Quick Takeaway:

- As a group, female veterans in need of services for PTSD, depression, and chronic medical issues reported a higher preference for gender-specific care compared to those with issues related to physical pain, sleep problems, and weight management.

Study:

This study analyzed data from 484 women veterans using primary healthcare at four VA health facilities. The women completed a brief survey that assessed observed or perceived mental health need to determine their potential use of VHA mental health services. Participants were asked to prioritize a number of mental health services including sleep quality, pain, PTSD, depression, and Military Sexual Trauma, among others. Participants were then asked to rank the importance of women-specific care for the most commonly identified mental health issues.

Findings:

Overall, 98 percent of respondents selected at least one of the 15 identified services as important. The most common mental health needs identified were services for depression, pain management, coping with chronic conditions, sleep disturbances, weight management, and PTSD, with 80 percent of participants selecting at least three of these services as important. A majority of respondents who prioritized these services reported either using the service in the past year or a likelihood of using it in the next six months.

Preferences for female-specific services were concentrated around the extremes of “not at all” and “extremely important.” Women’s designated care was most often rated by respondents as extremely important for services and interventions for PTSD, depression, and chronic medical conditions. It was reported as having less importance for services addressing pain, weight management, and trouble sleeping.

Across all six priority services, a preference for co-location with primary care was strongly associated with higher importance ratings for women-specific services. PTSD symptoms were associated with a higher preference for designated women’s services in all areas except pain management.

Conclusion:

Although the data suggests that while many women veterans can be treated in gender-integrated mental health settings, some women have strong preferences for female-specific care, especially for mental health issues. Given the high rates of PTSD symptoms, training medical and behavioral health staff on the principles of trauma-informed care could improve the quality of care. Preferences for designated women’s services should be discussed between patient and provider to ensure every woman veteran gets the quality care she needs.