Written evidence submitted by the Ministry of Defence

The Ministry of Defence (MOD), together with the UK National Health Service, is committed to improving the mental health of Armed Forces personnel and Veterans, and in July 2017 published the Defence People Mental Health and Wellbeing Strategy 2017-2022\(^1\) which set out the Department’s vision and strategic aims for mental health and wellbeing over five years. The strategy describes the Defence People Mental Health and Wellbeing Operating Model which emphasises the importance of achieving and maintaining a positive state of physical and mental wellbeing, in order to best prevent the onset of mental illness. Where symptoms of poor mental health do occur, the model aims for timely detection and access to appropriate treatment when needed.

There are four overlapping areas of activity: Promote, Prevent, Detect and Treat, underpinned by research and evaluation. The approach is through-life, from joining the Service through to retirement and beyond. There is recognition of those areas which the MOD does directly influence; for example healthcare provision for Veterans, Reserves who are not mobilised, and Service families, and therefore relies on close collaboration with partners.

Defence Medical Services (DMS) aim to deliver a safe and effective mental healthcare service in order to enhance and sustain the operational effectiveness of the three Services, and provides mental healthcare for Service Personnel (Regular and mobilised Reserves) via Primary Healthcare and regional Departments of Community Mental Health (DCMH). The emphasis is on local assessment and treatment, supported by unit commanders and human resources staff.

The DMS are developing a Defence Mental Health Services Delivery Plan which will play a pivotal role in meeting the Treat component of the Strategy. The challenges to achieving this are recognised; however, the delivery plan aims to:

a. Enhance civilian recruitment to be able to compete effectively with the NHS, and be seen as an ‘employer of choice’;

b. Reduce reliance on Temporary Healthcare Workers to reduce risk;

c. Adjust the response to demand by using innovative clinical practice; and

d. Develop unified care pathways across the DCMH network.

The MOD takes the mental health of its people very seriously and has just announced an additional £2million of annual funding for military mental health services over the next 10 years, on top of the £20million a year already committed, which will be used to deliver the plan. Further, MOD has recently announced that it will be building on its existing partnership with Combat Stress to provide a new MOD-funded 24/7 Military Mental Health Helpline for serving personnel and their families, which will link into existing services for the veterans community and also enable a referral pathway back to Defence.

\(^1\) MOD Defence People Mental Health and Wellbeing Strategy 2017-2022
In order to support the HCDC’s inquiry, we have sought to provide evidence against the questions posed in the Committee’s call for evidence.

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 latest annual Defence Statistics bulletin provides statistical information on mental health help-seeking in the UK Armed Forces for the period 1 April 2007 to 31 March 2017. It summarises all initial assessments for a new episode of care of Service personnel at MOD Specialist Mental Health services by financial year (DCMH for outpatient care and all admissions to the contracted in-patient care services provider). The data analysed by Defence Statistics are derived from the clinical contact templates completed within the electronic medical record. These figures rely on clinicians correctly completing the templates so that the information is recorded, and the importance of doing so is constantly reiterated to clinicians.

The Committee should note that the statistical bulletin captures patients referred to the specialist mental health services and does not represent the totality of help-seeking prevalence in mental health in the UK Armed Forces, as some patients can be treated wholly within the primary care setting by their General Practitioner (GP). However, since MOD GPs refer 92% of patients with mental health disorders on to specialised services, these figures can be assumed to be largely representative of the mental health clinical help-seeking prevalence in the UK Armed Forces. Some may choose to access alternative service providers (such as the Combat Stress 24 hour helpline, which is partially funded by MOD). Importantly, the statistics are sufficient to give us confidence that we understand the mental health challenge and inform the policies that we have in hand to tackle this.

The rise in the reporting of mental illness which has been seen nationally is reflected within the Armed Forces; the percentage of military personnel diagnosed with a mental health disorder has increased steadily over recent years from a rate of around 1.8% in 2007/08, to around 3.2% in 2016/17.

Post-Traumatic Stress Disorder (PTSD) prevalence is lower than public perception might suggest. The rates of personnel assessed with PTSD by an MOD specialist (DCMH or in-patient services provider) remain low at 0.2% of UK Armed Forces personnel in 2016/17. Current published studies show that, following deployment, the overall prevalence for PTSD is 4%, broadly comparable to the general population, although it is higher in combat troops, at around 7%. These data derive from a robust epidemiological methodology and examined the consequences of deployment to Iraq and Afghanistan on the mental health of UK Armed Forces from 2003 to 2009. The results of the latest phase of the cohort study are still being analysed, and updated figures will be available later in 2018.

