Snapshot

Mental Health

Snapshot *Noun* [c] (UNDERSTANDING)

A piece of information or short description that gives an understanding of a situation at a particular time

A plain language summary of research and evidence relating to the UK Armed Forces and veteran community

Version 2: April 2022

About Snapshots

Snapshots are designed to aid the understanding of the complex issues at play in relation to the Armed Forces, and to support decision-making processes by bridging the gaps between academic research, government and charitable policy, Service provision and public opinion. Snapshots are aimed primarily at those working in policy-making and Service provision roles for the Armed Forces, and are also useful to those seeking facts, figures and informed comment to empower a more objective discussion among the wider population, including the Armed Forces community and the media. The purpose of Snapshots is to review and interpret research and policy and to set out concise, plain language summaries to facilitate understanding and perception.

The Forces in Mind Trust Research Centre has produced a range of Snapshots covering many of the main themes and topics relating to the Armed Forces and veteran community. Due to the constant process of research and policy changes, Snapshots will be updated regularly in order to maintain their relevance. The Snapshots are hosted on the Research Summaries page of the Veterans & Families Research Hub. Contributions and comments are welcome via the Veterans & Families Research Hub forum.

Disclaimer

Whilst Snapshots are produced using recognised research processes, they are written for a lay audience. They are a collation and summary of available academic and quality grey literature, to provide an overview of information on a particular theme or topic. Snapshots are written to inform and to disseminate a large body of literature in an accessible way to as wide an audience as possible. They are not intended to be, and should not be regarded as, rigorous searches or systematic reviews.

THIS MENTAL HEALTH SNAPSHOT IS FOR REFERENCE PURPOSES ONLY, TO DRAW AWARENESS TO THE PUBLISHED LITERATURE IN THIS FIELD. IT IS NOT, IN ANY WAY, A CLINICAL GUIDE AND DOES NOT ADVOCATE SPECIFIC DIAGNOSTIC CRITERIA OR THERAPIES.

Alongside academic papers, this Snapshot draws attention to social prescribing, a means of referral or signposting to non-clinical, often charity-led provision. Social prescribing provides a complementary means of access, via a link worker, to groups and services that offer practical and/or emotional support. In the long term, NHS England anticipate there will be over 1,000 new social prescribing link workers in place by 2022, with significantly more after that, so that at least 900,000 people will be referred to social prescribing by 2023/24. This forms part of the universal personalised care programme that anticipates at least 2.5 million people benefiting from personalised care by 2023/34.

About the authors of this Snapshot

The first Mental Health Snapshot was prepared by Dr Linda Cooper, a researcher at the Forces in Mind Trust Research Centre with advice from Prof Dominic Murphy – Combat Stress, Dr Beverly Bergman – University of Glasgow, Barrie Griffiths – Veterans Advisory and Pensions Committee, Liz Brown – Reserve Forces and Cadets Association and Kirsteen Waller and colleagues at the Forces in Mind Trust. The second edition was prepared by Kristina Fleuty, Dr Chantal Radley and Prof Mike Almond of the Forces in Mind Trust Research Centre.

About the Forces in Mind Trust Research Centre

The Forces in Mind Trust Research Centre was established in October 2017 within The Veterans & Families Institute for Military Social Research at Anglia Ruskin University. The Centre curates the Veterans & Families Research Hub, which provides advice and guidance to research-involved stakeholders and produces targeted research and related outputs. The Centre is funded by the Forces in Mind Trust, which commissions research to contribute to a solid evidence base from which to inform, influence and underpin policy-making and service delivery.

Contents

Introduction and definitions

This Snapshot summarises themes and issues relating to mental health and healthcare provision for the Armed Forces Community, including Service personnel, veterans and their families. The Snapshot is organised around four headings: (1) Statutory provision across the nations; (2) The three stages of military life: in-Service, during transition and resettlement, and post Service; (3) Issues relating to mental health difficulties; and, (4) Families of serving personnel and veterans. It sets out policy responses and current structures of support, presenting research evidence where available. Although there is a significant amount of research available for US Armed Forces, **for the purposes of this Mental Health Snapshot, all literature contained herein is UK based.**

Armed Forces-relevant terms used for this Snapshot are defined below. The following terms are particularly important:

• The term **transition** is used to describe the period of (re)integration into civilian life from the Armed Forces. For the purposes of this Snapshot, it starts from the point in Service at which personnel start their resettlement process, and can continue for several years from discharge.

• **Resettlement** describes the formal processes and procedures by which transition is managed, and the formal support provided to Service leavers during transition. It starts with the activation of the resettlement process and continues until the end of resettlement provision.

• The term **Early Service Leaver** (ESL) are defined as those who are discharged voluntarily or compulsory from the trained or untrained strength, having completed less than 4 years' service.

• The term **veteran** is defined by the Ministry of Defence as anyone who has 'served for at least a day in HM Armed Forces, whether as a Regular or a Reservist'.

• The conditions for **Medical Discharge** are met when a medical condition or fitness issue results in an individual being unable to 'perform their duties and no alternative role can be found to suit their reduced functionality'.

• **Wounded, Injured and Sick** (often abbreviated to **WIS**) is the classification given to personnel who fulfil the criteria of being 'medically unfit for Service or medically unfit for duty and receiving medical care,'(RAF), 'unable to undertake their normal duties,' (Army) and 'unfit for Service in the maritime environment . . . who can only be employed for limited duties ashore' (Royal Navy). So progress can be monitored, all serving WIS personnel in the Army are logged in the Wounded Injured and Sick Management Information System database (WISMIS).

• **Mental health** is defined by NHS England as: 'a positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment. Levels of mental health are influenced by the conditions people are born into, grow up in, live and work in'.
• **Moral Injury** is the psychological distress [often guilt, anger, shame or disgust] experienced after perpetrating, failing to prevent, bearing witness to, or learning about acts which violate one's moral or ethical code

A review was undertaken of the available UK evidence relating to the mental healthcare provision of Service personnel, veterans and their families, using standard reviewing techniques such as searching electronic databases, hand searching of references from relevant articles and reports, and a review of

websites from government and relevant organisations. This Snapshot is written in conjunction with the accompanying Physical Health Snapshot. The Veterans & Families Research Hub is also an invaluable source of relevant literature.

Healthcare Provision for the Armed Forces Community

Commitment to Armed Forces Healthcare

It must firstly be acknowledged that there is a lack of consensus regarding the reporting of veterans and non-veterans of working age (16-64) and whether health problems limit their activity. An annual population survey last published in 2019 suggests that there is no difference in the self-reported *general* health of veterans and non-veterans. Overall, there were 'no differences' between working age and retirement age veterans (35% and 18% respectively) and nonveterans (35% and 20% respectively) who reported their general health as very good. However, a further study now somewhat dated suggested that veterans are more at risk of reporting a long-term illness such as depression, hearing or sight loss and musculoskeletal problems.

