Written evidence submitted by Hilary Meredith

1. Executive summary

a. Statistics show that those who are injured and medically discharged from the armed forces are more likely to go on to develop PTSD and other mental health issues.

b. Although there is evidence that the mental health stigma in the forces is eroding, many personnel are still reluctant to seek help.

c. Our own research, *Life after Service*, highlights how the challenges of life on Civvy Street increase the likelihood of veterans experiencing mental health issues.

d. For all its positive work on mental health, certain actions by the Ministry of Defence have directly led to an increase in the number of service personnel and veterans facing mental health issues.

e. Due to recent advances in battlefield medicine, hundreds of service personnel have survived injuries that would previously have been fatal.

f. There have been occasions when veterans have been admitted to NHS psychiatric wards for mental health treatment. It cannot be right that somebody who has fought for their country to be sectioned because there is nowhere else to send them.

g. When examining the provision of mental health care throughout the UK to serving armed forces personnel and veterans, consideration also needs to be given to the support available to immediate family members.

h. We support calls for The Ministry of Defence to introduce a 24/7 helpline so service personnel and veterans suffering from PTSD and mental illnesses can speak directly to their careers. This is increasingly important for those veterans who go on to suffer PTSD 5 years post discharge and no longer have a chain of command or comrades to turn to for help.

2. The author

a. Hilary Meredith is Chair of the Royal British Legion Solicitors Group, Visiting Professor of Law and Veterans’ Affairs at the University of Chester and Chair of Hilary Meredith Solicitors.

b. Currently working closely with service personnel and veterans battling Post Traumatic Stress Disorder (PTSD) and other psychological injuries, Hilary has provided evidence to Parliament, particularly the Select Defence Committee, on a number of occasions.

c. In the last two years, Hilary has provided evidence to the following Inquiries:

   *Beyond Endurance. Military exercises and the duty of care inquiry.*

   *Who guards the guardians? MoD support for former and serving personnel.*

Her firm has also provided evidence at:

   *An acceptable risk? The use of Lariam by military personnel.*
d. Hilary’s career in representing the armed forces spans cases from Northern Ireland, Bosnia, Gulf War 1, Afghanistan and Iraq including incidents on manoeuvres and in training in countries from Belize to Hong Kong and Canada.

e. A member of the Association of Personal Injury Lawyers, Hilary was instrumental in setting up the Military Special Interest Group and is the past Coordinator before being elected by the members to APIL’s Executive Committee where she served for 9 years. Upon retirement from the Executive, Hilary was honoured with a Senior Fellowship of APIL (one of only 9 in the country at this time) in recognition of her legal and political skills in representing the Armed Forces.

3. Introduction

a. The repercussions of wars are evidenced by the mental deterioration of the soldiers who fought, with PTSD being one of the most serious mental disorders that can afflict a soldier. Exposure to multiple and sustained trauma, and lack of supportive structures increase the risk of developing mental health issues, including PTSD.

b. Those who are injured and medically discharged from the armed forces are more likely to go on to develop PTSD and other mental health issues (Professor Simon Wessely, professor of psychological medicine at the Institute of Psychiatry, King's College London and Director of the King's Centre for Military Health Research).

c. Data from the King’s Centre for Military Health Research suggests that almost 40,000 veterans of the 758,000 regulars who served from 1991-2014 are likely to suffer from PTSD.

d. Our own research, Life after Service, highlights the reality of life on Civvy Street for military veterans. The majority of service personnel injured and medically discharged from the army are not homeowners and are struggling financially. Less than half have been able to find paid employment in civilian life. High rates of alcohol and substance abuse, often linked with mental health issues, have also been found and may be a response to the experience of traumatic events while in the military.

e. Although there is evidence that the PTSD stigma in the forces is eroding, many personnel are still reluctant to seek help.

f. Recent figures show that the Army has the highest rate of mental disorders at 10.8 per thousand, followed by the RAF (10.4), the Royal Navy (9.0) and the Royal Marines (4.9).

g. For all its positive work on mental health, such as the Royal Foundation, certain actions (detailed in sections 4 and 5 below) by the Ministry of Defence have directly led to an increase in the number of service personnel and veterans facing mental health issues.

4. Iraq Historic Allegations Team (IHAT)

a. IHAT was set up to investigate allegations of abuse by Iraqi civilians by UK armed forces personnel in Iraq from 2003 to 2009. It ultimately turned into a “bloated, discredited and damaging witch-hunt” against British troops.

b. Service personnel and veterans wrongly pursued by IHAT found themselves in the middle of a perfect storm in relation to their mental health. As former Army Captain Rachel Webster said: “IHAT frizzled the mental health of those put under its spotlight”.

c. Jonny Mercer MP was appointed to head up a committee of MPs investigating IHAT’s conduct. His report, published in February 2017, blasted the “almost total disregard for the welfare of soldiers and families” during the work of IHAT. It said investigators put huge mental strain on totally innocent veterans and their families.

d. The committee said that the MoD’s package of support for service personnel was “fragmented, inaccessible and largely unknown”. It said the MoD must, as a priority, devise and publish a single, accessible framework which sets out the MoD’s responsibilities and the support that soldiers and veterans can expect to receive. That framework must be widely publicised and understood throughout the chain of command.

e. It is hard to comprehend the psychological horrors faced by British soldiers wrongly investigated by IHAT. Throughout the process there was an almost total disregard for their mental welfare. One veteran refused to leave his house because he “lost all faith in anybody outside the walls of his home” as a result of a lack of support from the MoD. Others were left suicidal.

f. IHAT has now been shut down but never again can our service personnel and veterans be treated in this manner.

