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Rural Women Veterans' Use and Perception of Mental Health Services

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A B S T R A C T

While the total number of veterans in the U.S. is decreasing overall, the number of women veterans is significantly increasing. There are numerous barriers which keep women veterans from accessing mental health care. One barrier which can impact receiving care is living in a rural area. Veterans in rural areas have access to fewer mental health services than do urban residing veterans, and women veterans in general have less access to mental health care than do their male colleagues. Little is known about rural women veterans and their mental health service needs. Women, who have served in the military, have unique problems related to their service compared to their male colleagues including higher rates of post-traumatic stress disorder (PTSD) and military sexual trauma (MST). This qualitative study investigated use of and barriers to receiving mental health care for rural women veterans. In-depth interviews were conducted with ten women veterans who have reported experiencing problems with either MST, PTSD, or combat trauma. All ten women had utilized mental health services during active-duty military service, and post service, in Veterans Administration (VA) community based-outpatient clinics. Several recurring themes in the women's experience were identified. For all of the women interviewed, a sentinel precipitating event led to seeking mental health services. These precipitating events included episodes of chronic sexual harassment and ridicule, traumatic sexual assaults, and difficult combat experiences. Efforts to report mistreatment were unsuccessful or met with punishment. All the women interviewed reported that they would not have sought services without the help of a supportive peer who encouraged seeking care. Barriers to seeking care included feeling like they were not really a combat veteran (in spite of serving in a combat unit in Iraq); feeling stigmatized by providers and other military personnel, being treated as crazy; and a lack of interest from those providing care in hearing their stories. This study may generate positive social change by helping providers approach women veterans in a way that is sympathetic to their experiences.

Women, who served in the military, have unique problems related to their service compared to their male colleagues. In general, they have increased rates of posttraumatic stress disorder (PTSD) related to military sexual trauma (MST), and are now at risk for physical and mental health issues related to combat exposure (Mattocks et al., 2012). MST affects a greater number of men, but women have a higher incidence (Yaeger, Himmelfarb, Cammack, & Mintz, 2006). Surveys performed with large groups of woman veterans have found that MST is most highly correlated to the development of PTSD (Kelly, Skelton, Patel, & Bradley, 2011; Street, Vogt, & Dutra, 2009; Yaeger et al., 2006). It is conservatively estimated that one in four women experience MST during their military service and the consequences of MST and PTSD can have a profound impact on mental, physical, and functional health over a lifetime (Street et al., 2009). Additionally, depression and anxiety are often co-morbid mental health problems in woman veterans diagnosed with PTSD (Lehavot, Der-Martiroian, Simpson, Sadler, & Washington, 2013; Street et al., 2009).

Women veterans are eligible for healthcare related to their military service however, research on their specific needs has been slow in developing as the number of women moving from active duty to veteran status increases (Bean-Mayberry et al., 2011). The majority of active duty military and veterans are male resulting in few studies on both the meaning of military service to women and how best to provide for the health problems related to their service (Mattocks et al., 2012). There are now a number of studies evaluating systems of care which may translate into being better prepared to meet their unique needs (Kelly et al., 2008; MacGregor, Hamilton, Oishi, & Yano, 2011).

There are numerous barriers which keep women veterans from accessing mental health services (Mohamed, Neale, & Rosenheck, 2009; Vogt et al., 2006). These barriers include whether women perceive themselves as being veterans, lack of services specifically designed for women veterans, and perceptions of available care (Mohamed et al., 2009; Vogt et al., 2006). One barrier impacting receiving care is living in a rural area. Veterans in rural areas have access to fewer mental health services than do urban residing veterans, and women veterans in general have less access to mental health care than do their male colleagues (Oishi, Washington, MacGregor, Bean-Mayberry, & Yano, 2011).

Services for rural veterans are critical as approximately 36% of veterans live in rural areas (U.S. Department of Veterans Affairs, Office of the Secretary, & Office of Policy and Planning, 2011). Rural veterans in general utilize Veterans Administration (VA) services less than their urban counterparts; less than 30% of all rural veterans utilize any VA services at all (Weeks, Wallace, West, Heady, & Hawthorne, 2008).

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Significantly, there are fewer VA services in rural areas despite a concentrated effort to build more community based outpatient clinics (CBOCs), which typically serve rural veterans (Kirchner, Farmer, Shue, Blevins, & Sullivan, 2011). It is unknown how many of these veterans are women, but as their numbers increase, services will need to be developed with this population of veteran in mind. What is known about male veterans living in rural areas is that they have higher rates of unemployment and disability, and have difficulty with access to mental health care (Mohamed et al., 2009). Women veterans living in rural areas have access issues related to child-care, transportation, the need for flexible hours for appointments as well as the same problems as their male veteran counterparts (Yano et al., 2011).

PURPOSE

The purpose of this study was to describe rural women veterans' use and perception of mental health services in Central Oregon. Because there is so little information on rural women veterans in general, and even less on their use of mental health services specifically, this study was designed to provide descriptive data on a group of ten rural women veterans. A qualitative descriptive study method was used to look at this phenomenon and provide foundational information (Sandelowski, 2000). Open-ended in-depth interviews with a sample of women veterans living in a three county area provided new information about their expressed needs for mental health services and a description of the barriers they encountered if they sought care. Describing the perspective of rural women veterans is essential in understanding current mental health service use patterns, identifying possible barriers to care, and why women veterans may not use services even if they are available.

METHODS

Participants

Participants were female veterans, 18–70 years of age, who were residing in a rural, three-county area of Central Oregon. Interview participants were recruited with the assistance of the Volunteers in Medicine Clinic of the Cascades in Bend, Oregon. A study recruitment flyer describing the interviews, purpose, and the contact information for those interested in participating was posted in the clinic. Purposive sampling was used to identify participants who were typical of the population of rural women veterans in Central Oregon. As interviews were conducted, participants identified other potential interviewees who had similar or different salient experiences pertinent to the aims of the project. A total of thirteen women contacted the study author by phone with ten women ultimately interviewed. The consent information sheet was covered prior to the start of the individual interview. Participants were given a copy of the information sheet that detailed all of the important points normally contained in a signed consent form. The information sheet was reviewed but participants were not asked to sign this document. We requested that our institutional review board waive the requirement for obtaining a signed consent form because the consent form would be the only record linking the participant with the research and the women expressed concern about how the information might impact their current or future VA benefits. Interviews were conducted between January, 2014 and March, 2014 and the proposal was granted IRB approval through Oregon Health & Science University (OHSU).

Participant Interviews

Participants were asked about their use of mental health services related to their military service with the following questions: "Some women veterans use mental health services related to their military service; for example, getting counseling, obtaining medication prescriptions, attending group therapy, or through getting appointments with their regular doctor. Can you tell me about your use of mental health services? If you did not use services, do you think they might have been helpful?"

Their use and perception of mental health services were assessed with the following questions. "If you did use mental health services related to your military service, where did you go and what was your experience like? Can you tell me more about that?"

To determine if women veterans had thought about using services and then changed their mind prior to use, they were asked the following questions: "Did you think about using mental health services but then decide not to use them? What changed your mind about using the service?"

To determine if the women veterans knew, had heard about, or had used any community services they were asked the following. "You gave me the names of some of the organizations and/or services that women veterans can use. What have you heard about these mental health services? Would you use these services? Why or why not?"

Demographic data was collected at the end of the individual interview using the following questions: "How old are you? What branch of the military did you serve in? How long was your military service? What was your rank? Were you deployed? Where and When?"

Procedures

No names or other personal identifying information were collected. All the participants' responses to the in-depth interview questions were anonymized to protect their identity. After the interview was completed, the tape-recorded interview was replayed. Notes taken during the interview were summarized and main concepts were delineated. The interviews were not transcribed verbatim because several of the women were in the process of filing claims for service connected disabilities through the Veterans Administration. They were fearful that interviews might somehow become available to VA claims' evaluators and prejudice their hearings. The recordings were destroyed immediately after notes were taken to capture the key points in the interview. No recordings were kept or stored after notes were taken. The interview questions were used as a preliminary system to organize the data collected. Interviews lasted from 60 minutes to 2 hours and were digitally recorded. When the interview was completed the participants were given a $20 dollar gift card as a thank you.

RESULTS

Characteristics

The sample average age of the women veterans was 51 years and all had served in the army; most for a single 3-year tour of duty. Two of the women were veterans of the most recent conflict; Operation Iraqi Freedom (OIF). Nine of 10 veterans had enlisted, while one had an officer rank of colonel. There had been 6 deployments; 4 in combat zones and 2 as humanitarian missions. All of the veterans discussed their service-connected disability status. The majority of the veterans had service-connected mental health diagnoses; 6 had diagnoses related to MST, 2 had diagnoses related to combat, 1 had a diagnosis related to combat and MST. There was a high rate of MST with 8 of 10 women having experienced an MST event during their active duty service.

Use of Services

All ten of the women had utilized mental health resources during their army service. This reportedly increased their awareness of accessing VA services when they transitioned to veteran status. Once veterans, all of the women had utilized the VA for mental health services. Two of the women continued to use the VA for mental health care while the other 8 no longer chose to.