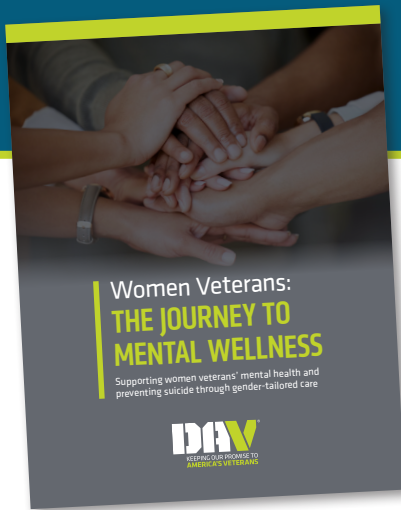




# Women Veterans: THE JOURNEY TO MENTAL WELLNESS



DAV's *Women Veterans: The Journey to Mental Wellness* is a comprehensive assessment of the unique factors contributing to the staggering rate of suicide among women veterans. It details how the system charged with their mental health care can and must do better. Using the latest in research and data, combined with a thorough review of the Department of Veterans Affairs' available services, this in-depth report reveals that too many women veterans are at risk of falling through the cracks due to gaps in lifesaving mental health care.

## 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.
- **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 research recommendations intended to spark necessary and urgent change that can save lives, 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 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.