The Armed Forces Covenant sets out the commitment made by the UK Government to provide healthcare to the Armed Forces community. The Armed Forces Covenant states that the Armed Forces community 'should face no disadvantage' and 'enjoy the same standard of, and access to, healthcare as that received by any other UK citizen in the area they live', retaining NHS waiting list positions should they have to move due to the Service person being posted. The Covenant makes provision for 'special consideration' in some cases, especially for those such as the injured or bereaved. This is particularly prevalent for those wounded, injured and sick and is often overlooked. Veterans should also receive priority treatment where it relates to a condition which results from their Service in the Armed Forces, subject to clinical need.

Following the Strategic Defence and Security Review of 2010, the UK Surgeon General was directed to merge the delivery of primary healthcare from the three single Service organisations to a unified Defence Primary Healthcare (DPHC). The specialist services comprised the Regional Rehabilitation Units, the Departments of Community Mental Health and the Occupational Health/Occupational Medicine Departments. These had previously been organised under distinct single Service or lead-Service arrangements.

The NHS is a key organisation delivering the UK Government's commitment to the Covenant, in relation to mental (and physical) healthcare across the UK and within each devolved nation. In the UK, policymakers working in healthcare have reaffirmed their commitment to the Covenant via the introduction of new legislation and guidance. The Scottish Government introduced the Community Health Index to identify more easily serving personnel and their families. In Wales, new guidance has been issued to GPs and healthcare professionals on priority treatment for veterans, whilst Northern Ireland's Health and Social Care authorities continue to monitor NHS waiting times for military families.

Healthcare Delivered in Partnership

The latest annual Covenant report describes the initiatives in health, including mental health, developed since 2019 by both the MOD and NHS working in partnership. This includes those developed across the UK for example in implementing the majority of the recommendations from the Defence-focused review on suicide prevention among Service personnel and separately in England

launching the new Veterans' Mental Health High Intensity Service (HIS), Scotland establishing the Scottish Veterans Care Network, which will help to support veterans with issues accessing care and health inequalities and Wales starting a Fast-track Referral Pathway to prioritises access to treatments for Service personnel who are actively serving but are currently graded as 'medically not deployable'.

In an attempt to coordinate efforts to uphold the Covenant between the multiple players at local and national levels (MOD, Department of Health & Social Care, NHS of each devolved nation, charitable sector, local authorities and elsewhere), 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 addition to the Covenant, 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. The Strategy says the outcome for health and wellbeing should be that "all veterans enjoy a state of positive physical and mental health and wellbeing, enabling them to contribute to wider aspects of society." 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." This includes in England Op COURAGE: The Veterans Mental Health and Wellbeing Service, the overarching name for the Veterans' Mental Health Transition, Intervention and Liaison Service (TILS), Veterans' Mental Health Complex Treatment Service (CTS) and Veterans' Mental Health High Intensity Service HIS). In Scotland, The Scottish Government will continue to support Veterans First Point and Combat Stress to provide health and wellbeing support services to Service leavers and veterans and in Northern Ireland The Northern Ireland Veteran Support Office (NIVSO) is developing a number of specific programme initiatives, incorporating enhanced complex mental health support.

Healthcare provision within the Devolved Nations

Mental Healthcare Provision across the UK

When personnel leave the Armed Forces, responsibility for veterans' primary healthcare is transferred to the NHS and veterans access primary care in the same way as civilians. In some instances, there is veteran-specific support for those with particular mental health conditions, where the condition is due to Service.

This veteran-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 2021 review of help-seeking behaviour for mental health issues identified a number of barriers to consider when supporting veterans across the UK: (1) a culture of stoicism and self-reliance in the military that contributes to a stigma around asking for help for mental health issues; (2) difficulties accessing health care services. The review also identified facilitators to consider when supporting UK

veterans: (1) Understanding of the military context from staff within civilian health care services; (2) The need for a campaign within civilian healthcare to dispel stigma, with input from veterans and military personnel.

A UK-wide report on pathways into mental health services for UK veterans details the statutory provision of mental health care, which is funded by the NHS or devolved governments in England, Scotland and Wales. In Northern Ireland, the MOD and third sector provide a significant proportion of services.

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.

Mental Healthcare Provision in Scotland

The Scottish Government set out provision for the wider Armed Forces and veterans, including a veteran's right to priority healthcare treatment, in the report Renewing Our Commitments. There are Armed Forces & Veterans Champions on local authority and NHS Boards across Scotland. Champions advocate for veterans and Service personnel to ensure needs are met and reflected in local healthcare service plans. NHS Inform, Scotland's National Health Information Service, sets out health rights for veterans and details how veterans can receive support for healthcare needs.

Veterans Scotland gathers together resources and advice from a number of organisations that support veterans in key areas, including with their health needs; while the Veterans-Assist website makes these resources searchable. Moreover, Veterans Scotland, Skills Development Scotland and Army HQ Scotland made a collaborative effort to write a guide, for serving personnel and those thinking ahead to transition, outlining a range of topics to consider as personnel plan for transition to civilian life in Scotland. The guide includes useful information on the help and support that is available for service leavers and their families who are thinking of settling in Scotland.

The Scottish Veterans Commissioner released a significant report in 2018 that describes the key principles of the Scottish perspective on veterans' health to be 'to protect vital specialist services currently required by veterans with severe and enduring conditions, and secondly, to plan for their long term care'. In 2020 a Scottish Government report on support for veterans and the Armed Forces community highlighted the Government's achievements around providing mental health care for veterans; this includes the launch of The Scottish Veterans Care Network (SVCN) in November 2020. The SVCN was established to support veterans with issues accessing care services including for mental health. Following this, in April 2021, the SVCN Health and Wellbeing group was established, with a focus on developing the Mental Health and Wellbeing Action Plan to make recommendations on the delivery of mental health services for Scottish veterans.

Other significant achievements of the Scottish Government include: (1) making the awareness of veterans a core part of the curriculum for new GPs; (2) establishing the Armed Forces and Veterans Health Joint Group, which brings together key stakeholders that serve the veteran community in Scotland; (3) establishing the NHS Champions Network, to disseminate information and monitor views on the work of the Scottish Government on veterans mental healthcare.

The Scottish Government currently funds the Veterans First Point Network, provided as part of the NHS in Scotland. The Veterans First Point Network offers a point of contact for veterans and their families who require support for a range of needs, including support for their mental health. There are currently six Veterans First Points in Scotland, each providing a range of services.

A 2021 study on Scottish veterans provides follow-up evidence that builds on an earlier 2017 study. The study published in 2021 reaffirms that the risk of suicide is no different between veterans and non-veterans. Whereas previous evidence had suggested women veterans have a higher risk of suicide than non-veteran women, recent evidence confirms that this risk is only in older women veterans. Furthermore, suicide was found to be most common in the firth decade of life and at around 20 years post-service. Also, a history of mood disorder or posttraumatic stress disorder was non-significantly more common in veterans than non-veterans.

