Written evidence submitted by the Naval Families Federation

Executive summary

Current Statistics
- MoD statistics do not include those Service people whose mental health is managed solely within primary care.
- The MoD states that clinicians may have a diagnostic habit to assess UK Armed Forces personnel with a condition which is less prognostically serious.
- Service people with mild to moderate mental health needs may self-manage and not be included in the data.
- There remains a stigma around ‘lower level’ mental health issues, which may be under-reported.
- The relationship between mental health and domestic abuse in the Armed Forces is not well understood.
- MoD postulates factors contributing to statistically lower levels of mental disorder: early treatment; general population statistics include Adult Learning Disability/Autistic Spectrum; tight unit cohesion; rigorous selection processes; rigorous training for operations.
- Reservists and single augmentees to operations may face particular challenges.

Wider Picture
- Mental health needs to be considered more holistically as service in the Armed Forces has an impact on the mental health of whole families. The mental health of serving people and their families are interlinked, and have an impact on each other.
- It would be helpful to have data that shows the impact of military service on the mental health of immediate family members.
- It is not realistically possible to ascertain what proportion of mental health issues in serving Armed Forces personnel or veterans is attributable to service in the Armed Forces.
- The operational tempo for the Royal Navy and Royal Marines has not diminished post Iraq/Afghanistan. The Naval Service spends significantly more time separated from loved ones than the Army or RAF, with up to 60% of time spent away and deployments of up to 9 months. This has an impact on the mental health of whole families. It would be helpful to have data on the effects of separation on families’ wellbeing and mental health.
- Naval Service partners may face social isolation, lack of support, and challenges juggling childcare and caring responsibilities with work commitments during long periods of separation. Parental deployment is associated with increased incidence of children and young people taking on caring responsibilities.
- Modern society places greater expectations on both mothers and fathers to be involved and present as parents.
- Caring for a child with Special Educational Needs and Disability (SEND) and/or other health difficulties is challenging, particularly when combined with the other pressures of Service life, including separation. 1 in 10 young people in the UK has a diagnosable mental health issue, a figure which includes Service children.
- A key impact of Service life on children and young people is social and emotional disturbance (OFSTED).
• The mobility associated with Service life can have a detrimental impact on children’s emotional well-being, through a range of challenges including the disruption of friendships, family bonds and support networks in the wider community.
• The mental health provision and support that has been funded through the Covenant Fund to date has been for adults, and mainly focuses on serving people and veterans. Children and young people access support through education settings and the NHS, which makes it essential that their needs are recognised and understood. The mental health of the primary care giver is a key factor in Service children’s outcomes.

The Naval Families Federation

1. The Naval Families Federation exists to speak up for serving members of the Royal Navy and Royal Marines and their families. We represent their views and experiences to those who make the policies and decisions that affect them. We meet regularly with the Royal Navy’s Chain of Command, Government Ministers, Other Government Departments and other key stakeholders. We also support appropriate and relevant research.

Current Government statistics and their limitations

2. Current statistics on UK Armed Forces Mental Health are published annually by the Ministry of Defence in an annual bulletin, the most recent being ‘UK Armed Forces Mental Health: Annual Summary & Trends Over Time, 2007/08 – 2016/17’ dated 15 June 2017. The statistics include all initial assessments for a new episode of care of Service people at MoD Specialist Mental Health services (Departments of Community Mental Health (DCMH) for outpatient care and all admissions to the MoD’s in-patient care contractor).

3. These statistics do not include information on those Service people who are seen only by their GP or Medical Officer, or whose condition is not severe enough to warrant a referral to a DCMH. Many patients (possibly the majority?) are treated solely within a primary care setting by a GP or Medical Officer and are therefore not captured by the MoD statistics.

4. Service people are trained to be resilient and resourceful, and may choose to manage their mental health through other means, rather than approach Service provision. While improvements have been made in reducing stigma, there is nevertheless an ongoing tendency for Service people to ‘put on a brave face’. The comradery and teamwork which is a strength of the Armed Forces may also lead to a sense of not wanting to let others down, and a reluctance to be open about difficulties because of a desire to be accepted and valued by others in the team. Nobody wants to be perceived as a ‘weak link’. Although the MoD has recently introduced a Mental Health Strategy, it will take time to change the culture of stoicism that exists within the Armed Forces.

