REPORT

Centre for Mental Health

Unsung Heroes

Developing a better understanding of the emotional support needs of Service families

Matt Fossey

THE ROYAL BRITISH LEGION

COMBAT STRESS

They fight our wars. We fight their battles.

The author

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Contents

The Royal British Legion provides welfare to the whole Armed Forces family – serving, ex-Service and their dependants. We also campaign on a range of issues affecting Service people, are the custodian of Remembrance, run the annual Poppy Appeal and are one of the UK's largest membership organisations. On average The Royal British Legion spends over £1.4 million a week on our welfare work. In 2010 we helped our beneficiary community with 160,000 interventions. Standing shoulder to shoulder with all who serve, our mission is to be the number one provider of welfare, comradeship, representation and Remembrance for the Armed Forces community.

Combat Stress is the UK's leading military charity specialising in the care of Veterans' mental health. Founded in 1919, our aim is to ensure that Veterans receive the right mental health care, in the right place, at the right time. We provide specialist trauma-focussed treatment at three short-stay treatment centres, and practical and clinical support in the community and a 24-Hour Helpline (0800 138 1619).

Executive summary

As the UK Armed Forces undergo unprecedented restructuring to deliver a new employment model, this report draws together what we know about how the families and children of Service personnel are supported to deal with the emotional and psychological impact of deployment and training.

It examines the services already in place for families and identifies areas where more evidence, about both the need for services to support families and the effectiveness of these services, is necessary.

This report looks at the practical initiatives to support service families in housing, health care and education and calls for more research to be conducted around the impact of mental health problems on families and the effectiveness of existing family support, the impact on Service families of alcohol misuse and domestic violence. It makes seven recommendations:

1. Little is understood about the psychological impact of deployment on the families and children of UK Service personnel. More research is required to ensure that the correct services are developed to meet the specific needs of Service families.
2. There is a substantial body of research that highlights the concern about the levels of alcohol use within the UK Armed Forces. However, there is very little evidence about the impact of alcohol misuse on military families. Research into the possible impact of alcohol misuse among serving Armed Forces personnel and veterans and their families is urgently required.
3. Similarly, more research is needed into the effect of alcohol misuse among veterans and the impact on their families.
4. The contribution of families to the functional capacity of the Armed Forces should be recognised and further amendments to the Military Covenant must fully reflect the needs of the families of serving personnel.
5. As the Government expands its Improving Access to Psychological Therapies programme (IAPT) it must seek to ensure that IAPT services are able to meet the needs of veterans and their families.
6. The support injured service personnel receive from their families has been shown to be integral to recovery. As well as addressing the psychological needs of Service personnel recovering from physical injuries, the practical and emotional impact on the families who care for them must also be taken into consideration.
7. Until recently, most research has focused on the impact of men being deployed or separated from their families. Further work needs to be undertaken to understand the impact of women's separation from their families and their children.

Foreword from the Royal British Legion

The Royal British Legion and Combat Stress are the Department of Health's Voluntary Sector Strategic Partners for the Armed Forces and veteran sector. Since April 2010 the Legion and Combat Stress have been carrying out a three year programme focusing on identifying the healthcare needs of Armed Forces Service personnel, veterans and their families.

We want to thank the contribution of all those involved in this review and recognise all of those organisations that currently support Armed Forces families so effectively. There has been a lot of good work focused on Armed Forces health and mental healthcare. This review is a further contribution highlighting where else Government policy and the work of Service charities need to focus to ensure that Armed Forces families do not encounter disadvantage.

The Legion campaigns on evidence based research. When we released our most recent study last May 2011, we highlighted that in particular, families of injured personnel, bereaved families and Armed Forces spouses suffer unique pressures arising from traumatic injuries and causes of death at a young age; the strains placed on relationships and parenting by Service; and the often frequent changes of location affecting employment, childcare, schooling, healthcare and family support networks.

This review reveals the breadth of the emotional support needs of the Service family, including Reserve and veteran families and the particular pressures and experiences they face. Armed Forces families need to become more central to our work. We all recognise and celebrate the vital role of the Armed Forces family. Their social and mental health is a cornerstone to enabling resilient and independent, successful families.

We thank Centre of Mental Health for carrying out this independent review. Of particular note is the paucity of UK research focused on Armed Forces family's emotional needs which has meant that policy has not addressed their needs sufficiently, despite acknowledging the need to under the Military Covenant.

We welcome the recommendation that future research is focused on the Service family and their healthcare needs to ensure that the right services are commissioned to meet these needs and that they are not left out of the picture. This also includes understanding the different familial types of Service, Reserve, veteran families and the Service 'woman' as well as the Service 'man'.

The future outlook for the Legion's welfare services is to reach out to unmet need in the Armed Forces community, engaging with more people needing support. We want to enable individuals to find the right support at the right time so they and their families can fulfil their potential to live independent and successful lives.

The Legion's services are expanding to support more Armed Forces families at points in their lives when they reach out. We can not achieve our aims without close and innovative partnerships with others. We encourage the Armed Forces Government Department Champions and our Service charity partners to study the implications of this report and join us to find policy solutions to recognise and address Armed Forces families' needs.

Sue Freeth, Director Health & Welfare, Royal British Legion
March 2012

Foreword from Jamie Hacker Hughes

Nearly 10 years ago, the Ministry of Defence's Department of Service Personnel Policy (SPPol) began a review of the effects of Service life and of operational deployments on levels of stress in Service personnel with a view to making recommendations that would then be translated into tri-Service policy in this area. This review, the 'Overarching Review of Operational Stress Management' or 'OROSM', in which I was privileged to be have been able to play a small part, developed a '6-Step' model of progression through Service life: Entry into the Services; Promotion and Career Development; Pre-, Intra- and Post-Operational Deployment, and Transition back into Civilian Life. Later policy developments built upon this '6-Step' model to develop a framework of stress management training and education to be delivered to personnel at all six of these stages.

In recent years especially, a great deal of effort on project work such as this has gone into promoting and supporting the emotional resilience of our Armed Forces personnel and into developing and offering appropriate support and treatment when needed. In comparison to this, however, rather less has, to date, been done to address – in a similarly coordinated and structured fashion - the practical, financial, physical, emotional and psychological needs of those who go through each of these six steps alongside our nation's Servicewomen and Servicemen, namely our Service Families and Dependants.

In an insightful and highly equitable manner, Centre for Mental Health has drawn together some of the key literature in this area into this extremely timely brief report: 'Unsung Heroes'. In addition to considering the impact of transitions into and out of military life, the report ranges from the broader issues of housing, healthcare and education through to examining the effects of alcohol, violence and mental health problems on Service Families and Dependants and on their lives.

'Unsung Heroes' also examines the implications of deployment for those serving on the 'home front', a term still used by some of our NATO allies to describe the families and dependants remaining behind – in the United Kingdom, Germany and Cyprus, in our case – whilst their kinfolk in uniform are serving overseas on operational or other detached terms of duty.

Centre for Mental Health's report concludes by making a number of most sensible and practical recommendations that politicians, government departments, healthcare and third sector providers and academics and researchers would all do well to consider.

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March 2012

Introduction

When war is proclaimed and the dangers nigh
"God and our soldiers" is the people's cry.
But when peace is proclaimed and all things righted,
God is forgot and the soldier slighted.
Anon. 17th Century

In recent years, UK Armed Forces have been involved in conflicts around the globe. The wars in the Gulf and the on-going conflict in Afghanistan continue to attract attention and have raised the profile of the work of the UK Armed Forces. Men and women are expected to do extraordinary things in the most hostile of environments, being placed in situations unimaginable to most.

