

Priority Needs for Women Veteran's Mental Health and Well - Being

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Table of Contents

- 01** Introduction – Women in Midlife
- 02** Key Suicide Risk Factors – Women who have Served
- 03** Conclusion and Action Items
- 04** References




Symptoms

Obvious vs. Insidious

1. **Cardiac palpitations / Sino Atrial Valve**
2. **High Blood Pressure – Fibromuscular Dysplasia (FMD)**
3. **Dehydration**
4. **Dizziness when standing up**
5. **Tooth and dental problems**
6. **Anxiety / Depression / Moodiness / “Not Feeling Like Myself”**
7. **Lack of Libido / Pain during intercourse**
8. **BRAIN FOG! Inability to think, add, speak the right words**
9. **Difficulty breathing**
10. **Extreme Fatigue**
11. **Loss of grip strength**
12. **Eyesight deterioration / dry eyes**
13. **Muscle spasms and twitches**
14. **Joints Pains / Muscle Pains**
15. **Anemia (low red blood cells/Iron)**
16. **Pain in left scapula triggering down arm**
17. **Pain and numbness in left lower leg**
18. **Sarcopenia (muscle loss)**
19. **Osteoporosis (bone loss)**
20. **UTI's / Bladder Infections / Incontinence**
21. **Constipation (not being able to detox)**
22. **Rashes and outbreaks**
23. **Auto immune issues – body is attacking itself**
24. **Lack of balance and falling**
25. **Stomach ulcers / GERD / Swallowing Difficulty**



HOT
FLASHES



FROZEN
SHOULDER



Dr. Ang Mac, Ph.D.

Consultant & Advocate

For Women in Midlife Who Want More

Searching for Answers Becoming the Expert

1. **Integrative Medicine Doctor – My Whole Body**
2. **Cardiovascular - Heart**
3. **Vascular specialist - Vessels**
4. **Neurological muscular doctor - Brain**
5. **Orthopedist - Bones**
6. **Pulmonologist - Lungs**
7. **Ophthalmologist / optometrist - Eyes**
8. **Physical Therapists**
9. **Chiropractor**
10. **Acupuncturist**
11. **Myofacial Therapy**
12. **Psychologist trauma**
13. **Pain Medicine psychologist**
14. **Dentist**
15. **Urologist – Bladder/Ureters**
16. **Urogynecology**
17. **Nephrologist - Kidneys**
18. **Gynecologist**
19. **Rheumatologist – Autoimmune disorders**
20. **Gastro intestinal GI**
21. **Allergist**
22. **Endocrinologist – Endocrine Hormone system**

**95% OF THEM THOUGHT
HORMONE DEFICIENCY WAS
NOT THE CAUSE
THEY WERE WRONG!**

Diminishing Hormones

Perimenopause/Menopause

Suicide, Comorbidities, Increased Health Risks,

- In the female population there is a higher rate of suicide between ages of 45-55 which correlates with diminishing hormones/perimenopause.
- 40% worsening of pre-existing conditions. Increase in new autoimmune and other new diseases
- Higher cardiovascular risks around perimenopause and menopause compared to civilian women

Introduction

- **Suicide rates are rising faster among women veterans** ; reflects generally poorer mental health outcomes among veterans and women overall
 - **Women veterans are more than twice as likely to die from suicide** compared to nonveteran women (Strauss et al., 2021; Ramchand, 2022).
 - **Women veterans have a higher prevalence of suicidal ideation and attempts** than male veterans and nonveteran women (Stevanovics et al., 2023; Hoffmire et al., 2021; Strauss et al., 2021)
- Barriers to care such as **low cultural competency from providers, transportation and financial restrictions, and stigma for receiving mental health care** contribute to poor mental health outcomes among women veterans (Poleshuck et al., 2024)
- Demonstrated need for culturally competent, gender-specific prevention strategies for this population to improve mental health and well-being

Key Suicide Risk Factors

Gender Differences in Mental Health

- Lower psychological resilience, higher rates of non-suicidal self-harm, and alcohol use disorder among women (Stevanovics et al., 2023)
- Higher levels of social rejection, institutional betrayal, and negative coping, and lower self-compassion and autonomy compared to men (Denneson et al., 2024; Smolenski et al., 2023)

Social Determinants of Health

- Trauma exposure, particularly military sexual trauma and adverse childhood experiences (Presseau et al., 2025; Khan et al., 2019; Ramchand et al., 2016)
- Economic and health disparities, including housing instability and barriers to treatment (Straus et al., 2024; Larson et al., 2024)

Military to Civilian Transition

- Period following military separation is a particularly high risk time for suicidal thoughts and behaviors, though onset often occurs before or during service (Hoffmire et al., 2021)
- Limited availability of providers with culturally competent and gender-sensitive care leads to further delays (Poleshuck et al., 2024)

Timing and Onset of Suicidal Behavior



High -Risk Post -Service Period

The time after military separation is a high -risk phase for suicidal behaviors, especially among women veterans.

Onset of Suicidal Ideation

Suicidal thoughts often begin before or during military service, highlighting the need for early intervention.

Suicide and Comorbidities

In the female population there is a higher rate of suicide between ages of 45 -55 due to diminishing hormones/perimenopause. 40% worsening of pre existing conditions. Increase in new autoimmune and other new diseases

Gender -Specific Motivators

Women veterans often experience shame and worthlessness, while men report feeling overwhelmed or purposeless.

