



# The mental health and treatment needs of UK ex-military personnel

## Executive summary

Dr Rebecca Rhead  
Professor Nicola Fear  
Professor Neil Greenberg  
Dr Laura Goodwin\*  
Dr Deirdre MacManus\*

*\*Joint last authors*

A joint study undertaken by



Funded by the Forces in Mind Trust (FiMT)



# Executive Summary

While most military personnel cope well with the challenges of serving in the Armed Forces and successfully adapt to civilian life after they leave, for some, certain experiences which may be specifically related to service can have a negative impact on their mental health. Ensuring that veterans are no worse off than non-veterans, and that there are effective services available to them, is not only a UK government priority [1] but also a social and legal obligation enshrined in the Armed Forces Covenant [2].

The purpose of this research project has been to understand the mental health needs of UK veterans who served during recent military operations in Iraq and Afghanistan, and the suitability of existing services for common mental health problems, to determine whether or not veterans could be at a disadvantage because of their military service.

Two studies have been carried out to achieve this goal.

## Study 1

**An assessment of how prevalent and severe common mental health and alcohol problems are in a specific subset of veterans and how they compare to non-veterans of the same age and gender.**

## Study 2

**An examination of the mental health of veterans seeking treatment for mental health problems via the Improving Access to Psychological Therapies (IAPT) initiative, and whether they respond to such treatment differently from non-veterans.**

## Findings from Study 1

### How does the mental health of veterans compare to non-veterans?

This project analysed data from phase 3 of the King's Centre for Military Health Research (KCMHR) cohort study (Oct 2014 – Dec 2016) to assess veteran experiences and mental health. This was compared with data on non-veterans taken from two large general population surveys: the 2014 Adult Psychiatric Morbidity Survey (APMS) and wave 6 (2014-2015) of the UK Household Longitudinal Study (UKHLS).

We found that overall UK veterans who served during the time of the military operations in Iraq and Afghanistan were more likely to report probable common mental disorders (CMD), post-traumatic stress disorder (PTSD) and alcohol misuse than non-veterans.

1.

Male veterans were more likely to report probable mental health problems than male non-veterans of the same age, but we found no significant difference between female veterans and female non-veterans of the same age.

2.

Both male and female veterans were more likely to report drinking at a hazardous level (i.e. binge drinking) than their non-veteran counterparts.

3.

Male veterans were more likely to report symptoms of more problematic drinking behaviours than female veterans (i.e. symptoms of harmful drinking and dependence).

4.

Veterans and non-veterans who were unable to work due to illness or disability were more likely to report a common mental health problem than veterans and non-veterans who were employed.

5.

Veterans who were younger were more likely to report both a common mental health problem and probable PTSD, compared to those who were older.

6.

Veterans who were single were more likely to report probable PTSD and those separated, divorced or widowed were more likely to meet criteria for alcohol misuse, compared to veterans in a relationship.

### Within the veteran population, who was more likely to have a mental health problem?



#### Those younger in age

Veterans who were younger were more likely to have both a common mental disorders and post-traumatic stress disorder



#### Those not in a relationship

Veterans who were single were more likely to have post-traumatic stress disorder and those who were separated, divorced or widowed were more likely to misuse alcohol



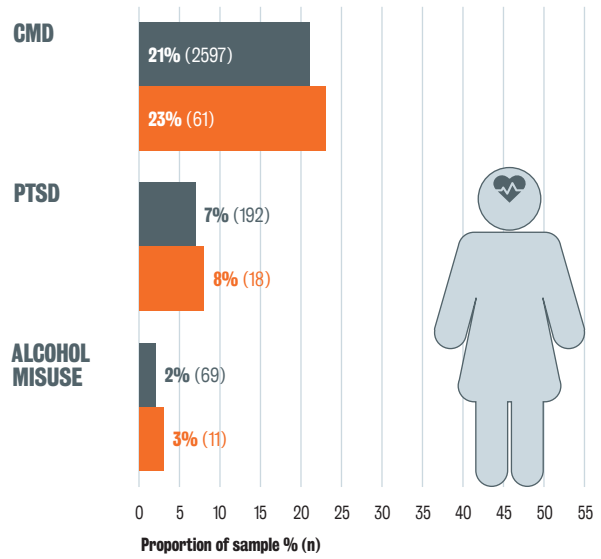
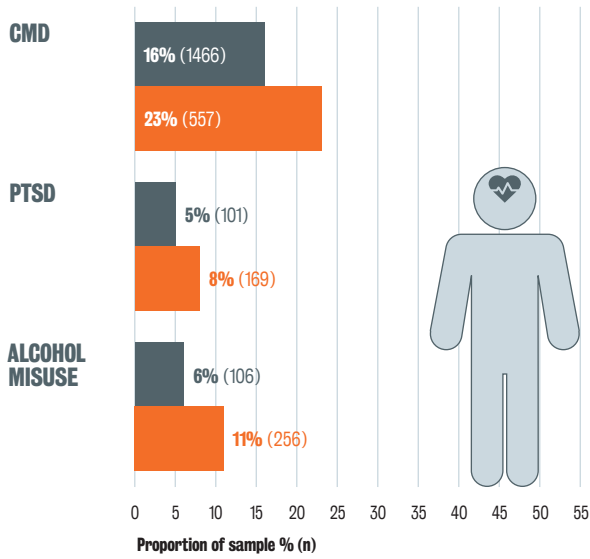
#### Those not working

Veterans who were unemployed or unable to work due to long term illness or disability were more likely to have a common mental disorders

## Prevalence of common mental disorders, post-traumatic stress disorder and alcohol misuse

Male and female

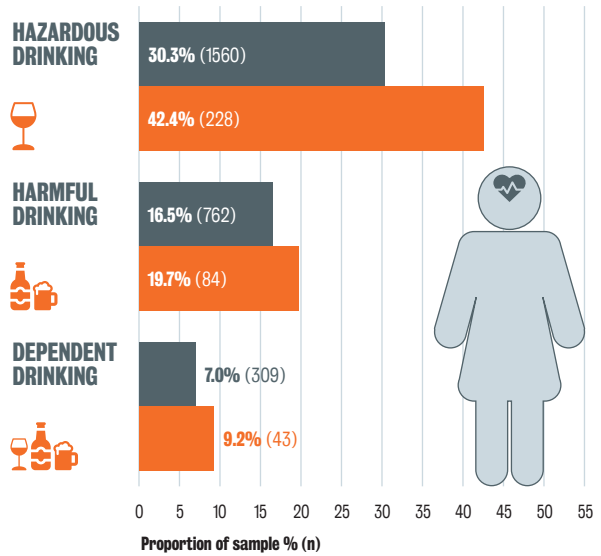
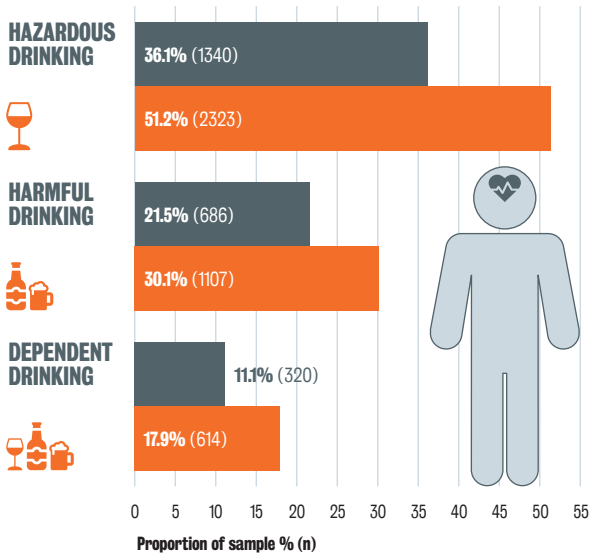
■ Non-veterans ■ Veterans



