

Women's Mental Health and Military Sexual Trauma

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Lack Of Specific Data For Women Who Served In Gulf War 1

- **Almost all info to be reviewed is for women's mental health care in general**
- **Will report specific Gulf War 1 data when possible, but data are very limited**

Women's Mental Health

Uniform Mental Health Services in VA Medical Centers and Clinics

- **Gender-specific issues can be an important component of care**
- **Strongly encourage sites to give veteran treated for**
 - **MST: option of same-sex provider, or opposite-sex provider if trauma involved a same-sex perpetrator**
 - **Other MH conditions: option of a consultation from same-sex provider regarding gender-specific issues**

Uniform Mental Health Services in VA Medical Centers and Clinics

- **All VA facilities must accommodate and support women and men with safety, privacy, dignity, and respect**
- **All inpatient and residential care facilities must provide separate and secured sleeping accommodations for women**
- **Mixed gender units must ensure safe and secure sleeping and bathroom arrangements**

Homeless Care: VA Grant and Per Diem Program (GPD)

- During FYs 2007 and 2008, applications to establish women homeless veteran programs were given priority in GPD funding notices and reviewed separately
- Total programs reviewed and awarded:
 - 32 projects
 - 434 beds
 - \$3,109,878 in capital awards

GPD Program: First three quarters, FY2008 (compared to first three quarters of FY2007)

- **373 women served by VA GPD Programs (vs. 306)**
- **119 GPD Programs provided services for women veterans (vs. 100)**
- **47% of women admitted to GPD Program discharged successfully (vs. 42%)**
 - **46% of men admitted to a GPD Program discharged successfully (vs. 41%)**
- **Average length of stay of women veterans in GPD Programs = 153 days (vs. 110 days)**
 - **Average length of stay of male veterans in GPD Programs = 134 days (vs. 101 days)**

Grant and Per Diem Program: Special Needs Grants

- **VA awards Special Needs Grants to community providers to address special populations as defined by regulation (women, chronically mentally ill, frail elderly, and terminally ill)**
- **Women's Special Needs Programs at eight sites; Since 2005:**
 - **213 enrolled in programs**
 - **163 days was average length of stay**
 - **49% housed successfully at discharge**

