Introduction

The Royal British Legion safeguards the welfare, interests and memory of those who are serving or who have served in the Armed Forces. We are one of the UK’s largest membership organisations and recognised as custodians of Remembrance.

Whilst the Legion itself does not provide clinical treatment for Service personnel or veterans with mental health illnesses, the Legion works very closely with Combat Stress and in 2009 provided a grant of £1.5m over three years to fund three of their mental health outreach teams. The Legion also works very closely with SSAFA Forces Help and other military charities, as well as mental health charities such as those within the Mental Health Providers Forum.

On a UK level, The Royal British Legion, with Combat Stress, are the Third Sector Strategic Partners with the Department of Health representing the Armed Forces and Veterans sector. Over the next three years we are specifically forwarding a programme focused on Armed Forces and veterans mental health. This programme aims to build knowledge, join up expertise, strengthen capability and capacity within the sector, and to raise awareness of mental health issues within the Armed Forces and veteran population.

Service in the Armed Forces is a positive and rewarding experience for the majority of those who serve. The unique and shared experience of life in the Armed Forces ties individuals and families to a community of support and comradeship that is life-long. However, the Legion recognises that for those who experience mental health illnesses, it can be severely debilitating on their life chances, their families and their wellbeing. These individuals need the support and respect that they are owed by the obligations contained within the Military Covenant.

The Legion believes that many of the policy issues surrounding Armed Forces and veterans mental health revolves around public and media misunderstanding, Service personnel and veterans’ own awareness, inequalities of access to services, the stigma of mental health affecting engagement with services, and the specific experiences of Service personnel pre, during and post service.

Definitions

Experience of working with the Armed Forces, veterans and their families has highlighted the need to define the community to ensure effective communication and reporting. For the purposes of this report, we define the Armed Forces Community as:

- Serving members or veterans of the UK Regular or Reserve Armed Forces.
- Spouses, civil or cohabitating partners of serving Armed Forces personnel or veterans.
- Dependant children or adults of serving Armed Forces personnel and veterans.
- Those who have ongoing caring responsibilities for veterans.
Bereaved immediate family members\(^1\) of Regular Service personnel or Reserve personnel, if the death was associated with their period of Service.

### Size and Needs of the Armed Forces Community

The Legion carried out a research programme in 2005, which aimed to quantify the size and needs of veterans and their families in the UK. The following results are relevant to this submission in terms of the general characteristics of veterans communities over the UK, including Wales (please note 2005 figures)\(^2\):

- The size of the ex-Service community was estimated to be just over 10.5 million people;
- Of the ex-Service Community, 4.8 million were veterans, 1.6 million were spouses or partners of veterans and around 1.8 million were dependants widowed or divorced from veterans;
- The forecast size of the ex-Service community by 2010 was 9.2 million people, a 10\% decline and 8.2 million people by 2015 a further 19\% reduction;
- Around 25\% of those in the ex-Service community reported that they were not in good health.
- There are currently around 180,000 people serving in the Armed Forces, around 20,000 people leave the Armed Forces each year.
- Historically, around 2,000 people are medically discharged from the Armed Forces each year (CTP figures). However, this has declined over recent years due to a policy to retain people in Service – this policy has recently been amended by the Ministry of Defence (MOD).

The research results outlined above are now becoming dated and the Legion has just begun new research to build on information available within the sector. This is due to report in November. Our wide ranging programme Welfare Needs of the Armed Forces Community 2010 will be looking at demographics, health and social issues, effects of deployment and social inequalities on a UK level.

### 1. Armed Forces and Veterans Mental Health

The Legion uses the most current evidenced research to inform its policies. The majority of this research has been conducted on a UK basis.

#### 1.1 Mental Health Profile of Armed Forces and Veterans

- Prevalence of mental health disorders in serving personnel and veterans is broadly similar to that of the normal population (Dept of Health 2009).
- \((Iverson 2009)\) – Conducted a survey of serving and ex-serving personnel where it was found that the weighted prevalence of common mental disorders such as depression and anxiety was 27.2\% with PTSD syndrome at 4.8\%. Common diagnoses were alcohol abuse (18\%) and neurotic disorders (13.5\%).

