Written evidence submitted by Contact

Chairman David Richmond CBE on behalf of Contact and other UK military mental health organisations.

Summary

1. Stigma: There is significant stigma associated with having a mental health illness in the armed forces and this presents an obstacle to those in need of support. This is caused by the strong culture of physical and mental robustness and self-reliance in the armed forces and a process of promotion and appointments that places a premium on those characteristics. This continues to effect veterans long after many have left the Service. Stigma is further amplified by the public perception of the armed forces, often created by unbalanced media coverage or tv/film dramatization of service personnel or veterans suffering mental health challenges, which overlooks the fact that the significant majority of individuals transition very successfully and have no mental ill-health issues. More effort must be made to improve public and media understanding of the real situation regarding mental health in the armed forces community, which is based on easily digestible fact-based evidence.

2. Statistics: Current statistics on the number of members of the armed forces community with mental health issues may not give a true representation of the extent of the issue. Government statistics do not reflect the numbers we see daily within our organisations. Each research and delivery organisation has different criteria for data collection and most do not capture the whole armed forces community. This lack of a coherent approach to gathering accurate data makes it incredibly difficult to develop policy and design and deliver effective services.

3. Transition: Although the majority of service leavers transition successfully, for those leaving with mental health issues or potential mental health issues much could be done to make the experience easier and the process less confusing and obstructive. This would require improved personal support throughout this phase and include allowing 3rd sector organisations to reach into the transition pathway, pre-discharge, to help reduce the number of service leavers with mental health concerns who ‘fall through the cracks’. The NHS TIL service is starting case managing and treating personnel across this transition.

4. Family: The people supporting a veteran or service person suffering from poor mental health may be impacted themselves. This group is vulnerable and the belief that they are unable to access support needs to be addressed. Family members and dependents should be given a voice in the development of services to ensure their needs are met.

Introduction

Contact is a collaboration of military charities (Help for Heroes, Combat Stress, Walking With The Wounded and The Royal British Legion) and other entities including Big White Wall, The Royal Foundation, Cobseo, King’s College London and Royal College of Psychiatrists working with the NHS and the MoD. Our aim is to ensure that the armed forces
community is provided with the best possible mental health advice, support and a treatment pathway that is as good as it possibly can be.

This submission represents the key issues affecting mental health support to the armed forces community as considered by Contact members. We also reached out to a wide range of other 3rd sector mental health and wellbeing service providers for their input. Individual members may also be making their own submissions, which complement and develop the issues raised here. This submission covers topics that the following organisations feel are of the highest priority:

- Big White Wall
- Cobseo
- Defence Medical Welfare Services
- PTSD Resolution
- Felix Fund
- HighGround
- Army Widows Association
- Ripple Pond
- Combat Stress
- Help for Heroes
- King’s College London
- NHS England
- Royal College of Psychiatrists
- The Royal British Legion
- Veterans’ NHS Wales
- Walking With The Wounded

**Stigma**

The prevalence of mental health issues in the armed forces community has risen from 1.8% in 2007/8 to 3.2% in 2016/17. With more help seekers coming forward, we need to make sure we have the resource and funding to continue to support this group of individuals.

The continuing impact of high level campaigns, such as the Royal Foundation’s Heads Together mental health campaign, of which Contact was a partner charity, and those of individual organisations, have made good progress in destigmatising mental health issues. However, the necessarily strong cultural emphasis on physical and mental robustness, strength in the face of adversity and self-reliance in the military, which influences strongly career development opportunities, is at odds with the need to be more aware of your own, and others’, mental health and the requirement to encourage early help-seeking. This cultural reluctance to acknowledge a mental health concern remains for many long after discharge.

As stigma is a societal issue and not restricted to the military, the MoD could learn from the work done by other organisations such as the Blue Light Programme run for the UK

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Emergency Services. Sharing of work with other organisations would encourage others to learn best practise from each other.

According to research, CMD, alcohol and drug misuse are more prevalent in the armed forces community, but PTSD has become the most commonly used term associated with those leaving the service with mental health issues. It is also increasingly seen by members of the armed forces community as ‘the’ acceptable label as it doesn’t have the same perception of associated weakness as CMD. Indeed, unhelpfully, it has become shorthand for almost all military mental health issues. Where media coverage, film and tv frequently sensationalise or dramatize the impact of mental health issues on the armed forces community, this can perpetuate the unhelpful myth and oft held public perception that all veterans are ‘mad, bad or sad’ and that all those who serve on combat operations come back with a mental illness. This perception runs contrary to the available evidence and is unhelpful to the individuals concerned and the armed forces.

Having left the forces, those who do seek support for their poor mental health will often confess to having known they were struggling while still serving, but were too afraid of the stigma and potential career consequences to seek medical support.

A cultural shift is key to erasing this stigma and it must be achieved in balance with maintaining the warfighting culture of the armed forces. Programmes such as TRiM (Trauma Risk Management) for those serving encourages a greater awareness of mental health among all ranks, with a view to helping individuals mitigate their symptoms. Normalising talking about mental health should be standard good practice. Just as we work on our physical health, we must work on our mental health to keep it in shape. It is essential that the military do all they can to reduce or remove this internal stigma completely through training, education and support.

Inaccurate Statistics

Current statistics on the number of those with mental health issues in the armed forces community do not reflect the number of people requiring mental health support. They need to account for all groups including those still serving, veterans and their family members. It is likely that current statistics are lower than the actual number of armed forces community members with mental health issues.

The likely inaccuracy of statistics on mental health in the armed forces is in part due to the suspected underestimate of the number of veterans and serving armed forces personnel dealing with mental health issues caused by some statistics only counting ‘help seekers’. This leaves an unknown number of potentially silent sufferers who are unaccounted for and do not seek help, with the reasons why they do not seek help remaining unclear. We also know that there is often a delay in help seeking for many veterans suffering from mental health problems coming forward. In 2016, a King’s College London study, commissioned by Help for Heroes, found that an estimated 61,319 regular Veterans might suffer from mental health problems.² Add to this the different forms of data capture and differing criteria used by the various research and service delivery organisations and it becomes incredibly difficult to generate reliable statistics that in turn can inform policy and service development.

For example, statistics from DASA (Defence Analytical Services and Advice), War Pension Scheme, AFCS (Armed Forces Compensation Scheme), The Royal British Legion Household survey and GP registrations etc. all contribute useful information, but due to differing samples, sizes and collection criteria are limited in providing an accurate picture of the extent of mental ill health, including PTSD, in armed forces personnel and veterans.

Screening for mental health issues has been tested in the UK armed forces by King’s College London but the study found that it was ineffective and should not be rolled out.³ With a low rate of success and false negatives often being presented, this meant that the numbers did not give an accurate representation of the screened population. Screening would also give false reassurance that all those who screened negative were in fact well, when we know this is not true for a substantial minority.

Agreeing a standardised, valid and reliable set of clinical measures would aid the creation of a common data set for use by all supporting agencies.

The King’s Centre for Mental Health Research (KCMHR) longitudinal study, commissioned by the MoD, 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.

With many currently used statistics being out of date, it is important to continue research on this topic to ensure a good understanding of the challenges facing this community and inform effective policy and service development.

**Research funding**

It is essential to gather accurate data and statistics in order to properly inform policy makers, service providers and the general public.

KCMHR has been funded since 2003 by the MoD to run the Armed Forces Health and Wellbeing cohort that has followed up the health and welfare of the armed forces. Initially the cohort included Service Personnel and Reserves serving in Iraq and Afghanistan and many of these now have transitioned to become veterans. The existence of this cohort means that the long-term health outcomes of the armed forces community (past and present) can be followed over time to assess armed forces population health trends and provide an accurate assessment of the prevalence of mental health needs across Service personnel, Reserves and veterans. However, cohort studies are difficult and expensive to do and funding from the MoD has not always been certain.

This cohort study needs to be maintained if we are to have an assessment of the whole armed forces population that gives the best evidence of their mental health needs at a population level (rather than from only those seeking treatment). Additionally, we consider that there is merit in Government funding a new cohort study looking at recruits joining the Armed Forces now so that data is gathered proactively on the mental health needs of people joining the military today who will no doubt face new challenges in the years ahead. This would provide data with which to: fight myths regarding the mental health needs of the armed forces (such as some of the suicide rates or PTSD prevalence); better understand changes in mental health.