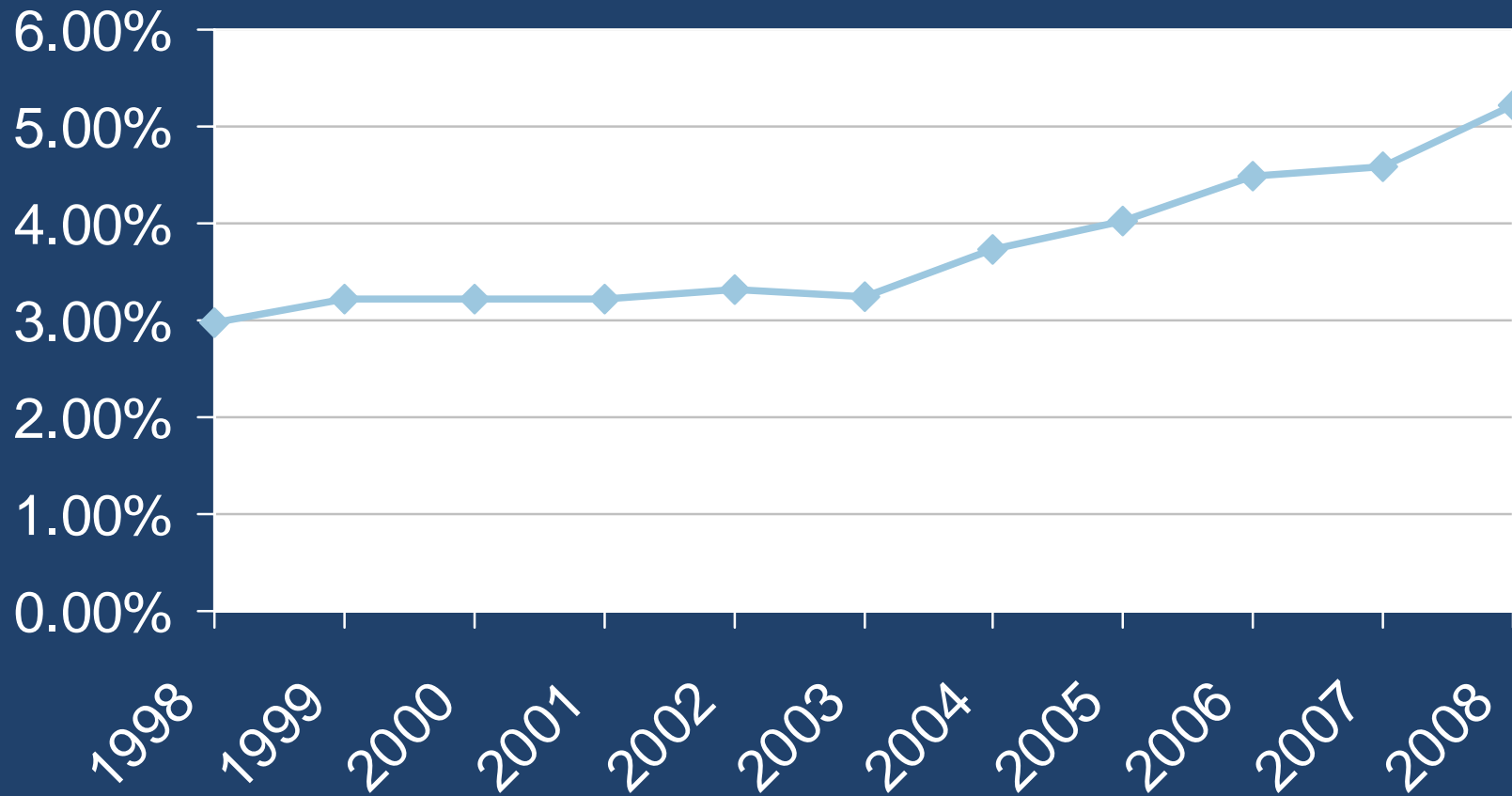
Homeless Care: HUD-VASH Program

- **Largest expansion of the homeless program**
- **Provides permanent housing**
- **Improves VA's ability to provide for all homeless veterans and their families**
- **Improves VA's ability to serve women veterans**
- **In 2008, 10,000 Housing Choice Vouchers**
- **Deploying 290 Case Managers**
- **Provides case management services**

Mental Health Residential Rehabilitation and Treatment Programs (RRTPs)

All Discharges from MH RRTP	FY 2006	FY 2007	FY 2008 (approx.)
Total	12,619	31,570	33,046
# women vets	568	1,452	1,721
% women vets	4.5%	4.6%	5.2%

