Q1. To what extent do current statistics accurately reflect the level of mental health issues in serving armed forces personnel and veterans, including PTSD?

- Given the nature of mental health issues, it is impossible to know precisely how accurate the current statistics are.
- Mental health issues such as PTSD are becoming increasingly prevalent in veterans of more recent conflicts, indicating the figures are likely increasing.
- Current figures on the number of armed forces personnel experiencing mental health issues are significantly out of date.
- In our expertise, it is likely the current statistics are a significant underestimation of the true number of serving armed forces personnel and veterans with mental health issues.

Recent studies have shown that veterans of the Iraq and Afghanistan conflicts are up to five times more likely to experience common mental illness, alcohol misuse disorders and increased rates of PTSD in combatants and reservists than ex-service personnel from other conflicts, demonstrating the increasing prevalence of mental health issues in the armed forces. ¹ Indeed, the Ministry of Defence’s own DASA figures show an increase in the number of PTSD diagnoses.

The veterans Combat Stress support are generally, by their very nature, ‘help-seekers’. The veterans we work with frequently tell us they knew they had problems whilst they were serving but were too scared – afraid for their careers, or afraid of stigmatising responses or reactions from their peers – to report their problems to their superiors or to seek medical support. This raises serious concerns about the support network available to serving personnel and the accuracy of current estimations of mental health issues, particularly the reliance on statistics comprised only of ‘help-seekers’ with the serving military community. The veterans we support have often had problems for a long time. Therefore, the reality is that we simply do not know how many people are suffering with mental illness in the military community, and so cannot truly state whether the current statistics are accurate.

It is, however, likely that the statistics significantly underestimate the number of veterans and serving armed forces personnel dealing with mental health issues. We also know from studies from Kings College London that screening for mental health issues in the military is ineffective.²

The reality is that we don’t know how many people are suffering mental illness within the military, beyond drawing conclusions from the data that DASA collects. Theoretically this data should give us an idea of the numbers, but all the indications we have been given point to a significant increase in mental health issues since 2007/08 from a rate of 1.8% in 2007/08 to 3.2% in 2016/17. While this may relate to a reduction in stigma and better awareness because of recent increased education in the military, as well as military families; and better


awareness in general in the British population; it may also relate to the effects of combat and deployment but the real reasons for this increase is unclear and unknown.³

The Kings Centre for Mental Health Research (KCMHR) longitudinal study, commissioned by the Ministry of Defence, used 2006 and 2010 as the first two data points, with 2017 due to be the third data point. The most recent findings have yet to be published and these should offer a useful insight into estimated figures of mental health issues.

Studies have also shown that veterans and serving personnel in the armed forces are twice as likely to experience a number of mental health issues as the general public with 18% of men and 25% of women in the forces reporting symptoms of common mental health disorders compared to 8% and 12% respectively.⁴

A reluctance to acknowledge the increasing rates of PTSD, and subsequent underreporting of instances, undermines all efforts to support those suffering with mental illness and will have a negative impact on both help-seekers and the wider image of the armed forces. It is essential that all the relevant organisations and individuals work together to build trust and publicly acknowledge that service-related PTSD exists. We must acknowledge that mental health issues are still relatively limited in prevalence, but they are growing, and putting in place accessible treatment support for serving personnel, veterans, and their families will not have a negative effect on recruitment, as may be feared, so long as it is well presented and could ultimately build confidence.

In summary, it is likely that the current statistics significantly underestimate the true figures.

Q2. What are the challenges to accurately assessing the extent of mental health issues in serving armed forces personnel and veterans and how could government improve its understanding of those issues?

- Accurately assessing the extent of mental health issues in serving armed forces personnel and veterans is inherently extremely challenging.
- In a similar vein to civilian mental health issues, obstacles include widespread stigma around mental health and a fear of negative reaction from employers.
- The armed forces must do more to support serving personnel to acknowledge their mental health issues and seek help, and ensure that those who do seek support are not subsequently unfairly treated or have their career progression effected.

