RBLI has submitted evidence which provides contribution to 3 questions from the committee as well as providing other useful information contributing to the discussion.

**RBLI Background**

RBLI are a national military and disability charity. With nearly 100 years of experience supporting Armed Forces personnel RBLI are aware that whilst the majority of service leavers transition well, there are some who experience barriers to a successful second life on civvy street. For some veterans, these barriers include mental ill-health.

RBLI’s main work with veterans (and serving personnel undergoing medical discharge), includes LifeWorks, MOD Vocational Assessments, and providing housing.

LifeWorks is RBLI’s innovative employment support programme, designed to help British Armed Forces veterans (no matter when or where they served) to gain the tools and skills they need to find work on civvy street. The programme consists of a 1 week intensive course, followed by 12 months of ongoing remote support and coaching.

For a number of years, RBLI has provided vocational assessments to men and women being medically discharged from the Armed Forces.

Within RBLI’s housing provision we provide a home to nearly 300 members of the ex-Armed Forces community. As with LifeWorks, we are supporting those with the most complex of needs and barriers, who have fallen on hard times, and therefore the people we support are not representative of the entire veteran population.

**Response**

In response to this inquiry, we are able to offer research/evaluation results of our LifeWorks employment support courses for veterans. This research shows the demographic of the individuals we support, including those with mental ill-health. We are also able to offer some evidence from the experience of our welfare team supporting veterans to independence via our housing provision.

**Question 1** - To what extent do current statistics accurately reflect the level of mental health issues in serving armed forces personnel and veterans, including PTSD?
**Answer 1** - Overall, our experience shows us that whilst the public may believe the majority of veterans are either ‘mad, bad or sad’, this is not the case, and in fact the majority of veterans transition successfully into civilian life. Further to this, RBLI is careful not to imply this in any of our messaging or activities - as an employability charity we are acutely aware of the damage of this perception in re-employment. However there is a small proportion of veterans out there with complex barriers, including mental health issues, who do need expert, personalised support, such as that provided by our LifeWorks team, Combat Stress and others.

In 2016 our programme was evaluated by the Learning and Work Institute. Findings which show the demographic of the individuals we support can be found in the report at: [https://www.wearelifeworks.org.uk/ex-forces/files//Reports/LifeWorks%20Evaluation%20Report%20-%20Digital%20version.pdf](https://www.wearelifeworks.org.uk/ex-forces/files//Reports/LifeWorks%20Evaluation%20Report%20-%20Digital%20version.pdf) 1 Findings showed that 79% of the ex-service personnel who attend LifeWorks have a health condition or disability. This proportion is considerably higher than the average proportion of veterans who report a health condition, and suggests that LifeWorks is currently targeted towards Veterans who face complex challenges to gaining sustainable employment, especially those with disabilities and physical and mental health conditions. Just over 1/3 of primary health conditions reported (35%) were mental health related.

However, the main important piece of information to come out from this Learning and Work Institute research is that we should not write off individuals with these complex barriers. This can be seen in the full report which shows the employment outcomes of participants.

These results prove that with personalised, tailored, expert support individuals can move forward to independence and employment. We want to emphasise that:

1. Even disadvantaged veterans have some work experience to build upon.
2. Work is an important part of recovery. It is not valuable to wait until people are ‘better’, and the structure, identity and social participation provided by work can be particularly helpful to those with anxiety/depression.

**Question 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?

**Answer 2** – In terms of the challenges to accurately assessing the extent of mental health issues in veterans, the issue is that charities, including ourselves, can only gather data on ‘reported’ health conditions with no comparison to those formally diagnosed by a health professional. In our opinion, the only complete way to improve the governments’, and third sectors’, understanding of those issues is to change the way in which we track veterans throughout the system of support i.e. through a veterans ID card (as is now being implemented in some areas) which links to a central system pulling data from the NHS, charity databases and more. Whilst this presents challenges around data protection, the reality is that without true collaboration of this kind, perhaps with a dedicated officer managing a veterans’ case (as with those released on probation from the criminal justice system),

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we will never understand the true nature of support required by veterans, both with, and indeed, without, mental health issues.

**Question 3** - What proportion of mental health issues in veterans is attributable to service in the Armed Forces and how well is this measured and understood?

**Answer 3** - Within our housing provision we provide a home to nearly 300 members of the ex-Armed Forces community. As with LifeWorks, we are supporting those with the most complex of needs and barriers, who have fallen on hard times, and therefore the people we support are not representative of the entire veteran population.

However, our experience shows that whilst some veterans we support have mental health issues such as PTSD which stem from their traumatic experiences during service, or injuries sustained whilst in service, many others have developed issues due to other unexpected circumstances or events e.g. bereavement, relationship breakdown, substance misuse, long-term unemployment, debt, homelessness and long term health conditions. For example, we have supported a veteran recently who lost his leg in an injury sustained one month after leaving the Army due to a lorry accident. It was this and a combination of another accident years later, and subsequent financial struggles, which led to his mental ill-health.

Some of the veterans we support experience mental ill-health as a secondary condition following physical injury. For example, a veteran had his right leg amputated due to recurrent bone injury sustained during service. This led to many hospital visits which led to unemployment which then led to which led to him and his wife experiencing severe mental health problems, including contemplating suicide.

Therefore, in our experience - whilst some veterans we support do experience mental ill-health due to service, for others it is not the primary cause of mental-ill health. Like many civilians, a combination of factors and challenges in their life have led to them experiencing mental ill-health, and it is not attributable to one thing. For veterans this combination may be made of some factors attributable to their time in service, however for others it is not, or, they do not consider their time serving in the Forces a factor, as other factors have had more impact.