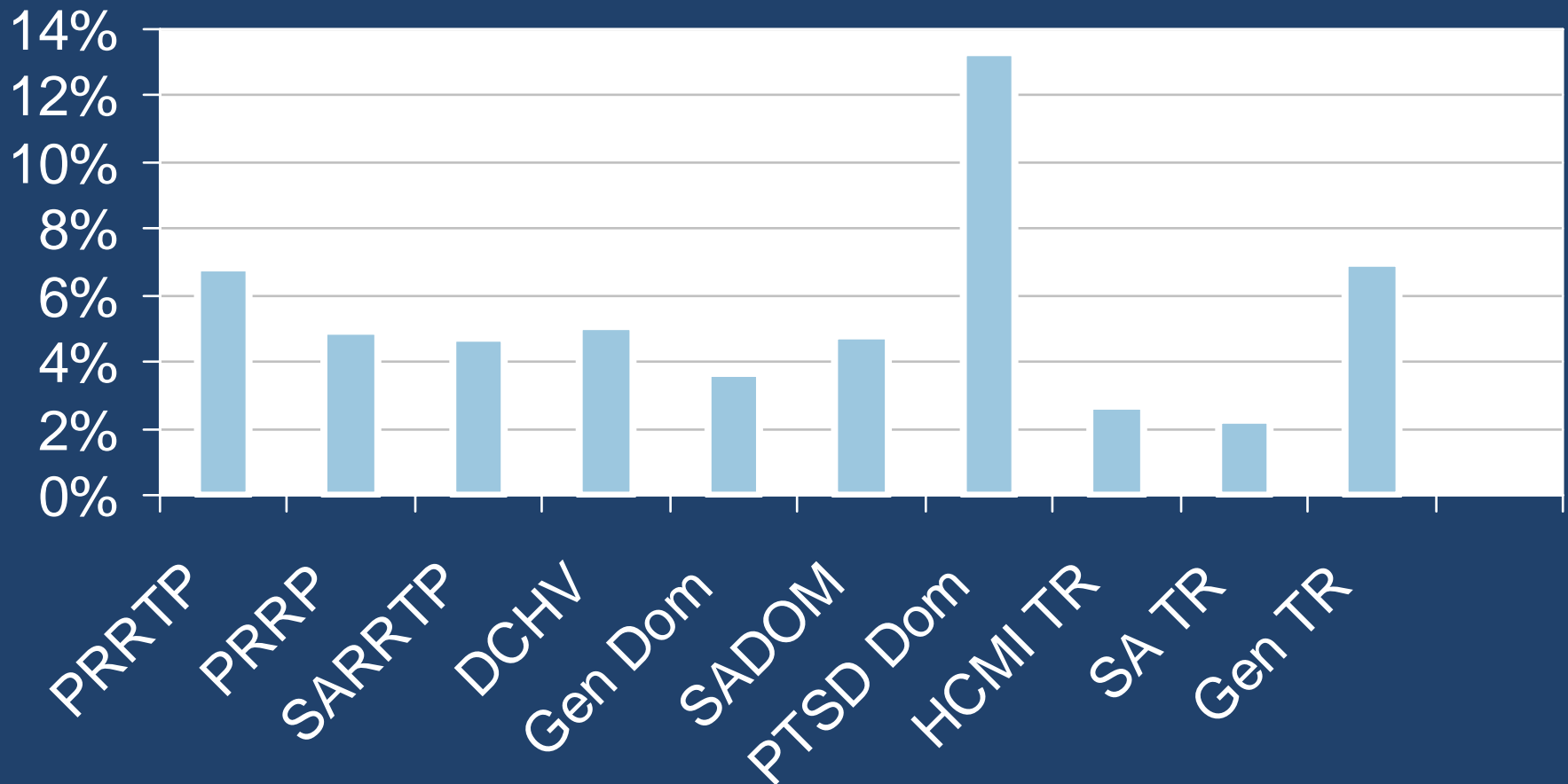
Women Veterans: % Discharged from MH RRTPs FY1998 - 2008



From VA administrative
databases

% Women by MH RRTP

Discharge Bed Section FY2008



From VA administrative databases

Improving Therapeutic Environments for Women Veterans in RRTPs

- **Staffing level and staffing pattern guidelines**
- **Physical plant access and safety/security improvements**
- **100% Site Survey Review by an outside agency [Mathematica] to begin February 2009**
- **Training and education for MH RRTP leaders and key personnel**
- **CARF accreditation for all MH RRTPs**

Staffing Levels and Patterns

- **Staffing levels and patterns must ensure:**
 - **Safety of veterans**
 - **Clinical care consistent with national best practices**
- **Staffing policy developed and incorporated in MH RRTP draft handbook**
- **Staffing must provide 24/7 on-site supervision of MH RRTPs**
 - **In FY2007, \$11.2 million was distributed to the field for 227 FTEE to enhance 24/7 supervision**

Physical Plant Safety/Security Improvements

- **January 2008, field mandated to implement:**
 - **Keyless entry for all MH RRTPs**
 - **Locks for female bedrooms and bathrooms**
 - **Use of closed circuit monitoring of public areas**
- **\$2.7 million allocated to the field for implementation**