It should be noted that assessing the extent of mental health issues in serving armed forces personnel and veterans is inherently extremely challenging. Screening for mental health issues in the British population has been shown to have a low rate of success, and we are currently relying on the epidemiological studies where the last time we had any data was 2010.

Diagnosing mental illness correctly is essential if evidence based treatments are to be delivered for mental illness that is actually present. While there has been a greater awareness

⁴https://www.cambridge.org/core/journals/psychological-medicine/article/are-common-mental-disorders-more-prevalent-in-the-uk-serving-military-compared-to-the-general-working-population/B93009A3084218BCDB1D7AD3AAA6B78F
of mental illness related to operational issues and combat the increased numbers of vacancies
within military mental health and especially uniformed psychiatry is worrying.

Combat Stress supports veterans who are, by definition, help-seekers and we are now starting
to publish a series of papers examining the demographics of help-seekers.
https://www.kcl.ac.uk/kcmhr/publications/assetfiles/2017/Murphy2017e.pdf. We have also
published a study showing that veterans are more likely to experience different forms of
social deprivation (https://www.combatstress.org.uk/about-us/press/scottish-veterans-greater-
risk-deprivation-those-rest-uk), which have a clear link to mental health issues.

The previous assumption that people who serve in the military have better mental health is
also a barrier to accurately assessing potential issues, with studies showing the opposite may
be true (https://www.cambridge.org/core/journals/psychological-medicine/article/are-
common-mental-disorders-more-prevalent-in-the-uk-serving-military-compared-to-the-
general-working-population/B93009A3084218BCDB1D7AD3AAA6B7BF)

We also know there are specific groups that are particularly susceptible to mental health
issues, such as early service leavers. People who serve less than 4 years who are below the
age of 24 have a higher suicide rate by three times compared to their civilian counterparts,
and their mental illness rates are also higher.5

The challenge for the British military was to see whether screening for mental illness could
be accurate and effective, but the argument by KCMHR is that if one simply asks respondents
a high number of questions then this will result in a lot of false negatives. Screening is
therefore seen as fairly ineffective.

Other militaries do screen for mental health issues, including the Australians, the Americans
and the Canadians, but their screening processes are different to ours. In the UK it is
generally seen as just filling in questionnaires, anonymously and often electronically. In
Canada and Australia personnel are given a face-to-face screening interview with a
psychologist. In this way, we are not comparing like with like, but essentially there is a
scepticism in the UK that screening will be an effective way of assessing mental health
issues.

Screening is ultimately a very controversial process and highlights how challenging accurate
assessment is.

The challenges are exacerbated by individuals’ reluctance to ‘blight’ their medical
employment standard, for fear of being ‘downgraded’. This makes it harder for medics to
identify potential issues as personnel often attempt to mask them.

With regards to diagnosis, while the majority of the medical profession would acknowledge
that a diagnosis for unexplained symptoms can be therapeutic in itself, there are inherent risks
in over diagnosing mental illnesses such as PTSD as this degrades the impact of mental
health issues in the public conscious. In a similar vein, it is equally harmful to remove or
rescind a diagnosis. So, it is vital that any medical assessment leading to a diagnosis is
undertaken by individuals with the necessary qualifications, information, training and
experience.

5 http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000026
Automatic medical downgrading needs to be reviewed if stigma is to be tackled effectively. For example, after the First Gulf War in 1991 individuals were not automatically medically downgraded if they engaged in treatment for PTSD and included in an RAF Psychiatry run PTSD rehabilitation programme; but they were downgraded only if they were not adequately rehabilitated through the programme. Further changes like this need to be made to make the occupational health intervention and occupational health statement more user-friendly and reduce stigma. http://bjp.rcpsych.org/content/167/4/495

Q3. How does the level of mental health issues, services and outcomes in serving armed forces personnel and veterans:

I. compare both to the actual level in the general population and to public perceptions of mental health issues in armed forces personnel and veterans?