Importance of Early Support

Early identification and support during and after service can reduce suicidal risk significantly.



Clinical and Policy Implications

Gender -Sensitive Clinical Care

Implement trauma -informed suicide prevention tailored to women veterans' unique experiences, focusing on resilience and social support.

Addressing Systemic Barriers

Overcome mental health care obstacles disproportionately affecting women veterans through targeted policy and clinical initiatives.

Veterans Affairs Initiatives

VA programs like Reproductive Mental Health Consultation and provider training equip clinicians to support women veterans effectively.

Evolving Policy Efforts

Continuously update prevention policies to integrate new research ensuring effective, inclusive strategies for women veterans.

Action Items

Interventions should focus on enhancing self-worth, social support, and resilience, and address barriers to mental health care and other health care services.

- 01** Integrate psychological resilience training and interventions for non-suicidal self-injury and alcohol use disorder into suicide prevention strategies (NOVA Veterans)
- 02** Prioritize screening and support, especially during the post-military separation period (NOVA Veterans)
- 03** Expand access to and awareness of reproductive mental health resources, such as the VA Reproductive Mental Health Consultation Program (NOVA Veterans)
- 04** Disseminate evidence-based training and resources to both VA and community providers, focusing on suicide risk factors specific to women veterans (NOVA Veterans)

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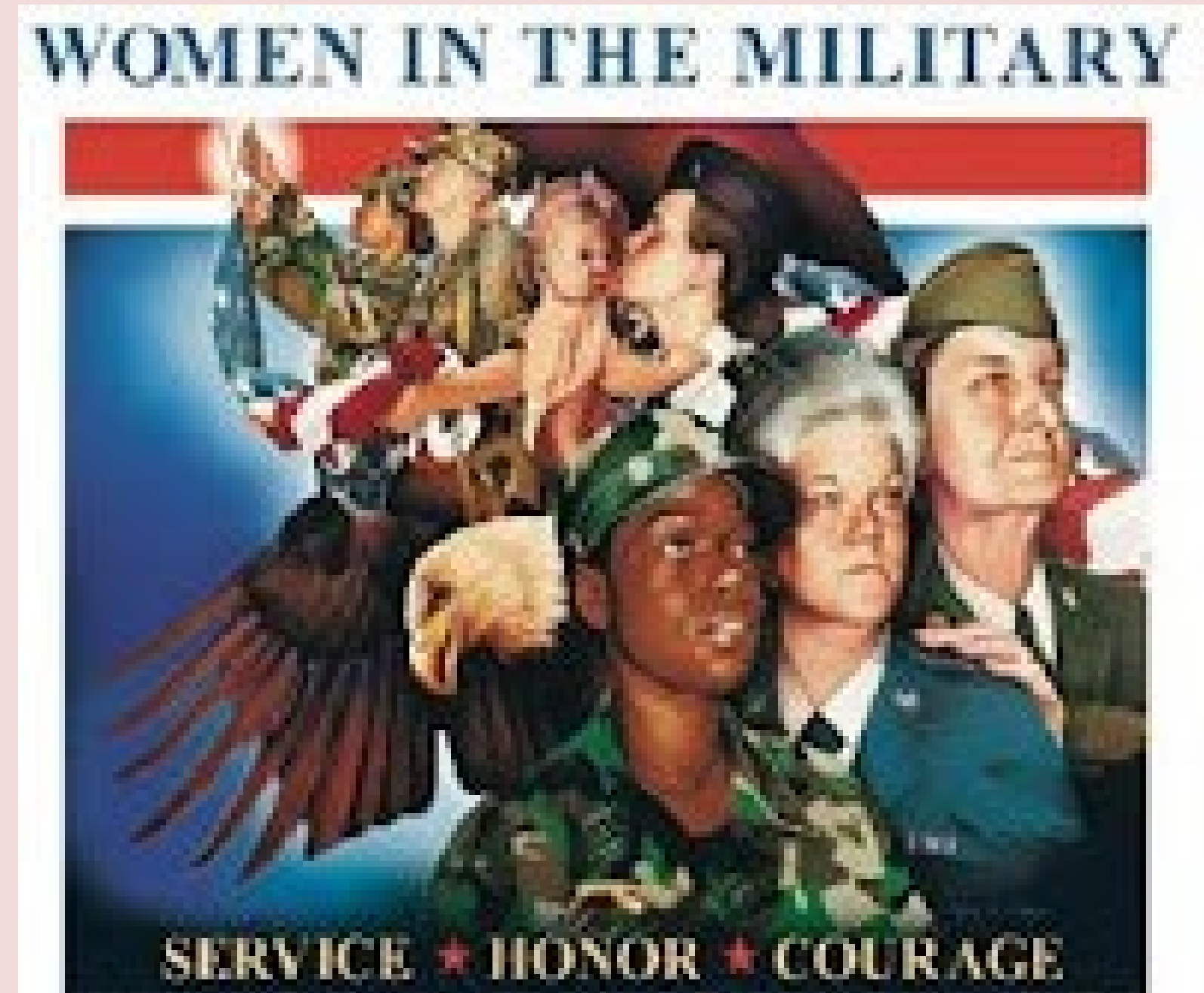


What Services Do You Provide

How Can We Collaborate?

Educating Provider & Patients

Reach out to info@novavets.org to collaborate
Or Call 703 - 659 - 0788



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