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\(^1\) Immediate family members – defined as Clause 38(2) of the Coroners & Justice Act 2009

• During 2009, 3,103 new cases of mental disorder were identified within UK Armed Forces personnel, representing a rate of 15.5 per 1,000 strength – rates for Army personnel were higher than for all other services, rates for females were higher than males and rates for ‘other’ ranks were higher than for Officers. *(DASA April 2010).*

• PTSD for Service personnel remained a rare condition affecting 140 individuals seen in 2009 (approximately confirming statistics of its prevalence for Armed Forces Personnel and veterans between 3% and 4% seen in Iverson 2009) *(DASA April 2010).*

• *(Fear et al. 2010)* examined the consequences of deployment to Iraq and Afghanistan on the mental health of the UK Armed Forces (Regulars and Reservists) from 2003 – 2009. The prevalence of probable PTSD was 4.0%, 19.7% for common mental health disorders such as depression and anxiety and 13.0% for alcohol misuse – mental health disorders within the UK Armed Forces therefore remained stable. Deployment to Iraq or Afghanistan was significantly associated with alcohol misuse for Regulars. Regulars in combat roles were more likely than those in support roles to report probable PTSD; however, there was no association with the number of deployments for mental health outcomes. This study confirms the evidence that common mental health disorders and alcohol abuse make up the crux of mental health disorders in the UK Armed Forces.

• *(Woodhead et al. 2010)* examined mental health and health service use among post-National Service veterans aged 16-64. Male veterans reported more childhood adversity and were more likely to have experienced adult trauma than non-veterans. However, there was no association between any measure of mental health and veteran status in males apart from the reporting of more violent behaviours. In females, a significant association was found between veteran status and having suicidal thoughts. There were no differences in treatment seeking behaviour between veterans and non-veterans. Early Service leavers were more likely to be heavy drinkers, to have suicidal thoughts and to have self harmed than longer serving veterans.

1.2 Suicide after leaving the Armed Forces

• *(Kapur et al. 2009)* – studied individuals who had left the Armed Forces between 1996 – 2005 and who had died by suicide.
• Overall the rate of suicide was not greater when compared to the general population, 224 veterans had died by suicide within the research time period.
• The risk of suicide in men aged 20-24 years and less than 20 years of age who had left the Armed Forces was approximately two to three times higher than the risks for the same age groups in the general population.
• However, the risk of suicide for men aged 30 – 49 years was lower than in the general population.
• Suicide risk was associated with being a younger age at discharge, male gender, Army service, lower rank, being single and having a length of service of four years or less.
• Of the 224 that died by suicide, 47 had been in contact with mental health services – the younger age groups were the least likely to have had contact with mental health services compared to the same age group in the general population.

1.3 Alcohol misuse

• The prevalence of hazardous drinking was higher for serving and ex-serving individuals than general population *(Fear et. al 2007).*
• (Fear et. al 2010) research showed that the effect of deployment on alcohol misuse is greatest for those holding combat roles. It is surmised that sustained reduction will need attitudinal change as alcohol use within British military culture has been seen as aiding social interaction and unit cohesion.

• (Rona et. al 2010) assessed whether alcohol misuse was associated with functional impairment (difficulties performing at work) in the military and whether any measures of alcohol misuse and impairment would be explained by a psychiatric comorbidity. Alcohol dependence, alcohol related harm and high negative health related quality of life scores were associated with functional impairment, but binge drinking was not. Much of the negative health related quality of life scores and functional impairment were explained by psychological distress and PTSD. Nearly half of those with extremely high negative quality of life scores, or alcohol dependence also had possible psychiatric comorbidity.

