When you think of mental health what comes to mind?

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Warrior Wellness: Mental Health & Women in the U.S. Military

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Continuing Education
This webinar has been approved to offer continuing education credit. Please stay tuned for more information!

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Connecting military family service providers and Cooperative Extension professionals to research and to each other through engaging online learning opportunities

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Today’s Presenter

Mary Mattson, MSW, LICSW
Director of Psychological Health
133rd Airlift Wing -- MN National Guard

Clinical interests include working with adults and teens:
• experiencing anxiety
• depression
• eating disorders
• PTSD and trauma
• Interpersonal Violence/Intimate Partner Violence (IPV)

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Learning Objectives

1. Understand predominant mental health concerns for women serving in the military.
2. Discover how these concerns can be different because of military service.
3. Discuss experiences and consequences of deployment on women’s mental health.
4. Examine challenges and barriers for women service members seeking help.
5. Identify and discuss symptoms, warning signs, resources, and how to help women service members seek the help they want and need.

Women in the Military

- As of July 2018:
  - women comprise more than 16% of active duty service members
  - fill 10% of all positions among deployed forces in recent conflicts
- 150,000+ women serve in National Guard and Reserves
- Women are the fastest growing population served in the VA

Source: Psychological Health Center of Excellence.
What are mental health issues that you think might be faced by a woman in the military and why?

According to research, more than a quarter of all women (25.2%) serving on active duty in December 2018 had a history of a mental health condition.

Source: Psychological Health Center of Excellence.
Active Duty women are 1.5 to almost 2 times more likely to be diagnosed with mental health disorders than their male counterparts.

Common Mental Health Diagnoses for Women in the Military

- Depression
- Anxiety
- Adjustment Disorder
- Eating Disorders
- Post Traumatic Stress Disorder (men diagnosed more often)
Demographics

• Women seen and treated for mental health disorders:
  – Young
  – Black
  – Enlisted
  – Unmarried

• Stressors:
  – Responsible for families or children
  – Employment
  – School

Source: Maguen, Ren, Bosch, Marmar and Seal, 2010.

Enlisted Women and Mental Health Research

• Over 1000 women studied post 9/11
• Enlisted: Over half were E4-E6
• Branch:
  – 85% Army
  – 6% Air Force
  – 6% Marines
  – 2% Navy

Enlisted Women and Mental Health Research

• 40% diagnosed within a year of injury
  – Post Traumatic Stress Disorder 20%
  – Depressive Disorder: 12%
  – Adjustment Disorder: 9%
  – Anxiety Disorder: 8%

Source: Dye, Eskridge, Tepe, Clouser and Galameau, 2016.

• Older women were at higher risk to be diagnosed with PTSD and depression
  – More deployments
  – Different place in their life with their families
  – Life transitions
Military Sexual Trauma (MST)

- MST is an experience and not a diagnosis
- 1 in 4 women have answered yes to experiencing MST (as opposed to 1 in 100 men)
- All survivors are different and react differently
  - Sleep difficulties
  - Substance abuse
  - Relationship difficulties
  - Strong emotions and/or feelings of numbness

True or False?

Women in the military have a higher occurrence of suicide compared to male service members.
Suicide

- Lower for women vs men
- Higher for military women vs civilian women.
  - Military women are 1.8 times more likely to die by suicide (Military Times, 2019)
- Factors contributing to suicide for military women:
  - Leaving the military
  - Financial struggles
  - Domestic violence
  - Substance abuse
  - Military sexual trauma
- National Suicide Prevention Lifeline
  - 1-800-273-8255 (press 1 for military)

Reintegration Struggles

- 43% of women and 45% of men have rated their reintegration as difficult to very difficult
- Struggles:
  - Family reintegration
  - Anger and irritation
  - Trouble adjusting back to civilian life and work
  - Post traumatic stress
  - Lost interest in doing anything

Source: Patten and Parker, 2019.
Mental Health Stigma

• Military records show that talking to a doctor is a good career move.
• 97% of personnel who sought mental health treatment did not experience any negative career impact.

What signs might indicate that a Service Member is struggling with a mental health issue?
What Do I Look For?

Have a conversation; dig deeper. Listen.

- Anhedonia: Inability to find pleasure in things usually found pleasurable.
- Change in appetite; eating too much or too little.
- Change in sleep patterns.
- Ask questions about self harm or harm to others.
  - “It’s common for someone who has a lot of stress to feel like things are hopeless. Have you felt like that?”
- Trust your gut.

How Can I Help?

- Refer to (or establish!) mental health programs geared specifically for military women (veterans, prior service, active).
- Understand the difference between Active Duty, Reserve, and National Guard.
- Give referrals of websites, literature, agencies.
- Normalize experiences.
Resources

- National Alliance on Mental Illness (NAMI)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- VA:
  - Center for Women Veterans
  - Local Vet Centers
  - Moving Forward
- Mental Health America
- Military One Source
- National Suicide Prevention Lifeline

Case Study

Kim is 24-year-old and is a single, Caucasian Staff Sergeant who comes to see you for financial information on budgeting and money management. She reveals to you that she completed her first deployment a year ago and says, “I haven’t felt like myself since then.” She reveals through your conversation that she sleeps about five hours a night and has a hard time shutting off her mind.

What additional questions might you ask?
What recommendations do you give Kim?
Case Study

Janice is a married, African-American Major who was referred to you because she is deploying next year. She reveals to you that her partner has complained about Janice’s anxiety and wants her to see a professional. Janice refuses saying, “I don’t want to lose my military career talking to a counselor.”

How do you respond?

References

Women in the Military Resource Page

https://militaryfamilieslearninnetwork.org/womeninthemilitary/

Evaluation & Continuing Education

This webinar has been approved for the following continuing education (CE) credits:

- 1.0 CE from the University of Texas at Austin, Steve Hicks School of Social Work
- 1.0 clock hours from the National Council on Family Relations for CFLE’s
- A certificate of completion

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