Veterans Mental Health

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1. Executive Summary

Over the last 15 years or so, there has been increased public interest and media coverage in the health needs of armed forces veterans who served in recent high-profile operations (Iraq and Afghanistan in particular). This has led to an increase in government-led research and service developments to meet the needs of returning and retiring service personnel, and to the establishment of the Military Covenant (due to be enshrined in law in 2021). There are now specialist services within Suffolk for veterans and their families, provided by the NHS and national military charities. Over the last 5-10 years there has also been a rapid expansion of smaller veterans' charities and community organisations. However, there are gaps in local knowledge about the veteran population in Suffolk, their health needs, and how well local services meet those needs.

This needs assessment, commissioned by the Suffolk Armed Forces Wellbeing Group following a report in 2016[1] on armed forces and veterans in Suffolk, sets out to determine the veteran population in Suffolk, understand (from national research) prevalence rates of mental health disorders in veterans, outline the support services available in Suffolk, and identify any gaps in provision or access. It concludes with a set of recommendations. This report is based on desktop research, an online survey of veterans in Suffolk (which took place in January 2021 and asked questions about the mental health experiences of veterans and their families and use of local services), and discussion with a range of local service providers and stakeholders.

Estimates suggest that between 5%-5.5% of the UK population have served in the armed forces, and the estimated number of veterans in Suffolk is 38,000, 46% of whom are estimated to be aged over 75 (men over this age were conscripted for National Service up until 1960). More is known about veterans under 65, and the estimated number of working age veterans in Suffolk is 10,657, with a higher density of veterans clustered near the current armed forces bases, north-west of Bury St Edmunds, in Mid Suffolk and East Suffolk (previously Suffolk Coastal local authority).

The armed forces support serving personnel with a planned service date, and personnel who are medically discharged for physical or mental health reasons, to transition to civilian life. Transitional support may include access to employment-related training and advice about accessing public services; for those considered vulnerable, it will also include referral to TILS (the Veterans' Mental Health Transition, Intervention and Liaison Service) and onward pathway. However, many veterans do not appear to need - or to seek - help for mental ill-health until some years after leaving service. Potential reasons for this include the isolation and loneliness that many service leavers and their families experience with the transition from forces to civilian life, which may exacerbate or spotlight pre-existing mental ill-health.

There are a number of myths surrounding the mental health of the armed forces community. These include misconceptions that rates of suicide, homelessness, imprisonment and Post Traumatic Stress Disorder (PTSD) are much higher than in the general population. However, this is not the case, and the evidence base is much more nuanced. The majority of veterans enjoy good physical and mental health. Veterans do appear to be more at risk of certain types of mental ill-health than the general population, but the proportion of veterans who are street homeless and in prison corresponds roughly with the proportion of veterans in the general population[2]. Rates of suicide amongst veterans are in fact lower than in the general population, with the exception of two (often overlapping) particularly vulnerable groups: young veterans (aged 16-24) and

personnel leaving service early, known as early service leavers[1]. Conversely, older veterans with long service records appear less at risk of mental ill-health.

The evidence base does, however, reveal some differences between the mental health of serving personnel, veterans, their families, and the general population. Whilst average prevalence of PTSD is similar to that of the general population (between 4-6%), rates of Common Mental Disorders (these include depression and anxiety), and alcohol misuse are higher than in the general population. Moreover, the likelihood of experiencing both PTSD and severe depression[4] is influenced by previous service roles, and rates of PTSD rise to 9.4% for veterans who have been deployed to conflict operations[3].

Veterans may also be more exposed to factors which have an adverse impact on mental wellbeing. Although reports differ about issues such as rates of employment amongst veterans, one consistent finding is that more veterans have caring responsibilities than is usual in the general population (estimated by the RBL at 23% compared to 12% of the general population)[2]. This is particularly true for young service leavers, who are more likely to be in debt and much more likely to have endured adverse childhood experiences than their peers. Adverse prior experiences are the main determinant of increased suicide risk in this group.

Veterans and their families access support from the main military welfare charities (including RBL and SSAFA); support is provided regardless of whether it is attributable to military service. In addition, there is a wide range of mental health service provision available for veterans in Suffolk. These range from specialist NHS provision for veterans (TILS and Complex Treatment Service, now re-branded and due to be expanded as Op Courage), to national specialist military charities (such as Walking with the Wounded), to small and localised social enterprises. Veterans can also access support from the higher profile national mental health veteran charities including Combat Stress. Veterans access services at no cost from national military charities either through the NHS pathway (via Op Courage) or independently. Access to smaller local services is more varied, and in some instances veterans may seek funding from the military welfare charities to fund programmes of support, or may pay privately. Veterans may also access mainstream mental health or substance misuse services – for some this will be the most appropriate treatment for their needs, or their preference. Since the pandemic, many veteran's mental health services have adapted to work online, with assessment and therapy services provided online or by phone. Due to the success of online provision for some service-users, some organisations plan to provide a blend of online and in-person services in future.

Social clubs and drop-in centres for veterans and families promote social networks and provide access to peer support, enabling veterans to share experiences and camaraderie. For many, they are all the support that is required. However, these clubs and centres will have been particularly affected by the pandemic.

Pandemic aside, there are a number of known barriers to help-seeking for veterans; some are shared with the general population such as recognising the need for help, and the stigma associated with mental ill-health. Others relate specifically to experience in the armed forces – notably difficulty reconciling the need for help with armed forces culture (which for many remains ingrained after leaving service), and difficulty identifying where to go for help. Paradoxically, whilst little more than a decade ago it would have been hard for veterans to find support that recognised their specific needs, the recent rapid increase in organisations providing wellbeing and mental health support for veterans, coupled with the ubiquity of information about

veteran support services on the internet, may have made the system harder to navigate. It is often also not clear services work collaboratively to signpost to other services when required.

Data on service use were collected for this report but are too limited to assess whether the availability of current services meets anticipated levels of need. Better data collection and data sharing across both commissioned and more community-based services would generate a more accurate understanding of demand and unmet need. Similarly, an increase in GP practices registering as 'Veteran Friendly' in the areas of Suffolk with greatest density of veterans would increase understanding amongst primary care professionals of the vulnerabilities of ex-forces personnel and the routes available for support, and potentially generate higher demand for services.

Around half the respondents to the Suffolk Veteran's Survey (n=77) reported experience of mental ill-health, with high levels of previous suicidal ideation (planned or attempted by 12%), stress (experienced by 49%), depression and anxiety (each 45%), and polarised views on the availability and experience of local services for veterans. (Note, respondents were asked 'if they had ever' experienced these symptoms, not asked about their current state of health). Most of those reporting mental ill-health had also sought help, most commonly from a GP, but also from the local services listed. However, respondents' views about the availability and effectiveness of services were mixed, with some very polarised responses. Numbers using specific services were small, but the majority of views on mainstream mental health services (NSFT in particular) were negative, whereas respondents reported positively about TILS. Respondents expressed concerns about service information (a lack of clarity), availability of support, and communication between services.

There are planned developments in NHS services (expansion and extension of Op Courage) which should improve the experience of veterans requiring mainstream mental health services as well as provide more specialist support for veterans with high levels of need, and improve data collection across primary and secondary care. However, national data on the prevalence of mental ill-health suggests more veterans may require support in future than currently seek it. Lockdown has worsened social isolation and loneliness, as well as reducing access (or perceived availability) of services; moreover services should be alert to the impact of the pandemic on the needs of younger veterans who already experienced higher levels of unemployment, caring responsibilities and debt than their peers in the general population. Research evidence about the impact of the pandemic on veterans suggests a likely need for increased practical and social support as priorities (as with the general population). Furthermore, services should be alert to the potential for the end of lockdown (and the discharge from service of more personnel than in a usual year) giving rise both to an upsurge in demand and escalation in the level and complexity of presenting needs for veterans with pre-existing mental illness.

More work is needed to help individual veterans identify and act on the need available, both through improving information sites, developing peer support networks, and through raising awareness with GPs and other professionals of the vulnerabilities of early service leavers and combat veterans in particular. Commissioners should pay particular attention to the mental health needs of family members, which are poorly met by current provision, with patchy and inconsistent funding, and this is the most evident gap in support. Family members (including children) require support both for their mental wellbeing and to support their veteran family member (especially those with PTSD and/or alcohol dependency), and a more holistic approach could improve outcomes for the whole family.

2. What is the issue and why is it important for Suffolk?

Over the last 10 years or so, increased public interest and media coverage about armed forces veterans who have served in recent high profile operations (Iraq and Afghanistan in particular), and the establishment of the Military Covenant, have led to an increase in government-led research and service developments to meet the needs of returning and retiring service personnel. These developments have coincided with an increased public acceptance of talking about at least some aspects of mental health.

However, veterans of the Iraq and Afghanistan conflicts and their families make up only a small proportion of the UK armed forces community. Research by military charities, government, and academic departments, as well as demand for services, and concerns about suicide and PTSD in particular, have highlighted wider unmet need for mental health services and support for veterans and their families with a range of mental ill-health.

There are now specialist services within Suffolk for veterans and their families, provided by the NHS and an increasing number of military charities and community organisations. However there are gaps in knowledge about the population and levels of need for mental health services; it is not known whether local services meet that need.

Suffolk hosts three armed forces bases. Whilst this needs assessment concerns the needs of veterans, not serving personnel, many choose to settle in Suffolk on leaving service, and require health, wellbeing, welfare and contributory services locally.

This needs assessment was commissioned by the Suffolk Armed Forces Wellbeing Group, in order to inform understanding of issues, service gaps and potential developments in Suffolk.

3. Scope, Definitions and Context

This needs assessment concerns the mental health needs of the armed forces veteran and reservist population living in Suffolk.

Glossary

Veterans are defined as anyone who has served for at least one day in Her Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations [2]. Some veterans may use the term "Ex-forces". In legal documents the term "Service Leaver" is typically used instead, to describe personnel who are in the process of leaving, or who have left the armed forces.[2]

The term **Veteran Community** is used to describe veterans and their dependents – including ex-spouses, civil partners and children the veteran is responsible for.

Serving Personnel (regular personnel) are individuals currently serving in any of the UK armed forces (the Army, Royal Air Force, Royal Navy or Royal Marines).

Reservists are individuals who are members of a volunteer reserve force (e.g. the RAF Reserve, Army Reserve). They have periods of mobilisation alongside regular personnel, during which time they can access armed forces healthcare, but outside these periods they and their families live, work and access public

services as civilians. Some reservists are former regular personnel. The Army Reserve was formally known as the Territorial Army.

Early Service leavers This term covers personnel – often younger recruits - who do not serve their minimum term due to being deemed temperamentally unsuited to life in the armed forces (despite attempts to find alternative placements).

Armed Forces Covenant (also known as the Military Covenant). This was established in 2011 and is due to be enshrined in law in 2021. It's purpose is twofold: to ensure that the armed forces community should not be disadvantaged compared to other citizens when accessing public and commercial services, and that special consideration is given in the case of those injured and bereaved. In 2015 it was extended to include members of the Royal Fleet Auxiliary (RFA) and Merchant Navy who have served on civilian vessels supporting HM armed forces.

The covenant recognises that, for example, the itinerant nature of life in the armed forces can make it harder for personnel to establish the community links required to access public services once they are no longer serving.

Suffolk Armed Forces Community Covenant: This was established in 2012 and is a voluntary arrangement which seeks to build links between Suffolk's civilian community and local armed forces community (serving personnel, reservists, veterans, and their families). Further information see the website Suffolk Military Covenant.

The **Suffolk Armed Forces Wellbeing Group** brings together representatives from healthcare organisations, military charities and local councils – all members of the Suffolk Community Covenant. Led by Suffolk County Council, it aims to promote developments that will increase the wellbeing of serving and veteran personnel. An example is the recent expansion of Veteran Friendly GP practices.

Common Mental Health Disorders (CMD) Common mental ill-health including Depression, Anxiety, mixed Depression & Anxiety and Obsessive Compulsive Disorder. These disorders can range from mild to very severe.

PTSD (Post-Traumatic Stress Disorder) 'Psychological and physical symptoms that can sometimes follow particular threatening or distressing events. One of the most common symptoms of PTSD is having repeated and intrusive distressing memories of the event. There may also be a feeling of reliving the event through flashbacks or nightmares. There can also be physical reactions, such as shaking and sweating.' (NICE 2011)

Context

This section provides some basic information on the UK armed forces and demographics of serving personnel, the number of people currently active in the Armed Forces in Suffolk, the estimated number leaving each year, and the arrangements for leaving service.