## Symptoms of alcohol misuse

Male and female

■ Non-veterans ■ Veterans



## Findings from Study 2

### How do veterans respond to NHS IAPT therapies?

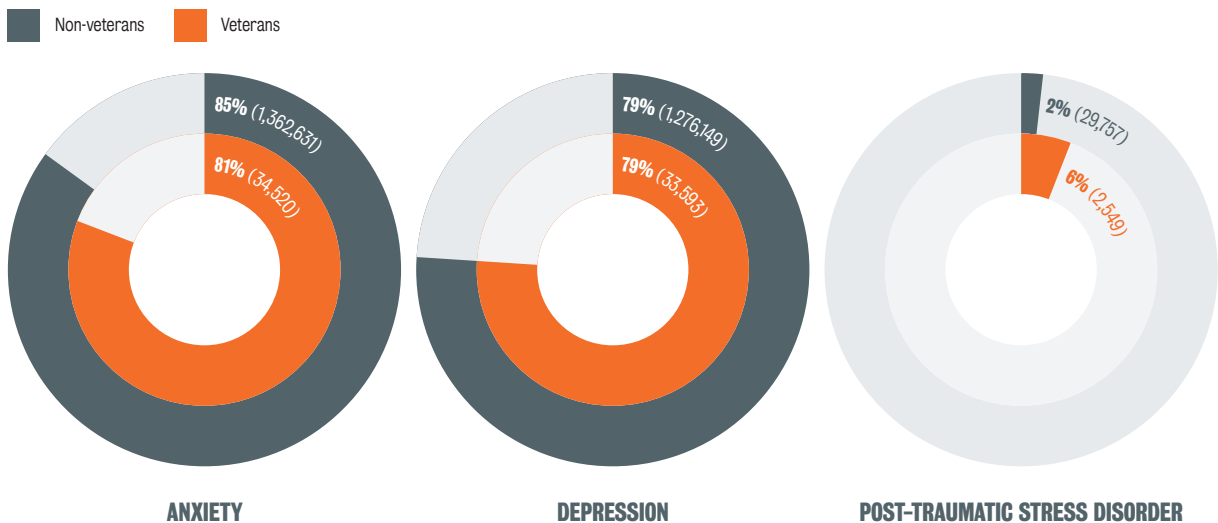
National NHS data from the Improving Access to Psychological Therapies (IAPT) initiative (which provides psychological therapies to patients with mild to moderate mental health disorders) was analysed to compare the mental health and treatment outcomes of veteran patients with non-veterans.

Veterans receiving care through IAPT were more likely to be male (as expected given the predominance of males in the military) and older than non-veteran IAPT patients (most likely due to ex-serving personnel only accessing IAPT after leaving service).

At first assessment, veteran patients were more likely than non-veterans to meet the threshold score for probable PTSD. For depression and anxiety, however, veteran and non-veteran IAPT patients were just as likely to meet the threshold score for a probable diagnosis of each of these disorders and present with a similar score on symptom severity. Overall veterans adhered to their treatment as well as non-veterans, were just as likely to show reliable improvement in their symptoms and to recover from mild to moderate PTSD, depression and anxiety.

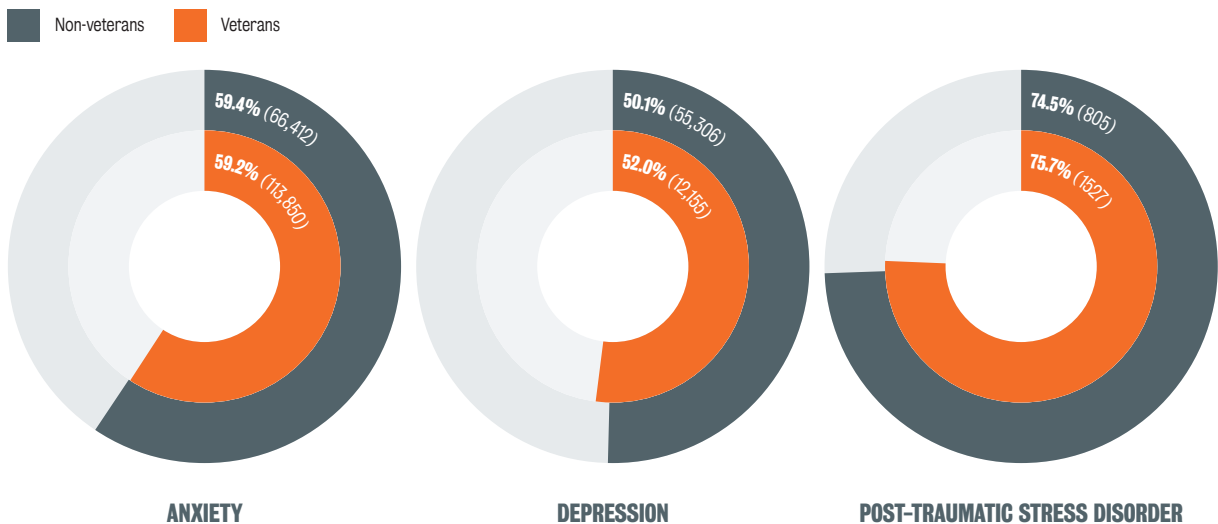
### Comparison of mental health problems in veterans vs non-veterans on presentation to IAPT services

