



BPTL Webinar

Women Veterans: **THE JOURNEY TO MENTAL WELLNESS**

Supporting women veterans' mental health and
preventing suicide through gender-tailored care

March 14, 2024



2023

National Veteran Suicide Prevention Annual Report

VA Suicide Prevention
Office of Mental Health and Suicide Prevention
November 2023



WHAT'S AT STAKE

Women veterans are dying by suicide at an alarming rate compared with their male and civilian counterparts.

Suicide rate among women veterans
between 2020 and 2021:

↑ 24.1%

Nearly 4X higher than the 6.3% increase
among male veterans and vastly higher than the
2.6% increase among nonveteran women

2X

more likely than male
veterans to attempt suicide

3X

more likely than nonveteran
women to choose a firearm
as means of suicide

More than

50%

of deaths for women
veterans are by self-inflicted
firearm injury

THE CHALLENGES

Women veterans experience unique challenges that can put them at greater risk for suicide, including:



Military sexual trauma (MST)

Among veterans enrolled in the VA, **1 in 3** women report experiencing MST.



Intimate partner violence

Nearly **1 in 5** women veterans using VA primary care reported experiencing intimate partner violence in the past year.



Substance use disorder

The risk of suicide death among women veterans with active substance use disorder is **more than twice** what it is for men.



Pregnancy

During pregnancy and **up to one year** after giving birth can be a time of increased risk for a mental health diagnosis and suicidality.*

* In women patients with a prior mental health diagnosis.



Menopause

Menopause has been shown to raise the risk for depression twofold and corresponds to the **highest rates of suicide** among U.S. women.



THE GAPS

The report found numerous gaps in mental health care and understanding related to women veterans, including:

- **Screenings:** Evidence shows a significant number of false negative screens for MST, a known risk factor for suicide among many women veterans.
- **Intervention:** The VA's innovative model to predict suicidality and intervene with high-risk veterans uses male veterans as its baseline and does not consider MST.
- **Access:** According to the VA, 1 in 4 women veterans live in rural areas, and rural veterans face significant barriers to accessing health care.
- **Gender-specific care:** The VA reports that only about 13 residential rehabilitation centers nationwide provide gender-exclusive care and services.



THE GAPS

- **Training:** Community care providers are not required to be trained in suicide risk identification and intervention or lethal-means safety counseling.
- **Understanding:** The impact of reproductive life stages on mental health and suicide risk among women veterans is woefully understudied and not well defined.
- **Awareness:** Many women veterans say they did not even know they were eligible for VA health care or were unaware of the resources available to them, including mental health care and other VA benefits.



THE SOLUTIONS

DAV makes over 50 policy and legislative recommendations which include the following:

- MST should be a central pillar of suicide prevention efforts within the VA, and the VA must ensure veterans are effectively screened or rescreened for MST.
- Similar to 988 for veterans in crisis, the Department of Health and Human Services should create a three-digit number, with a veteran option, for the National Domestic Violence Hotline (800-799-7233).
- The VA must revise its model for predicting suicidality to incorporate risk factors weighted for women veterans.



THE SOLUTIONS

- The VA must develop targeted solutions to bridge gaps for the provision of mental health care services in rural communities.
- The VA should assess the need to increase gender-specific programming in residential rehabilitation programs.
- The VA must require that providers in the VA Community Care Network be trained in suicide prevention and lethal-means safety counseling.
- VA and non-VA experts in menopausal women's health should collaborate to explore a research agenda on the related threads of menopause and suicide.

Kickoff event was held on Capitol Hill on February 27!

- **Joy Ilem**, DAV National Legislative Director, Moderator
- **Elizabeth Yano**, Ph.D., MSPH—Director, Center for the Study of Healthcare Innovation, Implementation and Policy, VA Greater Los Angeles Healthcare System
- **Susan Strickland**, Ph.D., LCSW—Associate director, Research and Evaluation, VA Office of Mental Health and Suicide Prevention
- **Lindsey Monteith**, Ph.D.—Principal investigator, VA Rocky Mountain Mental Illness Research, Education and Clinical Center for Suicide Prevention
- **Jennifer Alvarado**—Navy veteran featured in DAV report



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