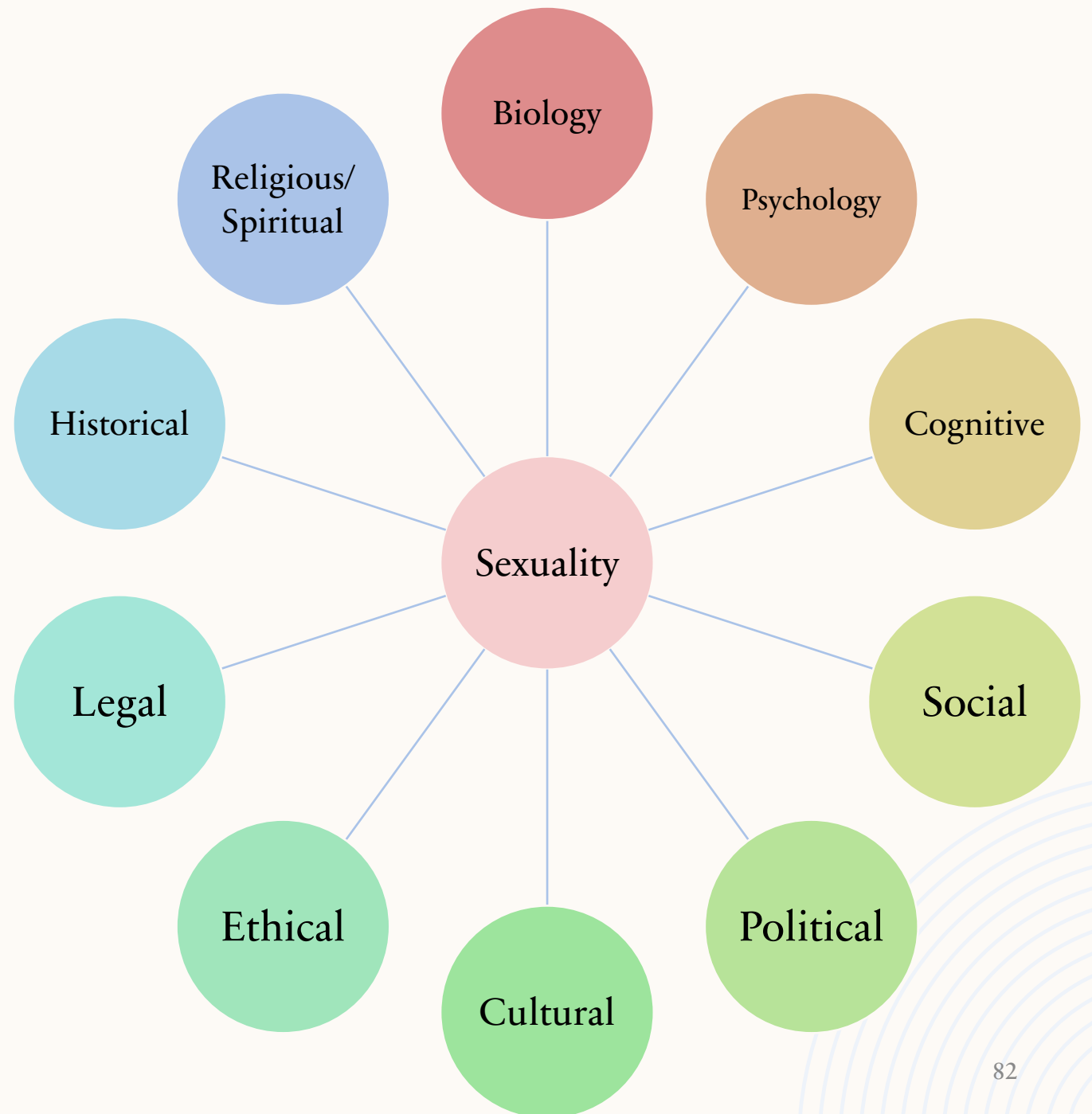
SEXUAL HEALTH MATTERS!

