



Mental Health Care for Serving Personnel and Veterans

THE MILITARY COVENANT

A career in the Armed Forces differs from all others. Service personnel agree to sacrifice certain civil liberties and to follow orders; including orders to place themselves in harm's way in the defence of others. In return, the Nation promises to help and support people in the Armed Forces and their families when they need it most. This mutual promise is enshrined in the Military Covenant, which is acknowledged by all Services.

The Military Covenant does not have the force of law, but has been enshrined through convention, custom, and contemporary application, and it represents the Nation's moral commitment to its Armed Forces.

While we acknowledge that significant efforts have been made in recent years, we believe that certain aspects of the Military Covenant are not being delivered and that the Nation must now bring about change to ensure that our Service people and their families get the support they deserve.

INTRODUCTION

The responsibilities detailed in the Military Covenant include a lifelong duty of care to provide for the physical and psychological wellbeing of all serving personnel and veterans.

As the Chief of the General Staff (CGS) General Sir Richard Dannett, stated at the MOD Tri-Service Welfare Conference in April 2007 "Our servicemen and women have a right to expect fair treatment in return for their sacrifices".

However, the Legion is concerned that some of the psychological needs of in-Service personnel and veterans are going unmet or are not being dealt with in the most effective way, despite recent initiatives such as the Reservist Mental Health Programme and 'decompression'. This paper outlines the areas in need of improvement.

MENTAL HEALTH CARE FOR SERVING PERSONNEL

There are around 175,000 Regulars and 200,000 Reservists employed in the Armed Forces (DASA, 2008). Figures from November 2007 show that there are approximately 12,000 Service personnel involved in current operations in Iraq and Afghanistan (MoD, 2008). These personnel know when they join the Armed Forces that they might be asked to go to war and face the risks that this presents. However, the Government has a responsibility to look after the health and wellbeing of all Service personnel wherever they are deployed, which includes their mental health.

Although official figures suggest that mental health illness in the Armed Forces remains low, the Legion is concerned that many personnel do not come forward and so the numbers of personnel experiencing psychological problems could be much higher, particularly among personnel deployed for longer periods of time. It is essential that personnel are encouraged to seek help if they are experiencing mental health problems and that systems are put in place to ensure mental health problems are identified as early as possible, to allow for the most effective treatment, the optimum chance for recovery and implementation of preventative measures.

HEALTH SURVEILLANCE

The King's Centre for Medical Health Research (KCMHR) is currently undertaking in-depth health surveillance for personnel on Operations TELIC and HERRICK (extended to Op HERRICK in 2006). This on-going research has identified an increase in psychological symptoms and problems at home during and after deployment among personnel who have been deployed for 13 months or more in a three year period. Indeed, the higher prevalence of Post Traumatic Stress Disorder (PTSD) in US Forces (generally deployed for 12 months compared with six months in the UK) is evidence of the effect of duration of deployment on psychological health (Rona *et al.*, 2007).

The Op TELIC health surveillance was also able to detect, early into the deployment, an increased rate of mental health problems among Reservists when compared with Regular Service personnel. This was directly responsible for the introduction of the Reservists Mental Health Programme (RMHP) in 2007. This is a clear demonstration of the benefits of this type of research.

The Legion believes that this type of health surveillance should be mandatory for all Service personnel, whether or not they are operationally deployed. There is also evidence to support additional surveillance for UK personnel who have been deployed for extended periods of time (Rona *et al.*, 2007).

WHAT IS BEING DONE?

The Defence Health Programme 2007-2011 sets out targets for occupational health surveillance, including the target that less than five per cent of Regular personnel should be more than three months overdue for an annual occupational health examination. In addition, the alcohol consumption of all patients is to be recorded on the new Primary Health Care Information System (PHCIS), a new IT system that is being rolled out to all Services medical facilities by August 2008 (Defence Medical Services Department, 2007).

However, the Legion feels that these routine medical checks do not go far enough, and that the detailed work that is being carried out during current deployments should be extended to all personnel as part of this programme.

There are two other initiatives that have been introduced by the Government in an attempt to reduce the mental health effects of active deployment – namely Post Operational Stress Management (POSM) and Trauma Risk Management (TRiM).