5. There are some mental disorders which may be considered to be more ‘acceptable’ in the Forces context. The most prevalent conditions recorded in the MoD statistics are Neurotic Disorders, most commonly Adjustment Disorders and PTSD, which are recognised as being directly related to Service life. Trauma Risk Management programmes and the work of the Royal Marines’ Project Regain may have improved reporting of these conditions. There was less reporting of other Neurotic Disorders including Generalised Anxiety disorders (which are statistically more prevalent in the general population), and it may be that there remains a stigma around ‘lower level’ mental health issues which can be perceived as ‘weakness’ in the Armed Forces.
6. Recent work on the MoD domestic abuse strategy has highlighted that there is insufficient data on domestic abuse within the Armed Forces community, and the extent of the issue is unknown. Within the Service community there are risk factors which are known to show a correlation with domestic abuse. Further research is needed to understand the relationship between the mental health of Service personnel and domestic abuse, which is by its nature a hidden issue.

7. It is stated in the MoD bulletin that clinicians have a diagnostic habit to assess UK Armed Forces personnel with a condition which is less prognostically serious. If this is the case, it may affect the accuracy of the statistics.

8. The current statistics show lower levels of mental disorder in the Armed Forces than in the general population, and the MoD postulates some reasons for this, including:
   - Early referral for treatment;
   - General population statistics include Adult Learning Disability and Autistic Spectrum services (not relevant to the Armed Forces);
   - Tight unit cohesion, which helps to maintain good mental health and leads to earlier diagnosis;
   - Rigorous selection processes which prevent people with serious mental disorders from joining the Armed Forces;
   - Rigorous training and preparedness for operations.

9. With regard to tight unit cohesion, an effective divisional system is key to this for the Naval Service.

10. Reservists and single augmentees to operations may have less time/opportunity to integrate fully within a deployed unit, which may make them more vulnerable. It may not be possible to notice changes in behaviour and mood which would be more obvious in a close-knit team, which may make TRiM less effective in such circumstances.

The Wider Picture

11. We consider that the issue of mental health for the Armed Forces needs to be considered in a more holistic way. Service in the Armed Forces has a significant impact on whole family units, not just on the serving person. It is recognised that the mental health of non-serving spouses, partners and children is also affected by military service. This may itself, in turn, affect the mental health of the serving person. The mental health of serving people and their family members are interlinked. It would be helpful to be able to have statistics that consider both the Service person and their immediate family.

12. Furthermore, it is not possible to ascertain what proportion of mental health issues in serving Armed Forces personnel or veterans is attributable to service in the Armed Forces. While in some cases it may be possible to identify a specific incident, such as a traumatic event, that has caused a mental health difficulty, serving people’s mental health may be affected by a range of factors of which their service may be only a part. Socio-economic background, childhood experiences, age, social isolation, lifestyle, bereavement and the absence or presence of protective factors all contribute to mental health. Service personnel are recruited from the general population, and while the recruitment process may prevent
people with more severe mental health issues from joining, mental health difficulties may be experienced by anyone and may develop through a range of factors.

13. The operational tempo for the Royal Navy and Royal Marines is undiminished since the withdrawal of UK Armed Forces from Afghanistan. The frequency, duration, and sometimes unpredictability, of operational deployments by a sailor or Royal Marine can have far-reaching consequences for their families. Naval Service families are geographically dispersed across the UK and overseas, and may not be located near family or Service support. Many families live apart during the working week, and can spend years ‘weekending’ in order to try to achieve some sort of stability for their children.

14. In a modern Naval Service family, it is common in couple relationships for both partners to work, which means that the partner who is at home during deployment has sole responsibility for any children for periods of up to 9 months. In addition to this, the majority of non-serving Naval Service partners are in employment, and have to provide or source childcare without help from their serving partner. They may also have caring responsibilities for elderly relatives. They may be living away from family and Service support. There is considerable pressure on the primary care-giver during deployment, and serving personnel often experience feelings of guilt and anxiety about their families at home.

15. Modern society places greater expectations on both mothers and fathers to be involved and present for their children, and serving people may feel torn between the ‘greedy institutions’ of the Service and the family. Serving personnel in the Royal Navy and Royal Marines may spend up to 60% of their time separated from their family. Anecdotally we know that parents who stay at home as a primary care giver may suffer from increased anxiety, stress and depression. There is insufficient research into the impact of military service on the mental health of spouses, partners and children, as this data is not captured.

16. The ability of spouses and partners to thrive during separation and deployment has an effect on the mental health of the serving person, on their ability to bring their full focus to their military role, and therefore on operational capability. The Relate relationship support service provided by Royal Navy and Royal Marines Charity has had such high uptake that it has needed to extend its provision and secure additional funding. This has exposed a need for better support for family relationships in response to the challenges of Service life.