WHO Statement on *Sexual Health*:

- “Sexual Health is a state of physical, emotional, mental, and social **well-being** in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity.
- Sexual health requires a **positive** and **respectful** approach to sexuality and sexual relationships,...
- [It requires] the possibility of having **pleasurable** and **safe** sexual experiences, free of coercion, discrimination and violence.
- For sexual health to be attained and maintained, the **sexual rights** of all persons must be respected, protected, and fulfilled.”

INDIVIDUAL SEXUALITY IS UNIQUE AND MULTI- FACETED

(WHO, 2006)



SEXUAL HEALTH COMPLICATIONS

Physical Causes

- Health problems: diabetes, cancer, chronic pain
- Medicines
- Gynecological issues: endometriosis, pelvic muscle problems
- Changes in hormone levels

Psychological and Emotional Causes

- Mental stress
- Psychological diagnosis: depression, anxiety, eating disorders
- Relationship issues: boredom, anger, abuse
- Trauma
- Negative beliefs / fears about sex

ISSUES WITH SEXUAL FUNCTIONING

- Many women experience issues with sexual functioning (about 33% of American women report low sex drive). Some women are bothered by these issues and some are not.
 - Low sexual desire
 - Trouble becoming aroused
 - Trouble having an orgasm
 - Pain during sex
- The issue could be lifelong or temporary.
- It can happen all the time, only with a certain partner, or only at certain times, such as after pregnancy.
- You can have more than one issue, as they are often related to each other.

TREATMENT OPTIONS

Psychotherapy

- Individual, CBT and/or mindfulness
- Couples, including sex therapy
- Groups, including Women-only
 - Sexual Empowerment Group

Pelvic Floor Physical Therapy

Hormone Replacement Therapy

Self-Directed Options:

- Lifestyle Changes: diet, exercise, books, movies, toys

85





HOW TO TALK TO YOUR PROVIDERS

- You may have to bring it up. Some providers may not be trained in treating sexual health. You could consider asking your provider if he or she feels comfortable working with you on your sexual health. If not, ask whether he/she can recommend an expert who could help you.
- Before you ask your health care provider any questions, think about what you'd like to say. Think of ways to speak plainly, and try to be as specific as possible. You can use one of the statements below and add personal details.
 - I am dissatisfied/unhappy/disappointed with my sex life because _____
 - There have been changes in my sexual relationship: _____
- Other questions:
 - What are my options for treatment?
 - Will treatment relieve my symptoms?
 - What are the risks and benefits of each treatment option?

WOMEN'S SEXUAL HEALTH AND EMPOWERMENT GROUP

Logistics:

- Group is 8 weekly 50 minute sessions conducted over VVC
- Wednesdays at 11
- Group members are encouraged to attend each session and complete Out of Session Assignments

Session Topics Include:

- Exploring the ways biology, life experiences, and society influence sex and sexuality
- Developing a healthy mindset regarding sexuality
- Clarifying sexual rights, giving and withdrawing consent, and setting boundaries
- Increasing safety and intimacy with sex
- Improving communication around sexual wants and needs
- Coping with difficult feelings and automatic reactions

SELF-DIRECTED OPTIONS FOR ENHANCING YOUR SEXUAL WELLNESS

- **Be mindful of sexual content and tools that you use.** Be aware of how these materials (pornography/erotica/sex toys) may impact your physical state, mood, self-esteem, and views on sex. Stick to materials that make you feel empowered.
- **Use positive language when referring to sex.** Refer to sex using terms that speak of it as a positive, healthy experience you have control over and can make choices about (like making love or being physically intimate). When referring to body parts use the proper names, not slang terms that can be degrading or nicknames that are disempowering (vagina vs. "down there").
- **Discover more about your current sexual attitudes and how you would like them to change.**
- **Discuss ideas about healthy sexuality and sex with trusted others such as with your friends, partner, therapist, or support group members.**
- **Educate yourself about healthy sex. Read books, take workshops, or talk with a professional**

