Written evidence submitted by Big White Wall

Hayley Gillam, Military Engagement Manager, Big White Wall.

Big White Wall is a digital mental health service accessible for serving members of the UK military, Reservists and Veterans, and their family members.

Whether impacted by social isolation and stigma, or simply restricted by geography, work schedules or caring commitments, members of the UK armed forces community struggling with mood and anxiety issues cannot or will not access face-to-face services.

For those not accessing mental health services or existing serving, Veteran and family support services, Big White Wall provides easily accessible, anonymous immediate intervention. For socially isolated members of the military community, Big White Wall is often a less daunting way to access support than through traditional face-to-face means.

Big White Wall’s submission focusses on some of the key issues facing the military community such as stigma, accessibility and patient choice whilst also addressing the need for digital innovation, continuity across services and collaborative approaches.

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

The variation of data captured across the mental health services landscape, leads to complex and often inaccurate data sets, that can be difficult to merge. A primary example would be the differentiation between using DSM-5 or ICD-11 in the diagnosis of PTSD, and in turn the lack of specific PTSD data collection for many of the Veterans accessing IAPT services.

Collectively, evidence found in the RBL household survey, the MOD’s Defence Analytical Services and Advice unit statistics, NHS Digital data etc. can work towards representing an accurate assessment of the range of mental health issues within the military community yet no one data set can stand alone.

The focus on PTSD prevalence in the mainstream media has a negative impact on perceptions of the UK Armed Forces, and also inaccurately portrays which psychological issues are considered synonymous with service. This in turn overshadows the presentations of common mental health disorders, namely depression and anxiety, which are prevalent within the armed forces community, alongside alcoholism which is also often under-reported. This impacts the level of statistical focus on depression and anxiety and leads to a culture of self-diagnosis of PTSD and a notion that PTSD acts as a qualifier for gaining psychological support; it is a vicious cycle.

PTSD aside, the identification of many Veterans within the NHS system as well as expatriate Veterans result in missing data. Aligning services, creating working partnerships and merging care pathways over time will lead to further transparency in clinical statistics and improve accuracy and the need for a single measurement tool for clinicians working with both serving personnel and Veterans.
2. 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?

The challenge of identifying service leavers and acknowledging their new Veteran status is a crucial obstacle to overcome. The digital transfer of MOD medical records to the NHS upon discharge can ensure the visibility of our Veteran population but furthermore has the potential to improve Veteran support and triage more generally. Early intervention is both cost effective and prevents the formation of a socially isolated disengaged armed forces cohort. All GP registration forms (GMS1’s) should include a suitable identification question. This solution will adhere to the through-life approach.

Embedding Veteran support in existing ‘civilian’ clinical services can also help normalise support seeking. Many Veteran’s disclose the fear that their status ostracises them from civilian community, so this solution would support better integration and improve general feeling within the Veteran community. Likewise, this will eradicate the need for so many Veteran specific treatment services which, although positive in many respects, can often be difficult to access due to geography and in some cases, detach our Veteran community further.

Sporadic Veteran healthcare training and workshops, in most cases run by charities or NHS England, currently take place in areas of the country with dominant military populations. This should be available and compulsory nationwide to adequately furnish our health and social care workforce with the knowledge, skills and understanding to effectively treat our military community. This should be enforced as part of the government’s military remit for not just mental health transformation but physical health also.

There is a lack of flexibility across the board in serving personnel and Veteran services, GP’s and DMHS services. IAPT typically operate during traditional Monday to Friday 9-5 business hours. It is vital that digital solutions are given the opportunity to combat the accessibility issues and lack of choice available to those needing help. In some areas, CCG’s are already providing innovative mental health services with extended hours, which can be accessed by Veterans fortunate enough to live within the locality. This innovative approach needs to be nationally adopted and backed by the Government.

The anonymity of Big White Wall’s service reveals the true depth of stigma within the Armed Forces community. 40% of our WIS members state that before accessing our service they had not previously shared experiences and feelings regarding their mental health. There is an extremely strong correlation between sharing an issue or feeling and feeling better.

First disclosures are particularly difficult to attain amongst serving personnel who fear that admission leads to downgrading, peer judgement and all-round negative impacts upon progression. This lack of admission impacts relationships and families which can have a knock-on impact for the mental health of others, due to the vulnerability of this group better working connections with military families on the whole with the ability for input and feedback could help improve government understanding.

Enabling the military community to have a voice in a safe, supportive community has been hugely beneficial in shaping the service Big White Wall delivers, annually surveying our serving personnel, Reservists and Veterans and their family members has created an invaluable feedback loop.
3. How does the level of mental health issues, services and outcomes in serving armed forces personnel and Veterans:
   a) Compare both to the actual level in the general population and to public perceptions of mental health issues in armed forces personnel and Veterans?

Once more, we return to the question of public perception fuelled in part by mainstream media, and the belief that our military population have higher levels of PTSD and severe and enduring mental illness.

Evidenced and research by NHS Digital (the APMS) shows that common mental health disorders are in fact more prevalent amongst the armed forces population compared to the civilian population, yet contrary to public belief levels of PTSD remain lower.

In terms of accessing services, just under two thirds of family members (63%), and over a half of Veterans (55%), arrive on Big White Wall with no previous treatment or support for their mental health needs. This compares to a figure of 50% for the general population, depicting a lack of engagement with existing services and reiterating military families as a vulnerable group. This also reiterates the power of Big White Wall to engage ‘hard to reach’ communities who are hugely affected by stigma.

Veteran specific mental health services are key to addressing some severe mental health conditions and of course have a place in the military care pathway, yet a focus on embedding armed forces specific knowledge in existing support services would be welcomed. This would mitigate the geographical location from impacting a Veteran or family members ability to access to support.

Having separate services in some instances reiterates a ‘them and us’ culture and creates another obstacle for Veteran reintegration into civilian life. Outcome targets in many ways should be treated with the same caution.

   b) Vary between different groups of serving and former personnel, including Reservists, those who have been deployed on operations and early leavers?

In terms of the differentiation of issues between serving personnel, Reserves and Veterans there is a need for shifting agendas for individual services. We know Reservists are more likely to suffer PTSD than any other group and feel less worthy of accessing military support services. Likewise, we know that recruitment from regions with high levels of unemployment and lower social economic status, result in long-standing vulnerabilities and higher levels of early service leavers with common mental health disorders. Based on health inequalities alone, regardless of military experience, suggests that this cohort are more likely to suffer with mental ill health. In turn, a benefit of specialist services is the ability to address these complexities. Additionally, a focus could be placed on prevention and resilience within the Reservist community.

   c) Vary between different groups of serving and former personnel, including Reservists, those who have been deployed on operations and early leavers?

The geographical difficulties Veterans face when trying to access armed forces specific services have already been addressed in this submission but difficulties also translate across
to NHS services, namely with the IAPT programme. This problem can vary across the UK, but treatment should be consistent regardless of post code and this should be eradicated. Again, this is in part due to the PTSD label given to Veterans and the risk associated. Some services are trying to overcome this exclusion issue by offering EMDR alongside their traditional CBT and counselling offerings.

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

This is not directly measured by Big White Wall or indeed many other services at present in part due to the difficulty of the assessment.

Pre-service factors need to be considered and are difficult to categorise and identify. Understandably the exposure to trauma for many serving personnel can result in common mental health disorders and PTSD presentations, yet we see incredibly high numbers of mental health problems in those who are not deployed therefore disproving the theory in a boarder context. Departure from service can act as a catalyst for mental health issues in many cases but improving knowledge of Veteran mental health amongst local authorities and NHS staff can normalise this process and in turn encourage earlier intervention and supported reintegration.

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

For many the military environment provides a more robust support network comprised of charities, governments and agencies all focuses upon protecting the welfare of those who enter the system. Theoretically, this should improve early intervention and prevent the development of long enduring mental health problems within the community. Although the realities of increased stigma cannot be overlooked.

The classification of a Veteran being someone who has served for 1 day in the UK armed forces helps embed a sense of belonging and identity at the earliest possible stage.

In turn this feeds into the obvious sense of camaraderie that so many associate with life in the armed forces. This community and support network is helpful for mitigating against the development of mental health issues to a point. For many experiencing mental ill health, the sense of normalisation is a great relief, so being a part of a team who understand the difficulties and realities of life in the armed forces can lead to more open conversation, in turn preventing the development of issues for some.

The transition from serving personnel into Veteran can reaffirm the importance of belonging and how the end of service marks and breakdown in this bond resulting in anxieties and confidence issues when faced with the challenge of civilian integration.

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