17. The Naval Service experiences considerably more separated service than the Army or RAF, and it would be helpful to have a better understanding of the effect of this on immediate family members. It would be helpful to be able to link NHS data on the mental health of families to MoD data. This would require data on Armed Forces families being captured more effectively in the NHS than it currently is.

18. For Reservists deployed on operations, consideration should be given to the impact that this may have on the mental health of their family members, who may have minimal or no contact with the Naval Service at any other time. There may be little recognition that they are part of the Naval Service within their own local community, schools and healthcare providers. There is often a lack of understanding about the unique challenges they may face, especially if their serving partner/parent does not deploy on a regular basis.

19. Caring for a child with SEND and/or other health difficulties is challenging, particularly when combined with the other pressures of Service life, including separation.
in 10 young people in the UK has a diagnosable mental health issue, a figure which includes Service children.

20. Ofsted carried out a survey in 2011 which examined the quality of provision and outcomes for children and young people who are in families of currently serving Service personnel. It concluded that, although some Service families’ children were more resilient than others, a key impact of Service life on children and young people was one of social and emotional disturbance.

21. The mobility associated with Service life can have a detrimental impact on children’s emotional well-being, through a range of challenges including the disruption of friendships, family bonds and support networks in the wider community. Naval Service personnel are assigned as individuals, not as part of a regiment, and therefore family units move separately with no familiar faces or continuity. Data from the DfE show that repeated mobility may have a detrimental impact on children’s educational attainment. Children with SEND are particularly vulnerable during transitions between schools.

22. Deployments may last for periods of up to 9 months, sometimes (as is the case for submariners, for example) with no contact with home. Both deployment and ‘weekending’ lifestyles involve separation and disruption to family life, which have an effect on children and young people’s emotional and mental well-being.

23. These types of separation may have a particular impact on babies and young children who are at a key stage of their development. The impact of being part of an Armed Forces family may change over time and as children grow and develop.

24. In extreme cases, a parent’s service in the Armed Forces could result in bereavement, or to a family having to accept and live with physical or mental harm to a parent. We are aware of instances where combat-related mental health difficulties have affected children’s school attendance, behaviour and long-term outcomes.

25. A small number of Service children and young people have lone parents serving in the Armed Forces who are deployed away from home. Such children may be cared for by other family members or carers.

26. Children from families of foreign and Commonwealth Service people may face huge change and upheaval on moving to the UK and face additional challenges including language, cultural and religious differences, forming friendships, and unfamiliar food and climate.

27. Young carers from Armed Forces families, are a ‘hidden group within a hidden group’, and may become young carers as a result of their connection to the Armed Forces. They may be particularly vulnerable to anxiety and stress.

28. The Children’s Society was commissioned by NHS England to investigate the needs of children in Armed Forces Families with caring responsibilities for a family member with a disability or additional needs. They might be caring for a serving parent who has returned from deployment and is injured physically or experiencing mental health needs, a non-serving parent remaining at home who is affected by illness or disability, or sibling(s) or other family members affected by illness or disability.
29. Parental deployment is associated with an increased incidence of children and young people taking on caring responsibilities, for example for a younger sibling or parent with health needs.

30. Children and young people from Armed Forces families may not self-identify to schools and colleges to access support, sometimes out of a desire to ‘fit in’ or where there is stigmatisation of their connection to the Armed Forces. This sometimes occurs where there is public dislike of military campaigns or activity.

31. One in ten Naval spouses have said that their family has experienced hostility from local people because they were identified as a Service family (source: RNRM Children’s Fund).

32. The support of Service children is not a niche issue. In 2017-18, 75,268 Service children in England attracted Service Pupil Premium for their schools, and there are many more Service children living in the devolved nations and overseas.

33. The recently launched Defence People Mental Health and Wellbeing Strategy identifies that combat exposure, the stress associated with deployment and the return home are known risk factors for Armed Forces personnel. These factors also impact on families, children and young people, and their mental health. The Ministry of Defence (MoD) strategy refers to the fact that the MoD and Department of Health have a Strategic Partnership to renew and strengthen the partnership between military and civil health services. It also states an aim to reach the extent of the Defence People, including Service families. For this to happen, any future White Paper on children and young people’s mental health and well-being needs to refer to children and young people from Armed Forces families as a potentially vulnerable or targeted group.

34. The mental health provision and support that has been funded through the Covenant Fund to date has been for adults, and mainly focuses on serving people and veterans. Children and young people access support through education settings and the NHS, which makes it essential that their needs are recognised and understood.

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