Written evidence submitted by The RAF Association

Introduction

The RAF Association (the Association) is the charity that actively supports the RAF Family, both serving and former RAF personnel and their families, looking after their welfare and helping them in times of need.

The foundations of the charity's present structure were laid during the last years of WWII supporting returning RAF personnel. The Association has continued this work, giving assistance to vast numbers of RAF personnel including veterans of recent conflicts.

The Association’s mission is to ensure that the sacrifices made by those who serve their country does not result in poverty, suffering, loneliness or isolation. Last year, their network of over 700 volunteer welfare officers made 115,000 welfare visits and calls offering personal support to meet the individual’s and family’s needs. Last year they provided over £1.9m in individual welfare grants to serving and ex-serving personnel. The charity is seeing welfare cases become increasingly more complex with the demand for welfare support raising by 47% since 2014. In particular it has responded to the changing welfare needs and in particular the increasing number of individuals presenting with mental health needs. The Association has, with other organisations developed services focusing on the RAF Family’s mental health and well-being.

Supporting Information

Mental health disorders among the UK Armed Forces increased by 78% in the last 8 years according to government figures published in June 2016 (UK Armed Forces Mental Health: Annual Summary & Trends Over Time, 2007/08 - 2015/16). Neurotic disorders are the most prevalent among members of the armed forces, with 3,357 people (a rate of 20.6 per thousand) diagnosed in 2015/16, followed by adjustment (11 per thousand) and mood disorders (10.1 per thousands). The Army has the highest rate of Mental Health disorders (10.8 per thousand) followed by the RAF (10.4), the Royal Navy (9.0) and the Royal Marines (4.9)

In the population as a whole, mental health problems are common with one in four people experiencing some form of mental health problem (World Health Organisation, Geneva, 2001). 20% of women and 13% of men have a common mental health problem; mainly anxiety and depressive disorders (McManus 2009). The total cost of mental ill health in England is estimated at £105.2 billion. (NHS England, 2016) cost to the economy in lost economic output of £30.3 billion or £1206 per employee. Stress, anxiety and depression are responsible for 70 million sick days every year (MHFA England, 2016). As stated one in four people will experience some form of mental health problem – UK Military numbers including Reserves is around 196k, one could make an assumption that notwithstanding the adverse effects of military operations, around 49 thousand personnel in the UK military will experience a mental health problem.

Social Stigma Attached to Mental ill Health and Potential Discrimination

At present, there is a perceived stigma associated with declaring a mental health issue in the military and seeking help for it. Society and the public generally hold negative stereotypes towards those with mental health issues, leading to potential discrimination towards them, as Theresa May at a Charity Commission annual meeting commented, “For too long mental
illness has been something of a hidden injustice in our country, shrouded in a completely unacceptable stigma and dangerously disregarded as a secondary issue to physical health. Yet left unaddressed, it destroys lives, it separates people from each other and deepens the divisions within our society (Theresa May 2009).

The internalisation of these negative beliefs have a huge impact on self-esteem, in addition to reduced motivation to seek help. Even if an individual intends on seeking help, barriers demonstrated above may prevent them from receiving the help they require.

A recent study was undertaken to compare attitudes to mental illness in the U.K. military and in the general population in England. Using data from a cross-sectional survey of 821 U.K. military personnel and a separate, cross-sectional survey of 1,729 members of the general population in England, levels of agreement with five statements about mental illness were compared in the military and the general population. The majority of respondents from both populations showed positive attitudes toward mental illness toward integrating people with mental illness into the community. (68.0% [65.7%-70.1%] agreed that "People with mental illness have the same rights to a job as everyone else," vs. 56.7% [51.5%-61.7%] of the military (Harriet et al. 2013). However, the general population showed more negative attitudes about the causes of mental illness as 62.4% [60.1%-64.6%] disagreed that "One of the main causes of mental illness is a lack of self-discipline and willpower," vs. 81.3% [77.0%-84.9%] of the military.