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3 Defence Statistics (Health) data.
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 nation has a moral obligation and duty of care to Service personnel and their families, as enshrined in the Armed Forces Covenant, such that those who serve in the Armed Forces, whether regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens. Additionally, the MOD is required to maintain the health and wellbeing of its people primarily to ‘deliver and support military effect’. This ensures its people can deploy on operations and remain fully employed in their day-to-day role.

Monitoring the mental health of the Armed Forces is the focus of much research and health surveillance undertaken by the MOD, academic sources and charities. The MOD collects statistics on mental health across its Forces, using data from in-and out-patient care. Academic researchers follow large cohorts of UK personnel who served in operations in Iraq, Afghanistan and other locations and compare their health outcomes with those of the general population. Research also examines if specific roles or experiences are more likely to be associated with poor mental health, and whether there are predisposing factors that may be related to individuals’ experiences and vulnerabilities before enlistment. This identifies areas of concern to inform policy.

In spite of efforts to encourage people to seek help, studies indicate that a group of Serving and ex-Serving personnel have mental health problems but do not seek treatment. This can be because they fail to recognise that they have a mental health problem or need treatment, because of barriers including stigma; lack of awareness; or access to care; or because they have negative attitudes about treatment. This is also true of the general population as a whole.

Individuals also change their mental health status over time. To illustrate, it has been shown that delayed presentation may be found in as many as 70% of PTSD cases over a three year-period. At the same time, 66% of individuals who reported symptoms consistent with probable PTSD at the baseline assessment showed full or partial abatement of symptoms at follow-up, on average three years later.

The stigma associated with mental health issues is not a challenge unique to Defence; however, it is recognised as a cultural issue, and organisational culture is influenced by those in positions of responsibility. Whole-hearted endorsement by the chain of command to open the dialogue on mental health and wellbeing is seen as vital to the initiation and encouragement of help-seeking. Research has shown that ‘positive perceptions of leadership’

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5 https://www.gov.uk/government/policies/armed-forces-covenant
7 Murphy, D, Busuttil, W. PTSD, stigma and barriers to help-seeking within the UK Armed Forces. J R Army Med Corps 2014; 0:1-5
‘better unit cohesion’ are significantly associated with lower stigma levels and a willingness to discuss mental health matters. Tackling stigma is one of the highest priorities for MOD health promotion activity under the Promote and Prevent strands of the Defence People Mental Health and Wellbeing Strategy.

3. 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?

Statistics reporting the prevalence of mental health conditions come from two sources. Academic studies determine prevalence across the whole population by studying a representative sample; however, in many such studies, conditions are assessed through self-report questionnaires, leading to a ‘probable’ diagnosis, rather than a clinical one made by a specialist. It is therefore possible that prevalence may be under or over-estimated. The MOD and charities collect data about those who seek treatment, which is again not representative of overall prevalence.

The prevalence of help-seeking among UK Armed Forces personnel assessed within specialised psychiatric services as having a mental health disorder (3.2%) was lower than the rate of 3.5% within the UK general population. Help-seeking prevalence must not be confused with the actual incidence of mental health disorders, which is significantly higher as it includes all the individuals in a population who show symptoms of a disorder, whether they seek help or not.

The lower help-seeking prevalence seen among UK Armed Forces personnel accessing specialist mental health services compared to the UK general population may be due to the structure within the military; tight unit cohesion plays a vital role in maintaining good mental health as well as helping to identify early signs of mental ill-health. The rigorous selection of individuals into the UK Armed Forces may help to prevent those with more serious mental disorders joining the Services. In addition, UK Armed Forces personnel who have a mental disorder which prevents continued Service in the military environment may be considered for medical discharge. Those with more severe mental health conditions requiring in-patient admission may not ultimately remain in the UK Armed Forces, which is different to the UK general population.

However, the Committee should note that a recent study which compared the prevalence of common mental disorders between military and civilian populations in the UK found that serving military personnel are more likely to experience symptoms of common mental disorder compared to those selected from a general population cohort employed in other occupations, even after accounting for demographic characteristics. Although the reasons for this finding are not known, further work is required to understand whether this recent study should precipitate a step-change in our understanding of the prevalence of mental health issues in the military versus civilian population.

