

Eliminating Health Barriers Focus Group Project: Women Veterans and Mental Health Care¹

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Project Background

From July 2013 to August 2014, a series of informal focus group discussions and one-on-one interviews were conducted with women veterans across California, with an emphasis on reaching veterans in rural areas. Women veterans were recruited through partnerships with local women veteran organizations, word of mouth, and through various social media tools like Facebook, Twitter, and other online networks. Focus group participants and interviewees were provided with childcare and transportation assistance, as well as gift cards to compensate their time. The purpose of the focus groups was to identify current barriers to needed health care services, including mental health, physical and dental care. The Project included 63 veterans from multiple service eras and branches of the U.S. Military, including the National Guard and Reserve. Ages of participants ranged from 23 to 95.

The Project is a collaborative effort spearheaded by the California Women's Law Center and the following partners: California Statewide Collaborations for our Military and Families, Women Veterans Strategic Alliance, Legal Aid Society-Employment Law Center, Eduardo "Eddie" Ramirez, MSgt USAF (Ret.) (OneVet OneVoice Founder), Kathleen West and Angela Rich, U.S. Army Veteran. The Project was made possible by a grant from Swords to Plowshares and The California Wellness Foundation.

Need for Better Treatment of PTSD Due to Military Sexual Trauma (MST)

Many of the women veterans who participated in the focus groups were sexually assaulted during their military service and required mental health treatment for PTSD due to MST. Numerous studies have documented the devastating trauma and consequences of PTSD due to MST and the need for proper mental health treatment for survivors. Women veteran participants described the need for more "talk" therapy, as opposed to just medications. They wanted continuity of care with one therapist to establish the trust necessary for effective treatment, as opposed to seeing multiple providers and repeatedly "starting from scratch" at each session. They also needed regular access to their therapists. Some needed mental health options outside of the VA and Vet Centers.

- **Overreliance on Medication Instead of Therapy**

One overarching theme that emerged from the focus groups was the VA's overreliance and insistence on medicating women veterans who were struggling with trauma symptoms stemming from MST. Women veteran participants wanted symptom resolution and to develop coping skills through therapy, not drugs. But many were told that individual sessions with therapists were not currently available. Some were told that they could attend group therapy sessions instead. Others were given only the option of prescription psychotropic and/or pain medications with no other alternatives. Many of the women veterans who were prescribed medications never actually took them; rather, they accepted the filled prescriptions to avoid being labeled "non-compliant" and stashed the drugs in medicine cabinets or flushed them away. One participant referred to her doctor as the "drug dealer" because he prescribed a litany of medications but never provided what she felt she needed: someone to talk to about what happened to her in the military. Several women also described disappointment when they "finally got to see a psychiatrist," but only got a 15-minute "med check" but no therapy.

¹ **This is an informational report highlighting important issues discussed in the focus groups. The issues were identified through a preliminary review of the notes and transcripts of the focus group discussions. It is not based on any formal statistical or other analytical evaluations or analyses.**

- Lack of Continuity of Care

Women veteran participants were frustrated by the constant change of care providers at the VA, particularly among those that provide mental health care and therapy. This includes mental health doctoral interns or fellows who provide care for a few months and then leave -- after completing required clinical hours for their degrees. This frequent flux of therapists, interns and assistants made it very difficult to develop the necessary trust required for a therapeutic relationship. The lack of a stable staff also required women veterans to recount painful memories again and again without gaining headway in healing. Some women also spoke about therapy sessions that were ended due to artificially imposed time constraints, often 6-12 weeks, regardless of how therapy was progressing. Additional sessions could be added, but usually with a break in care and sometimes with another provider since a reapplication process is required to receive more sessions.

- Lack of Access to Regular, Mental Health Therapy

Women veteran participants talked about the need for regular, stable access to mental health therapists. Many had to wait weeks and sometimes months before their next therapy session for a variety of reasons (e.g., no available appointments, therapist turnover). Women veterans discussed the need for a type of “urgent care” for mental health therapy. Many women have only two options when they suffer a “trigger” and need to talk to a therapist quickly – call for an appointment (which could take weeks) or go to the emergency room. Since many women veterans also live at considerable distance from VA facilities with emergency rooms, several were told to seek care at a civilian urgent care clinic as the only immediate alternative.

Other women veterans shared how difficult it was to get an appointment with an experienced mental health therapist or specialist at the VA – as opposed to a psychology intern, social worker, or other support staff. One participant shared how she had seen a series of interns before she could finally see a psychiatrist – only after she was hospitalized with mental health problems in the emergency room. See TH Case Spotlight.

- Need for Civilian Mental Health Care Option

While the majority of the women veterans in our focus groups could access therapy for PTSD due to MST from VA facilities, some women who suffered this trauma found the VA and other facilities that required close interactions with male veterans as “triggers,” preventing them from accessing treatment from these facilities. Even Women Health Clinics at VA facilities were not sufficiently protective, particularly if they were not separate stand-alone facilities and did not have separate entrances limited to women veterans.

Need for Greater Outreach Regarding Vet Centers

Many women veterans in the focus groups did not know about the services and advantages provided by Vet Centers. In fact, the focus group discussions were the first time some had even heard of these services. Greater outreach is needed.

Case Spotlight:

Army Veteran with PTSD Due to Military Sexual Trauma (MST)

TH¹ was honorably discharged from the U.S. Army after over two decades of service. The VA has rated TH as 100 percent disabled for PTSD due to MST and other physical health conditions connected to her military service. She receives all of her health care services at the VA hospital.

TH is deeply frustrated by her lack of access to regular, consistent and sometimes emergency mental health services for her PTSD due to MST. There are days when TH needs to talk to a therapist immediately because she feels like she “wants to shoot somebody” and cannot wait to make an appointment. TH would like regular access to a therapist, at least once a week. Currently, she sees a therapist once every few months. This is definitely not enough.

Moreover, TH also wants more time with her therapist during her appointments. Usually, she is given about 20 minutes per session. She finds talking to a therapist about her problems to be very helpful. She wishes that most of her therapy session would focus on teaching her how to manage her mental health crises and learn how to control her emotions and “angry rages.” To the contrary, however, much of her therapy focuses on increasing (never decreasing) the dosage on her medications to solve her problems.

TH is also very concerned about the number of medications that she is forced to take to avoid being deemed non-compliant. TH is taking medications for both physical and mental health problems. She is on several heavy-duty drugs, including morphine, and is required to be tested every few months to ensure that the medications are not destroying her liver. The morphine makes it very difficult for her to drive.

The medications also have multiple negative side effects. TH is very scared about taking so many medications and often feels sick from taking so many pills. She has fought the VA for many years to have access to alternative therapies instead of medications, like acupuncture and chiropractic services. She was just recently approved for these services and they have been a “blessing.” She has access to these alternative therapies because she is 100 percent service-connected. However, getting access to these alternative therapies involves a lot of paperwork and constant phone calls. For example, she is only authorized for 6 visits of chiropractic services at a time. At the end of the 6 visits, she must reapply for another 6 visits -- which entails another round of paperwork and authorizations from a VA doctor.

In addition to individual mental health therapy, TH also attends group mental health therapy sessions for women with PTSD due to MST -- when they are available. Until recently, group therapy sessions were only available one day a week. Now they are available two days a week, including some morning sessions. However, many times these group therapy sessions are cancelled. Sometimes the therapy sessions are cancelled for several weeks or even months. VA Staff refer to these episodes as “reorganizing” efforts -- not cancellations. These reorganizations often happen whenever there are staff changes at the VA – which are constant.

¹TH is an alias to protect the confidentiality of the participant.