UK forces regular personnel as at October 2020. Source Ministry of Defence (MoD)[6]

- The total number of UK regular serving personnel as of October 2020: 146,331
- Total number of volunteer reservists as of October 2020 37,039
- Of the regular personnel, 89% were male, 11% female. 91% are white and the average age was 31.
- Officers made up 19% of regular personnel, but are under-represented in ethnic minority personnel.

- Only 22% of regular personnel had declared their sexual orientation
- The average age of serving personnel was 31 (37 for officers, 30 for other ranks).

Typically, more than ¾ of new intake of serving personnel are under 25. As a snapshot, 40% of new intake in September 2020 were aged 16-20, and 35% of those leaving the armed forces were aged 24 or under.

Serving Personnel based in Suffolk

MoD figures for April 2020[7] show a total of 3,130 Army and RAF personnel based in Suffolk, in Army bases at Woodbridge and Wattisham, and one RAF base at Honington. There is no Navy or Marine base in Suffolk. Numbers have fluctuated slightly over the last 5 years.

The only Reserve Centres in Suffolk are at Bury St Edmunds, Ipswich, Lowestoft and Honington. All are small detachments or sub-units of larger Army reserve units, less Honington which hosts two RAF Reserve sub-units.

N.B. Suffolk also hosts two US air force bases, at Mildenhall and Lakenheath. The US is responsible for the health and welfare of US personnel serving on these bases and their families. Some families may remain in the UK on leaving service, at which point they would access UK civilian services.

Area	Army	RAF
East Suffolk	600	-
Mid Suffolk	1210	20
West Suffolk	60	1240
Suffolk total	1870	1260

Table 1: Number of UK armed forces regular serving personnel in Suffolk, April 2020

Policy changes from the Future Reserves 2020 Plan (instigated in 2011) have led to a change in the ratio of regular personnel to reserve personnel, and the expectation that more reservist units will be deployed alongside regular personnel. By 2020 the number of reservists was expected to have increased leading to a ratio of regular to reserve personnel of 70:30. Reservists move between civilian and armed forces healthcare accessing Defence Medical Services when mobilised. Recent research suggests some differences in the mental health needs of reservists compared with serving personnel or regular veterans, there may be some future implications for transition arrangements and access to veteran specific services, as well as questions about how and where reservists access support when not mobilised.

Developments in Mental Health Support

Understanding of the welfare and mental health needs of armed forces personnel and veterans has changed markedly and rapidly in the last 10-20 years. Since 2004 there has been an increase in the evidence base about levels of need and effective interventions, and corresponding developments in specialist service provision within NHS mental health trusts for veterans. There has also been a significant increase in the number and scope of specialist military charities operating in the UK. Over the last 10 years, these increases have occurred alongside more discussion of mental health generally in the public arena. For more details on local services for veterans see section 7.

Transition arrangements for retiring personnel

Regular personnel enlist for set periods of time, the minimum usually being 4 years. Whilst in service, personnel access medical care (including for mental health) provided by the armed forces. (Reservists access forces healthcare whilst mobilised or deployed, and civilian services when not mobilised.) Family members of serving, reservist, or veteran personnel access civilian healthcare services.

When approaching an agreed service leave date, regular personnel are offered a resettlement package which will include access to training, and support on how to access housing and other civilian services. This includes the recommendation that they register with a GP immediately on relocating. Personnel considered vulnerable (for example due to mental ill-health) are referred to the Defence Transition Services where they will receive personalised support which may include onward referral and handover to civilian mental health support and military charities as well as support accessing benefits, pensions and so on for them and their family.

Personnel who are injured or ill in service may be transferred to a personnel recovery unit (for example Tedworth House in Salisbury), staffed by service personnel and military charities. If discharged, there will be a medical handover to the NHS system if required.

A minority of service personnel may be dismissed from service, without resettlement support, due to drug use or other criminal offences. Numbers are relatively small - in 2020 543 personnel were dismissed across the UK because of drug use[8] – however it is possible that this cohort may have high future mental health needs, both because of the underlying issue that led to their dismissal, and because they may not receive the transitional support available to other vulnerable service leavers.

Key points:

- There are about 3,000 Army and RAF personnel in Suffolk, based at Woodbridge, Wattisham and Honington
- The proportion of Reservists to Regular Personnel is increasing

4. Population of Interest

4.1 Sources of Data on Veterans and Veteran Wellbeing

There is no single definitive data source for the number of veterans resident in the UK (or in Suffolk), the size of the veteran community, or the demographic and health characteristics of the veteran population. However, it is possible to estimate numbers using data from national surveys, alongside data on those leaving services and data on people receiving armed forces pensions and benefits.

The 2017 Annual Population Survey[9] (APS) surveyed 290,000 (5%) of households, of which 12,000 were determined to be veterans. This survey included questions on the size and demographic characteristics of the population.

The 2014 RBL report[2] was based on face-to-face interviews with 2,121 members of the veteran community, held in their own homes, alongside other data analysis. The interviewees were selected from a nationally representative sample of 20,698 UK adults who had previously completed a 19 question screening tool.

APS and RBL surveys exclude veterans not living in households. Separate research by RBL[2] suggests there are a further 190,000-290,000 veterans in other accommodation, including care homes.

Data from the 2011 Census[10] provides information on the demographic, economic, employment, educational and health characteristics of working age veterans (those aged 16-64). The 2021 Census will include a question about Veteran status for people of all ages, for the first time.

The Kings Centre for Military Health Research (KCMHR) (https://www.kcl.ac.uk/kcmhr/index) is the main academic research centre in the UK on the needs of serving and veteran personnel. Many studies draw on data from the KCMHR cohort study questionnaire, which analysed the health impacts on serving personnel, reservists and veterans in three phases between 2004-2016.

Much of the research by academics and military health charities is funded by the Forces in Mind Trust.

4.2 How many Veterans are there in Suffolk?

The APS report estimated a total UK veteran population of 2.4 million, or 5% of household residents[2], between 6-8% of whom live in the East of England.

The RBL report[2] estimated the UK veteran population to be slightly higher, at 2.8 million.

Between 1st September 2017 and 31st August 2020, 718 personnel with a home Suffolk postcode were discharged from the armed forces[3] (an average of 239 each year), with the largest numbers living in the East and West Suffolk districts, corresponding with the forces bases.

There are about 6 early service leavers per year in Suffolk[4]. These are likely to be young adults.

n.b. Personnel who were due to have left service during the pandemic were granted a temporary extension of service, in view of the difficulties finding employment and housing during lockdowns. There may be a consequent increase in the numbers of service leavers for 2020-21.

The Veteran population is skewed to older age groups, due to the large numbers of men conscripted for National Service up until 1960 (women were not called for national service after the war). The APS report estimates 60% of veterans to be aged 65 or over, whilst the RBL estimates 46% of veterans to be aged 75 or over. The physical health needs of the veteran population in Suffolk are therefore likely to increase, with usual population trends.

The 2011 census asked about veterans of working age only, and estimated that 2% of the working age population are Veterans.

Using the Census and APS surveys, we can estimate that the Veteran population in Suffolk is about 38,000, of whom 10,657 are of working age.

[2] Report excludes people not in households (e.g. in care homes or homeless)

[3] Data supplied to the Suffolk Covenant from MoD Career Transition Partnership

[4] Local data

4.3 Distribution of Veterans in Suffolk

Data from the 2011 Census (by previous districts and CCG areas) shows that there are slightly more veterans of working age in the Mid Suffolk and St Edmundsbury areas than in other parts of Suffolk.

Area	Residents aged 16-64	% of residents aged 16-64
England	697,427	2%
East of England	69,464	2%
Suffolk	10,657	2%
Babergh	1,262	2%
Mid Suffolk	1,724	3%
Forest Heath	742	2%
St Edmundsbury	1,775	3%
Suffolk Coastal	1,829	2%
Waveney	1,547	2%
By CCGs		
NHS Ipswich & East Suffolk	5,997	2%
NHS West Suffolk	2,878	2%
NHS Great Yarmouth & Waveney	2,878	2%

Table 2 Working age Veterans (16-64) and as a percentage of all usual residents aged 16-64

Latest data from the MoD[11] (August 2020) shows that veterans receiving armed forces occupational pensions (from age 60 or 65 depending on whether service was complete before 2005 or later) and/or compensatory schemes (claimed after leaving service) are grouped near to the forces bases, in the Mid Suffolk, East Suffolk and West Suffolk districts.

Area	Armed Forces Pension Scheme (occupational)	War Pension Scheme (compensation for injury/death attributable to service, 1914-2005)		AFCS (compensation for injury/death attributable to service, 2005 onwards)		TOTAL AF Pension recipients*
		Veterans	War widow/ers	Serving personnel	Veterans	
Suffolk	4761	971	198	367	531	6269
Babergh	570	128	33	39	34	723
Mid Suffolk	982	151	24	91	179	1330
Ipswich	532	130	27	28	28	681
East Suffolk	1187	350	73	88	94	1910
West Suffolk	1490	212	41	121	196	1625

*number for ‘all pension recipients’ differs from row totals as individuals may receive more than one pension

Table 3: Suffolk veterans in receipt of UK armed forces pensions

49 veterans in Suffolk (including 14 in East Suffolk and 13 in West Suffolk) receive a Guaranteed Income Payment (GIP) – a lifetime payment for those unable to work due to their injury or illness.

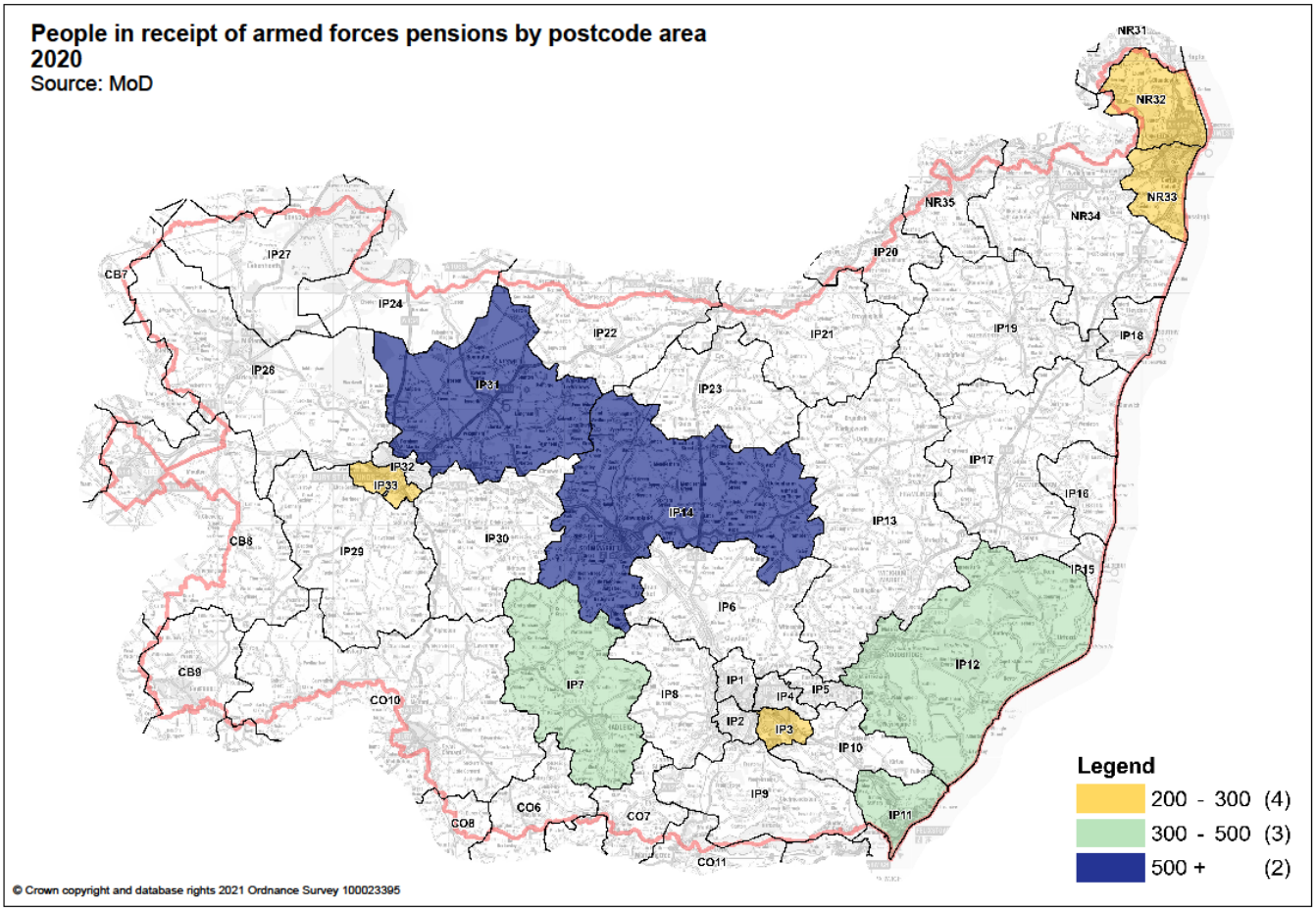

Figure 1: Suffolk residents in receipt of armed forces pensions

4.4 Working Age Veterans - Characteristics

Data on housing tenure, also from the 2011 Census, shows that half of the working age veterans in Suffolk own a property with a mortgage or loan (slightly below the East of England average of 53%), 18% own their property outright, and 30% are in social or private rented accommodation (slightly above the East of England average of 27%). Working age veterans in Ipswich (35% renting) are more likely to be renting than in other parts of Suffolk.