1.4 Self Harm

• (Hawton et. al 2009) studied self-harm in UK Armed Forces personnel over the period 1989 – 2003 from individuals who presented themselves to a general hospital in Oxford. 166 Armed Forces Personnel presented to the general hospital following self-harm. Two-thirds of the males were in the Army, two-thirds of the females were in the RAF. The characteristics of those that self harmed were under 35 years. Females in particular tended to be young – three-quarters being in the 16-24 age group. The suicide intent was low for the majority of cases and previous mental health treatment was uncommon in the individuals. Alcohol had frequently been consumed within six hours prior to self harm. The most common type of problem faced were relational, employment, use of alcohol and familial issues.

The Legion therefore wishes to note:

• There is a common misconception that the majority of Service personnel and veterans experience PTSD and that any mental health disorder is necessarily caused by a traumatic experience during Service.

• The crux of mental health problems experienced by service personnel and veterans are common mental health disorders such as depression and anxiety, and therefore, mental health services need to reflect these needs.

• Despite the minority of individuals that do suffer from PTSD, the disorder has a weighty affect on the quality of life for an individual, and therefore, needs early identification, intervention and specialised treatment.

• The causes of mental health issues can be a mixture of pre-Service vulnerabilities, during Service experience and transition/post Service experiences.

• Alcohol misuse/abuse is a growing factor related to mental health illnesses for Service personnel and veterans

• Research has evidenced vulnerable groups to be Reservists, Regulars in forward combat roles and early Service leavers.

Therefore, the Legion believes that the best mental health policy strategy follows:

1. Understanding the characteristics of those who are vulnerable in the Armed Forces and in the veteran community.

2. New and innovative strategies for early detection and treatment for those who may need clinical interventions, particularly within the Armed Forces.
3. Implementing strategies aimed at reducing the stigma associated with mental health, educational programmes on the health effects of excessive alcohol use and myth busting relating to the prevalence of PTSD.
4. Understanding the points and stages at which different vulnerable groups are the most vulnerable.
5. Implementing prevention, intervention and support strategies that are tailored at the right time, in the right place, for the right people.

2. Current Welsh NHS Services and Service Needs

Mental health Services need to be structured in such as way as to encourage veteran engagement and equality of access. Mental health services themselves must be suitably integrated in referral procedures within service, whilst also integrated with outside services such as alcohol rehabilitation, employment and housing. The integration of care pathways is the only way for a whole person’s mental health needs to truly be addressed. Sadly, this type of integration across and within mental health services has been severely lacking not only for veterans, but for the UK population as whole. The Legion believes that only strong leadership within and across services at a local level can change the historic cultures and patterns of working that serve against integration. The system needs to be reformed to see care in terms of pathways and outcomes addressing the ‘whole person’ and their family.

The stigma and misunderstanding of mental health issues within the Armed Forces and veteran community can often lead to notions that help seeking is a weakness that service personnel should not experience. Therefore, acceptance of problems and awareness of the warning signs for ill mental health is an important educational policy issue for serving and ex-serving individuals and their families.

Lastly the question of access to services is important. Anecdotal reports from veterans and military charities have detailed that some veterans do not believe their GP or mental health services have a sympathetic environment of understanding that can relate to their military culture, military language and experiences. Therefore, for veterans to access NHS services there is a distinct impression that there must be a gateway that encourages veterans to seek help.

2.1 Mental Health Pilots

The Legion is supportive of the rolling out of the Cardiff and Vale and Cwm Taf veterans’ mental health pilot across Wales. We believe increasing awareness, access points and services for veterans mental health is a positive move.

However, it is difficult to comment much further in detail on the Welsh pilot itself and concurrent steps in rolling out this service across Wales. We cannot yet pass comment specifically on the adequacy of PTSD treatment for veterans and support structures for PTSD in Wales as the Legion is still awaiting the official evaluation of all six of the NHS veterans’ mental health pilots across the UK. Without this evaluation we can not assess these pilots comparatively or have sight of detailed statistics with which to make a judgement on the Welsh experience. The systems and approaches adopted by each pilot site need to be examined, as will as issues such as the specialisation of the service involved in the pilot and referral pathways before a view can be taken.