BIBLIOTHERAPY

- Come As You Are – Emily Nagoski
- Reclaiming your Sexual Self – Kathryn Hall
- Sex Matters for Women – Sallie Foley, Sally Kope, Dannis Sagrue
- Bonk: The Curious Coupling of Science and Sex – Mary Roach
- Thorns and Roses: A Self-Help Memoir For Women With Sexual Pain – J. Cole
- Healing Sex: A Mind-Body Approach to Healing Sexual Trauma – Staci Haines
- The Sexual Healing Journey: A Guide for Survivors of Sexual Abuse – Wendy Maltz

MILITARY SEXUAL TRAUMA (MST) COORDINATOR

Ashley Hatton, PsyD

(843) 577-5011 x 343147

Can reach me in MyHealtheVet secure messaging

Here are some resources for additional information and support:

- The national VA mental health website has MST brochures and fact sheets as well as information about programs and services.
<https://www.mentalhealth.va.gov/msthome/index.asp>
- Local MST website: <https://www.va.gov/charleston-health-care/programs/military-sexual-trauma-mst/>
- Make the Connection website has stories from Veterans about their recovery from MST, plus more resources and support.
<https://www.maketheconnection.net/conditions/military-sexual-trauma>
- Download App: *Beyond MST*

SUICIDE PREVENTION OVERVIEW: WOMEN'S WELLNESS EVENT

RALPH H. JOHNSON VA MEDICAL CENTER

05/15/2024

JEN WRAY, PHD

SUICIDE PREVENTION PROGRAM MANAGER

A LITTLE HOUSEKEEPING BEFORE WE START:

- Suicide is an intense topic for some people.
 - If you need to take a break, or step out, please do so.
 - Immediate Resources:
 - National Suicide Prevention Lifeline: **988**
 - Service members and Veterans should press 1 to connect with the Veterans Crisis Line.

BACKGROUND: SUICIDE AS A NATIONAL PUBLIC HEALTH CONCERN

- **Stats**

- 6,392 Veteran suicide deaths in 2021 (350 Veteran women)

- **Veteran populations at risk**

- Younger Veterans, Women Veterans, Veterans in a period of transition, Veterans with exposure to suicide, Veterans with access to lethal means

- **Women Veterans**

- Firearm suicide rate among Veteran women was 281% higher than non-Veteran women (2021)
- 24.1% increase in age adjusted suicide rate from 2020-2021

THERE IS HOPE

- Suicide is preventable
- Everyone has a role to play in suicide prevention
 - Learn about ways to identify other Veterans at risk for suicide
- Learn about resources that are available for you as well as for fellow Veterans

WHAT IF YOU ARE CONCERNED ABOUT A FELLOW SERVICE MEMBER/VETERAN?

S

Signs of suicidal thinking should be recognized (e.g., hopelessness, anxiety/agitation/not sleeping/mood swings/anger, feeling there is no reason to live, engaging in risky activities, change in alcohol/substance use, withdrawing from others, looking for ways to harm self, talking about suicide)

A

Ask the most important question of all (“Are you having thoughts of suicide?”)

V

Validate the Veteran’s experience (recognize the situation is serious, do not pass judgment, reassure that help is available)

E

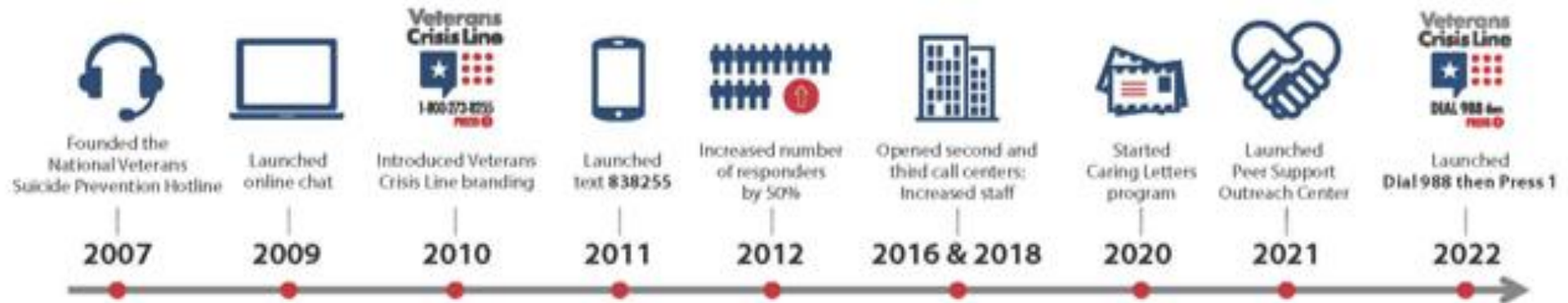
Encourage treatment and Expedite getting help (Stay with the Veteran, call VCL, escort to local Emergency Room)