Safety/Security Improvements

- **Annual Safety and Security Assessment in all MH RRTPs:**
 - Will be conducted jointly with the Women Veteran Program Manager (WVPM)
 - Will focus on the needs of women veterans
- **WVPM also encouraged to participate in regular environmental rounds with special emphasis on improving privacy and security**

PTSD Treatment by War Zone: Specific Data for Women Serving in Gulf War 1

Women Veterans in PTSD Outpatient Treatment Programs

Methods:

- Data from intake data obtained from NEPEC evaluation of specialized outpatient PTSD programs (4/1/04 – 11/30/07)
- War zone service is documented at intake on the basis of veteran self-report
- Statistical comparisons are ANCOVAS adjusted for program site (n=86) and age
- **THUS, DATA ARE NOT AT ALL INDICATIVE OF OVERALL RATES FOR WOMEN VETERANS OF GULF WAR 1; THEY REPRESENT ONLY THOSE WHO ENROLL FOR CARE FROM VHA AND RECEIVE CARE IN A PTSD OUTPATIENT MENTAL HEALTH PROGRAM**

Women Veterans in PTSD Outpatient Treatment Programs

	OEF/ OIF	Gulf War 1	VIET NAM	OEF/OIF vs. GW1	OEF/OIF vs. VIET	GW1 vs. VIET	P*
N	1,258	380	100				
Received Fire	89%	68%	86%	X		X	.0001
Participated in Atrocities	3%	3%	8%		X	X	.0005
Witnessed Atrocities	15%	10%	19%			X	.005
Sexual Trauma	19%	45%	39%	X	X		.0001
Noncombat Nonsexual Trauma	14%	23%	12%	X		X	.0001

(Rosenheck, et al., unpublished)

**P = Significance level of overall ANCOVA.*

X = Pair of means significantly different at $p < .01$

Women Veterans in PTSD Outpatient Treatment Programs

	OEF/OIF	GW1	VIET NAM	OEF/OIF vs. GW1	OEF/OIF vs. VIET	GW1 vs. VIET	P*
N	1,258	380	100				
PTSD Dx	78%	80%	91%		X	X	.01
Alcohol Abuse/ Dep. Dx	11%	12%	25%		X	X	.0003
Drug Abuse/ Dep. Dx	3%	8%	19%	X	X	X	.0001
Comorbid Dx (mean)	1.73	1.95	2.39	X	X	X	.0001
Medical Problem	52%	63%	58%	X			.0009
Violent Behavior	13%	17%	25%		X		.009

(Rosenheck, et al., unpublished)

*P = Significance level of overall ANCOVA.

X = Pair of means significantly different at $p < .01$.

Women Veterans in PTSD Outpatient Treatment Programs

	OEF/OIF	GW1	VIET	OEF/OIF vs. GW1	OEF/OIF vs. VIET	GW1 vs. VIET	P*
N	1,258	380	100				
Serv. Conn. PTSD	18%	25%	37%	X	X	X	.0002
Serv. Conn. Other Psych	7%	11%	7%				.05
Serv. Conn. Medical	35%	51%	27%	X		X	.0001
Psychiatric Disability (%)	39.47	50.67	61.32	X	X		.0008
Medical Disability (%)	30.69	30.97	23.18				ns

(Rosenheck, et al., unpublished)

*P = Significance level of overall ANCOVA.

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Military Sexual Trauma

What is Military Sexual Trauma (MST)?

- The definition of MST comes from 1720D of Title 38, US Code and is “psychological trauma, which in the judgment of a VA mental health professional, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the veteran was serving on active duty or active duty for training”
- Sexual harassment was further defined as “repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character”

VA is Legally Mandated to Address MST

- **Beginning in 1992, Congress passed a series of laws mandating that VA:**
 - **Monitor MST screening and treatment**
 - **Provide free care for physical and mental health conditions related to MST**
 - **Provide staff with training on MST-related issues**
 - **Provide outreach to veterans about services available**

Carrying Out VA's Responsibilities Regarding Military Sexual Trauma (MST)

- **Section 1720D of Title 38, US Code mandates that VA provides care for mental and physical health conditions associated with such sexual trauma**
- **VA Directive 99-039 mandates that VA screen veterans for sexual trauma experienced while in the military**

