Written evidence submitted by the Ulster University Veterans Research Group

About the Ulster University Veterans Research Group

The Veterans Research Group at Ulster University is a team of researchers, led by Professor Cherie Armour (Principal Investigator) and Dr Bethany Waterhouse-Bradley (Veterans’ Study Project Co-Ordinator) with expertise in qualitative and quantitative research methods, extensive knowledge of the veterans’ charitable sector across the UK, and leading on the first ever research project on the experiences of veterans in Northern Ireland (NI). The team includes trauma experts, occupational and forensic psychologists, and members with direct experience working in service delivery and policy-making. The team is currently working on several externally funded projects relating to veterans in NI and the UK including:

- The Northern Ireland Veterans’ Health and Wellbeing Study (NIVHWS)
- The Veterans’ Gateway Evaluation
- Trauma, Alcohol and Help-Seeking in Veterans in Northern Ireland

Given the area of expertise of this team, and the data presently available to us (as the Veterans’ Gateway Evaluation is not publicly available) we have responded only to those questions on which we have a clear evidence base and have mainly focused on veterans living in Northern Ireland.

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

At present there is no reliable data on the numbers of veterans living in NI. To date, ours is the first study which attempts to look specifically at the rate of occurrence of common mental health disorders and PTSD in the population of veterans in NI. The findings of this large-scale survey are due out in 2019. At the moment, it would be difficult to make accurate estimates of the level of mental health issues in this population. Additionally, there are no public sector services or agencies in NI which collect data on veteran status, and no plans to do so in the near future (Armour et al, 2017). As such, the sources of information on the mental health of veterans in the region are extremely limited. In NI, the overall population of the region has been reported to have the highest levels of PTSD among comparable estimates from other countries. A total of 8.8% of the general population will have suffered from PTSD at some point in their life (Bunting et al., 2013). Fear and colleagues (2010) found that the prevalence of probable PTSD in the UK Armed Forces is 4.0%, which is comparable to the 4.4% prevalence found in the general population of England (McManus et al., 2016). We hypothesise, given what we know about the overall population and about the relationship between veteran and general population rates of PTSD in the rest of the UK, that the rates of PTSD amongst veterans in NI would be higher than those found in the general veteran population in the UK. With this in mind, any estimates made about the level of mental health of serving armed forces personnel and veterans in the UK which do not include reliable data from NI are not likely to be accurate.
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 veteran population in the UK seem to be doing relatively well in terms of their mental health. Two population-based research studies comparing the rates of mental health disorders of English veterans with those of the general population have been conducted to date. The studies utilized data from the 2007 Adult Psychiatric Morbidity Survey (APMS), which is a nationally representative dataset of 7,461 adults aged 16 and over, living in private households in England. The first study compared the post-National Service veterans (those who served after 1960) with the general population of the same age and found that the prevalence of mental health disorders was largely similar across the two groups (Woodhead et al., 2011a). Specifically, no differences were found in respect to PTSD, neurotic disorders, self-harm behaviours, suicide attempts, alcohol use, alcohol and drug dependence or treatment-seeking behaviours. The only difference between the two groups was reported for violent behaviours and suicidal thoughts, with male veterans being slightly more likely to engage in violent behaviours than male civilians; and female veterans being slightly more likely to have suicidal thoughts than female civilians.

The second study which used the APMS dataset focused on older, National Service, veterans and again compared them with the general population of the same age. As before, the prevalence of mental health disorders was very similar in the two groups, with no differences reported for PTSD, alcohol use and dependence, drug dependence, neurotic disorders, violent behaviours, any self-harm behaviours, physical health problems or perceived health. In fact, the overall rate of any mental health disorder was lower in the National Service veterans than the general population of the same age (6.8% vs. 12.8%) (Woodhead et al., 2011b).

Another study conducted by the Royal British Legion (RBL) has shown that contrary to common beliefs, PTSD is not the most commonly reported mental health problem in veterans. In their 2014 UK Household Survey of the Ex-service Community, the RBL reported that depression was more prevalent than PTSD, being reported by 6% of veterans, relative to 2% for PTSD.

Taken together, the existing research suggests that the veterans of the UK Armed Forces seem to enjoy good mental health, which, on average, is the same or even better than that of the general population. Unfortunately, the views of the public are different, perhaps due to the widespread media coverage of the recent conflicts in Iraq and Afghanistan (Farmer, 2016; Warburton, Rayment, & Selby, 2016; Yeung, 2016). In his 2012 review entitled The Armed Forces & Society, Lord Ashcroft reported that more than 9 out of 10 people believe that physical, emotional or mental health problems are quite common (reported by 57% of the population) or very common (34%) in the former members of the Armed Forces (Lord Ashcroft, 2012). The public’s overall views of veterans’ mental health therefore remain negative and inconsistent with the evidence base that exists.