Proportion who meet threshold for possible diagnoses of disorders of depression or anxiety or post traumatic stress



### Comparison of IAPT treatment outcomes in veterans vs non-veterans

Proportion who show reliable symptom improvement



## Conclusion and recommendations

Overall, veterans who served in the UK military since commencement of operations in Afghanistan (2002-2014) and Iraq (2003-2011) are more likely to exhibit probable CMD, PTSD and to misuse alcohol than non-veterans of the same age and gender. Given that we also already know that veterans are more likely to report probable PTSD than serving military personnel [3], our findings confirm that veterans are also worse off when compared to the general population. When looking at possible gender differences within the veteran sample, no difference in [the] prevalence of PTSD and CMD was found between male and female veterans, which does not parallel findings in the general population. Among women, mental health (CMD and PTSD) prevalence was very similar for veterans and non-veterans, but female veterans were more likely to report hazardous alcohol misuse than non-veterans. In contrast, the prevalence of all mental health and alcohol misuse outcomes was found to be statistically significantly higher in male veterans compared to male non-veterans. Being ill or disabled was associated with a higher prevalence of CMD and PTSD for both veterans and non-veterans.

In light of these findings showing a higher prevalence of mental health problems and alcohol misuse in male veterans, it was also encouraging to find that for those seeking help for mental health problems via IAPT services, veterans adhere to, and respond as well as non-veterans to the generic psychological therapies on offer. We therefore make the following recommendations:

### Improve awareness of mental health and alcohol misuse problems and access to support services

- Given our finding that veterans have worse mental health and alcohol misuse outcomes than non-veterans of the same age (CMD, PTSD and alcohol misuse are all significantly more prevalent in UK veterans) and the previous finding that veterans are more likely to report PTSD than serving military personnel, we propose that efforts are made to raise awareness of the mental health needs of veterans, as well as provide education on how to identify problems and available mental health services, and how best to access them. We also recommend targeting the above awareness raising and education efforts at serving personnel and those responsible for their care as earlier prevention and intervention is likely to reduce the need further down the line after leaving service.

### Ensure access to support and treatment for co-occurring alcohol misuse

- IAPT services do not currently provide treatment for co-occurring alcohol misuse. Alcohol misuse was found to be more prevalent in veterans than non-veterans. Alcohol may be used as a coping strategy for mental health symptoms and has been shown to jeopardise the success of treatment for mental health problems. Treating alcohol misuse and mental health problems separately and sequentially can delay access to effective mental health treatment. We recommend that IAPT services develop co-working relationships with alcohol misuse treatment initiatives to ensure their patients are receiving adequate and timely support for both alcohol and mental health difficulties.

### Joined up working between mental health, alcohol misuse and welfare services

- Given that mental health problems and alcohol misuse were highly prevalent in the unemployed, including those unable to work both due to illness and disability (both veterans and non-veterans), we recommend that social and welfare support is a key element of any veteran's care package, where appropriate, and that organisations delivering this support work closely with mental health and alcohol misuse services. Joined up working in this way increases the likelihood that veterans' needs will be met. Veterans with co-occurring difficulties/complex needs often need care co-ordination to help them navigate the various services/organisations providing support. A key element of the delivery model of the specialist NHS veteran mental health services (Veteran Transition Intervention and Liaison (TIL) services) is to provide such care co-ordination for veterans, some of whom may be receiving psychological therapy through a local IAPT service.

### Encourage veterans to utilise the IAPT initiative

- Our findings suggest that veterans are just as likely to recover from a mild to moderate mental health disorder following psychological treatment at an IAPT service as non-veterans. We therefore recommend that the IAPT initiative raise awareness of their services to veterans and to services to whom veterans initially present. They should also train their staff in veteran sensitive practice. The findings from the current study should also be disseminated widely to the general public, beyond typical academic and policy channels, in order to increase veterans' trust in these generic NHS services.

### IAPT database

- Given the limitations currently inherent in the IAPT data we recommend that (i) the military identifier is made a mandatory question rather than a required one – this would mean that all patients must be asked whether they are a veteran or not; and (ii) that all patients are asked about lifetime trauma in order that rates of screening for PTSD are improved.
- Following our difficulties accessing the IAPT dataset, we recommend that NHS Digital (the custodians of the data) implement a streamlined application process for IAPT data so that more researchers can access and analyse these data (gaining access to the IAPT database can be very time-consuming causing delays to research).