5. Lariam

a. Large numbers of service personnel and veterans are suffering from mental health issues as a result of being prescribed anti-malaria drug, Lariam.

b. Lariam is a brand name for the anti-malarial drug, Mefloquine, prescribed as a prophylaxis against Plasmodium Falciparum, a virulent strain of malaria common in many parts of Africa and South East Asia.

c. Having been developed in the US following the Vietnam War, Lariam was made available in the UK in 1989 and was quickly adopted by the British Armed Forces as its antimalarial drug of choice.

d. Consumers of Lariam, both inside and outside the forces, soon reported adverse effects of a neuropsychiatric nature leading to regulatory intervention at the Medicines and Healthcare Products Regulatory Agency (MHRA) and the British National Formulary (BNF).

e. It is believed that over 17,000 members of the armed forces may have been prescribed Lariam.

f. Most drugs have side effects but with Lariam, which can cause psychiatric abnormalities, it is essential that the recipient is made aware of the long list of potential symptoms.

g. Following a House of Commons Defence Committee report in 2016, the Government ended the use of Lariam in the armed forces except in restricted cases. The drug is now only prescribed to service personnel after a face-to-face check-up but the MoD has so far refused to accept the Defence Committee’s recommendation that Lariam should be a ‘drug of last resort’.

6. Recruitment

a. The UK military recruits 2,000 16 to 17-year-olds, making up a quarter of all new enlistments, according to figures compiled in a parliamentary briefing. The armed forces also recruit from deprived areas and low-income families.
b. Statistics show that soldiers who join the army before 18 are significantly more likely to suffer from PTSD and other serious mental health issues.

c. The emphasis of the Army’s latest recruitment campaign is on belonging and camaraderie.

d. Major General Tim Hyams, the general officer commanding the army's recruiting and training division says: "Life in the British Army develops unique and lasting bonds of friendship. This sense of belonging is central to the opportunity we offer to those who wish to pursue a career in an organisation that makes a positive contribution to society."

e. When this belonging and camaraderie is suddenly removed through injury - and employment on Civvy street is not easily found - mental health issues can set in. With proper care, service personnel and veterans with PTSD can often make remarkable recoveries. But they can also easily develop addictions as they try to blot out their symptoms, and many cannot accept that they are unwell.

7. Advances in trauma treatment and the need for long-term support

a. Due to rapid advances in battlefield medicine during years of fighting in Iraq and Afghanistan hundreds of service personnel have survived injuries that would have been judged likely to be fatal at the start of the conflicts.

b. The skill of British surgeons and nurses, well-equipped field hospitals such as the one established at Camp Bastion, and the speed of helicopter evacuation crews have provided levels of battlefield care unseen in earlier conflicts.

c. Improvements in rehabilitation also mean that many of those who were at one point thought to be certain to die have not only survived, but have also made remarkable recoveries.

d. One only has to look at the Paralympics and Invictus Games for inspirational stories of how armed forces service personnel have overcome life-changing injuries and succeeded against the odds.

e. Army officer Captain Nick Beighton of the Royal Engineers lost both legs when he triggered a roadside bomb while serving in Afghanistan in October 2009. Recovering in Headley Court, he was given a chance under UK Sport’s talent identification program to compete successfully at the Paralympics.

f. Private Derenalagi, from 2nd Battalion the Mercian Regiment, is another example. He lost both his legs after he was blown up in Afghanistan in July 2007. A helicopter was called in to airlift him to a field hospital and at one stage medics feared they had lost him until they detected a barely-there pulse. During his recovery, Private Derenalagi was drawn to Battle Back, a MoD initiative supported and funded at the time solely by Help for Heroes that rehabilitates injured troops through sport, at a talent-spotting day at Headley Court and it changed his life. He was also enrolled on the British Paralympic Association’s (BPA’s) Talent Transition Program and has attended BPA preparation camps to help fulfill his potential.

g. However, away from the public eye, not enough attention is being paid to delayed-onset PTSD and other mental health issues amongst this group of long term trauma survivors. We need to start preparing now in order to support this group in the future - and for the rest of their lives. The heroes of war must not be forgotten. Their mental health needs to be monitored over the next 5 to 10 years - and potentially beyond.
8. Recommendations

a. When examining the provision of mental health to serving armed forces personnel and veterans, their families also need to be considered. Those who have cared for partners bearing psychological injuries from deployments state that finding the right help can be an exhausting, all-consuming, lonely and expensive ordeal.

b. At present, acting service personnel can access support at mental health clinics on military bases. When service personnel leave the forces, their care moves to the NHS. Although the health service is working to improve its support for veterans, there is a gap: in-patient clinics capable of providing specialised, long-term trauma therapy. There have been occasions when veterans have been admitted to NHS psychiatric wards for mental health treatment. It simply cannot be right that somebody who has fought for their country to be sectioned because there is nowhere else to send them. This is not in keeping with the Armed Forces Covenant.

c. The Ministry of Defence should introduce a 24/7 helpline so service personnel and veterans suffering from PTSD and mental illnesses can speak directly to their careers.

d. Cuts in defence budgets have meant less time for service personnel at home, with more deployments and fewer breaks in between. Is this likely to increase the likelihood of PTSD and other mental health issues in the future? Further research is needed here.

e. Service personnel who have lost their military careers through sudden injury should be screened for mental health issues. Follow up screenings should take place up to 10 years after medical discharge.

Chair Hilary Meredith Solicitors Ltd, Chair Royal British Legion Solicitor’s Group, Visiting Professor of Law and Veterans’ Affairs at the University of Chester

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