WHAT IF YOU FEEL YOU NEED SOME ASSISTANCE?

- Free mobile mental health apps! Mobile Apps - PTSD: National Center for PTSD (va.gov) Including new Safety Plan app
- Talk with your primary care team
- Talk with your established Mental Health provider
- Call the TAP line : 843-789-6400
- Call, text, or chat the VCL: “988” , or text 838255
- Present to your local Emergency Department

VETERANS & MILITARY CRISIS LINE- FREE, CONFIDENTIAL SUPPORT 24/7/365

The Veterans Crisis Line is a free, confidential resource available to any Veteran, even if they are not enrolled in VA health care or registered with VA. Care does not end when the conversation is over. The Veterans Crisis Line can connect Veterans to their local suicide prevention coordinators, who will follow up and coordinate care.



More than
7.6 million
calls



More than
360,000
texts



More than
910,000
chats



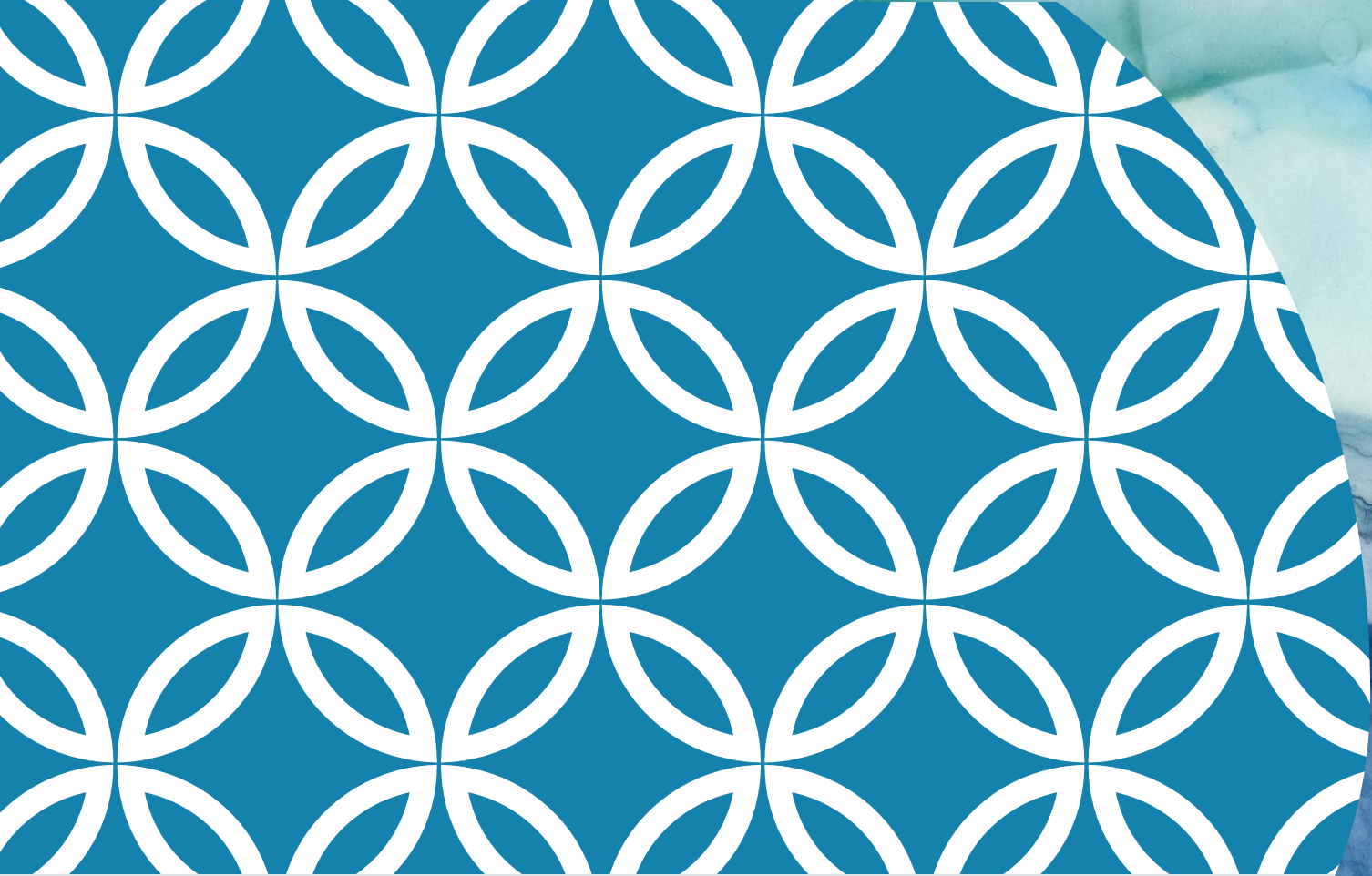
More than
1.4 million
referrals

to VA Suicide Prevention Coordinators

More than
313,000
dispatches of
emergency services

RESOURCES

- VCL (save in phone)
 - 988 , press 1 if a Vet/family member
 - Text: 838255
 - <https://www.veteranscrisisline.net/get-help/chat>
- Make the Connection: <https://maketheconnection.net/conditions/suicide>
- SAVE training: <https://www.youtube.com/watch?v=49Vg-xM9L7Q>