- Studies show that veterans are potentially twice as likely to experience common mental health issues as the civilian population.
- Substance abuse, mainly alcohol which can impact on mental health, is also higher amongst veterans.
- Public perception of the link between the military and mental health issues can also be challenging, and charities must be wary of this to avoid perpetuating the, ‘bad, mad or sad’ myth.

As outlined in previous answers, studies have indicated that veterans could be twice as likely to experience mental health issues as the general civilian population.6

Other studies have shown that alcohol and drug misuse, both related to mental health problems, are significantly higher amongst female veterans.7 It is widely accepted that alcohol consumption rates are considerably higher amongst veterans than the general population, which further exacerbates mental health problems.

There is also a potential perception amongst the general public that everybody who has operated in a combat zone comes back with a recurring mental illness. This perceived automatic correlation between military service and mental health issues undermines the work of both the armed forces and charities such as Combat Stress, and perpetuates the stigma around mental health and the military.

It is also worth highlighting that self-reported incidents of general PTSD are increasingly common amongst the general population. An increase in public awareness of the impact and prevalence of PTSD, rather than any direct correlation (exaggerated or otherwise) between military service and mental health issues, should be considered when viewing the overall picture of mental health in the UK.

6 https://www.cambridge.org/core/journals/psychological-medicine/article/are-common-mental-disorders-more-prevalent-in-the-uk-serving-military-compared-to-the-general-working-population/B93009A30842188CDB1D7AD3AAA6B7BF
7 https://academic.oup.com/epirev/article/37/1/23/420533
II. vary between different groups of serving and former personnel, including reservists, those who have been deployed on operations and early leavers?

- Reservist mental illness is worse as they receive less support, are not always in a unit, and receive minimal support when returning.
- Some specific duties, including operating in a combat environment, have a direct link with higher numbers of mental health issues.
- In Combat Stress’ experience, 92% of veterans seeking support have been in two or more operational zones.

Epidemiological evidence shows that there is no difference in PTSD rates between base-line non-deployed and deployed service personnel. Combatants and reservists tend to be far more susceptible to PTSD and other mental health issues.

We find that 92% of veterans approaching Combat Stress for support have been in at least two or more, operational zones. It also been shown that there is a causal link between being in combat and experiencing mental health issues.

With regards to reservists, they are more likely to experience mental health issues as they generally receive less support before, during and after service. They are more likely to be deployed by themselves, in an unfamiliar unit, and when they come back they are less likely to be supported – they will often return to their civilian job in a matter of days with no ample support from civilian colleagues who cannot appreciate the pressures of deployment and combat. This lack of support and monitoring makes them more vulnerable to mental health issues.

I. Vary regionally across the UK and across the devolved administrations?

- Veterans facing social deprivations are more likely to experience mental health issues, and this is particularly prevalent in Scotland

Our research paper – *Multiple deprivation in help-seeking UK veterans* – found veterans were at greater risk of social deprivation than the general public, and that Scottish veterans faced disproportionately high levels of risk.

Q4. What proportion of mental health issues in veterans is attributable to service in the Armed Forces and how well is this measured and understood?

- It is currently impossible to accurately measure the proportion of mental health issues in veterans that are directly attributable to service in the armed forces.
- There are a number of factors which may contribute to an individual’s mental health problems
- More research is needed in this area to enable us to more accurately estimate the link.
- In our experience, the majority of veterans we support do not have mental health issues when they enter the armed forces, indicating that their service is at least partly the cause of any subsequent mental illness.

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8 *Multiple deprivation in help-seeking UK veterans*
This issue is not well understood or measured.

Combat Stress measures whether veterans have been in operational zones or not, and our patient needs studies showed that of those who had deployed to an operational zone 62.1% had a combat role and 37.9% had a support role and the overall rates of PTSD for all who had deployed including those who had a combat role was 82%.  

Issues such as being sexually abused in childhood, whether their parents abandoned them, whether they had marriage difficulties before they went on operation are all factors which contribute towards a risk of mental illness, but such factors are very difficult to accurately isolate, measure and evaluate. Furthermore, these issues are only known amongst help-seekers, so we cannot assess whether such assumptions hold true for any other demographic.