The POSM programme consists of a 36-hour “decompression” period in Cyprus for personnel following deployment to Iraq or Afghanistan. This gives them the chance to mentally and physically unwind and talk to friends, colleagues and superiors about their experiences. The period is also used to monitor and identify personnel who could be vulnerable to post-operational stress and stress-related conditions and all personnel are offered a briefing on post-operational stress. The scheme is currently being evaluated by KCMHR and, if proven to be successful, should be extended to all Service personnel (Lord Drayson, 2006).

TRiM is a new approach to mental health assessment being pioneered by the Royal Marines. TRiM differs from traditional debriefing in that it is not delivered by mental health professionals, but by serving military personnel following training. It stays firmly within military culture and does not involve anyone from outside the unit. It is not always directed towards emotional expression but towards assessing who might be at risk of developing later problems (KCL, 2006). TRiM was popular among the Royal Marines and is currently being rolled-out across the Army. However, the Legion is concerned that the KCMHR evaluation of TRiM has not yet been published and there is no formal evidence to support the efficacy of the scheme. The Legion would like to see the publication of positive evaluation results before schemes such as TRiM are extended and a focus on finding alternative schemes if evaluation results show schemes to be ineffective.

ALCOHOL AND MENTAL HEALTH PROBLEMS

Alcohol is often part of military tradition and ritual, and can play a large part in bonding and group cohesion. However, there are links between alcohol use and mental health problems that need to be researched further.

Newly published research has revealed that 67% of men and 49% of women in the regular Armed Forces undertake hazardous drinking¹, compared with 38% of men and 16% of women in the general population. The prevalence of severe drinking problems is also more common in the Armed Forces: 17% of men and 9% of women in the military versus 6% of men and 1% of women in the general population (Fear *et al.*, 2007). Service personnel are more likely to drink if they are male, in the Army, single, of junior rank and have a parent with an alcohol or drug problem. Binge drinking is also more common within the military than in the general population. However, drinking does decrease considerably with age so that, by the age of 35, levels of drinking are similar to that of the general UK population (KCL, 2006). It should also be noted that alcohol intake has increased more among Service personnel in recent years than among the civilian population (Rona *et al.*, 2007).

Research has found a link between increasing duration of deployment, high alcohol intake and mental health problems. Personnel deployed for longer periods of time, due to

¹ As defined by the Alcohol Use Disorders Identification Test (AUDIT). The AUDIT is a questionnaire that assesses alcohol consumption, dependence and consequences of alcohol abuse in the last 12 months. It has been used extensively in the general population as a tool for assessing hazardous and harmful alcohol use.

overstretch in the Armed Forces, have been found to be more at risk of developing emotional and psychological problems. Recent research has also shown that nearly three quarters of personnel deployed for longer than 13 months in a three year period had severe alcohol problems (Rona *et al.*, 2007). In many cases, mental health problems and the increasing use of alcohol are directly linked.

Many patients with psychological problems misuse alcohol in an attempt to cope with or mask their symptoms, both while on deployment and at home. Some sufferers of Post Traumatic Stress Disorder (PTSD) withdraw from people close to them and use alcohol as a coping strategy, which can further distance them from their social and familial circles and create more problems (NICE, 2006). It is vital that personnel of all ranks are made aware of this link between mental health and alcohol problems and strategies are put in place to identify and treat mental health problems as early as possible, to help reduce alcohol use.

In the case of PTSD specifically, if an individual has developed a dependence on alcohol this will need to be treated before they can benefit from treatment for their PTSD (NICE, 2006), which makes the process more lengthy and difficult. This shows how important it is for the health of individuals, and the effectiveness of the Armed Forces generally, to identify and treat mental health problems and heavy alcohol use before personnel become dependent.

It is essential that more efforts are made to tackle the acceptance of heavy drinking that still occurs among sections of the Armed Forces. The Alcohol Recovery Project found that 9% of clients attending its London walk-in centres had a Service background, demonstrating the risks posed by the drinking culture in the Armed Forces (MFH, 2007).

To help address problematic drinking levels, the Government needs to undertake more research to identify causes for alcohol misuse and strategies to help vulnerable personnel reduce their alcohol intake. The Government also needs to investigate the long-term psychological health effects of alcohol use among Service personnel and implement programmes of support to enable personnel to tackle mental health problems and related alcohol use.

MEDICAL DOWNGRADING

Currently, between seven and 10% of all Service personnel are medically downgraded, or are awaiting a decision on medical downgrading (KCL, 2006).