As discussed above, the mental health of veterans is, on average, comparable to the mental health of the general population. However, there exist vulnerable sub-groups within the veteran population who are at an increased risk for developing mental health problems when compared to the rest of the veteran and general populations. The majority of research in this area has focused on Early Service Leavers, i.e. personnel who left the service before finishing their minimum term of contract. Other veteran sub-groups identified as being at an increased
risk for developing mental health problems are reservists and individuals who have been exposed to high levels of combat. From a regional perspective, maintaining the premise that rates of common mental disorders are comparable in the general population to the veteran population, given the higher rates of mental ill health and PTSD in the general population of NI, it is likely that the veteran population living in NI will have higher rates of common mental disorders and PTSD than the rest of the UK veteran population. Concerning public opinion on NI veterans Ulster University (Principal Investigator; Professor Cherie Armour) are currently collecting population representative data on this topic and will report their finding in the summer of 2018.

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

Availability and quality of services to veterans will vary from region to region, but there are particular issues in NI which could lead to disadvantage for veterans seeking support for mental health issues.

NI is a small, relatively sparsely populated devolved nation, under the jurisdiction of the UK government. The presence of the British Armed Forces in NI, introduced first in a policing support / peace keeping capacity and moving into counterinsurgency operations (Dixon, 2009), was and remains a contested issue in the region at a political and community level. There are several important and complex problems to consider in discussing veterans living in NI in the ‘post-conflict’ period: the real and perceived ongoing threat to the security of serving and ex-Serving Armed Forces personnel; the emergence of inquiries and investigations of the actions of serving military personnel years after the events occurred; the associated public attitudes towards those who served during this period; and the politicisation of veterans’ issues resulting from the history of the Northern Irish Troubles.

Perhaps one of the biggest challenges facing veterans and those working with veterans in NI is the real and perceived threat to personal security for Armed Forces personnel and veterans. At the height of the conflict, members of the UDR & R IRISH regiment were regularly targeted at home and while off duty, and participants in the preliminary focus groups conducted for the NIVHWS repeatedly relayed the sustained impact those experiences have had on their day to day life:

> Basically now I’m living in a bulletproof house and that’s where I go at night and that’s where I feel safe. You lock the door and nobody can get at you. If it was known in any border area that you were a member of the UDR, you were effectively on a death list. That cannot be left out of any ‘what it felt like to be a soldier.’ – NI Veteran, 2017

While NI is currently enjoying a period of relative peace, and the de-militarisation campaign of the region is well underway, there remains an increased threat at a national level, and threats and attempted attacks against Armed Forces personnel and other security services still occur. There have been a number of high profile murders of security forces personnel and a substantial timeline of suspected dissident republican activity since the end of Operation
The sense of being under threat in the region, and the historical requirement to keep one’s identity hidden as a core part of service in NI during the Troubles, compound the reluctance to reveal veteran status in the public sphere. The change in the public narrative around military operations during the conflict could also impact both the willingness of veterans to disclose their service, and their mental wellbeing and sense of social inclusion. Role justification and a sense that their service has been valued is an important element to mental wellbeing in veterans and Armed Forces personnel (see Burnell et al., 2011), as is social cohesion and feeling valued by the community (Han et al., 2014).

With the emergence of public inquiries such as that into Bloody Sunday and the Savile Report, soldiers who served in Operation Banner have been publicly blamed for significant events of the conflict (The Independent, 2010), and there are public calls for those responsible to be held to account. While dealing with the historical conflict in a way which addresses the concerns of all of the citizenry is core to the peace process, it is important to acknowledge the potential of this to increase the sense of isolation for some veterans, the fear of the public perception of all ex-military personnel, and how this limits veterans’ willingness to discuss their service with others; including seeking treatment for mental health-related problems. Finally, for some in government in NI, veterans and anything connected in a real or metaphorical sense to the British State – and in particular the British Security Forces – is viewed as problematic. This is evident in the refusal by Sinn Féin MPs to take up their seats in the British Parliament, and by the significant challenges in the devolution of justice (BBC, 2010). In a region where the British Armed Forces and those who served in them are openly condemned in the political sphere (UK Parliament, 2016), assurances of equality for veterans may do very little. There is therefore a need for strong evidence of the equality of access of services to veterans to provide reassurance in this complex political environment. This lack of support, whether real or perceived, is juxtaposed with an all-time high in public support for the Armed Forces in the UK as a whole. The NIVHWS will provide the first ever evidence base on public attitudes towards the Armed Forces in NI in June 2018, upon the release of the findings of the NI Life and Times Survey.

In a Briefing Paper presented to the NI Assembly in January 2016, the Public Accounts Committee noted that a key challenge for reform was to put the Health and Social Care Trusts on a sustainable financial footing, highlighting that the Trusts have no authority to move money from one year to the next; thus impeding their ability to undertake longer-term financial planning (Public Accounts Committee, 2016). There remain concerns about the future of mental health investment in the statutory sector in NI. Our research also highlights the need to continually reflect on best practice and prepare for future investment around mental health. From a statutory perspective, the need for continued investment in mental health services across the whole of NI was deemed to be a significant concern; not in terms of convincing legislators of the need, but rather finding the appropriate resources to invest. The restrictive economic environment and the slower rate of economic recovery in NI compared to the rest of the UK could prove to be a significant issue for veterans seeking help in this region in future.