To put this in perspective a study among UK veterans found that risk factors associated with suicidal ideation were significantly higher in veterans who were unemployed, Early Service Leavers, taking less than five years to seek help, and those who had a history of childhood adversity.

Mental Healthcare Provision in Wales

A 2021 review of pathways into healthcare for veterans in Wales suggests that pathways into statutory care mirror those in England, with several key differences. Services available in Wales for mental health range from low-intensity psychological interventions to crisis care services. In Wales, seven Local Health Boards are legally responsible for providing mental health care and support and determine the provision of services. This means service provision varies across each Local Health Board area, which previous research suggested results in a lack of strategic focus and co-ordination across the areas.

The 2021 review also discusses the Welsh provision of statutory funded veteran-specific mental health services. NHS Wales provides information about specific mental health services for veterans through a dedicated website; Veterans' NHS Wales offers an outpatient service to veterans with service-related mental health problems. Referrals for this service can be made via primary care, self-referral, charities and other veteran-focused agencies. Veterans' NHS Wales will also work with partner agencies to support veterans to address a range of mental health and social care needs.

Mental Healthcare Provision in Northern Ireland

The particular history of Northern Ireland presents challenges regarding research into the veteran population. The Northern Ireland Veterans' Health and Well-Being Study (NIVHS) provides significant insight into the services providing support to veterans in Northern Ireland, and aims to establish improved understanding of the current and future health needs of veterans. The study ran for five years completing in 2020, with a series of reports published on several aspects of the findings. The first report in the series, Supporting and Serving Military Veterans in Northern Ireland, concludes that in Northern Ireland there is a 'fairly expansive network of supports and services available to veterans based in Northern Ireland . . . [but] there is a notable lack of formal information sharing between organisations and across sectors'. This is reflected in a lack of easily accessible, wider online information that details veteran healthcare provision in Northern Ireland. The same report confirms that veterans in Northern Ireland receive statutory support as part of the wider population, and there are no veteran-specific services or priority treatment. However, the report also suggests that, despite challenges surrounding the visibility of veterans in Northern Ireland, and the challenges facing those

who provide support for them, there is a clear 'demonstration by service providers to ensure equitable provision for those veterans living in Northern Ireland'.

A 2021 report from the NIVHS study found that a higher proportion of homeservice veterans reported mental health and associated difficulties than general service veterans. Findings suggested that stigma remains a major barrier to help seeking behaviour. Key areas of concern identified were higher than expected levels of reported mental health issues and negative attitudes towards mental health services. Data from the NIVHS study also showed that complex PTSD which is the result of complex, prolonged and/or inescapable trauma, was more prevalent in this sample and is comorbid with a series of psychopathologies.

A report on understanding the needs of Service Leaver families further identifies the significant issue that is specific to former members of the Armed Forces or their families in Northern Ireland, that is, the 'on-going level of threat' associated with identification, which was highlighted as a major cause of high levels of mental distress and illness. In Northern Ireland, the 'Armed Forces Liaison Forum' ensures equitable access to health and social care services by members of the Armed Forces, families and veterans, where there are specialised needs. General healthcare needs are met through GP services local to military establishments.

Mental Healthcare Provision in England

There are now 104 'Veteran Aware' hospitals that meet the criteria for offering the best care to veterans. This initiative is part of the Veterans Covenant Hospital Alliance (VCHA). The current goal is to have all NHS providers in England accredited by the end of2023. This is due to be extended to other types of provision (for example, Mental Health, Ambulances, Community services). In a similar vein to Veteran Aware hospitals, GPs can sign up to become accredited as 'veteran friendly' under a national scheme rolled out in 2019, to improve medical care and treatment for former Armed Forces personnel. The scheme is backed by NHS England and the Royal College of General Practitioners (RCGP). It has been reported that General Medical Services GP forms (GMS1 form) have been amended nationally to include a question regarding the identification of veterans by GPs, to facilitate access to healthcare priority treatment. According to data from 2021, 1,050 GP surgeries now have 'veteran friendly' accreditation.

Op COURAGE: the Veterans Mental Health and Wellbeing Service has replaced the NHS Veterans' Mental Health Transition, Intervention and Liaison (TIL) Service, the Veterans' Mental Health Complex Treatment Service (CTS) and Veterans' Mental Health High Intensity Service (HIS), Op COURAGE is an overarching NHS mental health service dedicated for all ex-serving members of the UK Armed Forces, including Service personnel who are making the transition to civilian life, reservists and families. Veterans' Mental Health High Intensity Service was commissioned by NHS England and NHS Improvement in 2020 as a phased roll-out which will inform a final service planned for April 2023.

Veterans' Mental Healthcare Provision

The House of Commons Defence Committee Report on the Mental Health of the Armed Forces suggests that 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. The support and sense of community offered by the military environment might have improved the mental health in some, or at least delayed the onset of pre-existing conditions. This distorted public perception may be amplifying the stigma surrounding

veterans' mental health, discouraging them from seeking help, and overly focusing attention on PTSD, when in reality, common mental health disorders (known as CMDs), such as depression, are much more prevalent. Research published in 2022 suggests that the highest mental health disorder prevalent in a sample of UK veterans was depression (38% of veterans sampled), followed by alcohol misuse (17.3% of veterans sampled) and anxiety (15% of veterans sampled). In contrast, 3.4% of veterans sampled had post-traumatic stress disorder.

The limitations of Government data mean that it is likely to underestimate significantly the total number of serving personnel and veterans with mental health conditions; but the true figure is still likely to be small. However, data from the KCMHR Cohort Study in 2018 show a rate of 17% for PTSD in veterans whose last deployment was in a combat role.

The Ministry of Defence reported that the rates of diagnosed mental health conditions in serving Armed Forces personnel have nearly doubled over the last decade to around 3%: slightly lower than the rate in the general public. However, this is the figure only for those who seek help. Findings from this report suggest that the true rate of veterans with mental health conditions could be as high as 10%. Between phases two and three of a longitudinal study of veterans who served in Iraq and Afghanistan, there is evidence of a trend effect for an increase in PTSD over time and when looking at veterans only, the rates of probable PTSD are far higher. The prevalence of alcohol misuse has reduced slightly at the third phase.

A significant systematic review, published in 2020, synthesised evidence on the mental health needs of serving personnel, veterans and their families, which may be used to inform mental healthcare provision. The review found that most serving personnel and veterans have relatively good mental health, but there are some who experience mental health problems. Serving personnel who have experienced combat or have been deployed are more likely to experience mental health problems. However, symptoms will tend to show after return from deployment. Those who so struggle may experience problems in their relationships as veterans or feel isolated, misunderstood or less willing to meet others after their service career has ended.