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14 Based on access to NHS secondary mental health services in 2015/16.

15 L. Goodwin, S. Wessely, M. Hotopf, M. Jones, N. Greenberg, R. J. Rona, L. Hull and N. T. Fear. Are common mental disorders more prevalent in the UK serving military compared to the general working population? Psychological Medicine, doi:10.1017/S0033291714002980
The military has long been a key focus of interest for both the UK public and the media, and this has strengthened in recent years as a result of the involvement in over a decade of intense operations in Iraq and Afghanistan. Public understanding of the work of the Armed Forces and their recent missions is poor\textsuperscript{16}, which may have allowed myths, such as the idea that most Service personnel are damaged by their Service, to be perpetuated in the face of contrary evidence.

How does the level of mental health issues, services and outcomes in serving armed forces personnel and veterans vary between different groups of serving and former personnel, including reservists, those who have been deployed on operations and early leavers?

Although the absolute numbers and rates of mental disorder among UK Armed Forces personnel assessed at MOD specialist mental health services has increased over time, it has broadly remained the case that there are higher presentations in certain demographic groups. These are\textsuperscript{17}:

a. Army and RAF personnel;

b. Females - this is replicated in the UK civilian population and may be a result of females being more likely to report mental health problems than males;

c. Other Ranks - higher educational attainment and socio-economic background are associated with lower levels of mental health disorder, and this may explain differences in the rates between officers and other ranks; and

d. Personnel aged between 20 and 44 years of age, which aligns with the same age group in the general population.

Those at increased risk of any mental health problems include: Reservists\textsuperscript{18}; combat troops\textsuperscript{19}; those with pre-existing social or childhood adversities\textsuperscript{20}; and Early Service Leavers\textsuperscript{21}, defined as those leaving the Armed Forces before completion of four years of service. There are specific known risk groups for those deploying on operations, for example personnel in combat or medical roles supporting combat units, or those experiencing family/relationship issues\textsuperscript{22}. Deployed Reserve personnel appear to have higher rates of poorer mental health than deployed regular personnel\textsuperscript{23}, however, research suggests that three-quarters of those

\textsuperscript{17} Defence Statistics Annual Mental Health Report 2016/17
\textsuperscript{22} Research Summary, Academic Department of Military Mental Health in collaboration with Kings Centre for Military Health Research pg 28, 20 Mar 2017
\textsuperscript{23} Browne T, Hull L., Horn O, et al. Explanations for the increase in mental health problems in UK reserve forces who have
reserves assessed by the ‘Reserves and Veterans Mental Health Programme’ return to full fitness and experience substantial improvements in mental health\textsuperscript{24}. There is also research showing that traumatic physical injuries, particularly those sustained in combat, can be a risk factor for poor mental health\textsuperscript{25}. The needs of specific risk groups associated with combat exposure and deployment continue to be monitored and addressed\textsuperscript{26}.

**How does the level of mental health issues, services and outcomes in serving armed forces personnel and veterans vary regionally across the UK and across the devolved administrations?**

Data on mental health for Serving personnel cannot be broken down by devolved administrations due to the Armed Forces population being a geographically mobile rather than a static cohort.

Assessment and care-management within the UK Armed Forces for personnel experiencing mental health problems is available at three levels: in Primary Health Care by the patient’s GP; in the community through specialists in a DCMH; and in hospitals through either the NHS or the contracted In-patient Service Provider (ISP). The level of care a patient may require is determined by a number of factors, including the severity of symptoms and the degree of risk posed by the patient’s current condition.

DCMH are specialised multidisciplinary mental health teams located in centres of military population throughout the UK and abroad. All UK based and aero-medically evacuated Service personnel based overseas requiring in-patient admission are treated by one of eight NHS Trusts in the UK which are part of a consortium headed by the South Staffordshire and Shropshire NHS Foundation Trust (SSSFT). UK based Service personnel from British Forces Germany are treated at Gilead IV hospital, Bielefield under a contract with SSAFA through the Limited Liability Partnership.

The Department of Health holds statistics on the location of Veterans in the UK and their mental health status. Specialist NHS services offer support and treatment for Veterans. Specific environments with knowledge of Veteran experiences are thought to benefit some patients. Many charities offer support but there are differences in the care offered, governance levels vary, and some treatments may not be evidence-based. A study identified that the effectiveness of treatments for Veterans can depend on their experiences; therapy was found to be more effective for Early Service Leavers, suggesting that targeting psychological therapies according to Veteran subgroups may be beneficial\textsuperscript{27}.