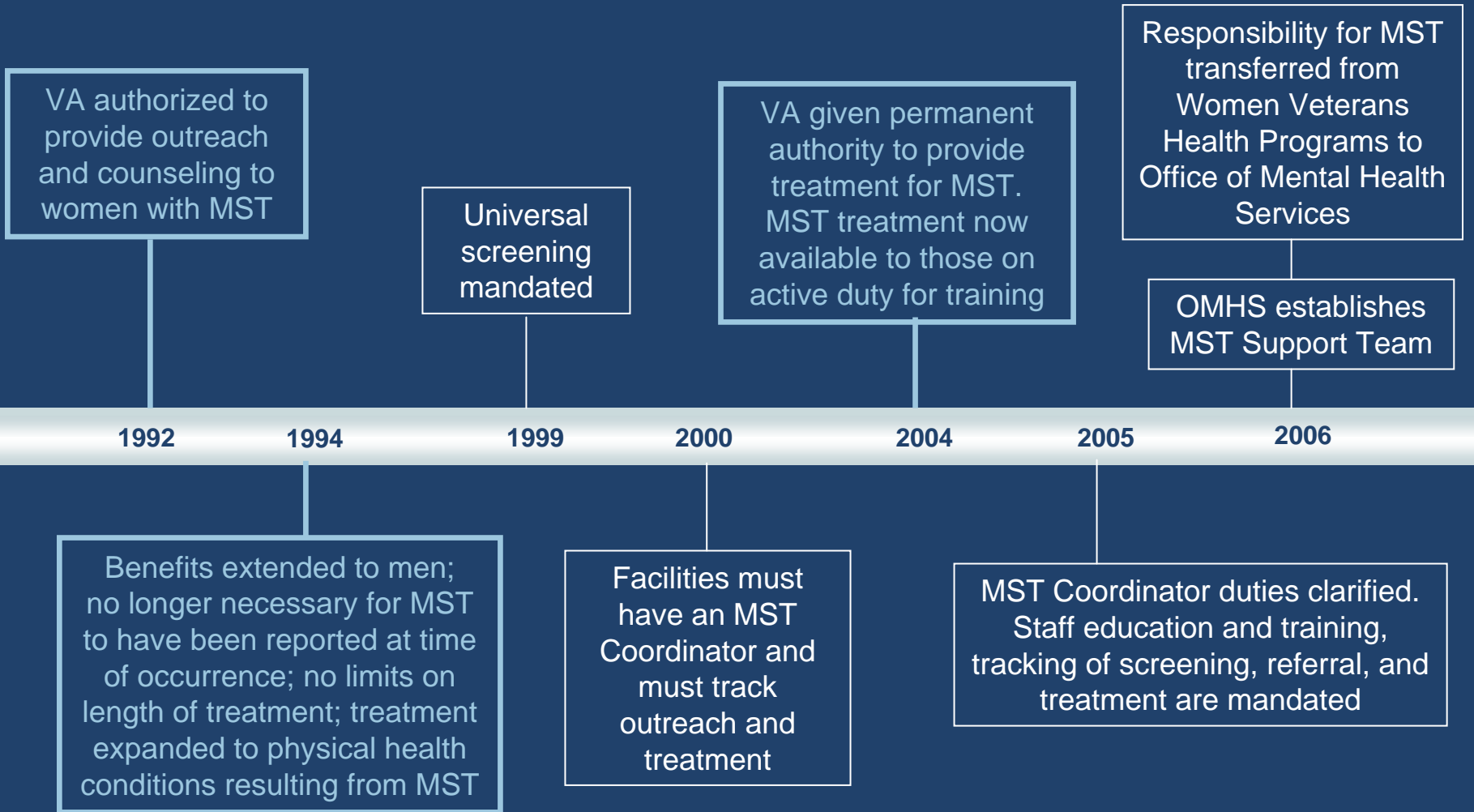
MST Screening

- **Questions: “While you were in the military...**
 - **Did you receive uninvited and unwanted sexual attention, such as touching, cornering, pressure for sexual favors, or verbal remarks?”**
 - **Did someone ever use force or the threat of force to have sexual contact with you against your will?”**
- **Veterans who respond affirmatively to either item are considered to be a positive screen for MST**