A recent report details the statutory provision of mental healthcare for veterans in the UK, which is funded by the NHS or the governments of devolved nations. Most veterans receive healthcare through NHS primary care, and as such, primary healthcare professionals need a greater awareness of Armed Forces culture and a more nuanced understanding of the specific needs of veterans and their families. Research from 2021 suggests that veterans may be reluctant to access care, support and treatments from civilian healthcare professionals because veterans think civilians do not understand military culture. The research further posits that GPs would like more help and support when looking after veterans.

A 2014 report drew attention to data that suggested more than a third of GPs did not know the priority/disadvantage criteria for veterans, as per the Covenant stipulation, and those that did know had received the information through the media. The Armed Forces Covenant states that priority care should be subject to 'clinical need', which could potentially invalidate claims for priority for veterans, if the needs of a civilian patient are more severe at the point of needing treatment.

In relation to the responsibility of NHS England to commission services for veterans, research published in 2019 suggests there are inconsistencies in 'adopting the principles' of the Covenant and a lack of 'commitment to and understanding of policy guidance . . . for commissioning veteran-specific

services'. The research concludes that there is a need to make improvements to commissioning practices for veterans.

In an effort to increase the visibility of veterans within civilian healthcare provision, from 2018 the information collected on GP registration forms includes further details of veterans, which will be used to allow healthcare professionals to identify personnel, veterans and their families and establish areas of need. The Royal College of Psychiatrists is attempting to improve the services for veterans through a quality improvement initiative, setting standard for access, treatment and outcomes full details are available here.

There is still a belief that health professionals need training specifically to counter stereotypes about veterans, including in relation to mental health, and more information about the military context to support their assessment and onward referral of veterans' needs. Having acknowledged this, there are examples of projects that have been initiated with the aim of closing this training gap. For example, the RCGP have produced a Veterans' healthcare toolkit.

Also, the Military Human training series, run by York St John University, includes three courses designed to increase awareness of the health and mental health of the Armed Forces community. The courses are designed to enable front line staff, including within healthcare professions, to gain insight into Armed Forces culture and use this knowledge to tailor relevant support for veterans and their families. Furthermore, the University of Chester has released a free online module to assist clinical staff in learning more about the Armed Forces Community.

One initiative that explores a mental health service adapted for Armed Forces veterans and family members using Cognitive Behavioural Therapy methods found that the adaptation of the service helped to accommodate help-seeking barriers. However, treatment for veterans with PTSD and their family members in this specific study required further research. Additional studies in this area suggest that the way individuals report mental health stigmatisation is not static and the stigma fluctuates in proportion to the frequency and severity of psychological symptoms.

Mental Health Provision whilst in Service

A recent Report recognises that, looking after the health needs of Service personnel, family members, the bereaved and veterans – especially where military service has caused or exacerbated those needs – is one of the first priorities of the Government when it comes to the welfare of the Armed Forces Community.

In the UK, all Service personnel receive medical treatment and healthcare provision through the Ministry of Defence's Medical Services Defence Medical Services (DMS). The DMS treat personnel in the UK, overseas and at sea. The primary role of the DMS is to promote, protect and restore the health of Service personnel so they are medically 'fit for task'. The DMS is staffed by around 12,200 service personnel (8,250 regular and 3950 reserve) and 2,600 civilian personnel providing healthcare to the 137,130 UK Current Regular Strength (as of 1 Oct 2021). Mental health services are delivered through a network of Departments of Community Mental Health (DCMHs), Mental Health Teams (MHTs) and some additional locations have a dedicated permanent Community Mental Health Nurse. The pathways for Service personnel to access mental health services in the UK Armed Forces are described here. The provision of general practice and specialised occupational health services are delivered through Defence Primary Healthcare (DPHC), which was piloted in 2013 and announced full operating

capability in 2014. In some circumstances, family dependants of Service personnel or entitled civilians may also receive treatment from DMS staff, as well as other countries' health services when overseas, such as on permanent military bases and in areas of conflict.

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 found here 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 and may have contributed to the fall in personnel seeking help for mental health related reasons. Adjustment disorders and depression are the two most frequent Common Mental Disorders (CMD) seen in serving personnel, which is slightly different to the general population where generalised anxiety disorders, obsessive compulsive disorder and phobias are the most common.

Despite media attention focusing on the prevalence of PTSD and psychoactive substance misuse due to alcohol in the UK Armed Forces, these disorders remain low with around 1 in 1,000 (0.1%) serving UK Armed Forces personnel being assessed at a MOD DCMH for these problems. This information and that reflecting differences in mental health presentations between the Service branches, gender and rank can be found here. A survey completed by deployed Royal Navy personnel, which measured the prevalence of CMD and PTSD found that these characteristics were more frequently reported in the maritime environment than on land-based deployments. Experiencing problems at home and exposure to potentially traumatic events were associated with experiencing poorer mental health. Higher morale led to greater cohesion and better leadership with fewer psychological symptoms.

A further study of Personnel in Service and Service Leavers focused on the influence of social networks and social participation outside work on CMD, including symptoms of depression, anxiety and alcohol misuse. Service leavers were found to present with reported CMD and additionally, PTSD symptoms. The increased risk of CMD (but not PTSD symptoms) was partially accounted for by the reduced levels of social integration among the Service Leavers. Maintaining social networks in which most members are still in the military is associated with alcohol misuse for both groups, but it is related to CMD and PTSD symptoms for Service Leavers only. A more recent report suggests gender differences exist between informal or social support for mental health problems in UK Service personnel, women being less likely to use social networks relying on more formal routes for support.

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 which emerge on returning home. In general, rates of PTSD are higher in those Service personnel who had previously deployed to Iraq and/or Afghanistan than those not deployed there. In 2019/20, there was an increased risk of 90% for PTSD for Service personnel previously deployed to Iraq and/or Afghanistan. The risk for other mental health disorders was not affected by deployment.

Trauma Risk Management (TRiM) is a peer-led, occupational mental health support process that aims to identify and assist UK military personnel with persistent mental ill health related to potentially traumatic events. This was a randomised control study, where some patients were allocated to receive

TRiM, whilst others did not, in order to determine which group were more likely to go on to later seek help from mental health services. TRiM recipients were significantly more likely to seek help from mental health services than a similar potentially traumatic event exposed group that did not receive TRiM; however, TRiM recipients experienced more persistent mental ill-health symptoms and hazardous alcohol use over the period of follow-up,despite seeking help. No newer evidence on the effectiveness of TRiM has been forthcoming in the UK Armed Forces

A study investigating the use of Third Location Decompression (TLD), an activity undertaken by UK Armed Forces to allow personnel to begin to psychologically 'unwind' after deploying, found no evidence to suggest that TLD promotes better post deployment readjustment. The study found a positive impact upon alcohol use and mental health in those who have served and taken part, or been exposed to combat. This study suggests that TLD is a useful post deployment transitional activity that may help to improve PTSD symptoms and alcohol use in UK AF personnel. However, with the limited available research data currently available, it is impossible to draw scientific conclusions about the mental health outcomes of TLD nor who from the deployed will benefit from it.