APS[9] and RBL[2] reports found differences in employment status for veterans of working age. The APS report suggests there is no difference between veterans and the general working age population, but the RBL report found that working age veterans were less likely to be employed (60% v 72% general population), and more likely to be unemployed (8% veterans v 5% general population).

The APS also asked about education status. It found that veterans of working age are less likely than the general population to have a degree or equivalent, more likely (for those aged 16-34) to hold GCSEs as their highest qualification (31% of veterans v 17% of general population), but more likely than the general population to have gained a qualification through work (60% v 43%). This may be a reflection of both qualifications gained whilst serving, and due to resettlement packages offered to those leaving the services, which often include training that will enable veterans to take up employment on leaving.

Key Points:

- There is no single source of data about veterans or their health needs.
- Estimates suggest there are c38,000 veterans living in Suffolk. About 10,600 are of working age (16-65).
- About 240 personnel leave the armed forces in Suffolk each year (but may not settle here)
- Many veterans live near the armed forces bases in West and East Suffolk districts

5. The Health of the Veteran Population

5.1 Physical Health

The majority of armed forces veterans have health needs are similar to (or better than) those of their peers in the general population. The 2017 APS survey[9] found no overall differences between the health of veterans and that of the general population. However, the more detailed RBL[2] survey found differences in two particular areas: hearing loss and musculoskeletal problems, and found that veterans aged 16-64 are more likely than the general population of the same age to report long-term illnesses that limit their activities (24% vs 13%). These include:

- Depression – 10% vs 6%11
- Back problems – 14% vs 7%
- Problems with legs and feet – 15% vs 7%
- Problems with arms – 9% vs 5%
- Heart problems – 12% vs 7%
- Diabetes – 6% vs 3%
- Difficulty hearing – 6% vs 2%
- Difficulty seeing – 5% vs 1%

RBL[2] found that working age veterans are 3.5 times more likely to report hearing loss than in general working age population (most hearing loss is age-related and would be expected to occur in older people). This may be of particular relevance here because of the associations between mental ill-health and hearing loss.

The RBL[2] found that for veterans aged 25-44 with a long-term illness, over half attribute it to their service.

Some serving personnel are discharged on medical grounds. The main reason for this is musculoskeletal injuries – which accounted for 60% of those discharged between 2001-2014 (a total of 36,506 veterans nationally), as reported by Williamson et al[5]. They also found that 13% of those medically discharged had a diagnosed mental or behavioural disorder (using ICD codes – disease classification codes). Estimated prevalence of mental ill-health is discussed in section 6.

5.2 Wellbeing and Relationships

Despite speculation about high separation rates amongst the service community, there are no comparable reliable data on marriage/divorce rates amongst armed forces personnel, veterans, and the general population. Interestingly a 2017 report[12] from the Health of Veterans Research Team at King Edward VII hospital, using data from a range of surveys of both serving personnel and veterans, found that divorce rates

were lower amongst the forces community than the general population. However, this may mask differences for particular cohorts: KCMHR research found higher rates of divorce or relationship breakdown amongst those who had been deployed in Iraq or Afghanistan.

The RBL[2] report found that self-reports of depression or 'problems with nerves' were higher amongst divorced or separated veterans (18% compared to veterans in other marital status groups). However, it is not possible to tell whether poor mental health affect relationship status, or the other way round.

For Serving Personnel, wellbeing is assessed within the annual Regular Armed Forces Continuous Attitudes Survey[13]. Personnel are asked three questions:

- How satisfied are you with your life nowadays?
- How happy did you feel yesterday?
- To what extent do you feel the things you do in your life are worthwhile?

The mental health and wellbeing of Serving Personnel (as opposed to veterans) is beyond the scope of this report, and it is difficult to compare these survey results with wellbeing survey results for the general population as serving personnel are majority male and working age (wellbeing scores for the general population increase with age). However, it is interesting to note that survey results for male personnel aged 20-29 suggest Serving Personnel have lower wellbeing than men in the general population (despite having lower levels of mental illness, see section 6). The survey also found a difference between officers and other ranks, with officers being less likely to report anxiety and reporting higher life satisfaction. Furthermore, nearly half of Serving Personnel (49%) report feeling disadvantaged compared to the general population when it comes to family life. These findings may reduce resilience and thus have implications for personnel and their families as they transition from armed forces to civilian life.

5.3 Self-reported Health status – Suffolk data

The 2011 Census[14] asked working age veterans about their state of health and limitations due to disabilities. The majority of working age veterans self-report as in good, or very good health, and very few report 'very bad'. Although there are some differences between parts of Suffolk these align with health reports and inequalities in the county: veterans in Mid Suffolk were most likely to report good or very good health (89%) and those in Waveney least likely (80%).

Area	Very Good	Good	Fair	Bad	Very bad
England average	44%	39%	12%	4%	1%
East of England	45%	40%	11%	4%	1%
Suffolk	46%	39%	11%	3%	<1%
NHS Ipswich & East Suffolk	47%	38%	11%	3%	<1%
NHS West Suffolk	46%	39%	11%	3%	<1%
NHS Great Yarmouth & Waveney	40%	40%	12%	5%	2%

Table 4: Responses to the question "How is your health in general?" Census respondents 2011

Similarly, 87% of working age veterans in Suffolk stated that their day-to-day activities are 'not limited' by a health problem or disability expected to last at least 12 months. However, 530 working age veterans (5%) did report that their day-to-day activities are 'limited a lot', with a further 885 (8%) identifying as 'limited a little'. Direct comparisons with the general population are difficult, due to differences in survey populations and methodology.

Rates of people limited by health or disability increase with age in the overall population, and the same is true of veterans; 10% of veterans aged 60-64, report being 'limited a lot' and 15% 'limited a little' across the East of England.

5.4 Caring Responsibilities

The RBL[2] found that one in four working age members of the ex-Service community have unpaid caring responsibilities (23%), which is considerably higher than the rate found in the general population (12%).

Suffolk Family Carers' own data also shows high levels of carers in the ex-service community. Amongst their existing service users in 2019 they identified 737 members of the ex-service community (many of them older veterans) – either veterans caring for dependents, or dependents caring for veterans. Suffolk Family Carers has a project dedicated to carers within the serving community, which was expanded in autumn 2020 to include veterans. Carers access support from this project when their needs are specific to their service or relevant to their previous military service (but otherwise access the mainstream SFC service). SFC are in the process of gathering data on referrals and type of need.

5.5 Younger Veterans - those aged 16-34

RBL[2] identified a number of issues adversely affecting younger veterans in particular; these factors are also associated with health inequalities.

They are more likely than their peers in the wider population to have a caring role. One in five reports of those aged 16-24 report unpaid caring responsibilities.

Three quarters of 16-24 year old veterans and half of 25-34 year old veterans report six or more adverse experiences prior to entering the armed forces. This is a complex area, as for some individuals, evidence and personal accounts suggest that entering the structured world of the Armed Forces can mitigate the adverse emotional and psychological impacts of prior experience. Developments within the Armed Forces may also provide more support than for previous generations for those that actively seek help. However, the finding that a high proportion of young adults *who have left* the armed forces have had significant adverse prior experiences may be of significance in relation to their current and future mental health needs.

Debt is a significant concern: one in four young veterans is in arrears. One in 20 has taken out a payday loan.

Over half of working veterans aged 16-34 say that they make little or no use of their skills and experience in their current job, higher than for the UK population.

5.6 Older Veterans

For veterans, as for the population in general, older age is associated with increasing health needs and associated difficulties – many of which will have been further exacerbated by the pandemic. These include decreased mobility, increased caring needs (both being in a caring role and needing to be cared for), and increased isolation. Whilst this increase in health needs and associated difficulties is age-related, and may not relate to service in the Armed Forces, the high numbers of older veterans (the National Service cohort) qualifying for support presents a challenge for military charities providing welfare support. This is because military charities provide lifetime support to veterans and their families whether or not the presenting issue relates to their military service.

5.7 Reservists

As Diehle et al report[15], there is no one data source for Reservists, so estimates of mental ill-health for this group are hard to quantify. Whilst Reservists, like regular personnel, are more likely to experience mental ill-health if they have been operationally deployed than if they have not been, there do appear to be some emerging differences in incidence of different mental health conditions. Reservists also have different experiences from serving personnel as they move in and out of civilian life. Friends and family of reservists may be less understanding of military life and culture than those of serving personnel; moreover they may have fewer social ties within the forces.

The most recent phase of KCMHR cohort research (2014-16) found a key difference between Reserves and other personnel in relation to alcohol misuse, which was significantly higher amongst reserves who had been deployed than those who had not, and did not reduce over time[3]. They also found that Reservists who have been deployed in recent years may also be more likely to engage in risk-taking behaviours. Rates of behaviours such as unsafe driving or alcohol misuse were higher amongst those who had been deployed to Iraq or Afghanistan, and (unlike for other personnel) rates of risky driving had not decreased for these Reservists over time[3]. Interestingly however they also found that Reservists who had ***not*** been operationally deployed were less likely to have conditions such as depression and anxiety than regular personnel or veterans[15].

As the proportion of reservists to regular personnel increases, over the next few years, it will be increasingly important for local health services to record reservist status as well as veteran status, in order to better understand their specific needs, and how to address them.

Key Points:

- The majority of armed forces veterans enjoy good physical and mental health. Hearing loss and musculoskeletal problems are the most commonly reported health issues.
- Musculoskeletal problems are the main reason for personnel to be medically discharged from service. 13% of personnel medically discharged from 2001-2014 had a mental health problem.
- Self-reported data on health and disability show physical health impacts increase with age, and are also associated with health inequalities.
- Veterans are more likely to be carers than the general population; this is especially true for young veterans.
- Adverse Childhood Experiences prior to entering military service are common, especially for young veterans (16-24).

6. Mental Health of Veterans

6.1 Myths

Over the last 20 years there has been a rise in publicity and public interest in issues affecting veterans, particularly those who have served in Iraq and Afghanistan, alongside a gradual change in public and media willingness to highlight mental health needs both for veterans and the general population. This has led to perceived views and potentially counterproductive misconceptions about the mental health of veterans: that they are more likely to commit suicide, to have PTSD, to be street homeless or to be in prison. However, these myths are not borne out by the evidence. Rates of PTSD, suicide, homelessness and imprisonment are all lower than might be anticipated, though the reality is more nuanced, and certain groups of veterans appear to be more at risk than others.

It is worth noting that these myths and misperceptions may of course have an impact on the views and concerns of serving and veteran communities. For example the RBL[2] reports that 7% of officers and 21% of other ranks sought advice before leaving service on “What to do if you are made homeless”.

6.2 Research methodologies

Researchers seeking to understand prevalence rates of mental health conditions such as depression and anxiety employ different methods for ascertaining rates of mental health conditions; some are based on clinical interviews, others use established tools such as the PHQ9 (Personal Health Questionnaire), or AUDIT for alcohol, others include self-report measures in their surveys. There are also differences in the groups studied – for instance some studies look only at veterans from particular periods, some (notably the KCMHR cohort study) include a mixture of serving personnel, veterans and reservists, and report sometimes on the whole cohort, other times on sub-sets. The term ‘deployment’ is used in many studies but is not always fully described; whilst it usually is used to distinguish between personnel who have served in conflict operations (typically Iraq and Afghanistan) it may or may not also include disaster relief work, other conflicts, service in Northern Ireland, or other types of deployment. For some research questions, it is difficult to make comparisons with the general population, depending on the population being studied (the majority of veterans are younger men, unlike the general population) and the tools used.

Methodological differences such as those above may account for variation in the prevalence rates reported. The following paragraphs provide prevalence rates from recent studies for the most commonly studied conditions in the ex-forces community: Alcohol misuse, Common Mental Disorders (including but not limited to Depression and Anxiety) and PTSD.