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needs of this population; and help both statutory bodies and the third sector better design and develop future services.

Wider investment in not only the cohort studies, but looking at the longer term needs of older veteran populations including Falklands and Korean veterans may also assist to promoting diversity and greater granularity in researching the mental health needs of the veteran population across the lifespan.

**Transition**

Transitioning into civilian life from a military environment of structure, discipline, teamwork and purpose where there is a strong sense of identity and belonging can have an increased impact on the everyday stresses and anxieties for a veteran with mental health issues. Mental Health services, both those provided while in service and those provided by the NHS and 3rd sector must be aware of the unique challenges this presents and design their services accordingly.

At the point of leaving, e-transfer of MoD health records to NHS on discharge from the services would ensure registration and acknowledgement of veteran status and increase visibility of the veteran population.

After leaving the armed forces and in making contact with mental health services, there is often a lack of cultural understanding or sensitivity of those who are assessing, providing treatment or support to veterans. This can lead to disengagement and an unsatisfactory experience however there are education programmes for NHS professionals that are increasing understanding.

We are aware than not all service leavers wish to engage or remain engaged with statutory service providers. A greater understanding of why this is so is needed to identify and improve the challenges faced in successful transition. Improved understanding of the reasons why service leavers do not always engage with statutory providers may also assist to identify the scope of need and adequate resourcing required for third sector providers.

It is hoped that the NHSE mental health TIL (Transition, Intervention and Liaison) service and CTS (Complex Treatment Services), may help to mitigate the current postcode lottery that many leavers face and it is essential that service leavers are made aware of their existence and their care is handed over accordingly. The same is true of those veterans’ mental health services provided by the NHS in the devolved administrations.

Educating GPs to consistently ask the question “have you served in the UK armed forces?” and coding their e-health record systems accordingly would allow Joint Strategic Needs Analysis to more accurately inform CCGs (Clinical Commissioning Groups) about their local population at risk. The work by the RCGP (Royal College of General Practitioners) in the West Midlands is a good start in addressing this issue. Having a system in place here would help in procurement of bespoke services for the UK armed forces and veteran populations.

The Government should ask the users and, more importantly, the non-users of services for their opinions, they should have a voice and influence in the development and production of services ensuring they accurately meet their needs and those affected others, such as family members and dependents.
The transition from military life to civilian life needs to be, and can be, much less confusing and obstructive for those leaving the armed forces. Those leaving with mental health issues or potential mental health issues need to be supported throughout this phase which involves making changes at the point of departure and after the person has integrated back into civilian life. It is essential that individuals feel comfortable raising concerns about their mental health and are receiving the support they need during and after leaving the forces. Allowing more ‘accredited’ third sector organisations to ‘reach into’ the transition pathway and engage with service leavers well before they leave service as the TIL services already do, would help achieve a smoother, less confusing transition and reduce the numbers of service leavers who ‘fall through the cracks’. This would require a cultural and process shift in the single Services.

**Family**

Those who provide support to a veteran or service person suffering from poor mental health, may be impacted themselves. They can experience their own mental health difficulties as a result of the mental health issues being suffered by the service person or veteran they are supporting, or they may need advice on how they can best support their loved one. However, support for families is limited.

A recent YouGov survey, commissioned by Help for Heroes, showed that families of veterans and serving personnel did not feel they could come forward for support with 16% stating they would try to cope alone with mental health issues and, of those, 39% not speaking up because they “wouldn’t feel [they] have the right to seek help”. Combat Stress has evidence that the spouses and carers of help seeking veterans have much higher rates of mental health issues via their emotional connection to the situation.

According to Combat Stress, 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 now and an intervention study aimed at helping veterans’ spouses and carers who suffer mental illness is nearing completion.

The Army Widows Association find that many bereaved partners struggle with their mental health without seeking help, for fear of being seen as a failure if they did so. Those who do seek support often report the NHS system hard to navigate with waiting lists far too long.

As with veterans, it is important for this group to have a voice and influence the development and production of services ensuring they accurately meet their needs.

*6 March 2018*

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