In the past 2 hears the MOD introduced HeadFIT For life and other similar mental fitness programmes accessible through Service apps or portals, designed to maintain the good mental health and wellbeing of Service personnel.

NHS Statutory ArrangementsMental healthcare provision for the Armed Forces within the UK is delivered in partnership with the National Health Service (NHS). The NHS has a dedicated web portal of information and links to how members of the Armed Forces community, including veterans and their families, can access DMS and NHS services. This includes directing regular and mobilsed reserves to;

- Defence Medical Services (DMS) medical officers and GPs
- welfare officers
- the chain of command
- Trauma Risk Management (TRiM) practitioners
- Service chaplains

For those in transition, non-mobilised reservists and veterans in England the overarching MH support service now comes under the banner of Op COURAGE. The Veterans and Reserves Mental Health programme (VRMHP) provides assessment and treatment advice for veterans (who have deployed since 1982) and reserves who have been deployed overseas since 1 January 2003 as a reservist and believe that their deployment may have affected their mental health.

NHS England is responsible for all secondary care health services for the Armed Forces in England. Different arrangements exist for the NHS in all devolved administrations of the UK (Wales, Scotland and Northern Ireland), as healthcare is the responsibility of each nation. Community Mental Health care for Service personnel lies with DPHC and DCMHs.

An NHS England report recognises the statutory duty of the NHS to commission services for the Armed Forces community and this is always under review. The current version of the NHS Constitution specifically references the Armed Forces Covenant and therefore allows the NHS to provide 'priority services' for the Armed Forces community, where the Constitution prohibits such commissioning. The NHS is required to commission certain services for members of the Armed Forces and their families,

to uphold high standards of care and quality, in line with the commitment made by the UK Government under the Covenant. This directive comes from the Secretary of State's Mandate and is defined in Section 15 of the Health and Social Care Act 2012. These arrangements may be strengthened with a new Health and Social Care act planned for 2022 when Integrated care systems (ICSs) – geographical partnerships of health and care organisations – come into being that aim to drive integration in line with the NHS Long Term Plan.

MOD/NHS Partnership

To inform decisions regarding the commissioning of clinical services, the MOD produces statistics on the number of Armed Forces and entitled civilian personnel with a DMS registration. The latest figures show 170,554 with a DMS registration, a decrease of 1.3% from the year previous, which sits in line with the changing size of the Armed Forces "required by the MOD to achieve success in its military tasks."

There is a Partnership Agreement between the MOD and NHS England that outlines the commissioning of health services in England for the Armed Forces. There are Ministry of Defence Hospital Units (MDHUs), which are military healthcare facilities embedded within NHS Trusts and civilian hospitals. There is also the Royal Centre for Defence Medicine (RCDM) located in Queen Elizabeth Hospital, University Hospitals Birmingham NHS Foundation Trust, Birmingham. The RCDM provides medical support to military operational deployments, as well as providing secondary and specialist care for members of the Armed Forces. The RCDM is also a training centre for Defence personnel and focuses on medical research. Furthermore, the influence of Armed Forces medical staff and capabilities within NHS institutions has driven innovation and changes within the wider NHS.

The location of the DMRC is close to both the RCDM and the University Hospitals Birmingham NHS Foundation Trust and there are hopes that this will help to enable the joined up care, involving multiple healthcare professionals, needed to deliver complex rehabilitation.

Charitable Healthcare Provision for the Armed Forces Community

Charities play a substantial role in mental healthcare initiatives for the serving Armed Forces community (Post Service charitable support for veterans is discussed here). Mental health charitable providers promote the recovery, fitness and good health of the Armed Forces, including specific services targeted at the wounded, injured and sick (WIS). For example, the DMRC acknowledges the long-standing partnership between providers of medical and healthcare for the Armed Forces, such as the NHS, and MOD welfare and healthcare services, and charities; tri-Service charities including Combat Stress, Help for Heroes, The Royal British Legion and SSAFA are noted as being 'principally associated with the activities [undertaken] in the DMRC'. Help for Heroes and The Royal British Legion are formal partners in the Defence Recovery Capability (DRC).

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.

Transition and Resettlement

Medical Discharge

Approximately half of personnel medically discharged leave as a result of multiple medical conditions. During 2020 – 2021, 666 Army, 335 Naval Service and 123 RAF personnel were medically discharged, the lowest rates in 10 years. The changes in rates may reflect changes in practices, particularly due at this time to COVID_19. Certain demographic groups were significantly more likely to medically discharge in this year: females in the Army and RAF; other ranks (i.e. personnel from any of the three Services who are not Officers); Royal Navy/Royal Marines aged 30-34 years; army personnel aged 20-24 years; RAF personnel aged 50 years and over; Royal Marines compared to the Royal Navy; and, Untrained Personnel in the Army and Royal Marines. Untrained in the Army is defined as personnel who have not completed Phase 1 training.

Medically discharged personnel who leave the Armed Forces prior to completion of their contract may be entitled to additional payments as part of their military pension. The Armed Forces Compensation Scheme (AFCS) compensates for claims from personnel and veterans where injury and illness has been caused or made worse by Service.

In 2019, a study was undertaken to estimate the number of military personnel who may experience physical or psychological health problems that may be associated with their military Service. The results of this study highlight that the difficulties personnel may face are largely musculoskeletal or mental health related. These findings may help with planning the provision of future physical and mental health care and support for those who serve in the UK Armed Forces. A 2020 review found that physical activity has a positive effect on wellbeing including improving depression, anxiety and stress.

A 2020 pilot study of mainly older age veterans suggests that visually impaired veterans are functioning well across the life course. However, it showed that lower levels of health satisfaction were recorded, particularly among older blind veterans who also have mental health conditions. Research shows that the increased use of powerful explosive devices causing traumatic brain injury are resulting in vision related impairments becoming more common.

A study has highlighted the number of young service personnel who have sustained a combat-related visual impairment has increased. Mental health problems were found to be prevalent among visually impaired younger ex-Servicemen, irrespective of the cause of their impairment, whether in combat or non-combat. For female veterans, approximately 1 in 10 women with a visual impairment screened positive for probable depression, probable PTSD or alcohol misuse, and 1 in 5 fulfilled the criteria for probable anxiety disorder. Over time, the women in this study applied positive coping strategies, including having a positive attitude and re-learning skills. However, sustaining a visual impairment negatively affects psychosocial well-being in female ex-Service personnel and some did turn to negative coping strategies, including alcohol misuse and reporting a lack of help-seeking when needed.