MST Screening

- **A positive screen does not indicate the veteran's current subjective distress, diagnosis, interest in, or need for treatment**
- **The positive response does not indicate if the perpetrator was a member of the military**

The VA Response to MST



Blue = Derived from Public Law

White = Established by VA Directive

Some Additional VA Responses

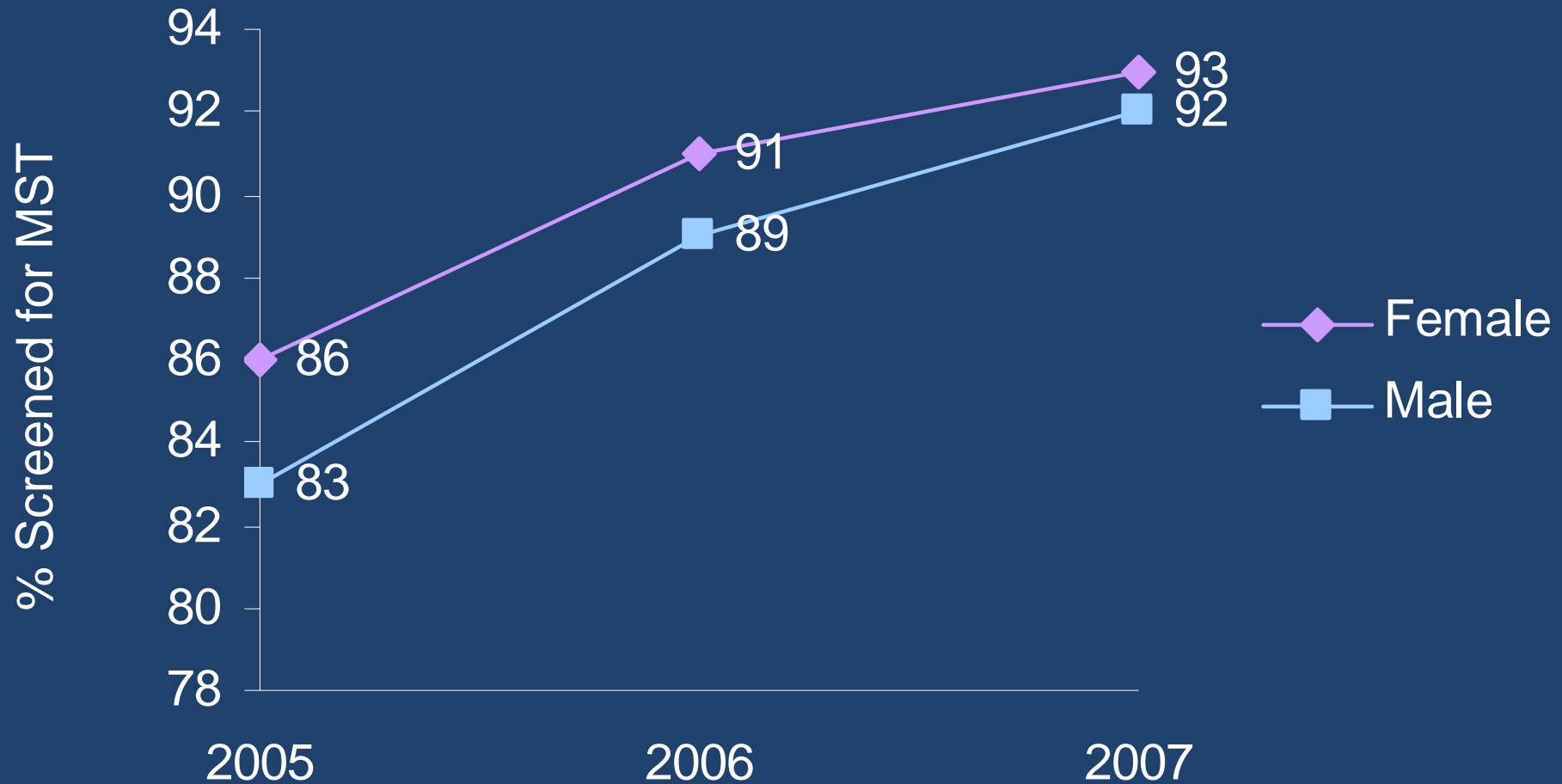
- **Every facility must have a designated MST Coordinator**
 - Serves as a point person for MST issues at the facility
 - Responsible for ensuring that MST-related monitoring, treatment, education, and training occur
- **All treatment (including medications) for physical and mental health conditions related to MST is free**
- **All veterans seeking VA care must be screened for MST**
- **Most recently: OMHS funds MST Support Team to ensure that VA meets legal mandates**

