

Access to Mental Health Care among Women Veterans: Is VA Meeting Women's Needs?

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ABSTRACT

Background: Patient-centered access to mental health describes the fit between patient needs and resources of the system. To date, little data are available to guide implementation of services to women veterans, an underrepresented minority within Department of Veteran Affairs (VA) health care. The current study examines access to mental health care among women veterans, and identifies gender related indicators of perceived access to mental health care. *Methods:* A population-based sample of 6287 women veterans using VA primary care services participated in a survey of past year perceived need for mental health care, mental health utilization, and gender-related mental health care experiences. Subjective rating of how well mental health care met their needs was used as an indicator of perceived access. *Results:* Half of all women reported perceived mental health need; 84.3% of those women received care. Nearly all mental health users (90.9%) used VA services, although only about half (48.8%) reported that their mental health care met their needs completely or very well. Gender related experiences (availability of female providers, women-only treatment settings, women-only treatment groups, and gender-related comfort) were each associated with 2-fold increased odds of perceived

access, and associations remained after adjusting for ease of getting care. *Conclusions:* Women VA users demonstrate very good objective access to mental health services. Desire for, and access to specialized mental health services for women varies across the population and are important aspects of shared decision making in referral and treatment planning for women using VA primary care."

RESEARCH HIGHLIGHTS

- Despite women being one of the fastest growing population subgroups of the Department of Veteran Affairs (VA), they are still underrepresented within the health care system. Given that women are more likely to be diagnosed with a mental health condition, more likely to use mental health services, and on average have more mental health visits, this study examines access to mental health care among women veterans. This study also identifies gender related indicators of perceived access to mental health care.
- Using the Women's Overall Mental Health Assessment of Needs (WOMAN) Survey from October 2010 to September 2011, the authors found that almost 91% of the women who were receiving mental health care used VA services. However, of the women veterans receiving mental health care at the VA, less than half (49%) reported that the care met their needs "completely" or "very well."
- Consistent with previous studies, the authors found that women veterans who were younger, nonwhite, Hispanic, and without a usual source of primary care were more likely to report that mental health services did not fully meet their needs.
- The authors found that gender-related care experiences within the VA system were associated with a two-fold increase in perceived access by women veterans. Given this finding, women veterans and their health care providers should discuss gender-related care during the shared decision-making process of mental health referrals and treatment planning.

IMPLICATIONS

FOR PRACTICE

To allow for more comprehensive care, women veterans in need of mental health care should consider utilizing the VA for their primary and mental health care needs. Women veterans unable to utilize VA health care services should enroll in a comprehensive health care program that treats both primary and mental health care needs. Women veterans in need of any type of medical care should seek information on the medical benefits the VA has made available to many enrolled veterans, including mental and dental care services. To further improve perceived access to health care services, women veterans currently receiving health care services through the VA and in need of mental health care services should discuss gender-related mental health care with their provider. Women veterans should use the discussion to determine if gender-related mental health care is the right delivery of care for them. Family, friends, and coworkers should encourage their women veterans to seek appropriate health care, including mental health care. To increase their access to necessary health care services and treatments, homeless women veterans should consider participating in the Women Veterans and Homelessness program offered through the VA's Women Veterans Health Program.

FOR POLICY

The VA might place a greater emphasis on women's perceptions and needs with respect to the environment in which they receive health care and treatment. To further improve women veterans' comfortability with receiving mental health treatment at the VA, the VA might implement success factors, such as women-only groups, women-only care settings, gender-related comfort areas, and the option to be seen by a female provider. To augment gender inclusivity and gender-related comfort during group therapy, the VA might aim for some treatment groups that have a higher proportion of women veterans. The VA might continue encouraging gender sensitivity among their staff and providers, while also offering more education on specific gender-related health concerns. The VA might expand its health care coverage and capacity for women veterans, specifically its mental health care services. The VA might expand such coverage by consolidating small, regional facilities, providing gender-targeted patient educational materials, and expanding access to tele-mental health and eHealth resources. Since women veterans with children reported poorer perceived access to VA mental health services, the VA might review its current mental health services for women with children, and offer additional services as needed.

FOR FUTURE RESEARCH

While the WOMAN survey was robust and had a large sample of women veterans, it only included women who used the VA system for primary care. Future research and analysis should examine how women veterans outside the VA system perceive their own mental health needs. Researchers should also study how women veterans not using VA health care services access necessary primary and mental health care and treatment. A potential limitation of this cross-sectional data is survey nonresponse and incomplete responses. To further measure the robustness of this survey's results, similar research should be conducted with different data frames and surveys. More research is needed on the growing field of tele-mental health and eHealth. Future researchers should examine how this emerging field can be used to expand access to mental health resources. Studies on tele-mental health and eHealth should evaluate the implementation and effectiveness of electronic programs in meeting patients' needs.

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