Barriers to care and stigma

Research suggests that perceptions of stigma continue to remain an issue amongst serving personnel and veterans with possible mental health disorders. Lack of trust and confidence was also found to be a barrier to help-seeking. Fears of being viewed as weak and lacking in stoicism create beliefs of

legitimacy around stigma and mental health issues. Concerns regarding being treated differently by leaders was most frequently endorsed, and thinking less of a help-seeking team member and unawareness of potential sources of help were least common. Participants in one study believed that overcoming barriers to participating in screening and seeking help would be best achieved by making screening compulsory, alongside the necessity for more training for Welfare Officers in how to respond to mental health.

A report highlighting the issues for Service Leavers (SLs) identified that participants often raised poor mental health and/or physical health as one of the most important issues in relation to their transition in the short and longer term. Recent research also suggests that negative transitioning is due to multiple factors such as pre-service experiences, age of enrolment, rank, capability to make decisions, over-institutionalism in the military and the effectiveness of support services, as well as operational experiences. Research on Early Service Leavers (ESLs) dismissed after mandatory drug testing shows that this particularly vulnerable subgroup is likely to face multiple difficulties, yet less likely to be well supported through transition. The report notes that changes to JSP 534 in 2020 mean that personnel discharged compulsorily are now entitled to the same resettlement provision as 'normal' Service Leavers.

Help-seeking

It was acknowledged in their Service Leaver report that the MOD should undertake a shift in thinking in order to avoid veterans being viewed as weak for seeking support. Further, that supporting veterans would have a positive impact on the goals of the military organisation. Loss of credibility and trust associated with help-seeking for medical reasons were found in a further study. Those experiencing psychological symptoms appeared to minimise the effects of stigma by seeking out a socially accepted route into care, such as the medical consultation, whereas those who experienced a subjective mental health problem appeared willing to seek help from any source.

A study assessing the prevalence of general medical problems, stress or emotional problems and alcohol problems, reported by members of the Armed Forces after deployment to Iraq or Afghanistan found help-seeking for stress or emotional problems was further associated with being female, holding a lower rank, having functional impairment, and meeting criteria for two or more mental health problems. Being divorced or separated was positively associated with non-medical help-seeking for stress or emotional problems. Help-seeking for alcohol problems was associated with current mental disorders. Medical help-seeking for stress or emotional problems was uncommon and was related to meeting criteria for two or more mental health problems. Commissioned officers were reluctant to seek medical help for stress or emotional problems. Help-seeking for alcohol problems increased if personnel were experiencing additional mental health problems. A 2022 study found that veterans with mental health issues have higher expectations of care and medical support and that a culture of dependency can develop on support provision.

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. A further review of mild Traumatic Brain Injury (mTBI) revealed a high incidence rate of depression, anger and

PTSD for veterans who met the criteria for mTBI, indicating the need for thorough screening and assessment who report such symptoms.

The stigma associated with disclosure of alcohol misuse and mental health symptoms often leads to a lack of help-seeking. A study identifying post deployment sleep difficulties suggests that detection of problems with alcohol use and mental health issues could be enhanced by inquiring about sleep problems, which may be less stigmatising than direct mental health enquiries.

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.

Other Factors Associated with Mental Health Difficulties

Recent research exploring predictors of mental ill-health and socio-economic hardship among UK veterans suggested that hardship was mostly associated with factors associated with socio-economic status, such as age, education and childhood adversity. The research asserted that few factors associated with military service predicted mental health difficulties, apart from the method of leaving e.g. medical or unplanned discharge were more likely to result in hardship later on.

Veteran Gambling

Research on the social and economic impact of gambling in UK veterans suggests that veterans have higher healthcare costs compared with age-matched and gender-matched non-veterans. Research from 2021 suggested that veterans in the research sample were ten times more likely than non-veterans to experience gambling herms 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. The interaction between mental health and problem gambling in veterans is therefore complex. Dealing with an often-hidden gambling problem after active Service may lead to adverse personal and social consequences, and the risk of gambling-related harm may be exacerbated by pre-existing mental health conditions. For instance, veterans who suffer from PTSD may be at heightened risk of developing a gambling problem. Similarly, in civilian populations, problem gambling is associated with a range of mental health challenges such as mood disorders, substance abuse, anxiety and neurotic symptoms. It is therefore important to assess the impact of gambling-related problems in UK Armed Forces veterans alongside their Service history, financial management concerns and 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. Despite reported high levels of alcohol use, help-seeking for alcohol-related problems were found to be lower than for other mental health, emotional or general medical problems.

There is a large body of literature regarding the co-occurring misuse of alcohol with mental health symptoms. A pilot study assessing the practicality of introducing an enhanced mental health assessment (EMHA) into all routine and discharge medicals of the UK Armed Forces found that the vast majority of patients were found to have no mental health problems, although indicators of high levels of risky drinking were evident. Further exploration of excessive drinking habits from this study identified that alcohol is part of the UK military culture and may foster social cohesion in moderation. Research relating to help-seeking behaviours in veterans who are reluctant to, or have difficulty in, accessing help for alcohol problems, found that participants appear to excuse or normalise their excessive alcohol consumption, which led to a delay in meaningful engagement with alcohol misuse services.

Similar findings from a study on brief alcohol interventions suggest that hazardous drinking, which increases the risk of mental harm or results in consequences to mental health, is higher in the UK military compared to the general population. On the other hand, a cohort study showed that trajectories of alcohol misuse over a 12-year period were stable. Research looking specifically at cohorts of women who had served in the Gulf and Iraq Wars had similar findings, that the deployment effect in women is similar to that described in men, although psychological distress and chronic fatigue was more common in women and alcohol misuse was more common in men. Data suggests that military women are drinking around three times the rate of their civilian counterparts, compared to military men who drink around twice as much. A longitudinal study investigating alcohol consumption and mental health disorder found that individuals with a mental health problem appeared more likely to either be drinking at a high level or to be abstaining from use. Research investigating the prevalence of co-morbidity between PTSD and alcohol misuse found strong evidence, with common mental disorders highly associated with probable PTSD in individuals with alcohol misuse.

The third phase of a military cohort study has examined the prevalence of mental disorders and alcohol misuse at the end of the British involvement in the Iraq and Afghanistan conflicts, whether this differed between serving and ex-serving regular personnel and by deployment status. The prevalence was 6.2% for probable post-traumatic stress disorder, 21.9% for common mental disorders and 10.0% for alcohol misuse. Deployment to Iraq or Afghanistan and a combat role during deployment were associated with significantly worse mental health outcomes and alcohol misuse in ex-serving regular personnel but not in currently serving regular personnel. The findings highlight an increasing prevalence of post-traumatic stress disorder and a lowering prevalence of alcohol misuse compared with previous findings, and stresses the importance of continued surveillance during Service and beyond. Recent research confirms the finding that UK veterans serving in more recent military operations were more likely than non-veterans to have a higher prevalence of common mental disorders (23 % vs 16%), post-traumatic stress disorder (8% vs 5%) and alcohol misuse (11% vs 6%).