Unfortunately there is a price to pay that is not just material. The lives of some of these young people are changed catastrophically, whether or not this is a result of physical or psychological trauma. Others may suffer more pervasive, but equally debilitating, conditions that may not become evident until long after leaving the military.

The demands of these conflicts have placed pressures on the skills and resources of the military. This has led to enormous advances over the past few years in front-line medicine. It is now possible to treat and repatriate personnel whose injuries would historically have proved fatal. This in itself raises huge challenges to recovery and support services both within the military, the voluntary sector and the National Health Service.

Dr. Andrew Murrison MP reported that BLESMA (the national charity for limbless serving and ex Service personnel and their dependants) has 198 amputees from the Iraq and Afghanistan conflicts, 14 of whom are triple amputees and 69 of whom are double amputees (Murrison, 2011). Blind Veterans UK (the national charity for Service personnel who are visually impaired, formerly St. Dunstan's) has received over 50 direct referrals, with 20 Service personnel blinded as a result of the recent conflicts (from Royal British Legion and Combat Stress Conference Nov 2012). These numbers will undoubtedly continue to rise.

The understandable focus has been on Service personnel and their experiences but, for every member of our Armed Forces, there are also others who are materially and emotionally involved: wives, husbands, partners, mothers, fathers, sons, daughters, siblings and friends.

What do we know about the impact of military life on families, not only in times of conflict, but through periods of preparation and training? What impact does the pervasive nature of military culture have on the lives of families? How do families cope with the psychological scars of war?

The challenges faced by the UK Armed Forces and veterans of rehabilitation and integration following physical trauma are enormous, but the psychological impact faced by families has yet to be fully examined.

This brief report looks at some of the pressing issues that affect the families of serving personnel and veterans, particularly those of recent conflicts. The report focuses on the research that has been conducted in this area and what UK evidence is available. Where little research is available in the UK context, international literature is drawn upon. The report also contains a number of practical examples showing where services have adapted to meet the wider needs of families. This report concludes by making a series of recommendations as to where further research should be conducted and how services should be configured to meet the needs of Service families.

Background

The mental health and wellbeing of veterans and Armed Forces personnel continues to generate interest both politically and in the media, and recent authors have highlighted the need to continue to develop services for Service personnel and veterans (Fossey, 2010, Centre for Social Justice, 2011, King's Centre for Military Health Research, 2010, King's Centre for Military Health Research, 2006, Walker, 2010, Dandeker *et al.,* 2003) while stressing the importance of developing the evidence base to determine the effectiveness of different approaches to service delivery.

While most of the emphasis has been placed on the needs of the returning Service person or veteran, very little attention has been paid to the needs of their families or children, especially in the context of the UK military.

According to the Ministry of Defence (DASA, 2011), as of 1 October 2011 there were 184,010 military personnel serving in the UK Regular Forces and a further 37,600 volunteer reservists. Data have not been published on the marital status of members of the UK Armed Forces since 2007 when 64.2% of male Regular Army officers were married compared with 32.5% of female officers. Similarly 43.2% of male Regular Army Other Ranks were married compared with 28.9% of female Regular Army Other Ranks. In general, the percentage of personnel who are married increases as rank increases. As interesting as these data are, they do not tell us how many dependent children there are or how many Forces personnel are in relationships or have other dependent family. Surveys conducted by the independent RAF Families Federation provide an indication of the current make-up of the RAF Family by marital status. Of the 3,000 family members who participated in their 2011 surveys, 70% of Regular personnel were married, though a significant 13% of this group had married for a second or subsequent time, 13% were single but were in what they considered to be a "long term" relationship, whilst 8% were either separated or divorced. The remaining 9% were single and not in a relationship. Statistics were slightly different for the Reservist cadre, with 56% indicating they were married, though 9% of this group were married for a second or subsequent time, 17% were in "long-term" relationships though not married, 13% were separated or divorced and the remaining 14% were single (McCafferty, 2012).

Most Service children of school age are educated in state schools. However, the MoD is unsure of the actual number of Service children. For 2004, an estimate of between 90,000 and 186,000 was given in evidence to the House of Commons Defence Committee (2006). This wide variance in estimates was attributed to *"the absence of an accepted definition of who is a Service child and the lack of a mechanism by which data on Service children are collected"* (Ibid. Para. 85). Added to this is the difficulty in 'keeping track' of Service children after their parents have left the Armed Services. Just because children suddenly find themselves becoming a 'civilian child' it does not mean that the Service child issues suddenly go away.

As the size of the standing forces is reduced in line with the current round of defence spending cuts, it is likely that the numbers of Regular Forces families will be reduced and the numbers of those associated with the volunteer Reserve Forces increased. However, the numbers of families of veterans will rise significantly over the next few years, and they will have the added pressure of having to cope with transition out of the Forces due to redundancy, especially at a time of economic downturn.

Only a few studies have been funded to promote further research in the area of family impact, notably the *Kids Study* at the King's Centre for Military Health Research (KCMHR) and work being undertaken by Cardiff University. The KCMHR study is considering the impact of military life on the well being of the children of UK Service personnel. Researchers have identified 850 military (Army) fathers and their families from the existing military cohort longitudinal study. This study is funded

by the US Department of Defence and is expected to report in 2013 (KCMHR, 2011). Cardiff University are conducting a prospective, longitudinal study with Service personnel who have adopted children through the Soldiers, Sailors, Airmen and Families Association (SSAFA) adoption agency. It is currently in its second year of three waves of data collection. The Cardiff study aims to examine links between child and parent mental health as well as consider the role of family functioning for children's psychological adjustment (Shelton, 2011).

A pilot study is also looking at the emotional well-being and support needs of children and families pre, mid and post deployment (with 60 families participating). This is supported and part-funded by the Forces Children's Trust. It is hoped that this will help to develop a clearer understanding of how UK Service children and families experience the effects of deployments so that, when required, the most appropriate and effective evidence based support services can be provided to children and families at home and school throughout the deployment phase (Pexton, 2012a).

A number of further small scale studies have been undertaken in the UK, predominantly focusing on the educational needs of specifically Service children (Clifton, 2007, Edwards, 2004, Service Childrens Support Network, 2011), but none of these have been published in peer reviewed journals. These studies have considered the emotional needs of children (Clifton, 2007) and have looked at the impact of frequent moving on schooling and the ability to form peer-relationships (Edwards, 2004) and further work has been commissioned by the Royal Caledonian Schools Trust.

There remains a significant gap in our knowledge in the UK regarding the impact of Service on the emotional needs of families. A number of reports have highlighted the broader issues (Royal Navy and Royal Marines Children's Fund, 2009, Maritime Charities Funding Group, 2007, Thomas, 2003) and have made recommendations about improving the recognition and treatment of mental health needs of Service and ex-Service personnel (Royal Navy and Royal Marines Children's Fund, 2009). Unfortunately, these fall short of recommending better links to therapeutic services for the family, even when the emotional needs of children and parents have been highlighted as an area of concern (Maritime Charities Funding Group, 2007).

Although there is on going work to examine some of the issues faced by the families of Service personnel and veterans, there are a number of areas that would benefit from further research. This paper will look at four areas of particular interest. In all four of these areas, there is a need to continue to develop UK-based research to inform policymaking.