Attitudes toward mental illness are comparable in the general population in England and the U.K. military. Differences included the military holding more positive attitudes about the causes of mental illness, but more negatives attitudes about job rights of those with mental illness. Strategies aiming to improve attitudes toward mental illness could focus particularly on personnel's concerns around mental illness impacting on their career.

Overall, studies have found few differences in attitudes toward mental illness expressed by the general population in England and the U.K. military. Therefore, the authors concluded that the difference in attitudes toward mental illness between the general population and the military is not as great as has been previously believed, stating ‘attitudes toward mental illness are comparable in the general population in England and the U.K. military’. The military held more positive attitudes about the causes of mental illness, but more negative attitudes about the job rights of those with mental illness and the nature of mental illness, compared to the general population. This latter finding has important implications, as a significant barrier to reducing stigma in the U.K. military is the widely-held belief that personnel with mental illness will experience career difficulties, in terms of promotion but also the range of roles that they can undertake (Iversen et al 2010).

Barriers to Reporting Mental Health Issues

Even though a large percentage of serving personnel experience mental health issues, many of them do not actually seek help. Britt (2000, cited in Green-Shortridge et al, 2007) studied the stigma attached to having a psychological problem versus medical problem, and found that serving personnel felt more uncomfortable in discussing a potential psychological problem rather than a medical problem. Equally, Hoge et al’s (2004, cited in Green-Shorridge et al, 2007) research demonstrated that of those were diagnosed with a mental health issue, only 38-45% showed an interest in receiving help; and, in the previous year, only 23-40% actually followed through with professional help. The troops who scored positively for a mental health issue were more likely than other troops to report fear of stigmatisation and distress about barriers to gaining psychological help. Other research
showed that when asked whether serving personnel would seek help, almost 95% claimed that ‘it would be too embarrassing’ (Sharp et al, 2014).

Previous studies from both the UK and US have suggested that the most common barriers to seeking help amongst serving personnel is a lack of trust and confidence in mental health providers. Other strong barriers included stigmatising beliefs in relation to the attitudes of colleagues in the workplace. For example, research from BMC Health Services Research (Iversen et al, 2010) demonstrated that if serving personnel sought help, “members of my unit might have less confidence in me” (73.2%) and “my unit bosses would treat me differently” (71.3%). Others reported, “it would harm my career”, and “I would be seen as weak by those who are important to me” (41%). Others also reported that “it would be difficult to schedule an appointment” (28.8%), “mental care doesn’t work” (3.6%) and some had “bad experiences with mental health professionals” (8.6%).

However, research has shown that Regular personnel in combat roles were more likely than were those in support roles to report probable post-traumatic stress disorder (1·87, 1·26–2·78). Despite this, it is evident that stigma is a significant deterrent for seeking help for mental health, and these are possibly greater in the military, where characteristics such as strength and resilience are well-respected. A large amount of serving personnel anticipate the stigma around mental health issues, and still feel that seeking help for such issues may negatively affect their career.

**PTSD Prevalence**

Recent research has shown that 30% of those who had returned from the Iraq war had experienced a mental health issue, whether this was anxiety, depression, nightmares, anger, or the inability to concentrate (CNN, 2005, cited in Green-Shortridge et al, 2007). More specifically, in 2004, 15-17% of troops experienced acute stress or post-traumatic stress disorder (PTSD). Soldiers and Marines reported that the most popular stressors during the war were “roadside bombs, length of deployment, handling human remains, killing an enemy, seeing or injured Americans and being unable to stop a violent situation” (Hoge et al, 2004, cited in Green-Shortridge et al, 2007). Over 90% of those returning from Iraq claimed that they had come across these stressors, whilst 12% of them reported wounds or injuries. PTSD rates have been associated with these stressors (Hoge et al, 2004, cited in Green-Shortridge et al, 2007). Going on from this, Deployment to Iraq or Afghanistan was significantly associated with alcohol misuse for regulars (odds ratio 1·22, 95% CI 1·02–1·46) and with probable post-traumatic stress disorder for reservists (2·83, 1·23–6·51).