Violent Behaviour

Concurrently with alcohol misuse, 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. Several studies found that violence increased with

intensity and frequency of exposure to combat traumas. The review's findings support the role of PTSD between combat and post deployment violence and the importance of alcohol, especially if comorbid with PTSD. A further study has found that factors related to anger and aggression included unemployment due to ill health and a perceived lack of family support. Co-morbid mental health difficulties were also a factor for anger and aggression.

A data linkage cohort study investigated the effect of deployment, combat and post-deployment mental health problems on violent offending, relative to pre-existing risk factors. Findings suggest that alcohol misuse and aggressive behaviour might be appropriate targets for interventions, but any action must be evidence based. PTSD, although less prevalent, is also a risk factor for violence, especially hyperarousal symptoms. Hyperarousal symptoms include sleeping problems, difficulties concentrating, irritability, anger and angry outburst, constant anxiety, being easily scared or startled and self-destructive behaviour. If this hyperarousal is diagnosed, it should be appropriately treated and the patient monitored for any associated risks. The complexity of co-ordinating services, such as alcohol misuse and mental health problems, often leads to fragmented and convoluted health and social care provision. This is a particular issue for Early Service Leavers.

A report examining the exposure to combat and post-deployment mental health problems found risk factors for violence both inside and outside the family environment following return from deployment. Family violence was significantly associated with having left Service, while stranger violence was associated with younger age, male gender, being single, having a history of antisocial behaviour as well as having left Service.

A study of the Liaison and Diversion (L&D) services, available at the point of arrest when veterans enter the criminal justice system, found that L&D services did not consider PTSD as a separate diagnosis and staff lacked an awareness of the role of trauma in offending behaviour. More training, and the need for Trauma Informed Care was highlighted.

Reservists are an under researched area with regard to mental health. The prevalence of self-reported violent behaviour among UK Reservists found the association with violence was similar for those deployed in either a combat role or non-combat role. Violence was also strongly associated with mental health risk factors (PTSD, common mental disorders, and alcohol misuse). This study demonstrated higher levels of self-reported post-deployment violence in UK Reservists who had served in either Iraq or Afghanistan. Deployment, irrespective of the role, was associated with higher levels of violent behaviour among Reservists. The results also emphasize the risk of violent behaviour associated with post-deployment mental health problems.

Moral Injury

Moral injury (previously moral distress) moved from the health care or clinical arena to the American military or veteran setting 30 years ago. 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. It also looked at clinicians' experiences in treating moral injury exposed veterans, difficulties included the limited number of sessions they were able to provide, the lack of a manualized approach for treating moral injury, and the perception that moral injury was poorly understood among UK AF veterans' clinical care teams.

A further study provided some of the first evidence that events experienced by UK veterans can simultaneously be morally injurious and traumatic or life-threatening as well as highlighting the process by which moral injury may occur in UK veterans. These findings illustrated the need to examine effective pathways for prevention and intervention for veterans who have experienced a morally injurious event. The results from a recent study provided preliminary evidence that potentially morally injurious experiences are associated with adverse mental health outcomes in UK AF veterans. However, it was recommended further work is needed to better understand the interplay between morally injurious events and threat-based trauma to design effective pathways for prevention and intervention for people exposed to highly challenging events.

Mental Health Experiences and Healthcare 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. Looking further into this same population a sizeable percentage of Veterans reported at least one adverse childhood event (ACE), including emotional and physical abuse. Experience of ACE was most strongly linked to experiencing symptoms of post-traumatic stress disorder in adulthood. A further study of this same population identified a high prevalence of adversity experienced in Service (22.5% sexual harassment, 5.1% sexual assault, 22.7% emotional bullying and 3.3% physical assault). Younger women, those who held an officer rank during service and those who reported having a combat or combat support role during service were most at risk of military adversity. All types of adversity were significantly associated with probable post-traumatic stress disorder.

A report published in 2021, unique in its breadth and depth, demonstrated UK research focused on womens' mental health is dominated by two large cohorts, and there is a significant lack of qualitative in-depth research examining women's experiences of mental health post-Service.

From 18 papers looking at UK research the report suggests that:

- female veterans appear to be at the same or lower risk of committing suicide or engaging in self-harm than male veterans but are at a higher risk of suicide and suicidal thoughts compared to civilian women
- female veterans in mixed-serving and veteran samples report increased symptoms of common mental disorders using the Short Health Questionnaire GHQ-12, but no significant gender differences in mental health disorders were found when these were measured using a purely female veteran sample, other instruments or a formal diagnosis
- anger and aggression are more commonly identified in male compared to female veterans
- female veterans are more likely to report probable PTSD compared to civilian women.

When attention to suicide in women veterans is further addressed, the most recent large study following Scottish veterans over 37 years reveals that the risk of suicide did not differ from non-veterans overall and the previously reported increased risk in female veterans is confined to older women.

Different gender-related experiences when accessing civilian mental healthcare support as a veteran have recently been reported. While stigma, previous poor experience of mental healthcare and a lack of trust in civilian providers were found to act as barriers to post-military support for both men and

women, significantly more women reported that their gender had also impacted on their intention to seek help. Women also commented on the impact that gender-related discrimination experienced during service had on their help-seeking experiences.

Charitable Healthcare Provision for veterans

A report by the Directory of Social Change on Armed Forces Charities' Mental Health Provision found that 91% of the charities in the sector support veterans and 71% spouses and partners. 71% of charities support serving personnel. 45% of charities provide counselling, 40% advice and helpline support and 40% provide recreational activities.

Charities provide ongoing support to WIS veterans when the individual transitions back into their everyday home environment, providing advice and advocacy to support individuals in accessing other forms of help and support, with over 90% of Armed Forces charities delivering signposting services, over 88% delivering mentoring services and 76.5% operating helplines directly, although the number of 24 hour support lines is not known.

For veterans who want to find out what support is offered by charities to meet healthcare needs, the Veterans' Gateway coordinates and signposts to available support, raising awareness of Service-charity provision across the UK. This coordination of support and signposting from Veterans' Gateway also includes signposting to NHS services.

Research found that there is extensive collaboration between charities and other voluntary sector organisations to deliver care and support to veterans, and between charities themselves – over three-fifths of charities partnered with other voluntary sector organisations.

The positive effects on well-being and rehabilitation are highlighted in a systematic review of sport and activity programmes, reviewing nature-based interventions and initiatives for veterans with physical and mental health needs. A further 2022 study highlights significant and sustainable improvements to mental health and wellbeing through participation in adventurous training programmes.

There is recognition in recent veteran population data that a significant proportion of the veteran community is ageing. It is reported that 63% of veterans are aged 65 and over. Many Service charities make a point of including, promoting to, and in some cases directly focusing on, older veterans. The Defence Medical Welfare Service looks after the older veteran community and makes a specific point of differentiating the medical care they provide for the older veteran community.