6.2 Alcohol Misuse

The AUDIT tool is commonly used both clinically and in research and surveys to assess alcohol consumption. Alcohol misuse as a term covers a continuum starting with ‘hazardous’ (also termed ‘increasing risk’ AUDIT score 8-15), and often associated with binge drinking - levels of drinking which have negative physical and mental health impacts. Harmful drinking (also termed higher risk, AUDIT score 16+) – is where mental and physical health impacts are more likely, as well as escalation of drinking problems. People with an AUDIT score of 20+ may be dependent drinkers. Some reports and surveys use the ‘problem drinking’ but this is not a specific definition.

Alcohol misuse is a complex issue for many veterans and their families, because of the strong positive association between alcohol and service culture. More recently, the Armed Forces have sought to change this for serving personnel, with constraints on the availability of lower priced alcohol on bases. There have also been increased efforts and awareness campaigns by UK health services generally to increase public

understanding of the health and societal impacts of problem drinking. However, awareness of the potential physical and mental health impacts of hazardous drinking remains low amongst both veterans and the general population; research by Rhead et al[20] found only 1/3 veterans drinking hazardously identified that this may be a problem. Moreover, for many veterans, alcohol plays a significant part in ongoing social contacts and is implicitly associated with some of the informal support networks – breakfast clubs meeting in pubs, for instance.

"He wet himself in public. People laughed at him. They didn't like him. They didn't like how he was with me. They didn't know he'd saved lives.....He was a good man. An honourable man. He wasn't just a drunk"

(Quote from family member of a deceased veteran, in 'Fighting Their Own Battle: Families of Veterans with Substance Use Problems)

In their analysis of 3 cohorts of serving personnel and veterans between 2004-2016, KCMHR found that whilst potentially harmful alcohol misuse amongst serving (and recently left) personnel was still a common problem, it had reduced from 16% of those surveyed in 2004-6 to 10% of the 2014-16 cohort[3]. Within this group, they found that reservists who have deployed have significantly higher rates of alcohol misuse than those that have not. However, they also found people with alcohol problems were less likely to seek help than those with other mental ill-health. These findings relate to serving personnel, but may have implications for future substance-misuse service needs.

Further study of veterans in this third cohort by Rhead et al[20], compared rates of mental ill-health in veterans with those in the general population (sample drawn from both the APMS and wave 3 of the UK Household Longitudinal Survey). At 10%, the proportion of veterans drinking harmfully (AUDIT score 16+) was twice that of the general population, and almost equivalent to that of the serving population, suggesting drinking patterns for this most recent cohort of Iraq and Afghanistan veterans has not changed on leaving the forces. Whilst male veterans were more likely than men in the general population to drink problematically at all three levels, female veterans were more likely to be binge drinking/hazardous drinking than women in the general population. These more recent findings contrast with those in the RBL 2014 report[2]. The RBL (having incorporated the AUDIT tool within their questions), found problem drinking to be more aligned with that in the general population, with 23% of respondents aged 16-54 reporting problem drinking (defined in their case as AUDIT score 8-15), reducing to 3% of respondents aged 65+; moreover they report only 4% as having a more serious (harmful) problem. However, there are key differences in these studies: the KCMHR cohort study, which is more recent, focuses on a larger number of veterans who have left service within the last decade, whereas RBL surveyed veterans across a broad range of service periods and ages. Overall, most available research suggests veterans (particularly male veterans) have much higher levels of problem drinking than the general population.

Alcohol misuse – and other substance misuse - affects not just the individual but their family and friends. Adfam recently undertook mixed methods research[17] to identify the specific impact of alcohol and substance misuse on the families of veteran service users. Typically, family members are not independently in contact with veteran services and may also be estranged from their veteran family member, so finding subjects for such studies is complex, and the study was small. Nevertheless, their findings show high impacts on families and include the following:

- Comorbid mental ill-health (reported by family members not veterans themselves) were very common, as were factors detrimental to good mental health such as debt, employment and housing problems. Alcohol and substance misuse also contributed to these problems, increasing the risk of violence and domestic abuse, and had a negative impact on family relationships and on children.

- Service users were generally critical of responses by the Armed Forces to alcohol and substance misuse issues, and were less likely to seek help when still serving.
- Whilst there were a few examples of family members reporting positive outcomes, in general family members reported adverse and cumulative impacts on their own and their family's wellbeing, which build up over a long period of time, and are worsened by concomitant issues of debt, employment problems, physical ill-health, and particularly by stigma. Family members reported strong feelings of hopelessness, isolation, distress, and anxiety about the impact on children. A third had experienced the death of their veteran family member, often attributed to substance misuse, and others actively feared the death of their veteran.
- Three aspects of armed forces culture appear to impede help-seeking and managing misuse problems: the everyday drinking culture, difficulty 'unlearning' fighting mentality, and a culture of silence about not discussing matters outside service.
- Few family members had sought or been offered support for themselves, and opportunities to engage them when veterans were offered help were missed. Family members also did not appear to feel that they were equally deserving of support as their veteran family member. They had mixed views about what was, or may be, helpful.

As a consequence of their research, Adfam have proposed a new, holistic and collaborative service model: 'Family Force'. This draws on existing alcohol and substance misuse knowledge but combines this with understanding armed forces culture and the transitional issues that may affect ex-forces families, and aims to bridge the civilian/military divide, engaging families alongside the veteran where possible. One of their recommendations concerns the potential to use the Armed Forces Covenant and Veterans Gateway to outline specific guidance to families on accessing support.

Turning Point are commissioned to provide alcohol and substance misuse services in Suffolk, and in 2020 began collecting data on service users who have served in the forces. Their experience of supporting veterans suggests that 1) those seeking help started drinking whilst in service (which led to them leaving service), 2) consistent with the research literature, service users usually present with additional mental ill-health such as PTSD and 3) are most commonly referred/signposted by primary care. The service has two particular concerns: firstly that whilst Turning Point is linked up with other mental health services, veterans themselves are not receiving the coordinated multi-agency support they need. And secondly that veterans typically present for help once alcohol dependent, either when families are no longer able to cope or other services such as social care have become involved, and have entrenched expectations about detox being the only appropriate treatment. Earlier presentation would be beneficial.

6.3 Depression and Anxiety

One in ten working age veterans (and one in 6 veterans of retirement age) responding to the RBL survey[2] reported feeling depressed, using a self-report questionnaire (this equates to nearly half a million veterans nationally). This was twice the rate reported in their previous survey ten years earlier (2005). The incidence of reported mental ill-health was higher than average for veterans who served in Northern Ireland and in post 1990s peacekeeping operations. As might be expected, the RBL[2] research also found that those who were divorced, unemployed or not seeking work, and those receiving means-tested or disability benefits, were more likely to report depression.

KCMHR cohort research on veterans, reservists and service personnel, puts the prevalence of common mental disorders in the armed forces community at 21.9% - with no significant change over the 12 years of

the cohort study[18]. However, as with PTSD, risk was higher in those who had served in combat roles than in those that served in supporting roles, and higher in veterans than in serving personnel. This is higher than rates of CMD in the general population. The 2016 Adult Psychiatric Morbidity Survey (APMS)[19] found that 17% of UK adults had recent experience of common mental disorders, but it should be noted that rates were much higher in women than men; as the majority of veterans are men, rates of CMD would otherwise be expected to be much lower.

The research by Rhead et al (cited above) which compared data from nearly 3000 individuals in the third KCMHR cohort with two general population surveys, found slightly higher rates: 23% of veterans who had served in Iraq and Afghanistan were likely to experience common mental disorders such as depression – compared to 16% of the general population. They also found that veterans were more likely to report mental ill-health if they were ill or disabled. Male veterans were more likely to have mental ill-health than female veterans (though it should be noted the prevalence of CMD in the general population is higher for women than for men).

The impact of serving in a conflict role on increased likelihood of mental ill-health in veterans is consistent across studies. Bonde et al[4] explored the risk of serious depressive disorder for individuals who had survived disasters or terrorist acts, and soldiers returning from deployment. They found that those who had experienced combat during deployment were at significantly higher risk of for serious depression than those who had not.

It is known – as outlined for example in the RBL survey[2], that a higher proportion of serving personnel in the army (and therefore veterans) have experienced Adverse Childhood Experiences prior to enlisting. Such experiences may include bereavement, exposure to parental substance misuse or other ill-health, and abuse. These factors may influence the prevalence of depression in ex-forces individuals.

6.4 Post Traumatic Stress Disorder (PTSD)

Recent research from Williamson et al (2019)[5] of veterans who had served between 2001-2014, drew on data from a number of sources including attendances at operational field hospitals and cohorts 1&2 of the KCMHR study. They estimate the prevalence of PTSD at 9% in previously deployed veterans, compared with 4% non-deployed. In a separate study of the third KCMHR cohort, Rhead at al[16] found a slightly lower estimate of 8% in veterans who had served in Iraq or Afghanistan. A further study of the third cohort by Stevelink et al[18] found a lower estimate of 6.2%, despite their finding that the prevalence of PTSD had increased in the third cohort (data from 2014-2016) compared with the two previous cohorts (data from 2004-2006 and 2007-2009). This lower overall estimate of 6.2% included both veterans and serving personnel recruited since 2009.

Many studies consistently report lower rates of PTSD in serving personnel than veterans. A number of factors may influence this, for example: personnel seen as more vulnerable may be less likely to be deployed to conflict situations; the difficulties already associated with transitioning out of the forces community into civilian life may exacerbate and amplify mental ill-health.

Prevalence studies into rates of mental health condition in serving personnel and veterans consistently identify co-morbid mental health conditions. Rhead et al[16], in their recent research, found that 45% of veterans with PTSD also reported problematic drinking.

It is important to note that individuals may develop PTSD following experiences in civilian life, not connected with their military service. This may be particularly true for people in first responder professions (e.g. police). As one respondent to the Suffolk Veterans' Survey put it:

: *"My view is that I experienced more mental health generating issues whilst a police officer"*

(Respondent to Suffolk Veterans Survey, January 20201)

6.5 Suicide

Contrary to popular belief, overall rates of suicide are lower in the armed forces community than in the general population. However, young veterans and early service leavers (these may overlap) are at higher risk of suicide, as are young army men (serving personnel). The risk appears to reduce with length of service. KCMHR reports that suicide risk amongst personnel and veterans is influenced by factors such as adverse childhood experiences (ACE), rather than service per se.

Recent research in Sweden[21] has found an association between PTSD and suicide risk, finding that individuals with PTSD were twice as likely to die by suicide as people without PTSD. This finding relates to the general population, not to veterans in particular, so further analysis is needed to determine the extent to which veterans with PTSD may be at increased risk of suicidality.

Suffolk veterans responding to the Suffolk Veterans Survey in January 2021[5] were asked **'**Have you ever attempted or thought about suicide?' 16% of respondents (12) reported having planned or attempted suicide, and a further 30% (23) had 'thought about it'. It should be noted that the option 'thought about it' could cover episodes of varying severity over a long period of time. Nonetheless, rates of suicidal ideation are much higher in this sample than in the general population; the 2016 APMS found that a fifth of adults had at some point in their life considered suicide, and 6.7% (1 in 15) adults had made a suicide attempt. It is likely that a survey of this kind, circulated mostly by Veteran's charities and services, will generate responses from people with high support needs. Nonetheless, this seems a high figure.

6.6 Transition, Social isolation and loneliness

Isolation and loneliness adversely affect mental and physical health. Discussion with Suffolk services, comments in the Suffolk Veterans' survey, and the academic literature, all emphasise the difficulties that some service leavers have with the transition to civilian life. To function

My men came home, and then got utterly lost

...'I left in 2011, and despite landing a great job, felt lost for years. It was traumatic and felt like a period of grief.
…When I speak to my old riflemen, so many of them miss the discipline, the shared values, and the sense of belonging.

…Those people society expects to be the strongest are sometimes the most vulnerable. So, explode the military myth of machismo, and look behind to the real person that every veteran is who may not have a PTSD diagnosis, but just wants to belong somewhere in society."

Extracts from a letter to the Sunday Times from Lieutenant Colonel Quentin Naylor, November 2018

[5] Survey and report undertaken for the Suffolk Armed Forces Wellbeing Group, Suffolk County Council, January 2021

effectively, the armed forces require individuals to feel a strong sense of identity and group cohesion, with associated strong internal social connections. Finding a new place in civilian society, even for those who have made a positive transition left through choice and secured chosen employment and who are materially comfortable, can be difficult. It may be especially so for those who have left due to ill-health or injury, or through dismissal (e.g. for a drugs offence), or for service leavers who struggle to find satisfactory employment, and many veterans and their families report feeling isolated and lonely.