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?**

Veterans are defined as anyone who has served for at least one day in Her Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined

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\textsuperscript{25} Forbes H.J et al, What are the effects of having an illness or injury whilst deployed on post deployment mental health? A population based record linkage study of UK Army personnel who have served in Iraq or Afghanistan BMC Psychiatry 2012 October 12:178

\textsuperscript{26} MOD Defence People Mental Health and Wellbeing Strategy 2017-2022

military operations. However, the definitions used by UK ex-Service personnel may not align with the official UK government definition or public perceptions of ‘Veterans’, which tend to focus on older Veterans and/or those who served in both World Wars.

Most Veterans seek help for mental health disorders through mainstream NHS services but the quality and accuracy of these data is dependent upon a service user identifying themselves as a Veteran and this information being entered on their medical record. Statistics that might be frequently cited in debate is the extent to which Veterans access health services, whether provided by the NHS or charities; however, this is not representative of the overall Veteran population since only a subset uses such services. As at 1 February 2018, there were 912 current Veterans awarded post-service compensation claims under the Armed Forces Compensation Scheme for a service-attributable mental health disorder.

NHS England does collect some data on Veterans assessed with a mental health disorder:

a. NHS England launched a Veterans’ Mental Health Transition, Intervention and Liaison Service (VMH TILS) in 2017. VMH TILS provides support for the general and complex mental health needs of Veterans and those in transition out of the Armed Forces with a diagnosed mental health disorder and Veterans.

b. NHS England Improving Access to Psychological Therapies (IAPT) programme, which now has a duty to record Veteran status. Whilst the 2016/17 report has not yet been published, the provisional data including referrals and those completing treatment were provided in the 2017 Armed Forces Covenant Annual Report. Over 24,000 Veterans are recorded as using standard IAPT services in 2016/17 (representing a 15.4% increase on the previous year).

It is difficult to establish with certainty if a mental health condition is caused by military service; it may have occurred anyway, and the time spent in military service may have mitigated, aggravated, or made no difference to the condition. There are also difficulties tracking Veterans after their integration into civilian life and to verify service records.

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

The World Health Organization identifies three core determinants of health: the social and economic environment; the physical environment; and individual characteristics and behaviours. In comparison to many employers, the MOD has an opportunity to influence these determinants of health by providing serving Armed Forces personnel with: stable employment; housing; welfare services; strong leadership and a sense of unit cohesion; reasonable employment terms; and career development/educational opportunities.

Research on ground-based deployments suggests mental health during operational deployment is generally reported as good, whilst robust training and good leadership are seen as key determinants of mental health for those on deployment. The Veterans at highest risk of

29 Defence Statistics (Health) data.
31 MOD Defence People Mental Health and Wellbeing Strategy 2017-2022
32 Research Summary, Academic Department of Military Mental Health in collaboration with Kings Centre for Military Health Research pg 28, 20 Mar 2017.
33 Ibid.
mental health disorder are those who do not complete training or the minimum engagement, whilst those with longest service are at a reduced risk, suggesting that military service is not causative\textsuperscript{34}.

The MOD recognises there is no single solution to prevent the development of mental health issues but by ensuring that its approach to promote, prevent, detect and treat is flexible, diverse, suited to individual needs, well-communicated and available to all mitigates some of the unique occupational risks associated with military service. This approach includes clinical interventions delivered through a well-developed system of DCMHs, and support from a wide range of non-medical sources: training and education; online resources; welfare support; and health promotion activity. Recent examples include the launch of bespoke training initiatives such as: START Taking Control by the Stress and Resilience Training Centre; the Royal Navy’s Operation REGAIN; Army’s Operation SMART\textsuperscript{35}; and Royal Air Force’s SPEAR\textsuperscript{36}. Joint Forces Command’s Wellbeing Online and Big White Wall provide anonymous on-line guidance and support for those experiencing common mental health problems and accessible information about all aspects of wellbeing. Later this year will see the launch of further training and promotional material developed in partnership with the Royal Foundation.

The vast majority of those leaving the Armed Forces will do so mentally fit and well having benefited from the positive experience of serving their country.

	extit{7 March 2018}


\textsuperscript{35} Optimising Performance through Stress Management and Resilience Training.

\textsuperscript{36} Social, Personal and Emotional Awareness for Resilience.