The Contact Group is the collaboration of statutory and non-statutory (charity, academic and professional) organisations working to improve mental health support to the UK armed forces community including serving personnel, veterans and their families.

The Family Context

Research published in 2021 suggested that 18% of military families required access to mental health treatment (compared to 82% of military families accessing dental care; 89% GP services; hospital or specialist services 54%). The Families Federations take on a significant amount of work in coordinating support, assistance and advocacy for the wider Armed Forces community, including veterans and their family members. There are Families Federations for the Army, Royal Air Force and Royal Navy. Research draws attention to the multi-faceted nature of support needed from family members for a

veteran with mental health difficulties; the potential psychosocial consequences of the caring role and the importance of supporting a reconstruction of a veteran's identity following transition.

Research from 2021 into the psychological effects of the military lifestyle on veterans and their families, including those from the UK, suggested that intimate partners of veterans with mental health issues had a higher prevalence of anxiety, depression and PTSD. The same research also posited that adult children were at an increased risk of anxiety, depression, alcohol and substance misuse and PTSD, in comparison to matched non-military populations. Further research explored the lived experiences of intimate partners supporting veterans with mental health difficulties. The research identified both the positive and negative psychosocial impacts of supporting a veteran with these difficulties. The research found that partners believed they provided an important source of support to their family member but also found that partners struggle to be included in the veteran's treatment and their own mental health may be negatively impacted by providing support to a veteran with mental health difficulties.

Research emphasises 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.

The same research showed that, when caring for the health of a veteran, the main family carer may ignore their own health needs; for example, the study reported a high instance of carers with multiple health needs caring for veterans who might also have multiple health needs. To support the efforts of families in caring for the veteran, the research suggested that health professionals, such as General Practitioners and Nurses, need greater awareness and training regarding the potential specific needs of veterans. Research published in 2017 finds that family members caring for WIS personnel would appreciate 'proactive, direct and sustained communication from support service providers'. The report suggests that 'family care coordinators' would be of benefit to provide continuous and consistent care to families.

A study investigating whether deployment of UK military personnel to Iraq was associated with an overall increase in negative relationship change found no association, after adjustment for significant sociodemographic characteristics. The research suggests that trauma experience itself mostly does not influence negative relationship change, and that the stability of the relationship and levels of interpersonal conflict both pre- and post-deployment are important. Personnel at risk of relationship breakdown are those who display symptoms of PTSD, are binge drinkers or misuse alcohol, have difficulty adjusting post-deployment, have argumentative relationships, and are more likely to be younger personnel with no children and who are serving in the lower ranks of the military.

A review of the mental health needs of serving personnel and veterans suggests that the mental health of military personnel can have a significant impact on relationships with their families. Specifically, partners of service personnel often take on additional caring responsibilities and can experience secondary traumatic stress, depression and anxiety. The report also suggests that families face similar challenges with help-seeking to service personnel and veterans, such as stigma and practical issues including difficult getting time off from work and childcare responsibilities to attend appointments.

Research undertaken to review the literature to understand the secondary causes of PTSD, known as secondary trauma stress (STS), found that the strongest evidence of STS was with partners of help-seeking veterans with PTSD. It highlighted the lack of available literature surrounding all groups, including children and adult children of parents with PTSD. A further study focusing on the experiences of partners of veterans with PTSD found that women needed to negotiate a number of factors when living with veterans with combat related trauma. They had to subdue their own emotional and behavioural responses, faced dilemmas about whether the veteran was unwell or 'bad', had to challenge the narrative of the veteran as a hero and had to attempt to negotiate multiple roles in the veteran's return to civilian life. Evidence presented in a further study suggests there may be a considerable burden of mental illness associated with the partners supporting veterans with PTSD, with additional findings of alcohol problems, depression, generalised anxiety and probable PTSD in the partners themselves.

A recent review of the impact of service life on military children summarised that service personnel with symptoms of posttraumatic stress disorder are more likely to perceive that their service is having a negative impact on their children's well-being. The review posits that there is some evidence that parental PTSD may put children at risk of neglect or abuse. An in-depth study into the impact of service life on military children in the UK suggests that parental deployment can be a 'key factor' that impacts the well-being of children, including their mental health and the experience of more intense emotions, anxiety over the well-being of the deployed parent and missing their parent. More attention has also been brought to the needs of children of Armed Forces or veteran families who may be young carers. A project report identified that young carers from Armed Forces families may be particularly vulnerable, as they also have to contend with other factors of military life, such as mobility and the need to relocate and change schools, and the impact of deployment on their wellbeing. However, the report also points out that these young carers can be resilient, adaptable and proud of their family's way of life.

In addition, research has shown that other aspects of the military lifestyle, such as relocating and attempting to secure continuity of healthcare upon relocation, can take a toll on military families' mental health.

Research published in 2020 on how to support families of veterans with a substance abuse issue suggested that peer support is an important and effective form of family-based intervention. This form of intervention was found to provide families with empathy, understanding and the opportunity to meet others going through similar lived experiences, thus reducing a family's feelings of shame or isolation caused by substance abuse issues.

Conclusion

This Snapshot outlines mental health provision for the Armed Forces community, including veterans and wider family members, and presents some of the key mental health concerns for the Armed Forces. It is worth noting that the mental health of the Armed Forces community should be considered in parity, where appropriate, with other needs, but this Snapshot concentrates on mental health only.

The Armed Forces Covenant sets out the commitment made by the UK Government to provide healthcare for the Armed Forces. Therefore, members of the Armed Forces should not face disadvantage as a result of Service in their access to mental healthcare.

A number of recurring themes have emerged regarding the issues of identification of veterans with a mental health need and the perceived stigma in help-seeking. Many articles have focused on the co-occurrences of mental health presentation and alcohol misuse and issues in relation to violent behaviour. PTSD appears to be widely recognised, although difficulties remain around self-reporting and in cases, a lack of medical diagnosis.

In the two years, since the first version of the Snapshot was produced there has been increasing recognition that childhood adversity and pre-Service events can impact on how traumatic events in Service may be processed and influence future mental health. Moral Injury experienced in Service and its potential to be associated with common mental health disorders has started to appear in the UK literature. Similarly, the experience of women in Service and as veterans has come to the fore. How Service affects women's mental health and how their veteran mental health needs and service delivery, which may differ from that of men, could be better provided has been identified.

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.

The necessity for collaboration and partnership working between statutory and charitable services is cited regularly. The formal partnership between NHS England and the MOD that aims to provide joint initiatives across the full range of health needs for the Armed Forces community remains vital. This is however complicated by the devolved nations within the UK delivering different models of national health care. For veterans and their families, it is important that during the transition phase out of the military, and particularly at the level of Primary care, families have clear guidance about how to access the support that exists.

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