One in four respondents to RBL research in 2018[22] (mixed methods, including survey data, focus groups and interviews) reported feeling isolated or lonely 'always' or 'often'. 65% of veteran respondents associated loneliness and social isolation with leaving the armed forces. Whilst practical issues such as moving house (and having moved whilst in service) were a (previous) cause of isolation, respondents also associated a tendency in the ex-forces community to be overly self-reliant, and to avoid seeking help. More positively, the researchers did find a willingness to engage in the issues, suggesting that it may have become more acceptable to discuss social isolation and loneliness.

The Military Covenant provides support for families seeking access to civilian support such as housing and benefits, but access to housing within Suffolk was a frequently cited concern amongst professionals interviewed for this report – including the housing needs of (single) veterans who have served in Suffolk and chosen to settle here, but who lack the local links required to access local housing. Veterans who entered service young may also need to acquire knowledge about essential services that civilians may take for granted, such as banking. These issues may compound the sense of alienation and social isolation that some veterans feel and may, in turn, can contribute to mental ill-health.

Service leavers are encouraged to register with a GP immediately on leaving the armed forces, though not all do so. Work is underway to roll out a Veterans' Passport, which has been trialled in the region. This is a patient-held record enabling veterans to provide information on their medical and service history when required (with the veteran determining what information can be shared) and to facilitate better coordinated care.

6.7 Other Concerns

Gambling

Anecdotal reports suggest increased risk of gambling problems in serving personnel and veterans. Gambling addiction, often associated with severe and complex mental ill-health, has recently been recognised as requiring, and responsive to, treatment within the NHS. However as with alcohol dependency, individuals may only may only seek help at the point when gambling has had a catastrophic impact on other areas of life such as relationships and employment.

International research into the prevalence of mental ill-health of serving personnel and veterans is not necessarily generalisable to the UK armed forces community (because of differences in recruitment to the armed forces and differences in culture and cultural attitudes within the armed forces and the general population). However, US research suggests a strong association between military service and problem gambling. Emerging UK evidence, reported at the 2021 KCHMR Conference[23], found similar effects amongst a reasonably large – albeit self-selecting – study sample, when compared to the general population (study size c.1000 participants). UK veterans were significantly more likely to experience problem gambling, and to gamble in order to escape or avoid stress, than the general population. As with alcohol problems, participants with likely PTSD, depression or anxiety, were more likely to have gambling problems, as were early service leavers.

Substance use

Although alcohol is the most commonly misused substance by veterans (and the general population), misuse of other drugs – particularly cocaine and performance/image enhancing drugs (PIEDs).

Draft findings from a small and as yet unpublished study[24], suggest that between 8-10% of personnel use PIEDs, higher than in the general population (4-7%), and crucially, continue to use PIEDs after leaving service. The research is based on self-reports from participants volunteering to take part, so may be biased, but despite reporting mental health impacts (e.g. mood swings), veterans made positive associations between PIED use, physical strength and appearance. Encouragement from peers influenced the start and the continuation of PIED use, and veterans were more likely to seek advice about problems with PIED use from peers or the internet than from medical sources.

One group at particular risk of mental health conditions are early service leavers who have left service – usually abruptly - as a consequence of failing a random controlled drug test – most commonly due to cocaine use. These individuals are less likely to have been offered a supported transition out of service into civilian life, but more likely to have experienced difficulties and drug use prior to joining the armed forces. Whilst policy changes (in relation to automatic dismissal and to transition arrangements) may lessen the impact of failing a drug test for future serving personnel, this group of veterans appear more vulnerable.

Secondary trauma

In addition to the needs of the veteran themselves, there is growing understanding about the impact of exposure to veteran mental ill-health on those who care for them – secondary and vicarious trauma. Professionals supporting veterans with PTSD or in acute distress may also need support – such as clinical supervision – to build resilience.

Military welfare charities provide practical and financial support to families, and there are online resources for families from charities such as Combat Stress that provide insight into mental health conditions. But provision of specific support for family members to help them care for their veteran family member is patchy and reliant on specific programme funding. Family members may be struggling to support their veteran family member emotionally, manage any risks associated with their behaviour or self-harm, and at the same time mitigate economic, housing and other health pressures on the household. This risks the mental health of partners and of children – and potentially exposes children to adverse childhood experiences, thus perpetuating a cycle. There appears to be a gap in terms of therapeutic support or psycho-education for family members, particularly those supporting a veteran with PTSD or with alcohol/substance misuse problems.

Domestic Violence

Whilst domestic abuse is not a mental health problem in itself, families with a veteran experiencing PTSD, substance misuse or anger management problems are felt to be at increased risk of domestic violence. More generally, factors affecting service families such as long periods of separation and frequent moves may make it harder for families to establish local connections with support services when required, and may impact on help-seeking after transition to civilian life. Researchers at Kings College London[6] are currently undertaking research into the prevalence of, and risk factors for, domestic violence and abuse in the families of both serving personnel and veterans.

[6] King's College London - Domestic Violence and Abuse in the Military (kcl.ac.uk)

Key Points:

- Perceptions about higher rates of suicide, homelessness, PTSD and imprisonment amongst veterans are myths.
- The most common mental ill-health experienced by veterans are depression, anxiety and alcohol misuse. Rates of common mental disorders and alcohol misuse are higher than for the general population.
- Between 4-9% of veterans have PTSD, though within this group some have severe and complex needs and may require support on a recurrent basis. Co-morbidities are common (e.g. problem drinking and PTSD).
- Experience of combat increases the risk of severe depression and PTSD
- Young service leavers and young veterans are more at risk of suicide.
- More than half of veterans and their families experience social isolation and loneliness as a consequence of leaving service.

7. Services for Veterans in Suffolk

7.1 Accessing support

There are four important precursors for veterans seeking help for mental ill-health related to service:

- Knowing what support is available
- Identifying as a veteran
- Mainstream services recognising the potential needs and vulnerabilities of those that have served.
- Acknowledging the need for help

There is no one single point of access or information for veterans seeking mental health support in the UK. In the 10 years since the Murrison Report, there has been a rapid expansion of military charities and support organisations, both locally and nationally, and there are a large number of services offering a wide range of support, even in a relatively low density county such as Suffolk. A few service leavers – those identified as vulnerable prior to leaving service – may be referred directly into support services on leaving the armed forces. Others may seek support through the internet, the Veterans Gateway, word of mouth, or are referred between services or from primary care. In addition, the services available from military charities may vary over time depending on the availability of funding.

The Veterans Gateway is a platform established by military welfare charities to provide a single point of information and advice for veterans and their families on health, welfare, employment and associated issues. The Gateway has recently introduced an App that includes a local directory of services, however whilst this gives clear information on how to contact TILS, Combat Stress and some other organisations, information on more local support services does not appear to be listed. More locally, the Suffolk Covenant site (Advice and support for veterans & ex-forces | Veterans' Gateway) also provides information on local

Asking the Question

Terminology matters. Some veterans will identify with the term 'ex-forces', others with the term 'veteran'. People in need of support may also feel wary of questionners, so Suffolk Family Carers sought advice on how best to ask about previous service.

'Have you ever served in Her Majesty's Armed Forces?' (avoids any confusion with families of US armed forces)

'Are you part of a serving UK Armed Forces family / a Veteran family?'

support services. However, veterans may not be aware of these portals, and depending on the search terms used, these sites do not necessarily appear near the top of a search. Moreover, the Gateway does not include information on all locally available services.

Responses to the Suffolk veterans' survey indicate the importance of GPs in identifying a need for support and referring on, also emphasised in the recent NHS plan. The current plethora of options and access routes can lead to difficulties accessing the right help at the right time. As noted in the NHS forward plan for veterans (March 2021)[26]:

"Service leavers can face a range of barriers in accessing the right care, including a lack of understanding of their illness or injuries and a failure to recognise the impact of traumas they may have experienced in service or on transition from military life. They may have limited knowledge of the services available to them and may seek treatment options outside the NHS without a proper assessment of their needs."

On the whole, respondents to the Suffolk Veterans' Survey in January 2021 appeared willing to disclose their service, though interestingly those who had reported experiencing feelings of stress and/or depression (who are more likely to be accessing services) appeared slightly less keen to do so.

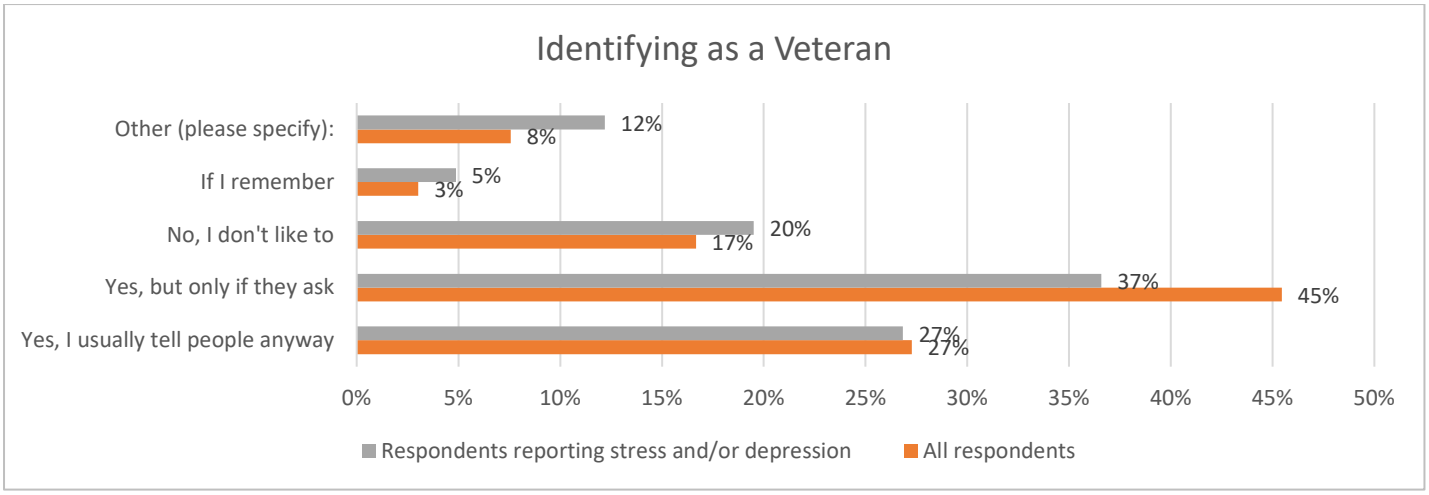

Figure 2: Identifying as a veteran, responses

7.2 Organisations recording Veteran status

Within Suffolk, some services such as Turning Point, Suffolk Family Carers and some GP surgeries, have started recording veteran status, but others are yet to do so – though plans are in place to start this within NSFT. Whereas Turning Point report that on the whole veterans appear ready to disclose their previous service, the experience of Suffolk Family Carers is more mixed. Given the proportional rise in reservists in service, and the emergence of evidence about the particular needs of veterans, mainstream health and social care organisations should also consider recording reservist status.

> *Nobody has ever asked. I have 0 issue with telling them, but I wouldn't offer it as it might seem as though I expect special treatment (and I don't)"*
>
> *(Respondent to Suffolk Veterans Survey, January 20201)*

7.3 Attitudes to help-seeking

Although service leavers who are identified as vulnerable are referred into TILS as part of transition planning, many veterans do not access help for some years after leaving the armed forces. Veterans may seek help (or be prompted to access it) when other life events precipitate a crisis, or if for instance the cumulative impact of other emotional or practical pressures (e.g. relationship difficulties, loss of employment) making it harder to manage.

One in twenty respondents to the RBL 2014 survey[2] reported accessing support for their mental health, most often counselling or psychotherapy. Of those experiencing some psychological difficulties, the rate was slightly higher, at 16%, but this still represents a minority of those reporting problems. They found willingness to seek support in general typically increased with age (though this is likely to be because physical and care needs increase with age for the general population, and the largest number of veterans are aged 70+.) However RBL[2] did find increased numbers of younger adults seeking help for mental health reasons (1 in 10 of those aged 16-44).

This finding is echoed by serving personnel and veterans surveyed for the third cohort of the KCMHR study, 47% of whom had consulted a GP or medical officer, and 31% of whom had seen a mental health specialist[3]. However, in common with the general population, stigma about mental health conditions, and the view of some people that their condition was not 'bad enough' appear to be barriers to seeking help.

Suffolk TILS service find that on average, veterans seek help about 9 years after leaving service, though veterans of the Afghanistan conflict are starting to seek help earlier. Possible influences on this are the increased media and public interest in the mental health impact of serving in conflict operations, which may also have the effect of helping veterans to identify that their experiences and symptoms merit investigation and support.

Veterans appear less likely to present for help with alcohol or drug misuse: recent research outlined at the 2021 KCMHR conference suggests that whilst ¾ dependent drinkers identify that they have an alcohol problem, only 1/3 of those identifying an alcohol problem in the last three years had sought help[25]. They were more likely to seek help from a charity or other source, than from mainstream medical services.