- **Alcohol:** The use of alcohol amongst UK Service personnel has been widely reported. However, very little is known about the impact of irresponsible drinking on the families of Service personnel. Little is also understood about the drinking habits of family members who are left behind during deployment, and there is no UK research considering the longitudinal impact of excessive alcohol consumption on the families of veterans.
- **Domestic violence:** The few UK-based studies conducted in this area have shown low reporting rates or no significant differences compared with a civilian cohort. These studies, though, relied on very small sample sizes and cannot be seen as representative across the military. Domestic violence in the military has a raised profile in the US, and more research needs to be undertaken in the UK context if we are to plan for appropriate support services.
- **Mental health problems:** To date, the focus has been directed at personnel returning from operations and on the mental health of veterans. There is a paucity of UK research on the impact of these mental health problems on Service personnel's family, particularly children.
- **Family Support:** There has been a recent focus on the support needs of families of Service personnel and veterans, and the Government has pledged to help support families through a range of practical initiatives set out in the Armed Forces Covenant. Although a range of support is offered, the emotional and psychological needs of families are not taken into consideration.

The current policy position

In 2008, the previous Government set out its commitments to the Armed Services community in the Command Paper, "The Nation's Commitment: Cross-Government Support to our Armed Forces, their Families and Veterans" (Ministry of Defence, 2008) and subsequently identified the barriers that Service families can face in getting the same life opportunities as their civilian counterparts (Service Families Employment & Skills Taskforce, 2010). In 2010, the new Coalition Government established a task force to determine how a more robust Military Covenant could be developed and delivered (Strachan *et al.,* 2010). Consequently, the recommendations set out in this report were used to develop the current Armed Forces Covenant (Ministry of Defence, 2011a) and the guidance notes for its implementation (Ministry of Defence, 2011b).

The Covenant sets out a framework for how the Armed Forces community should expect to be treated, covering 15 areas. These cover a broad spectrum ranging from healthcare, housing and education to recognition and participation as citizens. The basic tenet of the document is that any member of the Armed Forces community should not be treated unfairly or in any way disenfranchised as a result of their or their serving family member's commitment to serve their country. Equivalence is the cornerstone of the Covenant. Although the Covenant sets out a whole series of aspirations, in the main these rely on state interventions and the voluntary contributions of communities, private and voluntary sector organisations.

Within the 15-point framework, there are number of areas that are particularly relevant to the topic of this report, in particular:

Healthcare

For serving personnel, primary health care is provided by the Ministry of Defence and secondary healthcare by local NHS providers, with dedicated military wards and aftercare facilities. In most cases, families of military personnel would be expected to use local NHS resources. It is an important principle of the Covenant that the Armed Forces community should not be disadvantaged. In principle, this means that the pressures placed on families due to mobility (i.e. moving between bases etc as demanded by the role of the service person), should not affect the care that they receive by the NHS – this includes position on waiting lists, access to dental care, and access to fertility treatment. In the case of IVF provision, it is stated that... *"the MOD ensures, wherever possible, that those families undergoing a course of IVF treatment are not moved to a different location before it is completed"* (p.17, Ministry of Defence, 2011b).

The 2012 / 13 NHS Operating Framework has also instructed the NHS (in England) to maintain and develop Armed Forces Networks to ensure that the principles of the Covenant are delivered for the Armed Forces, their families and veterans. The Operating Framework also stipulates that the Ministry of Defence/ NHS Transition Protocol, for those who have been seriously injured in the course of their duty, should be implemented, meeting veterans' prosthetic needs and ensuring improvement in mental health services for veterans (Department of Health, 2011a).

Education for Service children

The Covenant is clear in its aspiration that military children should have the same access to education, including early years education, as their civilian counterparts. Ofsted undertook a survey examining the quality of provision and outcomes for children and young people (Ofsted, 2011). In particular, it looked at the support provided by a sample of schools, local authorities and other agencies enabling children and their families to cope with the experience of geographical mobility and the deployment of family members. The Department of Education have reviewed the evidence about the impact of Service life on children (Department for Education, 2010) and, although the

main experiences are positive, a US RAND corporation study is cited (Science Daily, 2009) which concluded that children in military families may suffer from more emotional and behavioural difficulties when compared to other American youths (around 1500) and that this has implications for the children's academic attainment.

Deployment and family life

A number of recommendations have been made in the Covenant to improve family life for Service personnel. These include improved housing stock; better mobility arrangements, thus helping with health and education needs; and improved communication with personnel on deployment.

Moving between different postings and the potential for deployment are facts of military life. These not only impact on the Service person, but also on their family. Moving on a regular basis between different bases, "mobility", may have a deleterious impact on the family and was one of the most significant concerns raised by military families during the consultation phase for the Covenant. The Covenant states that the special impact of deployment on both personnel and family members should be recognised and that welfare support for family members should be made available. The Army Welfare Service (Ministry of Defence, 2011c) offers information about the mental health needs of serving personnel, but there is no information about support that should be available to families.

It is also maintained that transition from service into civilian life is equally a challenge for Service children. Pollock and Van Reken (2011) argue, amongst other things, that for children who move around a lot, it is difficult to finally put down roots in one place because they do not have the coping strategies to deal with this. This is compounded by children in their new environment not understanding the challenges of mobility. In other words, the child's cultural identity (in the case of our Service children, their 'Service' identity') is not understood and/ or valued by the civilian community when their parent leaves the Services.

Transition and support after service

As a rule, the Armed Forces provide personnel with the skills and abilities required for them to move into civilian life on completion of service. However, some find the transition from military to civilian life a challenge, this being especially the case for younger, unskilled men and Early Service Leavers (ESLs) (Fossey, 2010). The Ministry of Defence has said that it is committed to improving the experiences of personnel who leave the Forces. This is particularly the case for those who may have been injured as a result of service and there have been two reviews commissioned by the Government that have addressed these issues. First, the Murrison review of mental health provision, "Fighting Fit" (Murrison, 2010) and, secondly, Murrison's review of the provision of prosthetic support for military amputees (Murrison, 2011). It is regrettable that neither report makes recommendations about the psychosocial complexities faced by families of the injured, nor, in the case of the second report, are any recommendations made about how services could be aligned to manage the psychological needs of severely injured personnel.

The Armed Forces Act 2011, which gained Royal Assent on 3 November 2011, places a duty on the Secretary of State to report to Parliament annually on the state of the Armed Forces Covenant. In effect, this has enshrined the Covenant in legislation.

The evidence

Most of the evidence cited in this report is based on US literature. There is a general paucity of quality published research relating to the UK. It is important when considering the evidence to remember that there are some significant structural and contextual differences between the US and UK cultures, especially with regard to the military, veterans and families, and their access to health and social care.

There have been a number of US studies examining the impact of Service deployment on both families and children and these have been summarised in two recent literature reviews (White *et al.*, 2011, De Burgh *et al.*, 2011). Because of the institutional and contextual differences between the two countries, it is problematic to compare directly the developments of services for Service personnel and veterans in the US with the UK. There are particular differences between the compositions of the different militaries, particularly with respect to numbers of reservists, lengths of tours of active service, age and socio-economic profile. Models of health and social care provision also differ greatly, adding to the difficulty of making direct comparisons.