- Gun locks
 - Video link: <https://www.facebook.com/VAMCCharleston/videos/443322386556747>
- TAPS (Tragedy Assistance Program for Survivors): <https://www.taps.org/>
- Find a Local VA SPC: www.VeteransCrisisLine.net/ResourceLocator
- CHSVA Suicide Prevention contact: 843-577-5011 X207844
- [Home - Suicide Prevention Annual Report \(va.gov\)](#)



Introduction to *Mindfulness*

MINDFULNESS MEDITATION DEFINED

“ Paying attention in a particular way: on **purpose**, in the **present moment**, and **nonjudgmentally**.” – Kabat-Zinn, 1994

Meditation is practiced in numerous religious and spiritual traditions.



IT IS A KIND OF MENTAL EXERCISE FOR THE MIND MUCH LIKE PHYSICAL EXERCISE FOR THE BODY.



Mind Full, or Mindful?

The practice of slowing the mind and taking a mental break from the constant chatter brings the balance which is critical to health.

FOUNDATIONS OF MINDFUL MEDITATION

Beginners mind: seeing things as new and fresh, as if for the first time, with a sense of curiosity.

Non-Judgement: cultivating impartial observations in regards to our experiences. Not labeling thoughts, feelings or sensations as good or bad, right or wrong, but simply taking note of thoughts, feelings and sensations in each moment.

Self-Compassion: Cultivating compassion for yourself without self blame or criticism