The VA Military Sexual Trauma (MST) Support Team

VHA Office of Mental Health Services established the MST Support Team to:

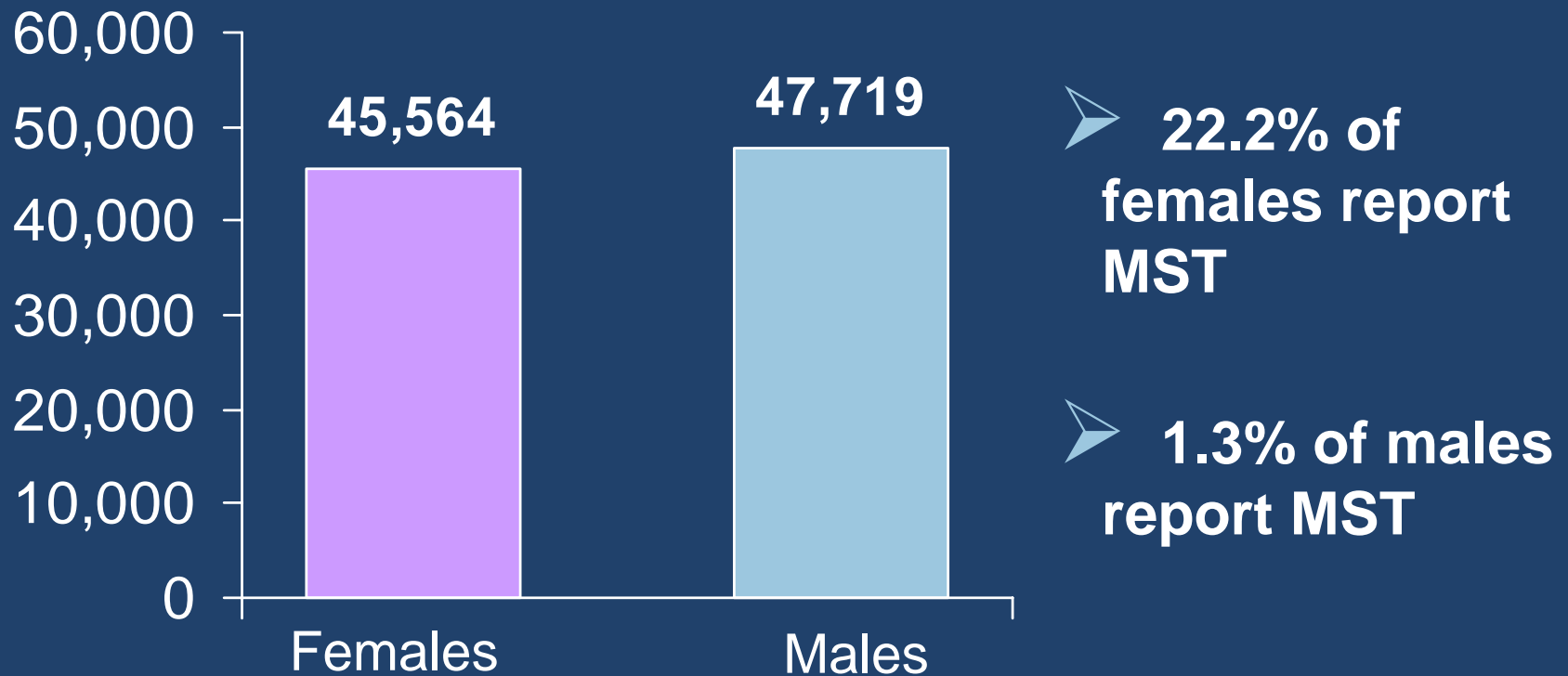
- 1. Conduct legally mandated monitoring of MST screening and treatment within VHA**
- 2. Oversee legally mandated MST-related education and training within VHA**
- 3. Promote best practices for MST screening and treatment within VHA**
- 4. Offer policy recommendations related to MST for consideration by OMHS**