There is a growing recognition in the USA of the need to support Service families (Hoshmand and Hoshmand, 2007, Sayers *et al.*, 2009, Segal and Harris, 1993), often referred to as the "unsung heroes" (Gewirtz *et al.*, 2011) because of their support for Service personnel before, during and after deployment, and also their help to support veterans once they have completed their military service through the Department of Veterans Affairs (US Department of Veterans Affairs, 2011).

One US study, Mansfield *et al. (*2010), found that deployment in general and, specifically, longer deployments were associated with mental health diagnoses among military wives. Women whose husbands were deployed, compared to a control group of women whose husbands remained at home, received significantly more diagnoses of depressive disorders, sleep disorders, anxiety and acute stress reaction and adjustment disorders.

In the UK, the duration of deployments among the Armed Forces has been associated with Service personnel reporting increased problems at home, including perceiving lower support from family, partner ending the relationship and problems with children (Rona *et al*., 2007a) but we know so little about whether effects differ between the Services and more generally what life is like for families irrespective of deployment history.

The UK Ministry of Defence conducts an annual tri-Services families' continuous attitudes survey (FAMCAS) to assess the views of Service families. This is a 37-item questionnaire which considers issues in four domains: housing, health, families, and education (Ministry of Defence, 2011d). The analysis of this survey considered the views of Service spouses and civil partners (6813 participants with a response rate of 24%), but the MoD's definition of family does not encompass unmarried partners, lone parents and those divorced personnel with children, consequently the FAMCAS questionnaire is limited in its reach. Where health care matters are considered in the survey, the emphasis is on gathering information pertinent to dental care, fertility treatment and the impact of mobility on hospital waiting times. FAMCAS does not consider the psychological or emotional needs of families.

A much smaller pre-deployment survey (136 respondents) and subsequent focus groups, was conducted by the Army Families Federation (AFF), on the families of soldiers due to be deployed in Afghanistan 12 (Army Families Federation, 2010). The AFF reported that although pre-deployment briefings were offered to families: *"...the presentation of the Emotional Cycle...in some instances was simply inappropriate. Army and Families Federation questions whether [Unit Welfare Officers] have the right training to present this sensitive and very important information and would recommend that the [Army Welfare Service] is utilised for this part of the presentation."* The Army

and Families Federation also recommend that: *"professional and immediate counselling is on offer to military families suffering injury due to military tours as part of the Military Covenant."* The Government's response that counselling should be available through the NHS is not seen as sufficient by the Army and Families Federation.

Similarly, a small survey by the RAF Families Federation, conducted in 2011, indicated that 45% of serving and 50% of non-serving family members felt that the RAF / MOD did not offer appropriate support during deployments. More than 40% of the 676 participants felt that communication between the family and deployed person should be enhanced. More worryingly, 60% of non-serving family members did not feel they had sufficient information on the potential impact of post-operational stress and how to recognise the symptoms in their serving partner, with 33% of the serving participants saying the same (McCafferty, 2012).

The importance of the family

Service families face extended periods of separation coupled with anxieties about the risks that are faced by their loved-ones on deployment or training. Although these circumstances are not unique (merchant seafarers, fishermen, oil field workers, NGO workers in conflict zones are often in similar situations) the cultural, institutional and structural nuances of military life undoubtedly have a bearing. This paper considers some of the distinctive issues faced by Service families, what evidence is available and what services have been developed to help.

How the military views the importance of families has fluctuated over the years. Families have been tolerated and disapproved of in equal measure. For as long as there have been armies, women have followed them as wives, cooks, concubines and in many other guises (Venning, 2005, Neuberg, 1989).

Thankfully, it has not been the practice for families to follow armies into battle since the 19th Century. Nowadays, there are very few occasions where families are stationed with troops abroad, the notable exceptions being Germany, Cyprus and Gibraltar – although it is anticipated that these numbers will decrease as the Services go through a further period of restructuring and the size of the standing contingent of UK forces abroad is reconsidered. However, when troops are deployed on training or active service, families are left behind.

The importance of Service families cannot be underestimated and the comfort, health and safety of families are important motivators for serving personnel. The Second Sea Lord, Vice Admiral Charles Montgomery describes families as the "centre of gravity of the moral component of operational capacity" (Navy News 2012 p. 36), a view endorsed by the Naval Families Federation, who are clear that "if we get families wrong it won't work for the serving person. Happy family equals happy sailor and not the other way around" (Richardson, 2012). The support of military families is fundamental.

However, as the military has become less institutional, Service wives have become more independent: *"...expecting more time and attention ... particularly in terms of family duties... some claim that spouses of UK Service personnel have become less tolerant of their traditional support role"* (Dandeker *et al.,* 2006).

There has been concern about the conditions of Service family accommodation, and the discrimination that they face when forced to mobilise. Hopefully, some of the inequalities will be addressed as the Covenant is delivered. However, there is no Ministry of Defence-led initiative to address the broad psychological wellbeing needs of Service families. If anything, this is absent from policy and practice developments with a preference for the practical, such as meeting housing, education or physical healthcare needs.

Support for families in the UK

A focus on practical approaches to meeting the challenges faced by Service families is important, but how are we addressing the emotional and psychological stressors of living under these unique conditions? The current UK Government answer is, in part, through addressing support after bereavement – an undeniably crucial service, provided by the voluntary sector organisation Cruse Bereavement Care (2011) – and through the provision of online support via the Big White Wall (2011). Although essential services, they do not meet all of the psychological needs faced by military families, especially the needs of children and young people. Evidence from the RAF Families Federation indicates that awareness of the Big White Wall initiative is very low in family members (McCafferty, 2012).

For those families who are grieving *indirectly,* when families known to them who have lost loved ones or experienced a serious injury to their Service partner, this can serve to make the risks of death and injury far more real and acute. This experience of indirect loss and grief can lead to greater strains when facing issues of uncertainty when families are preparing for future operational tours and indeed coping with the period of deployment.

Children are very sensitive to parental anxieties and will also have their own feelings and concerns regarding forthcoming tours. Children may also be aware of friends of the family who have been injured or have been killed in action on previous tours. In a small youth survey conducted by the RAF FF in 2011, of the 113 children aged 10-17 who participated, 13% said they were "very worried" about a deployed parent, 8% said they were "so worried it affected their sleep, school work or general behaviour" and 5% said they were "more worried about how the family at home was coping" than about the deployed parent. (McCafferty, 2012)

These anxieties can place additional stresses and strains for parents or carers at home and for children themselves. In this context, some families may require additional support at these times and this may impact on the wider community both at school and at home (Pexton, 2012b).

Other voluntary sector organisations are also providing support for their specific constituents, notably the Service Families Federations connected to the different branches of Service, the Royal British Legion and the Soldiers, Sailors, Airmen and Families Association (SSAFA). In 2010, SSAFA provided more than 20,000 hours of community support, of which 13,000 hours were given by Community, Carer Support and Victim Support Volunteers. More than 1,400 volunteers support more than 1,200 people in all three Services, the Army accounting for 60% of referrals. The majority of SSAFA's referrals relate to families and children with 30% being in relation to stress, major life changes, and bereavement (McRedmond, 2012).

