

Veteran Experiences on Accessing Mental Health Care: Concerns and Best Practices



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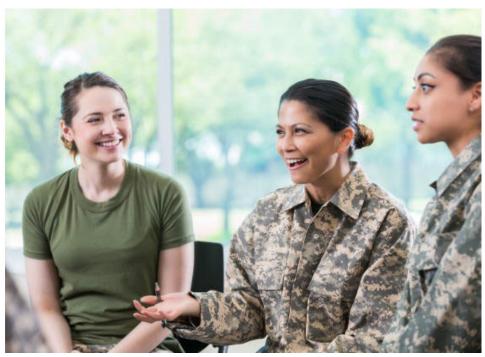
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Prevalence of Women Veterans







Women Veterans Mental Health Concerns



Military Sexual Trauma (MST)

- 1 in 3 women veterans experience MST
- MST is an experience, not a diagnosis, so treatment needs will vary
- Women who experience MST are at increased risk for PTSD

High rates of post traumatic stress symptoms, depression, anxiety

• MST combined with combat exposure increases incidence and impacts civilian readjustment

Women veterans have a higher incidence of substance use disorder (SUD) than civilian women

• Lifetime SUD is higher for women veterans with a history of sexual assault (64% vs 44%)

Suicide

• Women veterans are 6x more likely to die by suicide than women who did not serve

Homelessness

• Women veterans 3x more likely to be homeless

Barriers to Care



Logistical

- Transportation/distance
- Availability of clinicians at convenient times
- Long wait-times
- Access to childcare during clinical appointments
- Cost
- Lack of understanding of how to access care

Organizational

- Lack of gender-specific services or providers
- Clinic Environment
- Staff Interactions
- Lack of trauma informed clinicians
- Lack of culturally aware clinicians

Attitudinal

- Desire or belief in self reliance
- Identity (avoid being seen as weak)
- Beliefs about mental health care
- Stigma

How Can We Address these Challenges?



BEST PRACTICES



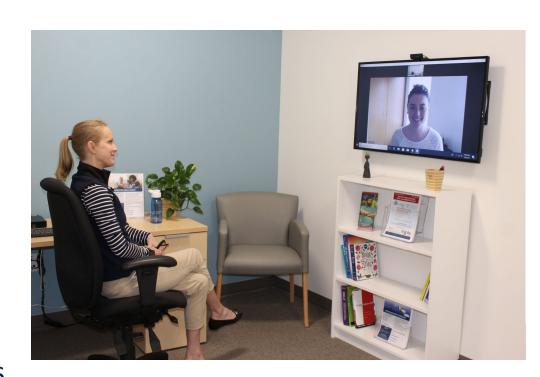




Types of Services – Comprehensive Care



- Individual Counseling
- Couples Therapy
- Family Therapy
- Case Management
- Telehealth & Satellite Clinics
- Clinical Groups
- Medication Management
- Peer to Peer Support Groups
- Skill-Building Workshops/Groups



Warm Inviting Settings













Holistic Care: Eight Dimensions of Wellness

The key is community partnerships to expand available resources!



Questions?



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