

Snapshot



Mental Health Bullets

This is a summary of Snapshot Mental Health, accessible on the [Veterans & Families Research Hub](#). Information correct as of May 2022.

THESE MENTAL HEALTH BULLETS (LIKE THE ACCOMPANYING SNAPSHOT) ARE FOR REFERENCE PURPOSES ONLY. THEY ARE NOT, IN ANY WAY, A CLINICAL GUIDE AND DO NOT ADVOCATE SPECIFIC DIAGNOSTIC CRITERIA OR THERAPIES.

- ◉ The House of Commons Defence Committee Report on the Mental Health of the Armed Forces suggests the public perception that most Service personnel leave the Armed Forces experiencing mental health issues is harmful to veterans. The vast majority leave with no ill-effects and have a positive experience from their time in Service.
- ◉ An annual population survey suggests that there is no difference in the self-reported general health of veterans and non-veterans. However, research suggests that veterans are more at risk of reporting a long-term illness such as depression, hearing or sight loss and musculoskeletal problems or demonstrating symptoms of common mental disorders than that of the general population.
- ◉ Whilst Occupational, Operational, Primary Care, Rehabilitation and Mental healthcare is the MOD's responsibility whilst personnel are in Service, it is the NHS's responsibility to provide most other healthcare services for the Armed Forces community, including serving, ex-serving personnel and their families. This support includes former Reservists and those not on active duty.
- ◉ In March 2019 the Integrated Personal Commissioning for Veterans Framework (IPC4V) was launched. The IPC4V seeks to ensure that organisations work together to provide support for the small number of Armed Forces personnel with complex and enduring physical, neurological and mental health conditions that are attributable to injury whilst in Service, with the aim of giving individuals more choice and control over how their care is planned and delivered.
- ◉ In 2018, the first Veterans' Strategy was published, reaffirming the UK Government's commitment to veterans. The Strategy lists health and wellbeing as one of six key themes affecting veterans' lives and reasserts the need for collaboration between the public, private and charitable sectors. This was followed in 2022 by the Veterans Strategy Action plan 2022-2024 aiming to "build upon the progress that has already been made in developing bespoke support services for veterans making them easier to access and navigate while also ensuring mainstream services are meeting veterans' needs."
- ◉ Specific support for veterans and their families differs across the UK; each devolved nation is responsible for providing healthcare in accordance with the needs of those veterans and their families living within that nation. A UK-wide study of the mental and physical health differences of treatment-seeking veterans across the nations found (using English veterans as a baseline comparison) help-seeking veterans in Northern Ireland tended to be older, have experienced less childhood adversity, joined the military after the age of 18 and took longer to seek help. Northern Irish veterans also had higher levels of obesity, sensory and mobility problems. Scottish and Welsh veterans had a higher risk of smoking and alcohol misuse, although no differences were found in mental health presentations.
- ◉ Previously, rates of serving personnel seen by military mental healthcare services were broadly comparable to the UK general population. However, the latest data for 2020/21 shows the rate of those

needing specialist mental health treatment was lower in the UK armed forces than that seen in the UK general population. The same report does, however, suggest these data do cover periods of the COVID-19 national lockdown restrictions, when there was also a reduction in some routine and training activity which may potentially have removed some of the stressors of military life.

Research exploring the mental health effect of deployment on military medical staff found that overall rates of self-reported mental health disorders were similar for both frontline and base staff. However, frontline staff reported more PTSD symptoms than other roles, which may have been related to working in more hostile environments and more challenging roles whilst deployed and on returning home.

A Directory of Social Change 2017 report on mental health provision suggests that 76 Armed Forces charities provide mental health support. Of these 76 charities, 62 provide non-clinical treatment, 36% partner with the NHS, 68% of mental health charities partner with other charities, 45% provide counselling and 40% provide a helpline for advice.

A study of participants referred to a national mental health charity found that 63% of referrals reported a Traumatic Brain Injury (TBI). Significant associations were observed between reporting a TBI, suffering from depression, and problems with anger. The study reported a burden of mental health needs and high prevalence rates of reporting TBI within help-seeking veterans. The participants who reported a TBI also reported an increased risk of experiencing mental health difficulties.

Given the potential barriers to accessing support, there is a need to investigate more accessible, flexible and cost-effective methods of delivering psychological therapies to veterans. One such alternative has been the use of remote access technology (e.g. video conferencing over the internet) to deliver psychological talking therapies, often referred to as tele-therapy. Analysis has shown that Internet-based Cognitive Behavioural Therapy (CBT) can be effective in reducing symptoms in adults with moderate depression; and there is some evidence to suggest that tele-therapy can be effective in treating military veterans with PTSD.

Gambling. Research from 2021 suggested that veterans in the research sample were ten times more likely than non-veterans to experience gambling harm and gamble as a way of coping with distress. Previous research on veteran gambling revealed that coping with debt and financial worries can also lead to, or exacerbate, mental health problems.

Alcohol misuse. A review of the mental health needs of serving personnel and veterans published in 2020 suggests that heavy drinking may be normalised during service and contribute to alcohol misuse in-service and beyond. This in turn may contribute to the experience of mental health problems. Research from 2021 suggests that mental disorders and alcohol misuse are often comorbid, and that this comorbidity is more common in veterans who develop mental disorders following exposure to traumatic events.

Violent offending has been highlighted in relation to mental health symptoms as a cause for concern. A systematic review of studies on violent behaviour among military personnel in the UK or US, following deployment to Iraq and or Afghanistan, found that in both countries, rates were increased among combat-exposed, former serving personnel. The majority of studies analysed suggested a small to moderate association between combat exposure and post deployment physical aggression and violence.

Moral injury. Only recently has attention turned to this entity in the UK and attempts made to separate it from coincidental or other traumatic events. A 2019 study explored the experiences of veterans

with moral injury and identified the most common symptoms to be: intrusive thoughts, intense negative appraisals (e.g. shame, guilt, disgust), and self-deprecating emotions.

● Health provision for women. Only recently has attention in the UK turned to the distinct problem of mental health difficulties arising in women, either in Service or as veterans. Recent research reveals a high prevalence of mental health difficulties in female UK Army veterans, including common mental health problems (28.6%) and posttraumatic stress disorder (10.8%). Such findings provide insight into the needs of women veterans and have implications for providing appropriate support.

● Recent research brings new evidence and emphasis to the importance of assessing how families cope when a veteran is recovering from mental health conditions and differentiates between the needs of the veteran and family member involved in the caring relationship. This in turn suggests that family members require tailored and individualised support to aid coping that may be different to the healthcare support required by the veteran.

● A lack of research remains in respect of the needs of veterans' families, those veterans from overseas, the Commonwealth and from ethnic minorities born in the UK.