Practice example 1: Soldiers, Sailors, Airmen and Families Association (SSAFA)

SSAFA is the UK's oldest Armed Forces charity, providing practical help and assistance to anyone who is currently serving or has ever served, even if it was only for a single day. Through its volunteers, health and social work staff SSAFA provides a range of health, personal support and social work services to service personnel, spouses, children and families and for those with emotional and mental health needs. According to requirements both statutory and non-statutory services are provided in Western Europe, Cyprus, Gibraltar, Brunei, Nepal, Canada and the UK.

In excess of 50,000 people worldwide are helped through a wide range of services from Forcesline, to short stay accommodation for families of injured personnel, to holidays for children with an additional needs, disability or young carer responsibilities and mentoring for those leaving the services and returning to civilian life. Volunteers befriend those going through periods of isolation and loneliness, illness, depression or bereavement and provide support to adoptive families and families that have one or more members with an additional need or disability.

At the request of the MoD, SSAFA also facilitates the following support groups:

- Families of Injured Service Personnel
- Siblings of Injured Service Personnel
- Bereaved Families
- Bereaved Siblings
- Forces Additional Needs and Disability Forum

For military families facing marital difficulties SSAFA also provide "Stepping Stone" homes, offering support in what can be a stressful and emotional time and assisting with either finding a permanent home or reconciling a relationship breakdown, giving families the chance to make a fresh start.

Contact: SSAFA central office on 0845 1300 975 or http://www.ssafa.org.uk

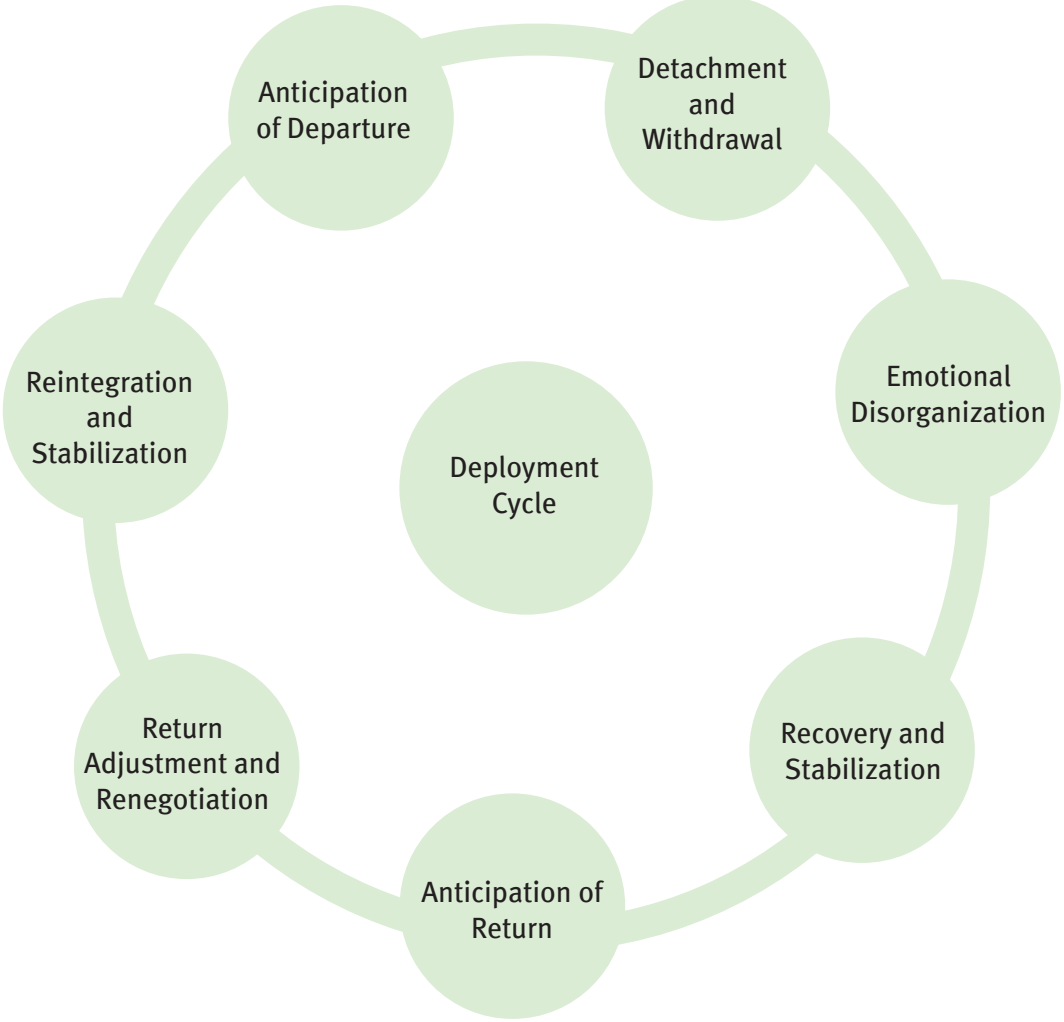
Support for families in the US

In the US Military, there is an increased recognition of the importance of the Service family, and they have dedicated resources and research to fostering a comprehensive approach to meeting the needs of Service families. This is part of a broader programme of work to address the emotional and physical health and wellbeing of their armed services (U.S. Army Office of the Surgeon General *et al.*, 2011)

The US has developed a psychological model of deployment (see diagram 1 below), as it has been recognised that US Military Families are "experiencing the emotional trauma of deployment on an unprecedented scale." The impact of these long separations is of increasing concern to the US Military. 60% of US Soldiers are now married and deployments are now longer than those experienced in previous campaigns, with shorter turn-around times. Active-duty male soldiers are more likely to be married than female soldiers, but for those females who are married, nearly 4 out of every 10 are married to a member of the Armed Forces (Pincus *et al.*, 2011).

Education of health care providers, military leaders, service personnel and family members to anticipate these stages is crucial to ensure the service person's safe return and to minimize familial trauma. Pincus et al have identified seven stages of deployment (see Diagram 1 below) and have identified the different coping strategies that are needed at each stage of the model.

Diagram 1. The Seven Stage Cycle Model (From Pincus *et al.*, 2011)



Implications for UK Services

Although much work has been done in the USA to meet the psychological needs of American Service families, is there the need to develop such interventions in the UK context?

In a study of 50 military wives and their spouses, Dandeker *et al.*, (2006) reported that the majority of wives (65.9%) did not worry about the additional demands placed on them as a result of their spouse being deployed. Less than 20% reported that they had asked for help from the Regiment or other military sources in preparing for their spouse's departure, with the majority seeking informal support from their own family (95.7%), and other military wives (85.1%). Interestingly, support services and charities for military families outside of the regiment were not utilised. Dandeker *et al.*, concluded that *"...in the context of living in an Army garrison town, wives favour informal social networks of support to provide a buffer against the stressors of deployment; and do not expect or choose the military as their first line of support. Army wives are much more tolerant of the pressures that the military place on them than the soldiers who are less happy with the pressures they think that their career, and especially deployments, puts on their families."* (Dandeker *et al.,* 2006)

Similarly, Clifton (2007) found that the Service wife was the pivot for the whole family, if the mother was able to cope with the deployment of her spouse, or moving house to a different posting, then the likelihood was that the children would also adapt well and be successful (Clifton, 2007).

It is important that the differences in cultures between the UK and US forces are taken into consideration when considering a model of support that may be appropriate. Although a relatively small sample size, the Dandeker *et al.,* study may show that UK Service Families are potentially more independent or stoic than their US counterparts. Further research would be needed to fully appreciate the coping strategies of UK Service Families.