In our experience veterans who experience financial hardships following their service are also vulnerable to mental health issues. We have advised the Independent Medical Experts Group on veterans who cannot work because of their mental illness and the cyclical impact that can have on their wellbeing.

There is clear evidence that the majority of veterans we support don’t have any predisposing factors related to any mental illness before entering the armed forces, i.e. most of our veterans came out with mental health issues that they didn’t have before.

**Q5. To what extent does the military environment for serving armed forces personnel mitigate against the development of mental health issues?**

- In our experience service in the military has a positive outcome for the vast majority of armed forces personnel
- Working in specific operations, such as a combat environment, can result in higher rates of mental health issues than the civilian population
- The armed forces need to do more to mitigate against the development of mental health issues, and provide better and earlier support where appropriate

From Combat Stress’ point of view, for the vast majority of service personnel the military is a positive experience. It provides individuals from all backgrounds and situations with the opportunity to learn new skills, improve their self-esteem and self-belief, and prosper.

It is widely acknowledged and well-evidenced that service in armed forces has real benefits in improving life-skills for the majority who serve, and that military training improves an individual’s ability to problem solve and self-sufficiency, as well as improving self-worth.

However, working in a combat environment can have negative impacts on a significant proportion of veterans, and this can have negative impacts on their mental health.

Overall, most people will have a positive experience of the military. Some veterans will come out with a mental health problem such as anxiety, depression, post-traumatic stress, and some will come out with issues related to substance misuse and addiction. It is essential that the

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9 [https://www.kcl.ac.uk/kcmhr/publications/assetfiles/2017/Murphy2017e.pdf](https://www.kcl.ac.uk/kcmhr/publications/assetfiles/2017/Murphy2017e.pdf)
armed forces do all they can to mitigate the development of those issues and support those who do experience them, including creating an environment where individuals feel comfortable raising concerns about their mental health and ensuring that veterans receive the support they need after leaving the armed forces.

The military environment with its macho culture and a culture that military personnel should solve their own problems can be detrimental to mental wellbeing and mental health of those who are still serving. Many veterans attending Combat Stress mental health services tell us that they could not go and ask for help while they were still serving. This is because of stigma or because they did not want to blight their careers; or they thought they could solve the problem they had on their own.

Combat Stress regularly sees veterans who suffer severe PTSD which is co-morbidly present with depression and substance misuse disorders usually alcohol. While most can be treated within the community approximately 300 veterans per year need intensive residential treatment. These are the most unwell veterans who present for help. Around 80% of veterans who ask for help from Combat Stress have already tried to get help from the NHS. Combat Stress has devised world leading interventions using evidence based NICE Guideline approved treatments and in particular a six week residential PTSD rehabilitation programme which is used by those 300 annually who are most in need. These veterans would not do well if treated within a community setting. This programme was funded in 2011 through NHS England National Specialised Commissioning but this changed to the Armed Forces Commissioning Group in 2015 and now the contract has been retendered to a community setting. Five peer review publications including two published in the prestigious British Medical Journal, have demonstrated the intervention’s efficacy with treatment gains in the form of significant symptom reduction in 87% of those attending and highly significant functional improvement in most followed up to one year. The programme was well received by veterans with very low dropout rates. The findings are better than most western veterans’ PTSD rehabilitation programmes for this category of very unwell veterans. This intervention needs to be properly funded by the government. This will increase trust by reassuring those still serving and their families that should they suffer severe mental illness related to combat that world class treatment is available to make them better.

In addition Combat Stress has evidence that spouses and carers of these help-seeking veterans have much higher rates of depression, anxiety, alcohol misuse disorders and PTSD by the process of emotional contamination. It is likely that children of veterans who suffer military related PTSD will also suffer poor mental health. A study into this is being designed at the moment. An intervention study aimed at helping veterans’ spouses and carers who suffer mental illness is nearing completion.

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