7.4 Services available for Suffolk veterans

The table below shows services providing mental health and wellbeing support, commonly accessed by Suffolk veterans and their families. Service charities such as RBL, SSAFA and regimental organisations are not included but provide essential welfare support, household goods, advice and coordination when required. These organisations may also be approached to provide funding for individuals with assessed need to attend specific therapeutic programmes.

Despite the large number of organisations listed, the table does not include a complete list of all the services available to Suffolk veterans, especially if they are able to travel out of area. It is important to note that some veterans may prefer to use therapy services that are provided for the general public and are *not* specific to veterans or the forces community such as Suffolk Wellbeing, Suffolk Mind, Alcoholics Anonymous, or private therapy. Some veterans may also prefer to access activity based programmes provided by organisations such as the Greenlight Trust, and Pathways Care Farm (Lowestoft), or practical programmes available outside the region, such as F4H. Information on some (but not all) Suffolk-based services can be found on Suffolk Infolink.

Details as available at 31/03/21

	Mental Health Services for Veterans and forces families in Suffolk				
Service Name	**Service provided**	**Provider Type**	**How accessed**	**Contact details**	**Comments**
Assessment, Treatment, Therapy and Specialist Support Services					
Transition, Intervention and Liaison Service (TILS) NHS Veteran specific step 1	Assessment and onward referral for veterans and personnel in transition out of service. Any mental health concern	Local commissioned NHS service provided by Essex Partnership Trust	Self-referral Direct referral from DCMH (military medical officer) for personnel in transition out of service. Referral from GP, military charities	David Powell mevs.mhm@nhs.net	New NHS plan increases referrals to TILS for personnel leaving forces and re-brands TILS/CTS/HIS combined as OpCourage
Complex Treatment Service (CTS) NHS Veteran specific step 2	Treatment for veterans with severe/complex need. Up to 36 weeks therapy, starting with a period of stabilisation.	Regional commissioned NHS service from St Andrews Healthcare	Referral from TILS only	n/a via TILS	Needs must be attributable to previous service
High Intensity Service NHS Veteran Specific step 3	*To be commissioned*	*Not yet available in Suffolk*	*Referral from TILS/CTS*	*n/a*	*Service still in pilot form in other region*
Walking with the Wounded Headstart	Evidence-based therapies (12-16 sessions) for veterans with mild/ moderate needs referred by TILS.	Charity. HeadStart places commissioned by NHS &	Referral from TILS For private therapy, referral from other military	Carolyn Brown carolyn.brown@wwtw.org.uk	Required to report on service outcomes for TILS referrals using pre/post tools e.g GAD, PHQ, PCL5, WSAS and AUDIT Currently also open to family members, including psycho-education

	Mental Health Services for Veterans and forces families in Suffolk				
Service Name	**Service provided**	**Provider Type**	**How accessed**	**Contact details**	**Comments**
Assessment, Treatment, Therapy and Specialist Support Services					
		funded by charities. Therapists are accredited freelance, coordinated by WwtW	charities or healthcare professionals		(understanding PTSD and how to help in practical ways)
Norfolk & Suffolk Foundation Trust	Mental Health assessment, treatment, care coordination, in-patient care (for long-term MH needs)	NHS mental health Trust	Referral from GP/other services	Diane Palmer diane.palmer@nsft.nhs.uk	Individuals whose mental ill-health require psychiatric support and care coordination are supported by local teams (IDTs). Either veterans post-treatment who require ongoing care, or those with severe MH problems not related to service (e.g. psychotic disorders).
Turning Point	Drug and alcohol services – assessment and treatment	Charity commissioned by local authority	Self referral Referral from any other service	**suffolk@turning-point.co.uk** (there is a separate email address for referrals)	Service is now collating data on veterans accessing support
Royal British Legion (RBL)	Complex case support and coordination, safeguarding	Military charity (Welfare)	Self referral (or via Veterans Gateway) Referral from any other service (including internal	0808 802 8080	

	Mental Health Services for Veterans and forces families in Suffolk				
Service Name	**Service provided**	**Provider Type**	**How accessed**	**Contact details**	**Comments**
Assessment, Treatment, Therapy and Specialist Support Services					
			referral from other RBL support services)		
Outside the Wire	Drug and Alcohol service specific to veterans. Assessment then ongoing support (no time limit)	Charity - Division of the Matthew Project	Self referral Or referral from other services	Mark Harris outsidethewire@matthewproject.org Head office: 01603 626123	
Project Nova	Assessment and specialist support for veterans within/at risk of being in the Criminal Justice System (from arrest through court, during prison sentence and on prison discharge) Holistic Support for all Vulnerable Veterans	Charitable – NHS funded project run by RFEA in collaboration with Walking With The Wounded. Veteran Pathway from the Liaison Diversion Team	Referral by NHS Liaison and Diversion Team & Police Any other statutory services Referrals from other Military Charities Self Referral	Helen Debenham, helen.debenham@projectnova.org.uk Nova Central Support **Tel:** 0800 917 7299 ext. 240 Nova Central Support Email: info.nst@projectnova.org.uk Nova Central Support Secure Email: info.nst@rfea.cjsm.net	Initial assessment via Birmingham call centre is then passed to local team. Needs Assessment completed by local Co-ordinator. Case work includes case coordinating role and practical support for veterans with vulnerabilities. Length of support depends on complexity and number of issues. Have previously been funded to provide family support.

	Mental Health Services for Veterans and forces families in Suffolk				
Service Name	**Service provided**	**Provider Type**	**How accessed**	**Contact details**	**Comments**
Assessment, Treatment, Therapy and Specialist Support Services					
Warrior Programme	Intensive personal development programme (regional)– free to access	Charity	Self-referral or referral from military charities/health	david.corthorn@warriorprogramme.org.uk 07522 699008	Support for veterans, serving personnel and their adult family members; online support available. Post lockdown will include both in-person and some online provision
Walnut Tree Health & Wellbeing	Recovery-focused therapy, crisis support and activity programmes	Charitable company Veterans contribute 50% of cost unless funded through Service charities	Self-referral Referral from any other service	www.walnuttreehealthandwellbeing.co.uk	
Combat Stress	24 hour helpline Residential treatment programme (outside Suffolk) for people with high/complex needs	Charity	??	0800 138 1619	*TBC*
PTSD Resolution	1:1 therapy	Charity	Self-refer	contact@ptsdresolution.org	
Help for Heroes	Psychological wellbeing service based in Recovery Centres	Charity Not currently operating from Colchester	Self-refer via website	Support for Wounded Veterans & Armed Forces - Help for Heroes	

	Mental Health Services for Veterans and forces families in Suffolk				
Service Name	**Service provided**	**Provider Type**	**How accessed**	**Contact details**	**Comments**
Assessment, Treatment, Therapy and Specialist Support Services					
Online Support					
togetherall	Online forums (clinically managed), courses and 1:1 therapy (online)	International organisation previously known as Big White Wall MoD supports access for serving personnel, veterans and family members	Open Access (self-refer)	Togetherall | A safe community to support your mental health, 24/7	Online assessment includes 'trigger words' which may prompt further action
Combat Stress self-help guides	Online resources for veterans, family members, and organisations working with veterans (include guidance on supporting someone with PTSD)	Charity		Self Help | Combat Stress	
Help for Heroes self-help	Toolkits to download (also available for NHS staff post-Covid)	Charity		A Field Guide to Self-Care | Supporting our NHS (helpforheroes.org.uk)	

In addition to services, there are a number of support groups, breakfast clubs and informal networks that Suffolk veterans and their families may access. For some veterans, the support provided through the camaraderie, peer support and shared experience that these groups provide is sufficient to meet their needs, as well as providing opportunity for social contact. In some cases these groups are supported by staff from military charities or NSFT, but also rely on volunteers both for peer-to-peer support and operationally. Support groups and breakfast clubs are dependent on local volunteers and enthusiasm, and do not necessarily match up with the areas in Suffolk which have a larger density of veterans. These groups have largely been unable to meet during the pandemic, and may require particular support to re-establish, both in terms of finding premises and finding/supporting new volunteers. A more coordinated approach to recruiting and supporting volunteers in those areas with higher numbers of veterans may be a consideration for the Suffolk Veterans wellbeing group.

The list below is based on known activity pre-pandemic and updated as of 31/03/21. Further updates are required once lockdown eases.

Support services and groups for Suffolk veterans and their families

Town	Type of group	Contact	Comments
Bury St Edmunds (pre-pandemic Tuesdays weekly)	Veterans Wellbeing support group Supported by NSFT For NSFT service users and veterans signposted by veterans mental health and welfare services	Wayne Ward, West Suffolk Armed Forces Lead, NSFT Wayne.Ward@nsft.nhs.uk	Bury – Really Rather Good Coffee House Support from Outside the Wire monthly (tbc)
Sudbury/Long Melford weekly	For NSFT service users and veterans signposted by veterans mental health and welfare services		Long Melford Country Park / Tiffins Tea Rooms
Ipswich (seeking new venue) Monthly	Coffee morning/Drop in Supported by Outside the Wire	Mark Harris, Outside the Wire	Previously supported by Combat Stress and RBL. Now supported by Outside the Wire. May

			change to a 'Blue light' support coffee morning in collaboration with NSFT. This will still be held in the Key Café in Ipswich once groups are allowed to meet up in an indoor setting.
Lowestoft Previously 3 days per week	RBL office, welfare advice centre, drop-in	Alan Hill, RBL Eastanglia@britishlegion.org.uk	Opening arrangements may change post-pandemic
Woodbridge (Pre-pandemic 1st Wednesday, monthly)	Volunteer led support group Supported by Outside the Wire	Mark Harris, Outside the Wire	Restarting on Wed 28th Apr 21 from 1000 – 1200hrs at the Tea Hut Café, open to veterans, serving personnel and their families
Haverhill Monthly	Volunteer-led support group Supported by Outside the Wire	Mark Harris, Outside the Wire	Will resume once groups are allowed to meet in an indoor setting. This will be held on the last Thursday of each month.
Felixstowe Veterans coffee morning (Pre-pandemic Costa, monthly)	Breakfast club	*TBC*	*TBC* - Previously met at Felixstowe Costa
Ipswich Armed Forces Breakfast Club	Breakfast club	Message or join Facebook group (private) Ipswich Armed Forces & Veterans Breakfast Club | Facebook	*TBC*
Lowestoft Armed Forces Breakfast Club	Breakfast club	Message or join Facebook group (private)	*TBC*

		Lowestoft Armed Forces & Veterans Breakfast Club | Facebook	
Bury St Edmunds Armed Forces Breakfast Club	Breakfast club	Message or join Facebook group (private) https://www.facebook.com/groups/BuryStEdmundsAFVBC	*TBC*
Stowmarket Armed Forces Breakfast Club	Breakfast club	Message or join Facebook group (private) Stowmarket Veterans Breakfast Club - Home | Facebook	*TBC*
Sudbury Armed Forces Breakfast Club	Breakfast club	Message or join Facebook group (private) Sudbury Armed Forces & Veterans Breakfast Club | Facebookb	*TBC*

7.3 Veterans accessing services in Suffolk

There is no single data source for the number of veterans or family members accessing mental health support in Suffolk. Commissioned services for veterans and their families (e.g. TILS, Project Nova) are required to collate data on service access and outcomes, other NHS (or commissioned) services (such as Suffolk Wellbeing, NSFT), collect data on service use but may not have this stratified by user groups, and other 3rd sector services collect data for their own purposes. Services use different reporting periods, some services are open access, and others are by referral only, so data is not easily comparable across services. With the exception of TILS, demographic characteristics such as gender were not available.

Services listed in section 7.2 above were asked for user data. Because of the difficulty comparing data, referral or service user numbers shown below are listed, but not tabled. Three points emerge:

- More veterans access mental health support and services from open-access third sector organisations than via the NHS;
- Unsurprisingly, organisations or projects which offer support for a defined period of time (e.g. Walnut Tree) show smaller numbers of clients than those (e.g. Head Start) with a defined period of support;
- The pandemic has affected referral rates for some services but not others (e.g. TILS).

TILS referrals for Suffolk residents appear relatively unchanged despite Covid. Most referrals are for male veterans aged 31-60. Women account for only 1.5% of referrals in the last two years.