There are differences between the individual Services. For instance, families with a parent in the Navy or RAF may not be as mobile as those in the Army and the dispersal of families means that the issues and challenges faced by these groups may be quite different. There are also differing levels of separation between the Services and each Service has developed its own welfare support mechanisms and services to best meet the needs of their personnel and their families. These have been identified by the Tri-Service Families Continuous Attitude Survey (FAMCAS) (Ministry of Defence, 2011d).

It is important to consider that the focus on the effects of deployment on family life may well be eclipsed by the looming issue of redundancies in the MoD, and this has been identified as an area of concern by the Army Families Federation quarterly Families' Concerns Reports (Army Families Federation, 2011). In their Annual Report 2011, the RAF Families Federation also reported increased concern among family members arising from the uncertainty associated with base closures and redundancies, with the Chairman stating: "Morale is described as "fragile" by some – for many, morale has been shattered by the unwelcome news of base closures or personal redundancy". (RAF Families Federation, 2011).

Community-based research in the US and the UK show that economic pressure and work stress exert effects on children's mental health both in the short and long term. For instance, parents' work stress and overload exerts effects on children indirectly via impacts on the quality of the couple and parent-child relationship (Crouter and Bumpus, 2001). One parent's work stress/ pressure may serve to compound problems for children's mental health by impeding both parents' ability to maintain harmonious and adaptive relationships at home. Families where one or both parents are Service personnel may also be under additional pressure in the context of job threat and redundancies, particularly if they are located in areas of the UK where the MoD is the primary employer and because so many families are housed in MoD properties. This raises all sorts of issues such as threat of homelessness, moving to another town/ city, finding new school places and the increased use of substances, particularly alcohol, as a coping behaviour (Shelton, 2012).

Practice example 2: Military Veterans Service, Pennine Care NHS Foundation Trust

This service was originally established as part of the Government's expansion of Improving Access to Psychological Therapies services (Department of Health, 2011b). It aims to provide accessible evidence based psychological therapies for military veterans and their families across the North West of England. The Pennine Care service soon recognised that the mental health needs of veterans also impacted on their families. Some of these issues can be very complicated and range from anger management and domestic violence to common mental health problems that make it difficult to make a good transition back to civilian life.

As part of the service development, a consultation was undertaken with veterans and their families. Families spoke of the importance of being offered direct support while services are engaging veterans in a therapeutic process. Families also indicated that help was needed to cope with complex post-deployment relationship problems and the need for a family approach when working with veterans. Pennine Care has introduced psychotherapy and systemic/ family therapy as an integral component of the service model.

Family members are able to self-refer to the service, which will work with the whole family, including young children.

The service has established strong links with the existing Mental Health and Substance misuse services across the North West. The military charities and family associations support it and they can refer veterans and their families into the service directly or encourage them to self-refer to the service, which has proven to be very useful.

Pennine Care is working with an academic partner to evaluate the service.

Contact: Pennine Care Veteran's service on 0161 253 6638 or visit the website www.penninecare.nhs.uk/military-veterans

Alcohol and families

Excessive alcohol use in the UK Armed Forces is not a new phenomenon. Drunkenness, its impact on performance, and how to tackle Service personnel's access to cheap liquor, has troubled the higher echelons of the chain of command since the 18th Century (Kopperman, 1996). A culture of excessive alcohol use continues among UK troops (Fox, 2010) and the levels of alcohol consumption are considerably higher than age and gender matched population. Fear *et al*., (2007) used the Alcohol Use Disorders Identification Test (AUDIT) scale to compare rates of harmful alcohol consumption among serving personnel, age and gender matched to the UK general population. The researchers found that those in the Armed Forces consistently drank more harmful amounts of alcohol than their civilian counterparts. Excessive use of alcohol in the Armed Services tends to ameliorate with age and this is also seen in the general population. However, even though the rates decrease with age, they are still higher in the military. The study showed that 36% of 18-19 year old males in the Armed Services drank harmful amounts of alcohol compared with 8% in the general population and for 20-24 year olds this was 32% compared to 14% (Fear *et al.,* 2007).

However much the military has tried to curb drinking excesses, it remains an important motivator, reward and bonding agent. Although research has been conducted on the impact of alcohol use on Service personnel (Hacker Hughes *et al.*, 2008, Fear et al., 2007, Iversen *et al.*, 2007, Henderson *et al.*, 2008) there is a paucity of published UK literature on the impact of excessive alcohol consumption on military families, particularly the impact on partners and children. There is also little UK evidence on the drinking behaviour of veterans once they have left the Armed Services.

Alcohol is associated with a wide range of different offence types, (Institute of Alcohol Studies, 2010) and the Home Office has identified that in nearly one million offences committed in 2009 alcohol was an issue (Home Office, 2010). Alcohol abuse has long been associated with domestic abuse (Jewkes, 2002), but the relationship is a complex one and the responses by different agencies are often disjointed and ineffective (Humphreys *et al.,* 2005).

Galvani (2006) reports that there has been little reliable UK-based research on alcohol use and violence to women. However, Home Office research on domestic violence offenders showed 73% used alcohol prior to the offence, and that 48% were "alcohol dependent" (Gilchrist *et al.*, 2003). This high level of alcohol use amongst offenders has also been shown in U.S. literature (Brookoff *et al.*, 1997). Heavy drinking can result in more serious injury to the victim than if the perpetrator was sober. (Brecklin, 2002, Graham *et al.*, 2004, Leonard and Senchak, 1996, Martin and Bachman, 1997).

It is very difficult to draw conclusions about alcohol use in the military and the impact of dangerous drinking on military families. This is primarily due to the lack of evidence and research in this area.

It is possible that other factors should be considered when looking at this issue. Partners of deployed personnel are left behind, often in isolated military facilities. Alcohol may be used as a coping mechanism or social bonding tool. A small-scale US study looking at alcohol consumption amongst military wives (Henning, 1986) found that alcohol consumption increased in relation to separation stress (for those in the sample who drank). However, the differences in drinking cultures between the USA and the UK are so profound that it may be difficult to draw any direct conclusions. A study by Rona *et al.,* (2007b) has also shown an increased use of alcohol amongst Service women who were not deployed to the Iraq or Gulf Wars compared to non-deployed Service men.

Nevertheless, excessive alcohol use is detrimental to both health and family cohesion and the impact of excessive alcohol use among UK military families is an area that requires further research.

The Government's recent alcohol strategy clearly states the intention to make irresponsible and dangerous drinking intolerable in society (HM Government 2012). However, where excessive alcohol use in the military is not only tolerated, but encouraged (Fox, 2010), achieving these aims within the UK Armed Forces may prove very challenging.

Practice example 3: Galahad Substance Misuse Solutions Ltd

Galahad SMS Ltd has supplied the Ministry of Defence with drug and alcohol educational programmes, interventions and research since 1999 running a 5-day Early Intervention Programme (EIP) for soldiers who test positive for drugs or who misuse alcohol. The EIP assesses a soldier's risk and provides education and counselling. The EIP success rate (measured by re-offending over a 4-year period) is 87%. Galahad's substance misuse programmes have also been delivered in a variety of civilian workplace settings.

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Domestic violence

Domestic violence in the US Military has been reported widely in the media. In 2000, three US army soldiers were charged with the murder of their wives in Fort Campbell, Kentucky. In a subsequent memo to high ranking military officials, Paul Wolfowitz, the then Deputy Secretary of Defense, set out the issue reporting that in 2000, there were 10,500 incidents of domestic violence perpetrated by 5,200 serving personnel (Wolfowitz, 2001).