MST Screening Rate by Year (% of Veterans Participating in Screening)



Current Population of MST+ Veterans in VHA Care

Among veterans who utilized VHA care in FY2007:



MST-Related Care

- **Every VA facility provided MST-related care to both women and men in FY2007**
- **322,526 free MST-related clinical service encounters to MST positive veterans**
 - **212,847 encounters with female veterans**
 - **89.3% for mental health care**
 - **109,679 encounters with male veterans**
 - **89.0% for mental health care**

MST-Related Mental Health Care

The top 5 primary diagnoses for MST-related mental health encounters in FY2007 were:

- **PTSD**
- **Depressive disorders**
- **Schizophrenia and psychoses**
- **Bipolar disorders**
- **Substance use disorders**

MST Education/Training Initiatives

- **Monthly MST Teleconference Training Series calls; audio of broadcast available on website**
 - Continuing Education Credits available
 - Typically well over 100 phone lines used (often multiple listeners on one line)
 - Sample topics:
 - Overview of MST-related care
 - Series of 5 calls on evidence-based treatments
 - DoD's response to sexual assault
 - Cultural issues and MST
 - MST in Primary Care
 - VA policies related to MST

MST Education/Training Initiatives

- **Annual MST Clinical Training Program**
- **Collaboration with national rollout of evidence-based PTSD and depression treatments**
 - **Integrate MST-specific information into manuals and materials**
 - **Promote attendance by clinicians working with MST survivors**
- **Revising Veterans Health Initiative Independent Study Course on MST**

Program Development & Treatment Accessibility Initiatives

- **Compile lists of**
 - **Outpatient MST treatment teams**
 - **Residential programs providing MST-related care**
- **Promote communication about MST-related issues and programming**
 - **National email distribution lists for staff interested in MST**
 - **Quarterly conference calls for VISN-level Points of Contact**
 - **Use of website discussion forum**
- **Collaborate with NC-PTSD's Mentoring Program to ensure representation of MST**

Resource Development Initiatives

- **MST Resource Homepage - Intranet website:**
 - MST-related resources and materials
 - Training materials
 - Reports on MST screening and treatment
 - Discussion forums
- **Disseminate materials to assist local Coordinators in planning events for Sexual Assault Awareness Month (April)**

Military Sexual Trauma



VETERANS:

Did you experience any unwanted sexual attention, unwanted sexual advances, or forced sex while in the military?

Does this experience continue to affect your life today?

MILITARY SEXUAL TRAUMA



VETERANS:
DID YOU EXPERIENCE ANY UNWANTED SEXUAL
ATTENTION, UNINVITED SEXUAL ADVANCES, OR
FORCED SEX WHILE IN THE MILITARY?
DOES THIS EXPERIENCE CONTINUE TO AFFECT
YOUR LIFE TODAY?

Be honest with what you experienced (Military Sexual Trauma (MST)) during your service. MST can affect a person's physical and mental health, and many are unaware. The VA provides free, confidential counseling and treatment for conditions related to experiences in MST. This does not need to be a source of personal shame; for help to receive this benefit, you only need to share what happened to you.



FOR MORE INFORMATION, CONTACT YOUR PRIMARY OR SUPPORT CARE PROVIDER, MILITARY LINE COORDINATOR

Home:

Contact Information: