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# Women Veterans with Depression in Veterans Health Administration Primary Care: An Assessment of Needs and Preferences

Teri D. Davis, PhD [a,b,*], Duncan G. Campbell, PhD [c], Laura M. Bonner, PhD [d,e], Cory R. Bolkan, PhD [f], Andrew Lanto, MA [a], Edmund F. Chaney, PhD [e], Thomas Waltz, PhD [g,h], Kara Zivin, PhD [i,j], Elizabeth M. Yano, PhD, MSPH [a,k], Lisa V. Rubenstein, MD, MSPH [a,l,m]

[a] *VA Health Services Research & Development (HSR&D) Center for the Study of Healthcare Innovation, Implementation & Policy, VA Greater Los Angeles Healthcare System, Los Angeles, California*
[b] *University of California, Los Angeles School of Medicine, Division of Psychiatry and Behavioral Sciences-Semel Institute, Los Angeles, California*
[c] *University of Montana, Department of Psychology, Missoula, Montana*
[d] *VA HSR&D Northwest Center for Outcomes Research in Older Adults, VA Puget Sound Healthcare System, & Geriatric Research, Education and Clinical Center (GRECC), Seattle, Washington*
[e] *University of Washington, Department of Psychiatry & Behavioral Sciences, Seattle, Washington*
[f] *Washington State University Vancouver, Department of Human Development, Vancouver, Washington*
[g] *Department of Psychology, Eastern Michigan University, Ypsilanti, Michigan*
[h] *Center for Clinical Management Research, Health Services Research and Development Service, VA Ann Arbor Health Care System, Ann Arbor, Michigan*
[i] *Center for Clinical Management Research (CCMR), VA Ann Arbor Medical Center, Ann Arbor, Michigan*
[j] *University of Michigan Medical School, Department of Psychiatry, Ann Arbor, Michigan*
[k] *University of California, Los Angeles School of Public Health, Department of Health Services, Los Angeles, California*
[l] *University of California, Los Angeles School of Medicine, Division of General Internal Medicine and Health Services Research, Los Angeles, California*
[m] *RAND Health Program, RAND Corporation, Santa Monica, California*

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## ABSTRACT

*Objective:* Depression is the most prevalent mental health condition in primary care (PC). Yet as the Veterans Health Administration increases resources for PC/mental health integration, including integrated care for women, there is little detailed information about depression care needs, preferences, comorbidity, and access patterns among women veterans with depression followed in PC.

*Methods:* We sampled patients regularly engaged with Veterans Health Administration PC. We screened 10,929 (10,580 men, 349 women) with the two-item Patient Health Questionnaire. Of the 2,186 patients who screened positive (2,092 men, 94 women), 2,017 men and 93 women completed the full Patient Health Questionnaire-9 depression screening tool. Ultimately, 46 women and 715 men with probable major depression were enrolled and completed a baseline telephone survey. We conducted descriptive statistics to provide information about the depression care experiences of women veterans and to examine potential gender differences at baseline and at seven month follow-up across study variables.

*Results:* Among those patients who agreed to screening, 20% of women (70 of 348) had probable major depression, versus only 12% of men (1,243 of 10,505). Of the women, 48% had concurrent probable posttraumatic stress disorder and 65% reported general anxiety. Women were more likely to receive adequate depression care than men (57% vs. 39%, respectively; $p < .05$); 46% of women and 39% of men reported depression symptom improvement at the 7-month

* Correspondence to: Teri D. Davis, PhD, VA Greater Los Angeles Healthcare System, West Los Angeles VAMC, 11301 Wilshire Blvd. 111G, Bldg 500, Room 3233, Los Angeles, CA 90073. Phone: (310) 478-3711 ext. 40920 (Office); fax: 310-268-4933.

*E-mail addresses:* davis127@yahoo.com, tdavis3@pepperdine.edu (T.D. Davis).

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follow-up. Women veterans were less likely than men to prefer care from a PC physician ($p < .01$) at baseline and were more likely than men to report mental health specialist care ($p < .01$) in the 6 months before baseline.
*Conclusion and Implications for Practice:* PC/mental health integration planners should consider methods for accommodating women veterans unique care needs and preferences for mental health care delivered by health care professionals other than physicians.

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Depression continues to be a significant public health concern and one of the leading causes of disability and negative health-related consequences in women veterans (Department of Veterans Affairs & Veterans Health Administration, 2010a, 2010b; Yano, Washington, Goldzweig, Caffrey, & Turner, 2003). In the Veterans Health Administration (VA), depression is the most common psychiatric disorder diagnosed in women. For example, recent prevalence estimates of depression in veterans returning from Iraq and Afghanistan range between 30% and 48% for women and 17% and 39% for men (Haskell et al., 2010; Maguen, Ren, Bosch, Marmar & Seal, 2010). These estimates exceed the rates of posttraumatic stress disorder (PTSD) among veterans, which range between 10% and 21% in women and 22% and 33% in men (Grubaugh, Monnier, Magruder, Knapp, & Frueh, 2006; Haskell et al., 2010).

Although prior research documents the importance of depression among women veterans, more information is needed on women veterans' depression care needs generally and in relation to psychiatric comorbidity. Estimates suggest, for example, that 36% of veterans with depression also experience PTSD (Campbell et al., 2007). Other studies of veterans from settings outside of primary care (PC) suggest that approximately 61% of women veterans with depression and 66% of depressed male veterans experience PTSD (Curry, Aubuchon-Endsley, Brancu & Runnals, 2014; Lehavot, Der-Martirosian, Simpson, Sadler & Washington, 2013). How PTSD and other psychiatric comorbidities shape the care needs among depressed women veterans requires additional clarification.

Depression is common in PC settings among both men and women, and is often unrecognized. In addition, treatment adequacy, receipt of quality care, and engagement in care are often suboptimal (Department of Veterans Affairs & Veterans Health Administration, 2008; Dwight-Johnson, Sherbourne, Liao & Wells, 2000; Rubenstein et al., 2010). These shortcomings may be particularly significant for women veterans, because a disproportionate number of women veterans delay health care owing to a host of individual and systemic health facility barriers. Systems barriers include limited gender-specific health care services and lack of training among PC clinicians specifically in women's health (Washington, Bean-Mayberry, Riopelle & Yano, 2011). Lack of quality treatment among depressed patients is a risk factor for loss of employment (Zivin et al., 2012), homelessness (Washington et al., 2010), and the progression of chronic health conditions (Possemato, Wade, Anderson & Ouimette, 2010), all of which may worsen quality of life. Ideally, care planning efforts for women veterans should be informed by evidence from studies that specifically assess the needs, preferences, and service use of clinical samples of women veterans visiting PC who have probable major depression. At present, few such studies exist (Decker, Rosenheck, Tsai, Hoff, & Harpaz-Rotem, 2013).

Because women represent the majority of participants in depression treatment studies in non-VA PC settings (Dwight-Johnson et al., 2000; Dwight-Johnson, Unutzer, Sherbourne, Tang, & Wells, 2001; Wells et al., 2000; Wells et al., 2004), abundant data are available on women with depression seeking care outside VA. Results from these general population studies suggest that women with depression are overrepresented relative to men; women also often present with comorbid anxiety disorders and tend to prefer psychotherapy to pharmacological treatments (Kessler, 2003; Piccinelli & Wilkinson, 2000). Furthermore, women also seem to experience better clinical outcomes and receive a higher quality of care when mental health services are integrated within PC in comparison with usual care (Dwight-Johnson et al., 2000; Dwight-Johnson et al., 2001; Wells et al., 2000; Wells et al., 2004). Although this information is useful, it may not generalize to the unique population of women veterans seeking VA care. This underscores the significant need for research-based evidence regarding the mental health needs of representative samples of women veterans in VA PC.

Women represent a fast growing segment of veterans seeking VA care (Yano et al., 2010). In response to this trend and congressional mandate, VA has supported women's health with a number of initiatives, including publication of standard clinical requirements for women's health care, creation of the Women Veterans Health Strategic Health-Care Group, and a requirement that all VA care facilities use women's health care planners (Department of Veterans Affairs & Veterans Health Administration, 2010a; Yano et al., 2003; Yano et al., 2010). In 2006, VA also invested significantly in PC-mental health integration (MHI) that was later mandated in 2008. The 2008 mandate arose in response to evidence that 20% of VA PC patients present with mental health diagnoses, largely depression related, and to data suggesting that depression screening and treatment provided in PC improves care access and contributes to better clinical outcomes (Campbell et al., 2007; Kirchner et al., 2010; Liu et al., 2009; Liu et al., 2003; Zivin et al., 2010). The PC-MHI initiative currently mandates care management and the co-location of mental health specialists such as psychiatrists, psychologists, and social workers in PC. It also strongly encourages proactive care management for depression and comorbid conditions. Specific PC-MHI planning for women veterans, however, has been minimal, and there remains a significant need for coordination of mental health services for depression and related conditions for women veterans in PC and other VA care settings (MacGregor et al., 2011; Oishi et al., 2011).

Two systematic evidence reviews showed that most existing evidence on mental health among women veterans focuses largely on conditions related to military service (e.g., documentation of disproportionate rates of PTSD and military sexual trauma among women compared with men; Bean-Mayberry et al., 2011; Goldzweig, Balekian, Rolon, Yano, & Shekelle, 2006). Additionally, most studies focused on younger patient populations and on women attending specialty mental health care rather than PC. Few studies have focused explicitly on depression in the population of women veterans enrolled in VA PC (Grubaugh et al., 2006; Maguen et al., 2010; Possemato et al., 2010; Seal et al., 2010).