Equally, as the rollout of the Welsh veteran’s mental health pilot across Wales is in its beginning stages, it is far too early to pass comment on how these services will affect the
nature of veterans’ mental health provision in Wales and in turn how this will affect the identification and treatment of PTSD in Wales.

Having said this, we would like to note and acknowledge the good relationship The Royal British Legion has experienced with the Expert Group and Steering group for the Cardiff and Vale and Cwm Taf veterans’ mental health pilot and its concurrent Task and Finish Group.

2.2 Increasing Access to Psychological Therapies (IAPT)

- The IAPT programme aims to improve access to evidence based talking therapies in the NHS through an expansion of the psychological therapy workforce and services in England.
- This programme aims to support Primary Care Trusts in implementing National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders.
- Veterans in England were singled out as a special interest group within IAPT services. A specific veterans’ positive practice guide was published in March 2009 by a specialised task group for use when commissioning IAPT services for communities that may have high concentrations of veterans.
- IAPT sits its cognitive behavioural therapies for depression and anxiety in a pathway of integrated care that also includes GPs, employment support and interlinked mental health specialist services.

The Legion is concerned that the same emphasis, structure and funding has not overtly been directed towards IAPT services across Wales in a consistent manner. A modernisation and integration of services in North Wales, supported by the Action in Mental Health (AiM) project resulted in a single referral pathway that aimed to offer appropriate psychological interventions when, and where required. However mixed approaches occur across the regions, with a range of access routes.

The Legion is concerned that there must be full development of an overarching IAPT strategy across Wales clarifying its relationship with other adult mental health services. It is particularly important that the development of meaningful integrated pathways is informed by the ‘Care Clusters’ model and must be supported by attention to interface issues, particularly those interfaces with in-patient services, Learning Disability Services (LDS), Older Peoples Mental Health Services, and external employment services.

The Legion recommends the connection of IAPT services with veteran specific mental health services in Wales, and their status as a special interest group is not forgotten in the broader aims of these schemes. It is essential that the intentions of the IAPT programme for veterans are integrated and connected with the wider rolling out of veterans’ mental health services across Wales.

2.3 Armed Forces Networks

The Legion believes an intrinsic part of creating effective mental health services for veterans is in creating partnerships and networks of supporting expertise from different organisations and sectors. The Legion would urge the Welsh Assembly to support and engage with the Armed Forces Network in Wales in the process of assessing veterans’ mental health services to gain expertise and knowledge, and in turn use this network when creating targeted services in the roll out of veterans mental health services across Wales.
2.4 NHS Priority Access

- From 2008 priority access to NHS services across the UK was extended to all veterans for any health condition related to their Service in the Armed Forces (previously priority access has been for individuals who received War Pensions only).
- When any veteran accesses the health service and they wish to inform their GP of their veteran status, their GP is asked to clearly state their veteran status when drafting referral letters. This includes detailing, in their clinical opinion, whether the condition may be related to Service.
- Where secondary care clinicians agree that a veteran’s condition is likely to be Service-related, they are asked to prioritise veterans over other patients with the same level of clinical need.

When this policy was first extended in 2008 it became apparent to the Legion that there was a distinct lack of awareness of it for both clinicians and veterans. In a 2009 survey of 500 GPs across England and Wales, 81% of those questioned said they knew not very much or nothing at all about priority treatment. Furthermore, 85% had not informed secondary care providers of a veteran's entitlement to priority treatment in the past 12 months. We have concurrently worked closely with the Department of Health in England to raise awareness of this right with veterans themselves and with clinicians with regard to referral procedures. However, the Legion still sees this policy as a work in progress with regards to its successful implementation and working.

The Legion asks to work more closely with the Welsh Assembly Government and Local Health Boards to continue to pursue raising awareness and appropriate application of this priority access policy with veterans and healthcare professionals.

3. Contact Information

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