What proportion of mental health issues in veterans is attributable to service in the Armed Forces and how well is this measured and understood?
In addressing the needs of the veteran community in NI, our research has shown that veterans who served in NI during the Troubles compared with veterans who served in remote operational theatres (e.g., Iraq and Afghanistan) have more complex mental health needs which overlap and intersect with other problems associated with social and physical wellbeing. Many veterans of Operation Banner and the UDR & R IRISH (HS) believe they are a ‘forgotten army’. The main factors, which affected Home Service veterans, are specifically related to the impact of the legacy of the Troubles and because of this, their experiences of being a veteran in NI may differ from other military veterans residing in the country. Issues around Operation Banner veterans’ own role justification, their perceptions of public demonisation of their military service, ongoing perceptions of threats to their own safety and the legacy of training and conditioning around secrecy perpetuated during their work through the Troubles all act as barriers to help-seeking and affect the health and wellbeing of this particular population (Armour et al. 2017b).

The NIVHWS (Armour et al., 2017b) shows that those who served in Operation Banner can experience what they describe as an unrelenting pressure or stress caused by a threat which they feel never goes away. As such, they feel they are different from veterans returning from other conflicts who feel comfortable reporting their service to the community or their service providers. Perceiving oneself to be under threat has been shown to have an adverse impact on mental health (Holbrook et al., 2001; Schmid & Muldoon, 2013). Research investigating the perception of life threat during deployment has concluded that in veterans this is associated with a wide range of mental health diagnoses (Mott et al., 2012). These experiential differences within the veteran community mean that there is not a ‘one size fits all’ approach when it comes to meeting veteran need in NI. This may be especially pertinent when it comes to how the ex-UDR & R IRISH (HS) veterans get access to services. It is also important to remember that not having served in The Troubles does not necessarily preclude individuals from being under threat from dissident attack; as evidenced by the relatively recent murders of two serving British soldiers outside the now closed Massereene Barracks in County Antrim in 2009 (Cadwallader, 2009).

**What are the challenges to accurately assessing the extent of mental health issues in veterans and how could government improve its understanding of those issues?**

Some veterans express worries about social stigma associated with mental health difficulties and have concerns that seeking help for mental health difficulties is a sign of weakness. Military culture may also mean that veterans self-stigmatising and so do not seek or accept help (Greenberg et al., 2007). Issues of barriers between military and civilian populations, and a mismatch of expectations regarding public health services following military service are also perceived to be an issue for veterans seeking support. Some veterans reported civilian healthcare professionals as not understanding military-related injuries or ways of doing things (Greenberg et al., 2007). The Call to mind: A Framework for Action report (Forces in Mind Trust, 2015) stated that some veterans have unrealistic expectations about waiting times and service responses. Veterans report difficulties with scheduling appointments (Greenberg et al., 2007), and some may lack awareness and understanding about the options available to them and who provides those. Negative attitudes and poor perceptions of the effectiveness of mental health interventions lead to reluctance to engage in psychotherapeutic treatment. For veterans in NI, these issues are exacerbated by security concerns. Veterans here express
concerns for their safety and that of their family if they reveal their Service history to healthcare professionals (Armour et al., 2017b). Given only around 20% of veterans with a mental health difficulty will seek help (Iversen et al., 2011), there is a clear need to understand more about veterans’ perceptions, attitudes, and experiences of healthcare and other services in NI in order to improve engagement rates with this population.

Previous research of UK military populations has suggested that, on average, it can take veterans nearly 11 years after leaving Service to seek support (Murphy et al., 2015). According to some service providers involved in our study, the younger cohort of veterans are focused on the ‘here and now’ in addressing their immediate need. Yet, Buckman et al. (2013) have found that younger individuals (e.g. Early service leavers) are at increased risk of experiencing mental illness and so the time lag between transitioning from the military and engaging with support services could see a potential rise in demand for mental health services in the future. In recent years, significant progress has been made to raise awareness about mental health issues in UK. A recent example includes ‘Heads Together’, which is The Duke and Duchess of Cambridge and Prince Henry of Wales campaign aimed at tackling stigma and changing the way people talk about mental health.

Finally, when thinking about the service provision for future needs within the veteran community, our study found there is a need to look at mental health issues across the life course, and as they develop over time. The need to invest in public awareness raising, as well as long-term investment in mental health treatment and services, were key to respondent feedback. There is also a need to recognise the dynamic nature of mental health needs in this population, and the impact this may have upon how organisations operate and what services they provide. Government can improve their understanding in these issues by commissioning research which specifically assesses the challenges (methodological & social) to accurately assessing the extent of mental health issues in veterans. In addition, closer collaboration with, and resourcing of University researchers, will facilitate the development of a stronger evidence base.

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References:


