Written evidence submitted by Glen Art

Fiona MacDonald Founder and CEO of the Scottish military charity Glen Art and Bravehound SC043908

- Research is needed into suicide rates and mental health issues in veterans.
- An end to signposting services where the sign poster takes no responsibility for the success or suitability of their advice.
- Veterans need one point of contact when asking for help. Improving an existing service is needed not yet another help line.
- Housing should be made available to veterans as a priority.

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

I do not believe that current statistics do accurately represent the level of mental health issues for a number of reasons.

1. Members of our Armed Forces live necessarily in a culture of not admitting to weakness or needing help. Wherever possible they “Reg it out” they try to be self-reliant and not ask for help. They also know that an admission of mental health problems may result in a medical discharge, and loss of their job and status. This results in mental health issues being under reported.

2. Misuse of drugs and alcohol, risky behaviours like reckless driving are all ways of coping, of self–medicating and avoiding facing up to problems. Marital abuse both psychological and physical are anecdotally common, but don’t fit the “Heroes” image of a troubled veteran, and so I believe are also under reported.

3. Despite large sums of Government funding being spent on research into veteran issues, via a number of organisations, the MoD do not track veterans. No figures exist as far as I am aware of levels of mental health problems, and most importantly suicide rates related to military service.

When I asked Combat Stress for figures on suicide rates I received this response from Walter Busuttil Director of Medical Services Combat Stress:

“They paper to read is Prof Nav Kapur published in 2009. If you Google Kapur, Veterans, suicide it will come up. Higher rates of suicide in UK veterans are only found in the under 24 year olds who have a risk three times higher than their civilian counterparts.

Unknown why this is. There is a link to pre-service social deprivation, and being an early service leaver.

Every other age group appears to be protected and gave a lower suicide rate or equal to the general population.

There findings have not been replicated as no other study has been conducted

The study is for all veterans and not combat veterans only.

Coroners in the uk record a verdict of suicide as a last resort and suicide us defined in a different way in the USA
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 MoD do not track veterans health after they leave, and accurate information does not exist.

The government could require that the MoD track what happened to veterans after they leave military service.

A reluctance in Coroners to record a verdict of suicide. An example is the case of Dan Collins, of the Welsh Guards, who hanged himself on New Years Day 2012, aged just 29. He had made a number of suicide attempts, and the coroner decided that this was a cry for help rather than a determined suicide. Dan Collins had been profoundly affected by the deaths of close friends in Afghanistan, but if his death is discounted as being related to his military service, how can the extent of mental health issues be accurate?

Most serving members of the armed forces leave at some point and are able to succeed in a civilian setting. If too much emphasis is placed on those that need support, it is thought that this might reflect on those that do not.

This may well be true, and was a conclusion of Lord Ashcroft, but when young men are taking their own lives, supporting those in need should I believe take precedence.

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

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

The general population includes other groups who experience traumatic situations like the emergency services, police, firemen, and medical personnel as examples, but if incidents of suicide in veterans are not recorded accurately, or are not attributed to military service, these skew the figures. I believe the current official line, that the levels of mental health issues and suicide are broadly the same as the general population is inaccurate for this reason.

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

I believe that those who join the military from disadvantaged backgrounds and with a history of childhood trauma are probably more likely to suffer from mental health problems, as they have less resilience to “fall back on” less family support or ability to navigate an increasingly complex and restricted welfare system.

While it is interesting to note that some mental health issues are exacerbated by, for instance, childhood trauma, like early bereavement due to the death of a parent, this would seem to me to be a reason to access carefully the background of those presenting with mental health problems and seeking ways to help them rather than an excuse to say, “this is nothing to do with us” which seems to be the official line.
• One other conclusion of the Ashcroft report was that there should be one point of contact for veterans and their families seeking help.

• There is established British Legion, Legion Scotland and Combat Stress. Combat stress offers a 24hr helpline.

Funding has gone into Veterans’ First Point, a one stop shop, and now into a sign posting helpline, Veterans Gateway (at enormous expense) and another helpline, signposting veterans just last week.

I believe that the signposting has to stop, unless those directing the veterans are sure that where they are sending them has the capacity and ability to provide the help they need.

Funds would be much better spent improving existing services rather than on Facebook advertising and endless sign posting.

Housing is a major issue. The government might ask charities with huge reserves to contribute to providing housing for veterans, and high-quality housing, not hostels or poorly constructed properties.

I believe that veterans should be interviewed prior to leaving the armed forces, and GPs should be given support and guidance – registering with a GP might be linked to a final laving payment or other such incentive.

Military medical records, particularly where they record mental health issues should be passed to GPs in a timely manner, and the veteran contacted and not be dismissed as OK because they don’t engage readily with services offered.

In Scotland, the government is very proud of a commitment that no service member should be disadvantaged by their service. This merely means that they should not be discriminated against, and as no one should be discriminated against it is meaningless. I believe our former servicemen and women deserve better.

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