In 2002, in one large military base four wives were killed by their partners or ex-partners in a six-week period. Three of these cases involved Special Operations soldiers who had served in Afghanistan. The US Army reported a further 832 victims of domestic violence at this particular camp between 2002 and 2004 (Smith, 2009).

There are two reviews of the literature on the military and domestic violence, drawing predominantly from US literature (Rentz *et al.*, 2006, Williamson, 2011). Williamson highlights research focusing on the impact, prevalence and risk factors associated with domestic violence perpetrated by military personnel (McCarroll *et al.*, 2003, Heyman and Neidig, 1999, Bradley, 2007, Marshall *et al.*, 2005, Forgey and Badger, 2006), and the relationship between military culture and violent behaviour (Adelman, 2003, Rentz *et al.*, 2006, Rosen *et al.*, 2003, Sadler *et al.*, 2000, Marshall *et al.*, 2005, Erez and Bach, 2003).

MacManus *et al.*, (2001) have shown that experiences of combat and trauma during deployment were significantly associated with violent behaviour following homecoming in UK military personnel, however the link with domestic violence was not explored. Rentz *et al.*, (2006) could draw no conclusions as to whether there was a link between military service and domestic violence in the US literature and whether any comparisons could be drawn with a civilian cohort. The authors attributed this mainly to the differing research methodologies, sample types and sources of data in the studies they examined. They also commented that when severe problems are identified within the US military cohort e.g. criminal conduct, mental health problems, drug and alcohol abuse,

Service personnel are often discharged from the military (Raiha and Soma, 1997), skewing the picture. In conclusion, the authors stress the need for more research.

The US Congress set up a task force to examine the issue of domestic violence in the military. The task force reported between 2001 and 2003, and its subsequent recommendations have been adopted into the training and operational procedures of the US Military (National Centre on Domestic and Sexual Violence, 2011).

The US Military has taken the issue of domestic violence and abuse seriously. What do we know about this issue within the UK Armed Services?

The Ministry of Defence and Defence Analytical Services and Advice (DASA) do not report on the incidents of domestic violence within the UK Armed Forces, and it is difficult to determine the degree or nature of the issue.

A small scale online study (of 192 participants, 187 partners and 5 military personnel) undertaken in Hampshire, England, did not find high levels of self-reported domestic violence and abuse amongst military families but did find high levels of anxiety and concern regarding reintegration on all areas of family life (Williamson and Price, 2009, Williamson, 2011). Similarly an earlier unpublished study undertaken by Prof Kevin Browne, at the University of Nottingham, also found no significant (but marginally higher 9% vs. 7% high risk) differences in prevalence between reported domestic violence in a military versus civilian cohort (Browne, 2011).

In her analysis of the Hampshire study, Williamson concludes that there is paucity in research regarding domestic violence and UK forces and highlights that as the Government seeks to deliver its Violence against Women and Girls (VAWG) strategy, it will be important to consider how both the military and veterans communities are fully engaged (Williamson, 2011). The MoD is working on the development of a tri-Service DVD to raise awareness of this issue in Service communities and to signpost victims to support agencies.

Mental Health

The mental health of members of the Armed Forces and veterans continues to have a high profile. Recent work has concluded that on operations, the prevalence of mental health problems was not dissimilar to that of non-deployed military samples (Mulligan *et al.,* 2010). In other words, the impact of fighting doesn't appear to have a significantly deleterious effect on UK troops. Fear *et al.*, (2009) also concluded that of a study of 9990 participants (8278 regulars, 1712 reservists), symptoms of common mental disorders and alcohol misuse remain the most frequently reported mental health conditions in UK Armed Forces personnel, and that the prevalence of probable post-traumatic stress disorder was low (Fear *et al.*, 2010). This is quite dissimilar to the US experience where there is approximately 4 times the prevalence of PTSD i.e. 20% of combat personnel compared to UK forces, which have reported approximately 5% using the same screening tools (Pinder *et al.,* 2010).

What though of the mental health and emotional resilience of the families of Service personnel and veterans?

Relationship problems associated with poor mental health presentations have been identified by Hawton *et al.*, (2009). who examined self-harm amongst 166 Service personnel attending an A&E Department. Of those examined, 62% had relationship problems with a partner and 18.8% had relationship problems within their family. Like most studies, this did not go on to examine the pervasive impact of the self-harming behaviour on the family.

Practice example 4: Vulnerable Veterans and Adult Dependants (VVADS)

Vulnerable Veterans and Adult Dependants (VVADS) is a bespoke IAPT service based at Catterick Garrison, the largest garrison in Europe. It specialises in working with Veterans and Dependants of serving personnel and aims to improve access to evidence based treatment for those who are experiencing mental health difficulties. VVADS is a unique collaboration that has seen an NHS mental health service co-located within an active military mental health team. This, combined with recruiting therapists experienced in working with veterans and armed forces families, has allowed VVADS to establish itself rapidly within the garrison and transform primary care mental health services locally.

At the heart of the VVADS pilot project has been a real commitment by the NHS and MOD to develop new and creative ways of working. This has resulted in a much more responsive service that has constantly looked for opportunities to share knowledge and expertise as it has evolved. VVADS is currently overseeing a series of projects that have been specifically designed to promote wellbeing and resilience within the local armed forces community.

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The Government has pledged to improve the provision of mental healthcare for regular forces, reservists and veterans. Following the recent Murrison Report (Murrison, 2010) into the mental health needs of veterans the NHS has been required (Department of Health, 2011a) to develop Armed Forces Networks and services to deliver the Murrison recommendations. There has consequently been a national development in the services for veterans with mental health problems.

Further evidence of the Government's commitment to drive forward the recommendations made by Murrison is the inclusion of a partnership between the Royal British Legion and Combat Stress on the Department of Health's Voluntary Sector Strategic Partnership Programme (Royal British Legion and Combat Stress, 2011a) and the potential of this partnership to drive forward both policy and practice in this area (Royal British Legion and Combat Stress, 2010, Royal British Legion and Combat Stress, 2011b).

Following the Murrison recommendations a national helpline addressing mental health needs for service personnel, veterans and their families was established in March 2011. This helpline is delivered in partnership between Rethink Mental Illness and Combat Stress. This service is subject to an evaluation and we are awaiting details of its reach and effectiveness.

The broader mental health needs of families have been recognised as an imperative within the Armed Services Covenant, and Big White Wall, an online support early intervention service for people in psychological distress, is being piloted and evaluated over one year, with 2,400 free places being made available for Service personnel, their families and veterans. It is hoped that the evaluation of this programme will show its utility, take-up and effectiveness. Early analysis of service usage for the first three months of the pilot shows that of the 1,500+ people using the service, 40% (of a study of 604) are Service personnel, 37% (of a study of 559) veterans and 23% (of a study of 348) family members. Of the family members, the majority (87%) were women (Makin, 2012). However, a very small straw poll conducted by the RAF Families Federation indicated that awareness of the Big White Wall might be limited. The Big White Wall is, though, currently only available for young people over the age of 16 and may not be applicable for a younger audience because of the nature of some of the online content. This leaves a significant gap in services for younger children who may be suffering from psychological distress as a result of their parent's military service.

