Written evidence submitted by The Veterans Hub

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1. After serving 6 years in the Reserves (6 Rifles) and deploying 3 times to Afghanistan, I left the Armed Forces to pursue a career in the Private Security industry where I subsequently deployed on several Government and non-Government contracts to Afghanistan, Iraq and Libya over a 7-year period. Following a substantial breakdown in my mental health in early 2017, during which time I became suicidal, I reluctantly retired from the industry in order to recuperate and obtain the appropriate specialist support to aid my recovery. It was during this period that myself and my family became aware of just how challenging it can be for a veteran to get support but also, due to a lack of funding, understanding and substantiated research, the support that is available is often inadequate and not appropriate for the unique problems that veterans can face. This realisation has directly led to the founding of the Veterans Hub Weymouth, which offers and encourages peer to peer support among veterans and their families within the local community to bridge the gap left by the lack of official support services, which we believe should be readily available to veterans and their families, but are sadly not.

2. It is incredibly difficult to obtain an accurate statistic regarding the mental health of people serving in the Armed Forces and the veterans community. This is for several reasons which will be covered below, however the one thing that we do know for certain is that the prevalence of mental health problems within the military is higher than within the general population. Many would speculate that this is a direct consequence of being involved in almost 2 decades of constant conflict and not having a workable system in place to support the mental health needs of those deploying.

One of the contributing factors to the lack of accurate statistics is the simple but hindering fact that the MoD and other organisations can only collect data from those that seek treatment, which is clearly not representative of the true scale of the overall problem. In addition to this, information gathered from outside of the MoD comes from a variety of sources, which include but are not limited to; the NHS, academic institutions and various charities. The problem with so many different organisations collecting information is that there is limited cohesion, and often
different methodologies to research, making it difficult to substantiate figures. This is further
exasperated by the fact that it’s extremely difficult to confirm an individual’s service history
once they have left the Armed Forces which leaves the system open to abuse, compounding the
inaccuracy of the statistics available. Despite the lack of robustness with the statistics, what we
do know from reviewing collectively the information gathered from various open sources is that
mental health related illness is on the rise within the veteran and Armed Forces community, and
that trend looks set to continue for the foreseeable future. A workable and transparent system to
centrally collate information should be created, so that all organisations can collaboratively feed
information in, and draw information out, so that accurate figures can be validated to strengthen
a more structured, longer lasting support system for those struggling with mental health.
During the past month 3 veterans have committed suicide in my home town and because there is
no central system to track these kinds of incidents, there is no discernible means for the local
authority to differentiate between someone from the general population and a veteran who
chooses to take this tragic, but avoidable, course of action.

3. There are many challenges in being able to accurately assess the extent of mental health issues
within the Armed Forces and veteran community, not least the stigma that is still attached to
suffering from this kind of illness. Despite some basic efforts by the MoD and the Government
to dispel the stigma attached to having a mental health problem, the fact remains that due to
decades of brushing this kind of issue to one side and not taking it seriously, many still perceive
it to be taboo subject that can irreversibly damage their career, causing peers to doubt their
character and ability to do their jobs effectively. Unfortunately, because of this attitude, it is
common to find that former service men and women have often spent the years of their service
suffering in silence, self-medicating and bottling everything up until the point at which they
finally do seek help they find themselves needing more complex treatments lasting months and
years, as opposed to weeks and months. I myself would be a prime example of this, as my mental
health started to be affected a few months after my first deployment ended. However, due to a
fear of being labelled and risk associated with potentially losing my career with the Reserves, I
dealt with my emotions privately or explained certain actions away by blaming it on the culture
of alcohol that is still deeply rooted within the Armed Forces. In subsequent years I deployed a
further 2 times to Afghanistan before handing in my kit and returning full-time to civilian life.
Unfortunately, the damage had been done, and due to not having appropriate knowledge or
support, I spent the next few years deploying privately to escape ‘normal life’ and to hide my
struggle from my loved ones. While still serving, I developed a substantial drink problem, started
self-harming and suffered from prolonged bouts of depression. As time went on my problems,
left un-checked, became more pronounced and I became suicidal, struggling with huge mood
swings and experiencing flashbacks. Due to these problems, and having to deal with anxiety and
paranoia, I now live with medication and am in long term therapy. Over the course of the past
14 years I have known several men to take their own lives, many more have substantial mental
health and alcohol abuse problems, and at least one former colleague of mine left his family and
spent a period living on the streets. In addition to this I know of people still serving who use
private support services to avoid highlighting any kind of problem to their seniors through a
genuine fear of damaging their careers. This is despite a very public campaign and reassurances
from the MoD that mental health problems are dealt with in a compassionate and professional manor, just like any other illness. Until the stigma and lack of education around mental health issues is vigorously and appropriately tackled, there will always be a difficulty in accurately assessing the extent of mental health issues within the Armed Forces and veterans’ community.