TILS	April 2020-Jan 2021	April 2019-March 2020
Under 21	0	0
21-30	5	11
31-40	15	21
41-50	14	16
51-60	11	15
Over 60	10	8
TOTAL	**55***	**71**

*9 months data only, assuming referral rates remain the same, should rise to c.73 for this year

Walking with the Wounded Head Start programme: Covid has impacted service use: between 2015-19, the project had 73 referrals (roughly 15 per year), from a range of sources including TILS, GPs and other military charities. This reduced to 6 referrals in 2020 and 3 so far in 2021 – operational constraints restricted referral numbers. The programme has been operating online only since the start of the pandemic. It is anticipated that numbers will increase once referral pathways re-open in April, and face-to-face sessions resume (for those wishing to access the service this way) from late spring.

Project Nova, supporting veterans in the criminal justice system, received 121 referrals for the 12 month period October 2019-September 2020.

Walnut Tree Health and Wellbeing currently supports a high number of Suffolk veterans, though it should be noted that support is open-ended, across a variety of services from crisis support to private therapy. The service is currently supporting 196 Suffolk veterans and an additional 94 family members (290 in total).

The Warrior Programme has supported 89 Suffolk veterans since 2017, and unusually does not appear to have seen a decline in numbers due to Covid.

Nearly 80 people accessed support from Combat Stress during the two calendar years 2017-2019.

7.4 Views of Suffolk Veterans

Veterans in Suffolk were invited to complete a survey to inform this needs assessment, asking about their views on local support services for veterans. Questions covered a range of aspects including *why* individuals may need to seek help, how easy it is to *access* help when needed, and *how well* respondents feel the services address their needs. There were a number of opportunities for respondents to add free text comments. The survey was open for three weeks in January 2021 and was circulated by email and on social media. Owing to lockdown, it was not possible to visit veterans' clubs to distribute the survey on paper for those not able to complete it online, so the survey results are biased towards those who have online access. Because of this, survey findings may not fully reflect the needs of older veterans in particular.

There were 77 responses in total from veterans, veteran family members and reservists in Suffolk. The majority of responses were from male veterans who left service between 1991 and 2017, perhaps not surprising given the proportion of men in the armed forces. Sub-group analysis shows that responses from women, reservists and family members are broadly similar to those of the male veterans.

Responses reflect wide variation in levels of need for mental health support and help-seeking, and also highlight that mental health needs may relate to factors beyond military service (both personal and occupational). Nearly half the respondents (49%) felt they had needed help for stress, many of whom had also experienced depression and/or anxiety, the two next most common reasons for needing help. Yet interestingly, veterans who cited a need for help with these and other psychological and emotional needs appeared slightly less likely to reveal their veteran status when seeking support.

Responses show both very negative and very positive experiences of accessing services, and equally polarised views about the support provided (or not) by certain services. Overall, for veterans with support needs, negative experiences and attitudes to services outweigh positive ones, though as a couple of respondents have noted, there is more specific support available now than when many of the respondents will have left services. Perhaps of particular interest for the Needs Assessment are those comments that suggest a lack of trust in the system to meet the needs of veterans and a feeling that there is still an element of chance involved in obtaining the right support. Responses and comments show how crucial GPs are both as the initial point of call for help, and as navigators of the system. Question responses and comments also suggest that communication between services could be improved, and that more clarity about what is available to whom (and what is not) is needed when seeking help.

Key Points:

- Veterans face additional barriers to help-seeking (in addition to those experienced in the general population) associated with armed forces culture and how to access support.
- NHS services together with military charities form a dedicated mental health pathway for veterans accessed by TILS; pathway now being re-branded as Op Courage.
- As of March 2020, 10 GP practices and 1 NHS Trust in Suffolk are registered as 'Veteran Friendly'. GPs are vital as a point of access to TILS and other support.
- There has been a rapid expansion in local organisations outside the NHS mental health pathway, providing therapy and support for veterans and their families.
- Data on local service use are limited and not easily comparable.
- Social networks and peer support are important for promoting wellbeing and sharing information.
- Services for veterans understand armed forces culture, but veterans are not obliged to use these services and may opt for (or their needs may be better met by) mainstream health and support services

8. Impact of Covid

Preliminary findings of research into the impact of Covid-19 on veterans[26] suggest that, on the whole, the experiences of veterans are aligned to that of the general population, and Covid-19 stressors have had a significant impact on mental health. The Veterans-CHECK study 2020 surveyed veterans recruited from phase 3 of the KCMHR study during summer 2020. The majority of respondents were employed prior to the pandemic, in a relationship and had children, and just over half had left service over 10 years ago. 46% were keyworkers (9% of them in health/social care).

In this research[26], 26% of respondents reported Common Mental Disorders, and a further 27% reported feelings of loneliness. These findings align with studies of the general population during the pandemic, and were associated with similar experiences and stressors – such as childcare, caring responsibilities, and relationship difficulties. There was no significant change in prevalence of CMD in this population than when they previously reported as part of phase 3 of the Cohort study, but there was change at the individual level: 13% reported improvements in their mental health compared to previously, and 15% were new cases during Covid.

Interestingly, veterans reported lower rates of hazardous drinking than previously assessed in the cohort study, though it remained the case that veterans were drinking at higher levels than the general population. Reductions may for example be associated with fewer opportunities to drink socially. Further study by KCMHR (a 4th cohort is planned) will assess in due course whether this change in drinking habits has been sustained. Veterans' experience of Covid not much different from the general population.

The Veterans-CHECK study was a cross-section of veterans. A further study by Combat Stress[27] looked at the impact of Covid-19 on c275 service-users with a pre-existing mental health problem, the majority of whom were employed pre-pandemic and in relationships, though in lower proportions than in the Veterans-CHECK study. Rates of mental ill-health were much higher in this study, and again CMD remained the most significant problem (over three quarters of respondents reported CMD, and over 50% PTSD and problems with anger).

As with Veterans-CHECK study, there was change in the actual individuals reporting mental ill-health. Given the apparent impact of Covid-19 stressors on individuals' mental health, (as opposed to previous experiences), researchers stress the importance of practical help and increases in social support as lockdown eases.

Looking locally, data on referrals to local mental health and support services for veterans before and during the pandemic is limited, so accurate assessment of the impact of lockdown on service access is not possible. There appears to have been a reduction in numbers for some services during lockdown, and there are reported instances of veterans waiting to return to in-person therapy or more practical-based programmes. In addition, fewer personnel have left service during lockdown than usual, which may have artificially dampened referrals for new service-leavers.

Local assessment and therapy services such as TIILS, Walking with the Wounded, and Turning Point have adapted to online provision, as have regional services such as Combat Stress and The Warrior Programme. For veterans able to adapt and still able to build sufficient rapport online, 'virtual' therapy appears so successful that service providers may continue to provide it as an option in future – particularly for those who are rurally isolated or who find it difficult to leave home. The Warrior Programme, for instance, which is regional and previously provided residential courses, will in future offer a blended service with online workshops pre-and post the course. However, service providers also report an increase in the complexity and severity of mental ill-health for some veterans, with additional impacts on social care and children's services. In addition, national surveys suggest an increase in domestic violence in the general population over the course of the pandemic. Given the association between anger management difficulties and domestic violence, and the high reported rates of anger in veterans with pre-existing mental health conditions, service providers should be alert to the potential for increased reporting of domestic abuse as lockdown eases.

The research reported above suggests social networks, practical support, and peer-support will be key to recovering mental health. Yet in Suffolk, as elsewhere, social clubs and drop-in centres have been particularly badly hit during the pandemic. Some rely on volunteers, and/or on charitable funds, and have previously met in pubs and other venues. It is not yet known whether, or how quicky, these social clubs and drop-ins will recover, or what support will be required in order to boost volunteers and identify peer-supporters.

Key Points:

- Practical support and social support are needed going forward.
- Rates of mental ill-health (particularly depression and anxiety) and the impact of Covid stressors broadly align with those in the general public.
- Veterans with pre-existing severe and complex mental ill-health, and their families, may have increased needs.
- Many services have adapted to provide online assessment and therapy & services still in demand, but difficult for practical programmes and for support groups.
- Some services will continue to offer a blended service in future to increase accessibility.

9. Mental Health Treatments

As with other mental health services provision, CCGs are responsible for commissioning local services for veterans and their families (and for the families of serving personnel).

The NHS pathway for veterans with mental ill-health relating to their service is commissioned on a regional basis, and provided by a mix of NHS and specialist veteran charities. (Veterans do not have to use this specialist service – some will have needs which are best met by mainstream mental health services, and others may choose to use mainstream services from the NHS, military charities, or other mental health organisations.) Once assessed, veterans should access mental health treatments as recommended for their condition, in accordance with relevant NICE guidelines.

Unless indicated otherwise (for example if requiring mainstream mental health treatment for psychosis), the first point of the NHS pathway for veterans with mental health symptoms is the Transition, Intervention and Liaison Service (TILS). Veterans receive an assessment from TILS and are then referred onward as required for evidence-based therapies, for case-coordination at RBL or to other services (e.g. Project Nova), or referred upwards to the Complex Treatment Service for more intensive treatment.

In addition to commissioned NHS and military charity services, there is a wide and growing number of community organisations in Suffolk, Norfolk and beyond, offering wellbeing services for veterans. As reported in the Suffolk Veterans survey, some veterans find these services useful. However, there is as yet no quality standards assessment process that these organisations can use to demonstrate that they provide a safe and effective service. Veterans and their families seeking support from such services – or professionals signposting veterans to these services – should first check they are satisfied that appropriate safeguarding and risk assessment processes are in place.

9.1 NHS Policy Developments

Mental Health support for veterans is a current policy priority for the UK government. A new paper - Healthcare for the Armed Forces community: a forward view to 2022[28] (March 2021) outlines intended developments which draw on Pathfinder schemes (pilot projects) and research, and have implications for local service commissioners. Some of the commitments outlined are for specific service developments for veterans, others bring a veteran focus to policy intentions and developments in the NHS Long Term Plan. It is not known how soon these plans will be embedded into services in Suffolk, but key developments include:

- Increased capacity and restructuring of NHS veterans' services (TILS and CTS), re-branded as Op Courage. A third tier will be added – High Intensity Service, which is expected to treat around 500 people nationally each year.
- Increased emphasis on data collection – identifying veterans within primary care and mental health services.
- Expansion of 'Veteran Friendly' GP practices[7] to one per Primary Care Network, and expansion of the number of NHS and other 'Veteran Aware' healthcare organisations signed up to the Veterans Covenant Healthcare Alliance Standard. Currently in Suffolk there are 10 GP Veteran Friendly GP practices. East Suffolk & North Essex Foundation Trust is the only Suffolk NHS trust currently in the alliance.

[7] For more information see Veteran Friendly GP Practices (rcgp.org.uk)

10. Gaps

Review of available literature, responses to the Suffolk Veteran's survey and discussion with professionals delivering services in Suffolk has identified a number of gaps in meeting the mental health needs of veterans in Suffolk. These fall into three categories:

- Information about how to access services
- Data gaps
- Gaps in service provision

10.1 Information about local services

Google searches bring up some of the support services available in Suffolk, including RBL, Veterans Gateway and Suffolk Covenant, but results are not consistent and frequently also show information on services operating in other areas. National search engines, such as Contact (The Contact Group | Collaborating for Military Mental Health (contactarmedforces.co.uk) or Veteran's Gateway, provide information on access to TILS and support available from national veteran's charities, but not local services and contact details.

A number of military charities provide services which appear similar, yet it is not always clear what their 'USP' might be or how they will refer on to other services if they are not best placed to meet the veteran's needs. Over the last 5 to 10 years, a comparatively large number of charities and social enterprises have been created, perhaps to reflect particular needs of a group of people or a particular location (this is a national situation, not just in Suffolk). However, websites do not always make clear exactly what needs the organisation is seeking to meet, what safeguards are in place in relation to professional qualifications and so on, or whether they work collaboratively with other organisations when required. The need for charities and social enterprises to seek funding for their work may further complicate service boundaries.

Veterans or their families who are seeking help – or GPs and other professionals seeking information on their behalf - need more clarity about what service is available where, when, for whom.

Peer Support

Currently, peer support is available through drop-ins and breakfast clubs for those veterans aware of these groups, but these have been particularly affected by Covid. Moreover, because of the organic way in which such groups often emerge, there is no certainty that they are accessible and located in the areas of highest need. A more structured approach to social support and veteran networks, perhaps based on the Community Circles model[8], could make more proactive use of peer support (for families as well as veterans) , to seek appropriate support when needed.

> *"In my view people need sign posters and advocates who understand the services available and the pathways to them. To this end, and in Suffolk, does one number/email exist that, if used, would offer a complete navigations service? If it does let's put in all the effort to make sure people know about it. If it doesn't, would be a good idea to create."*
>
> *(Respondent to Suffolk Veterans Survey, January 20201)*

[8] For more information see Community Circles - Wellbeing Teams

10.2 Service user data

Veterans Mental Health Services

Data on current service use are too limited to assess whether the availability of current services meets anticipated levels of need. However, in order to better understand demand for local services, it would be helpful if all of the most frequently accessed services kept and shared data, perhaps via the Suffolk Covenant or the Suffolk Armed Forces Wellbeing Group, on referral and service use. Currently there is not sufficient data from the wide range of services available to identify any changing patterns in demand, or to ascertain whether services are able to meet anticipated levels of need.