MENTAL HEALTH BENEFITS OF MINDFULNESS

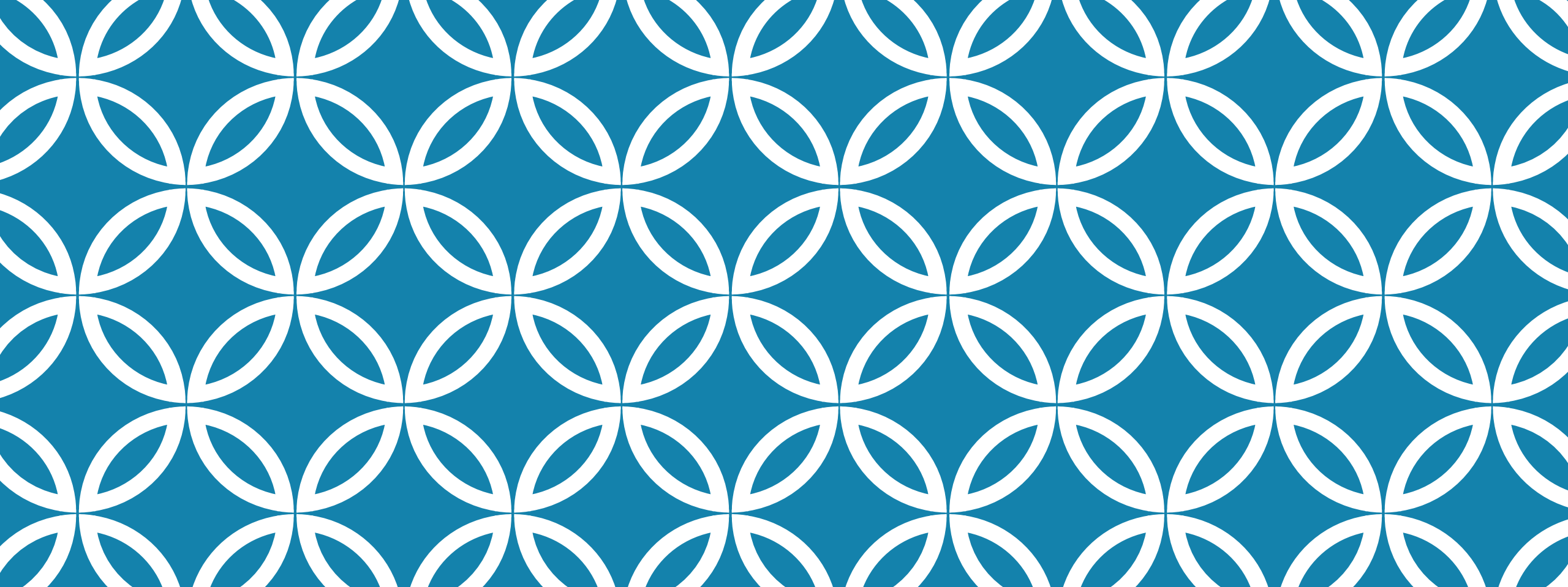
- Greater creativity
- Decreased anxiety
- Decreased irritability and moodiness
- Improved learning ability and memory
- Decreased depression
- Increased feelings of vitality and rejuvenation
- Overall psychological flexibility and increased contentment



GROUNDING EXERCISE

Mindfulness meditation involves experiential learning which is the process of learning through experience with formal and informal exercises.

Please join me a in 5 minute Grounding Exercise.



**WANT MORE? JOIN US BEGINNING MAY
31ST @ 11:00AM FOR A 6 WEEK VIRTUAL
BEGINNER MINDFULNESS GROUP**

Contact Carol Conway
843 940-0410 for more info



WWW.SHESTHEVETERAN.ORG

"She's the Veteran"