This group of people are particularly vulnerable to developing psychological problems linked to their physical injury or illness and their inability to continue in their chosen field of work. A recent KCMHR study showed that, although few people are downgraded due to psychiatric conditions, psychological health problems are highly prevalent among medically downgraded personnel, particularly those with a chronic medical condition. In addition, medically downgraded personnel are more pessimistic in their perception of their current and future health than colleagues who have not been downgraded (Rona *et al.*, 2006). The presence of mental health problems may contribute to personnel being downgraded for longer than is necessary or eventually medically discharged, which impacts on the overall capability of the Armed Forces.

The Legion believes that this group of vulnerable individuals require additional attention. The Government needs to introduce comprehensive health surveillance for medically downgraded personnel to quantify the extent of psychological illness among those with physical injuries, particularly for those with chronic physical injuries or those who come under the Sickness Absence Management (SAM) programme.

RESERVIST MENTAL HEALTH PROGRAMME

The RMHP was set up by the MoD at the end of 2006, after initial Op TELIC health surveillance revealed that Reservists were reporting mental health issues at double the rate of their Regular counterparts. The RMHP provides Reservists demobilised since 2003 following deployment overseas with a mental health assessment at the Reserve Training and Mobilisation Centre and, if necessary, out-patient treatment at one of the MoD's 15 Departments of Community Mental Health.

The Legion welcomed the RMHP as an important element in addressing the particular problems Reservists can face after Service. Reservists are more vulnerable to feelings of isolation on return from deployment than Regulars, as they immediately return to civilian life and do not have the chance to re-adjust in the military environment. Additionally, Reservists are not part of the military family in the same way as Regulars, so cannot easily access informal or formal support from people who have had similar experiences. This isolation leaves them more vulnerable to developing mental health problems on their return from deployment.

However, the Legion is concerned that the RMHP is being under-used due to a lack of awareness about the programme. In order to access the RMHP, Reservists need to be referred by their GP. A recent Ipsos MORI survey of 500 GPs across England and Wales (see notes), on behalf of the Legion, revealed that 84% knew nothing at all about the RMHP and only 2 GPs reported referring to the programme. It is essential that the MoD works to raise awareness of the RMHP among GPs if Reservists are to benefit from the service. The MoD should also work to increase awareness of the RMHP among Reservists and their families, as this would enable them to request a referral rather than having to rely on their GP. The Legion would be extremely concerned if the future of the RMHP was in doubt due to poor take-up before concerted efforts were made to raise awareness among GPs and Reservists.

RECOMMENDATIONS

- The Government should introduce mandatory health surveillance for all Service personnel, whether or not they are operationally deployed, in order to detect occupational health problems as early as possible. This will allow for the most effective treatment, the optimum chance for recovery and implementation of preventative measures.
- The Government should introduce additional surveillance for UK personnel who have been deployed for extended periods of time who are more vulnerable to mental health problems and alcohol misuse problems and problems at home.
- Evaluation of POSM and TRiM should be published and reviewed before decisions to extend the schemes are taken.
- The MoD needs to address the acceptance of heavy drinking among Service personnel, investigate the long-term psychological effects of alcohol use and implement programmes of support to enable personnel to tackle their alcohol problems.
- The Government needs to introduce comprehensive health surveillance for medically downgraded personnel, to quantify the extent of psychological illness among those with physical injuries, particularly for those with chronic physical injuries or those who come under the Sickness Absence Management programme.

- The MoD should raise awareness of the RMHP among healthcare professionals and Reservists, to ensure more Reservists are accessing the service.

MENTAL HEALTH CARE FOR VETERANS

On 31 March 2007 there were approximately 11,500 people in receipt of a War Pension that related entirely or partially to a mental health condition. There were 2,200 people receiving a War Pension solely for a mental health condition which equated to a 20% or higher level of disability. Of the total number of people receiving a War Pension (174,000), around 6.6% of them have a mental health condition (MoD, 2007).

In financial year 2006/7 there were approximately 6,800 new War Pension claims. Of these, around 800 were claims for a mental health condition, 50% of which were accepted by the Service Personnel and Veterans Agency (SPVA), and 300 of them were accepted as related to a 20% or higher level of disability. The specialist mental health charity, Combat Stress, is currently assisting around 8,000 veterans with mental health difficulties.

Serious shortages of resources for mental health services in the past have meant that many veterans have been unable to access the support they need, when they need it. Mental health problems may be exacerbated, or caused, by post-Service factors, such as trouble with transferring to civilian life or marital problems (Richardson, 2007), so it is vital veterans are able to access appropriate services. There have been efforts in recent months to start to address these problems and enable veterans to get the mental health care they need.