A study by Fear et al, (2010) concluded that symptoms of common mental disorders and alcohol misuse remain the most frequently reported mental disorders in UK armed forces personnel, whereas the prevalence of probable post-traumatic stress disorder was low. Latest research continues to support these findings. A recent paper suggests PTSD rates within the UK Military are around 4% of personnel that have deployed and around 6% in combat troops (Hunt et al 2014). These findings show the importance of continued health surveillance of UK military personnel.

**Support Programmes**

In July 2017, the Ministry of Defence launched their Mental Health Strategy for the Armed Forces which sets out their approach to Promoting, Preventing, Detecting and Treating mental health illness. This also mentions the bespoke training initiative that the RAF have launched called SPEAR (Social, Personnel and Emotional Awareness for Resilience).
The Association has not historically recorded mental health cases has a separate data set. This is symptomatic across the 3-main case working military charities. There may be a significant amount of veteran mental health activity managed by case working organisations that is not being reported and this would include signposting to specialist mental health organisations. The planned Association’s welfare database will collect mental health data and allow us to extract reports centrally.

As a case-working organisation we signpost to specialist organisations and have over the last 3 years developed a small number of mental health programmes. In addition, welfare services such as our befriender service and Wings Cafés are designed to support those experiencing loneliness and Isolation, which in turn is related to maintaining a beneficiary’s mental well-being.

As mentioned, Serving Personnel have the opportunity to access to the Mental Health First Aid training through the SMART team or TRiM and through the SPEAR training as part of the inaugural Ministry of Defence Mental Health Strategy, launched in July 2017.

Service families do not have access to MHFA training. The Association has worked with MHFA England to be able to offer a shorter 4-hour course (the full course is over 2 days) called MHFA Lite to RAF service families, enabling the Association to be more flexible in our delivery for evenings and weekends to meet the needs of the service families. This has been vital as the family plays a significant support role for serving personnel. The family will often be the first ones to notice changes in behaviours, so through this valuable training, mental ill-health can be identified sooner. With 1 in 4 in the general population experiencing ill mental health at some point in the life, MHFA training offers an awareness of mental illness and the practical skills to be able to support someone and ultimately, just as in physical first aid, reduce the risk of injury or loss of life.

According to the Campaign to End Loneliness, loneliness is harmful to physical and mental health: research shows that it has a greater effect on mortality than more well-known risk factors such as obesity and is as detrimental to physical health as smoking 15 cigarettes a day (Holt-Lunstad, 2010). Lonely individuals are more likely to visit their GP, have higher use of medication, higher incidence of falls and increased risk factors for long term care (Cohen, 2006). Isolation is also damaging to mental health: lonely people are more prone to depression (Cacioppo et al, 2006), are at greater risk of cognitive decline (James et al, 2011) and have a 64% increased chance of developing clinical dementia (Holwerda et al, 2012). This is not a new phenomenon and not one that is restricted to the older adult. In 1975 Weiss highlighted the experience of emotional and social isolation, drawing attention to the wider impact across the age demographic. According to a global report by Sodexo almost half of UK students (46%) admit to loneliness during their time at university. The Royal British legion’s Household Survey 2014 stated Isolation and relationship issues peak at 35-54 and that one in ten of the ex-Service community reports feeling depressed and this peaks at 14% of those aged 35-64. Depression is particularly prevalent for the unemployed and those under retirement age but not seeking work (three in ten of each group). Two in ten of those who are divorced or separated also report feeling depressed.

To address the growing issue of loneliness and isolation amongst the RAF family, the Association provides a befriending service, which transcends the boundaries between military and civilian communities.

The service caters for all (adult) ages and focuses on empowering beneficiaries and volunteers. It alleviates loneliness and isolation by providing an opportunity for beneficiaries and volunteers to forge enjoyable new friendships based on shared interests.
The volunteer provides companionship and support to the beneficiary to ensure that they remain part of the community and feel socially connected to the wider RAF family.

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