Practice example 5: Big White Wall

Big White Wall is an online community available 24/ 7. It provides people with a safe, anonymous space to share what is troubling them, with no fear of stigma. Well over 1,800 serving personnel, veterans and their families have joined www.bigwhitewall.com free of charge, since its launch to the Armed Forces community in mid Sept 2011.

On Big White Wall, members talk anonymously to others who may have gone through similar experiences, and get brief counselling support from Wall Guides (professionally trained staff). Members can share what is on their mind in 'Talkabouts' with the community, or in a one-to-one with another member or Wall Guide. They can also express themselves using art by creating 'Bricks' to say how they feel in images and words.

Avoidance of stigma for anyone experiencing psychological distress is vital, not least serving personnel and veterans, who may not use existing offline services as highlighted by Murrison (Murrison, 2010), who also flagged the importance of interventions acceptable to a population accustomed to viewing itself as mentally and physically robust.

Contact: www.bigwhitewall.com

Conclusion

There remains a political and public interest in how the nation treats those who serve in the Armed Forces. This interest has been fuelled, in part, by the raised media profile of the sacrifices made during the recent conflicts in Afghanistan and Iraq, but also by the revelations about the poor conditions in which some Service families live (Hickley, 2007). General Sir Mike Jackson, former Chief of the Defence Staff, has been scathing of the Ministry of Defence's treatment of soldiers and their families, and in giving the 2006 Richard Dimbleby lecture, was very clear that *"Soldiers and their families must be properly valued"* (BBC, 2006).

Over recent years, successive governments have taken great strides to raise issues and challenges across Whitehall relating to Service personnel and veterans (Ministry of Defence, 2008) and the Coalition Government has enshrined in law a duty on the Secretary of State to report on the recently constructed Armed Forces Covenant (Ministry of Defence, 2011a). The Covenant is an important move forward in the delivery of equitable services for our Armed Forces, veterans and their families – however the deliverables within the Covenant focus on applied, practical service provision, not taking into account the psychological needs of Service families.

Following a review of the evidence the House of Commons Defence Committee (House of Commons Defence Committee, 2011) have encouraged the MoD to address the needs of families:

"while the MoD does in other circumstances acknowledge that it is often the families left behind at home that bear the brunt of the difficulties caused by deployment, it is time that the Department turned that acknowledgement into action, and we urge it to look again at the support services it provides for the families and children of Armed Forces personnel." (Para 67) However, it is unclear whether this will be acted upon at this time of austerity and general cuts in the Armed Services budget.

A growing body of research is developing about the impact of military life on families and children. However, this has been driven by colleagues in the USA and the research may not be easily transferable to the experiences of the UK military because of the institutional and contextual differences between the two countries. There is limited work in the UK looking at these issues.

There is now an accepted body of research that highlights the concern about the levels of alcohol use within the UK Armed Forces. However, there is little evidence about the impact of excessive alcohol use on military families.

Research has shown that community-dwelling Armed Service veterans are at no greater risk of current adverse mental, physical or behavioural health than population controls (Woodhead *et al.,* 2011a) and results do not suggest that being a veteran is associated with adversity in terms of mental health, social disadvantage or reluctance to seek treatment compared with the general population. However, some evidence implies that early service leavers may experience more mental health problems (including heavy alcohol use) than longer-serving veterans (Woodhead *et al.,* 2011b).

Excessive and dangerous drinking is associated with domestic abuse and violence. Very little is known about this phenomenon within the UK military context, although military domestic abuse scandals have led to a US Congress Taskforce reporting on the issues.

The recent raised profile about mental health problems within the UK Armed Forces and veterans has led to a series of policy intentions, to improve the availability of appropriate mental health services. However, the recommendations made (Murrison, 2010) and the policy commitments (Ministry of Defence, 2011b) have fallen short of providing appropriate and evidence-based mental health support to families and children.

Where there is work in the UK on the impact of the military experience on the lives of families, it falls into a number of categories:

- Academic research in progress, not due to report for a number of years – as in the cases of the KCMHR and the Cardiff studies;
- Small-scale studies that have sample sizes limitations, which may not be representative across the tri-Services e.g. domestic violence studies and studies looking at the impacts of deployment and mobility on education;
- Unpublished literature and undergraduate and postgraduate dissertations;
- Policy and position pieces.

Where UK work has been undertaken the following factors are apparent. Firstly, there is paucity in the research literature, very little is understood about the impacts of isolation, deployment, mobility or military culture on the families and children; secondly, where policy and practice is developed to meet the requirements of military personel or veterans the psychological needs of the family and children are rarely considered; and, thirdly, what little work that has been done in the UK has only considered the Service "man". As we move into a more flexible and mobile 21st Century military, with greater emphasis on gender equality, more women, and indeed mothers, will be deployed. Understanding the unique impact of maternal separation in this context must be worthy of further research.

Recomendations

1. Little is understood about the psychological impact of deployment on the families and children of UK Service personnel. More research should be commissioned and conducted to ensure that the correct services are developed to meet the needs of Service families and that any resources are appropriately directed. To ensure transparency, research findings should be made publicly available.
2. There is currently no published UK research that considers whether alcohol or other substance misuse in the UK Armed Forces has an impact on Service families. Given the high levels of harmful alcohol consumption among service personnel and the concerns about alcohol's links with domestic violence, further research needs to be commissioned urgently in these areas.
3. Similarly, there is no UK research that considers the effect of excessive alcohol use among veterans and the impact on their families. If this proves to be a problem then the potential devastating psychosocial effects of alcohol abuse in this population need to be understood, the culture of alcohol use in the military needs to be challenged, and services need to be improved to help both serving personnel and veterans with substance misuse problems.
4. As the Government drives to expand its improving access to psychological therapies programme (IAPT) and its commitment to the Armed Forces Covenant, more attention needs to be paid to ensuring that IAPT services are able to meet the needs of both veterans and their families. The use of family therapy and multi-systemic approaches should be considered. These services should also be schooled in working with veterans and understanding military culture.
5. As more Service personnel are recovering from traumatic physical injuries, consideration needs to be made both to the psychological needs of the injured person, and also the psychological impact on the families – who may be required to cope with exceptional levels of distress and care. It is universally recognised that families are integral to recovery in all aspects of healthcare.

6. Government policy needs to be more reflective of the needs of the whole Armed Forces population – including the families of personnel, and civilian workers. Although the Covenant is laudable in its aims, in its current form it does not fully recognise the stresses placed on families and civilian personnel and how this could potentially impact on the functional capacity of the UK Armed Forces.
7. Universally, most research has focused on the impact of men being deployed or separated from their families. Further work needs to be undertaken to understand the impact of women's separation in this context.

Acknowledgements

The author would like to thank Andy Bell, Dr Graham Durcan, Michael Parsonage and Gael Scott, of the Centre for Mental Health for their assistance and comments on various drafts of this manuscript. The author would also like to thank Dr Nicola Fear, Prof Jamie Hacker Hughes, Claire Maguire, Dr Grace Clifton, Sharon Pexton, Dr Katherine Shelton, Nick Wood, Andy Wright, Dr Olaoluw Olusanya and Dr Anne Fox for their expert opinion on the text. The author also wishes to thank Capt Peter Coulson RN, staff at the Royal British Legion, BLESMA, SSAFA, Royal Navy Families Federation, RAF Families Federation, Army Families Federation and the Big White Wall for their thoughts and contributions.

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