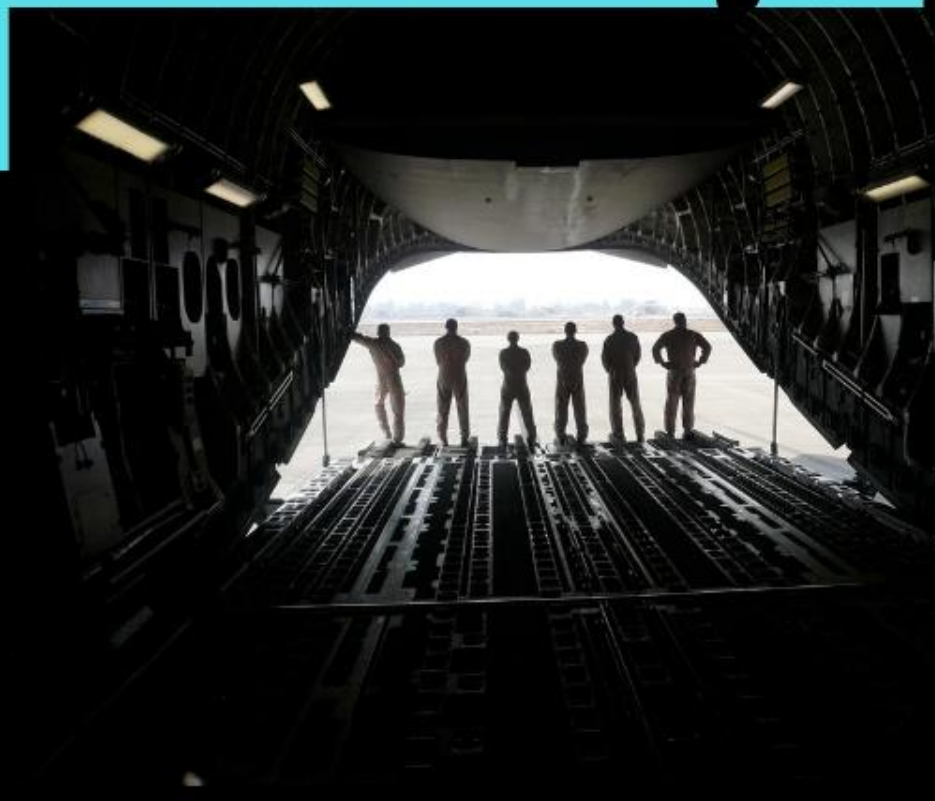
A WOMEN VETERANS ONLY COMMUNITY



Our Network

THE LOWCOUNTRY'S FIRST
WOMEN VETERANS ONLY
ORGANIZATION


Our network includes Active Duty, Reserves, National Guard, Retired and prior service. **There are 45,000 Women Veterans in SC, NOT including Active Components.**





Our Mission:

**She's the Veteran works with female veterans to:
provide a supportive community, improve mental health through programmatic activities, and spearhead research to improve gaps in healthcare.**



Where We Focus: Core Values

Advocacy

Be the organization that speaks on behalf of women veterans everywhere that are often regarded as invisible.

Mental Health

To create programs that both enrich and improve the mental health of female veterans and improve their lives.

Research

Continuing to build a foundation for research on the status of mental health in the female veteran. Identify gaps in female veteran healthcare including mental health issues.

**SOME OF
OUR MENTAL
HEALTH
ACTIVITES**



**Surfing
Workshop**



**Horse
Therapy**



**Sporting
Clay
Shooting**

WOMEN VETERAN'S DAY, JUNE 12TH, IS OUR ANNUAL CELEBRATION FOR WOMEN VETERANS.

Why June 12th? That's the day women were finally recognized as actual members of the military in 1948, signed into law by President Truman. This is our event where women veterans travel from all over to celebrate their hard work and sacrifice for our country. This year will be our 4TH Annual Celebration! **Please Note this year's celebration will be on June 8th, 2024 to accommodate those who travel from out of town for the weekend.**





JOIN US ON JUNE 8TH, 2024!

FOR OUR 4TH ANNUAL WOMEN VETERANS DAY CELEBRATION!

Ticket includes Open Bar, Light Bites and Free Giveaways!
Tickets can be purchased at
www.ShesTheVeteran.org

WHEN:
JUNE 8, 2024 | 1800
CHARLESTON VISITOR CENTER
CAMDEN ROOM
375 MEETING STREET
CHARLESTON, SC 29403


The Details:
Women Veterans ONLY
Dress Code: Cocktail Dress or
Military Uniform





How Do I Join?!

Membership is FREE with no meeting attendance requirements! Simply sign up for our newsletter at www.ShesTheVeteran.org



Join Our Newsletter!





E-mail Address

brooke@shestheveteran.org

Phone Number

843-595-2920

Website

www.ShesTheVeteran.org

Let's Get Social:

FB: www.facebook.com/ShesTheVeteran/

Instagram: [@shestheveteran](https://www.instagram.com/shestheveteran)

Contact Us

LET'S WORK TOGETHER.