4. It’s widely acknowledged that service personnel and veterans, struggle more with mental health problems that those in the general population. The reason for this is open to debate, but for many the explanation would appear simple; many of this country’s’ service personnel have been deploying to extremely challenging environments on an almost constant basis due to the increased tempo of operations worldwide and the ever-increasing threat from various parts of the world for the last couple of decades. Given what we know, and should have learned, from previous conflicts, it would be incredibly naïve of people not to expect there to be fall out from a mental and physical health point of view. The public for the most part, supports the Armed Forces and veterans but have little understanding of the unique problems that someone serving, (and equally a veteran) can face as a direct result of what they experience during their service career. A general misconception is that anyone seen to be struggling has a mental health problem (most commonly PTSD) and that must have been bought about by them being directly involved in combat or/and seeing casualties. The fact is that with the drop-in service the Veterans Hub provides, we would see an almost equal measure of veterans struggling with mental health problems as we do people struggling with adjustment issues. Both are debilitating to the individual, their families, and anyone else involved with them. Adjustment problems can quite easily lead to mental health issues and as such need to be taken seriously and the appropriate support put in place.

5. It would be inaccurate to suggest that all mental health problems associated with the Armed Forces and veteran community can be attributed to an individual’s service as there are too many variables in someone’s personal life for this to hold any merit as being the sole cause of mental health problems in every case. Some of the factors to take into consideration could be to do with problems in their upbringing, relationship breakdowns, personal traumas outside of the military, ill health and addictions, to highlight but a few examples. This shouldn’t distract from the fact though that being employed in what is effectively a high-risk job that by its very nature involves working in extremely challenging environments and often at risk to one’s life, naturally amplifies any underlining issues. Among the veterans that use the Veterans Hub and other organisations that support veterans, there is a strong belief that the training which recruits undertake and the subsequent lifestyle that some units encourage effectively enables mental health problems. Some would suggest that the military teaches us to be mentally ill. An example of this would be that as part of the job individuals are taught to be aggressive, encouraged to be hypervigilant, take risks, mistrust civilians and abuse alcohol. All these examples and more are recognised warning signs of having a mental health problem and yet it’s considered ‘normal’ behaviour within the military. People who join the Armed Forces are essentially given the ‘tools’ to become ill, yet when their service is done, are not given the skills and knowledge to readjust appropriately back to civilian life.
6. The MoD is moving in the right direction when it comes to recognising the mental strain that serving can place upon an individual and the long-term problems that this can potentially cause if not treated correctly, for the individual and their families. However, that doesn’t take away from the fact that for over 100 years now British Forces have been deployed in combat and peace keeping operations every single year and despite this fact, and the overwhelming evidence of the issues that this can cause, it’s still not being dealt with effectively. I can personally attest to the ineffectiveness of decompression, as can many that I know, when all that means is that you are going to spend 24-72hrs in Cyprus drinking alcohol and listening to some ‘specialists’ explain what signs people should look out for when it comes to mental health issues. The ongoing support is negligible, and people have voiced that they feel it is more of a ‘tick the box’ exercise than a legitimate asset in welfare and health care, and that Post Deployment Mental Health Screening is non-existent. I would argue that even though some positive steps are being taken by the MoD they are not moving fast enough or appearing to take the issue seriously enough. To put that into context; when a soldier is injured in combat they are immediately treated by a trained professional, rehabilitated and where possible, they return to their job or are re-assigned to another role, before carrying on with their career. Mental health problems are no different and should be treated the same – whether it’s considered to be an injury or an illness, makes no difference. It shouldn’t be a career decider, and there should be no shame in getting support with and talking about mental health issues.

7. It’s clear that there needs to be a restructuring of the decompression system and that the time frame for this period, as well as more fundamentally the purpose of it should be revaluated. I would suggest that the time frame needs to be extended to allow for an individual to readjust accordingly before they return to their loves ones. Without having to go through the chain of command, ongoing support should be readily available for a period of up to 12 months after the end of a deployment. In addition to this, Post Deployment Mental Health Screening should be compulsory for anyone that has deployed; conducted on an annual basis.

Education is vital to dispelling the stigma attached to mental health problems within the Armed Forces and a key way to approach this would be to integrate mental health awareness training with Phase 1 training and carry it on refresher training as you would anything else. Inviting veterans who have dealt with mental health issues to talk to recruits about their experiences would give the training a ‘human’ angle and assist in de-stigmatising mental health illness.

Serving personnel need to have real reassurances from the top down that their careers are not going to be adversely affected by seeking support, and that there will not be any un-realistic times scales placed on treatment. There is no time limit to recovering from mental health illness.

It takes months to become qualified within the military, sometimes longer, so with that in mind you cannot realistically expect an individual to readjust to civilian life in just a few short weeks. The transition period from the Military to civilian life needs to be revaluated, lengthened and real ongoing support given for a realistic amount of time.

Families are just as affected as the individual and in that respect, they should have a comprehensive support network in place that will assist them by offering meaningful support to
help get through difficult times. In addition to this, the impact upon the children of Military personnel who witness their parent(s) behaving in inappropriate ways could potentially have long term implications which could conversely affect their mental health in the long term. This factor alone should be evidence enough to implement a review of how families of service personnel are supported while still living under the umbrella of the Armed Forces, and for a realistic period after they leave that umbrella.

The veterans ID card is essential and should be used to confirm or evidence your service to enable access to the correct support services when needed. Alongside this it is essential that services such as the NHS receive education and support in ensuring that veterans get the appropriate treatment when they need it. I genuinely believe that veterans should be a priority when it comes to health care, which includes mental health, and the Armed Forces Covenant should reflect this.

On a finale note; through their charitable work, the Royal Princes shone a spotlight on mental health issues within the Armed Forces community which is something that many of us welcome. The public appear to have been galvanised by this and I believe that this fact alone sets the foundation to make it easier for the MoD to start tackling this issue head on.

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