NHS SERVICES FOR VETERANS

When Service personnel with mental health problems leave the Armed Forces they lose access to the mental health services provided by the MoD and become the responsibility of the National Health Service (NHS).

To help ease the burden on the NHS, the MoD meets the individual costs of treating War Pensioners for conditions related to Service at three centres run by Combat Stress (Twigg, 2007). This is a welcome investment. However, veterans who are not assisted by Combat Stress, or another specialist organisation, need to be able to access mental health care from the NHS.

Mental health charities consistently point to the fact that NHS services are overstretched and few offer the kind of treatment that is most effective for veterans. A recent Healthcare Commission review showed provision of community mental health care services to be patchy across the country and access to treatments such as cognitive behavioural therapy to be limited (Healthcare Commission, 2007).

Evidence from Combat Stress suggests that only the very seriously mentally ill receive treatment from the NHS. Priority treatment for War Pensioners is rarely achieved.

This is reinforced by a Royal College of Nursing survey which revealed that staff shortages are impacting on the level of care that can be offered by some mental health practitioners, who have to put all but the most seriously ill patients onto waiting lists for treatment (RCN, 2007).

MEDICAL ASSESSMENT PROGRAMME

To help veterans access the care they need, the MoD set up the Medical Assessment Programme (MAP), recently extended to all veterans who have been actively deployed since 1982. It provides physical and mental health assessments and signposts veterans to treatment services within the NHS. It does not provide treatment or referrals to mental health services.

The Legion welcomes the extension of the MAP but is concerned that a lack of awareness of the service among veterans and healthcare professionals means a significant number of veterans who could benefit are missing out.

Veterans access the MAP through a referral from their GP, but a recent Legion survey of 500 GPs found that 71% know nothing at all about the MAP and only 16 have referred a veteran to the MAP. This lack of awareness among GPs suggests that a significant number of veterans who would benefit from an assessment at the MAP are not being referred and that information about the MAP has not reached GPs. This is further reinforced by the fact that the GPs who had heard of the MAP mainly got their information from the media, while only 17% heard about the MAP from the MoD or Veterans Agency.

The Legion believes the MoD and NHS should work together to raise awareness of the MAP among GPs, to increase the number of veterans being referred to the Service. The Legion

also believes it is important to raise awareness about the MAP among veterans themselves, in order that they can request a referral, rather than having to rely on their GP having received and remembered information about the MAP. The Legion will be working with the MoD to get information about the MAP to veterans in the most effective way.

COMMUNITY MENTAL HEALTH PILOTS

Since 2006, the MoD, four UK Health Departments, Combat Stress and the Health and Social Care Advisory Service have been working to develop a new model of evidence-based mental health services for veterans. Two-year pilot schemes have been set up in Camden and Islington, Cardiff, Cornwall, Stafford, Newcastle-upon-Tyne and Scotland. The pilots aim to trial different ways in which NHS clinicians with expertise and training in Service-related mental health problems can engage with veterans in order to provide them with an assessment and signpost them to appropriate local NHS services. Methods that prove successful will be replicated across the UK once the pilots have been evaluated.

This is a welcome initiative that could prove valuable for veterans in the long-term and the Legion is working with several of the pilot schemes to help them reach as many veterans as possible. It is essential that the pilots are properly designed, delivered and evaluated, to ensure that future NHS mental health services meet the needs of veterans.

The Legion is also involved with other NHS initiatives, such as the Improving Access to Psychological Therapies (IAPT) Programme, which aims to provide better access to community-based psychological therapy services to people with mental health problems such as anxiety and depression. The Legion will be working with the IAPT programme to ensure its services are responsive to the needs of veterans and wherever possible work with the mental health pilots, to provide veterans with joined-up mental health services.

RECOMMENDATIONS

- The MoD and NHS should work together to raise awareness of the MAP among GPs and ex-Service personnel, to ensure more referrals are made.
- The Government must remain committed to improving access to NHS mental health services for veterans and ensure there is sufficient funding to roll-out successful initiatives across the UK.

NOTES

- Online questionnaire completed by 807 GPs across England and Wales
- Survey 'live' from 30th November to 4th December
- Data weighted according to age, gender, region (Strategic Health Authorities in England, plus Wales), practice size and practice list size to reflect the profile of GPs in England and Wales

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