Access to mainstream services by veterans

Around 10% of serving personnel are female. Little data is available on the numbers of women accessing services in Suffolk, so it is not possible to identify whether fewer women have so far needed to access services, or whether female veterans do not consider accessing support from veteran services. Two areas for further exploration were highlighted in discussions: alcohol misuse amongst female personnel in general, and the needs of female medics in particular.

Finally, there is a lack of data on the numbers of veterans needing support for mental ill-health from mainstream mental health services. NHS plans announced in March 2021, local developments within NSFT, and an increase in GP practices registering as Veteran Friendly would assist with this.

10.3 Service Gaps

10.3.1 Primary care

Ten GP practices in Suffolk are now signed up to the RCGP Veteran Friendly accreditation scheme. This accreditation, which has to be renewed after 3 years, and is only available to practices with a CQC rating of 'good' or above, requires practices to ask new patients if they have served in the armed forces, and to record them on their patient data systems as a 'Military Veteran'. Practices must also have a nominated clinical lead in the practice who is required to undertake training and is responsible for advising colleagues (for example on information about veteran services or vulnerabilities) and ensuring the practice meets the health requirements set out in the Military Covenant.

Although the number of Veteran Friendly GP practices in Suffolk is growing, accredited practices are not currently in the locations with highest density of veterans or near the armed forces bases– see fig.2. Serving personnel are provided with Defence Medical Services, but the families of serving personnel use NHS services. As outlined in the 'Living in Our Shoes' report published in 2020[29], the families of serving personnel can face particular barriers accessing secondary healthcare treatments or services for children with SEND as a consequence of frequent re-locations. Encouraging GP practices in these areas to register with the scheme would have the additional impact of making these practices ''Forces Friendly', and improve adherence to the health commitments set out in the Military Covenant for serving personnel, reservists and veterans.

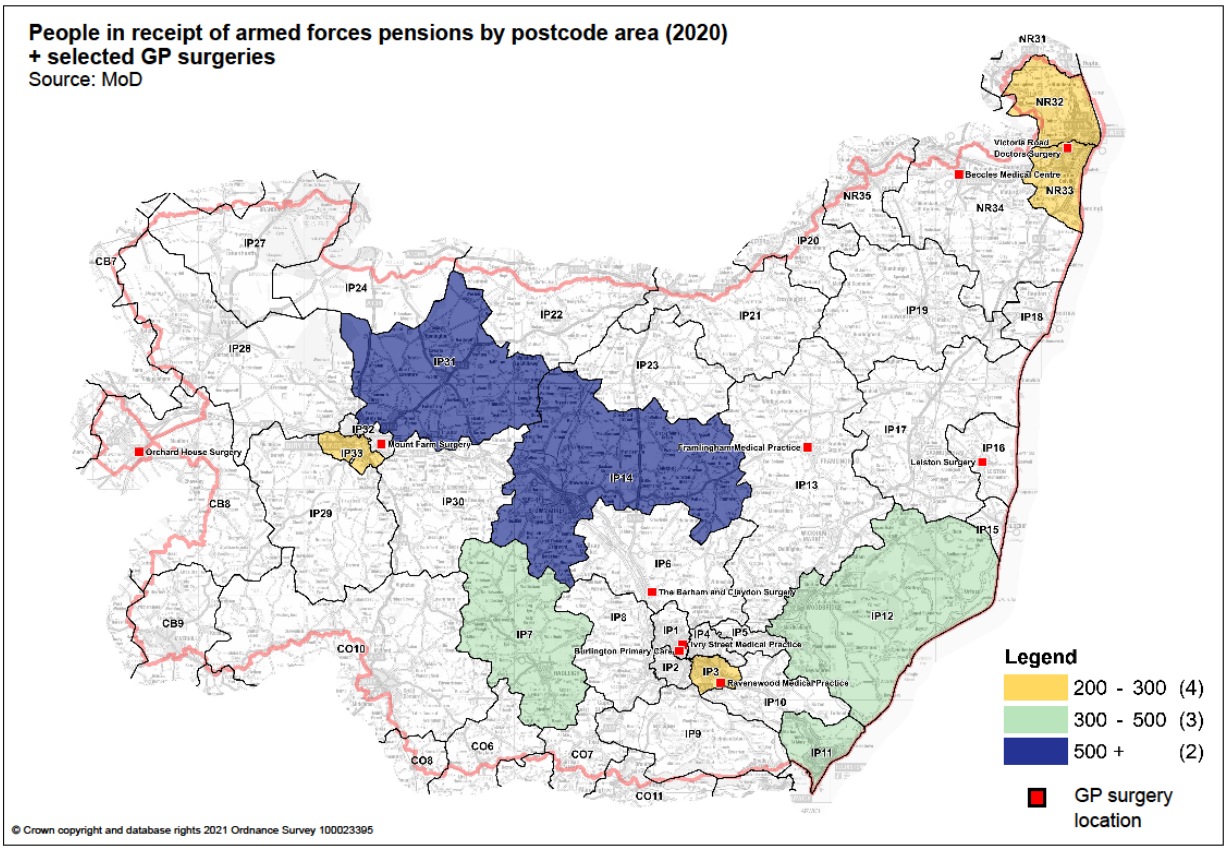

Figure 3: UK armed forces Veterans in receipt of MoD pensions, with locations of GP practices accredited as 'Veteran Friendly'

10.3.2 Service Provision for Veterans and Families

Analysis of the themes in the Suffolk Veterans' survey and discussion with local service providers reveal a number of gaps in the support available, which largely echo those identified in national and local surveys.

Access to housing support was the most cited concern from service providers; despite the support available through the Military Covenant, there is insufficient housing available. Support with accessing benefits for people on PIP was also a concern.

Mainstream mental health services (specifically NSFT) were perceived as inaccessible, not able to understand armed forces culture or to recognise or meet the particular needs of veterans with complex and enduring mental health needs. Veterans experience rejection from mental health teams unfamiliar with their needs, and a lack of care coordination, leading them to lose confidence in the service.

There is a lack of specialist provision for veterans and their families with dual diagnosis (alcohol/substance misuse alongside other mental health conditions). This is not just a concern for veterans, but a long-standing issue.

There is a general consensus amongst services supporting veterans (locally and more widely) that there are three main barriers for veterans accessing mainstream substance misuse services. Firstly, some veterans may prefer to be supported alongside other veterans. The second and third are more generic: veterans are more likely to be seeking support for alcohol misuse than for drug misuse, and may feel alienated from mainstream substance misuse services where drug misusers usually have a higher profile; thirdly, for many people with a substance or alcohol misuse problem, acknowledging the need for help is a crucial but difficult first step. Possible options for addressing these concerns locally include closer links with other services supporting veterans (this was being explored pre-Covid), attendance by Turning Point staff at Veterans' events and social clubs (to increase awareness of the support available), and veteran specific sessions at Turning Point if there is sufficient demand.

Mental health support for the families of both serving personnel and veterans is clearly lacking. (This is despite the need for family support being well-established in other areas of healthcare such as dementia-care and cancer services.) Some funded support has been available through Project Nova and Walking with the Wounded, and some support is available online, but commissioned services do not address the needs of family members themselves, and the missed opportunity to support veterans in their recovery from PTSD, alcohol misuse, or other mental ill-health.

PTSD: A PARTNER'S PERSPECTIVE

.."Living with PTSD is difficult and destructive. It wears you down so much that you no longer know how you feel... ..We're exhausted and damaged by years of tiptoeing around him and being treated like his soldiers... If you suspect that something is wrong, seek help and keep pushing...

Extracted from 'Coping with a veteran's mental health issues' a blog post for Mental Health Awareness Week, 2019

Reference: NHS England » Coping with a veteran's mental health issues

Key Points:

- There is a mass of information on the internet about local support available for veterans, but it is difficult to navigate. Local information on the Veterans' Gateway is limited.
- It is not currently possible to assess whether the range and availability of local services (commissioned and support services) meets anticipated demand
- Families and children of veterans (and serving personnel) have high levels of need but there is little dedicated support available.
- There has been an increase in Suffolk GP practices registering as Veteran Friendly but these are not located in the areas of Suffolk with highest density of veterans.

10. Conclusions

There are approximately 38,000 armed forces veterans living in Suffolk, of whom around 10,500 are of working age. Veterans are not evenly distributed across Suffolk, instead they are grouped in areas nearer current Army and RAF bases, in Mid Suffolk, East Suffolk and West Suffolk.

Whilst PTSD and suicide claim more headlines, depression and anxiety and alcohol misuse are more common amongst veterans. Younger veterans are more likely to have caring responsibilities, higher levels of debt and other factors that contribute to poor mental health. Higher numbers of young veterans have endured adverse childhood experiences prior to joining the armed forces than in the general working population. This, alongside other contributory factors, may contribute to the increased risk of suicide and mental ill-health for young service leavers and young veterans (the veterans at increased risk of suicide).

Nationally, recent evidence clearly shows that increased risk of mental ill-health is associated with combat; veterans (including reservists) who have been deployed in conflict operations have higher levels of PTSD, alcohol misuse and common mental disorders than those that have not. Veterans have higher levels of mental ill-health than serving personnel, though whether this is because mental ill-heath may precipitate discharge from the armed forces, or because the cultural difficulties often associated with transitioning out of the armed forces to civilian life exacerbate mental ill-health is not clear. Nonetheless, the majority of veterans enjoy good physical and mental health. Some veterans will require support, assessment and treatment, usually seeking help some while after leaving service. Amongst these are veterans with recurring, complex and severe needs who may need to return to treatment (in common with many people in the general population with severe mental health conditions).

There is a wide range of mental health service provision available for veterans in Suffolk, from a variety of organisations ranging from large military charities to small and localised social enterprises. There is no evidence that services for veterans do not have the capacity to meet the needs of individuals seeking support, and several have experienced a hold on demand due to the pandemic, but there is a lack of data to confirm or deny this. In addition to NHS and commissioned services, there is a very wide range of support from third sector organisations, some of which have a high national profile, others are small and localised. However, it is not always clear what service is best suited to meet what needs, and whether services work collaboratively to signpost to other services when required. Better data collection and data sharing would generate a more accurate understanding of demand and unmet need.

The views of Suffolk veterans on the availability and experience of local services (both specifically for veterans and mainstream mental health services), are mixed. There are planned developments in NHS services which should improve the experience of veterans requiring mainstream mental health services as well as provide more specialist support for veterans with high levels of need, and improve data collection across primary and secondary care. However, national data on the prevalence of mental ill-health suggests more veterans may require support in future than currently seek it. Barriers to access may include lack of knowledge about available support, adherence to a macho culture, or lack of perceived need. Lockdown has worsened social isolation and loneliness, as well as reducing access (or perceived availability) to services; moreover services should be alert to the impact of the pandemic on the needs of younger veterans who already experienced higher levels of unemployment, caring responsibilities and debt than their peers in the general population. The end of lockdown may potentially give rise both to an upsurge in demand and escalation in the level and complexity of presenting needs.

More work is needed to help individual veterans identify and act on the need available, both through improving information sites, developing peer support networks, and through raising awareness with GPs and other professionals of the vulnerabilities of early service leavers and combat veterans in particular. Commissioners should pay particular attention to the mental health needs of family members, which are poorly met by current provision.

11. Recommendations

1. **Proactively advocate to raise awareness amongst mainstream mental health services, primary care and other public services of the potential needs of veterans and their families**. (Including, but not limited to, housing). In particular for groups with particular vulnerabilities such as early service leavers, veterans who have been deployed on conflict operations, and veterans who are medically discharged from service due to mental ill-health. To aid this, ensure effective links are in place between the Armed Forces Wellbeing Group, Veteran Friendly GP practices in Suffolk, and ESNEFT (currently the only Veteran accredited NHS provider in Suffolk).

2. **Improve availability of information, and clarity of service offer for service providers operating in Suffolk.** Work with the Veterans Gateway to ensure that information about local commissioned services is included in service-information on the Gateway website and app. Consider ways of ensuring that local information portals (e.g. Suffolk Infolink) contain up-to-date information on services. In the absence of a national Kite mark for services supporting veterans, encourage organisations to demonstrate due diligence in regard to safeguarding and professional standards, and to include clear and consistent information on how veterans will be signposted and supported into other services if required. Services should also clearly communicate the duration of support/therapy if applicable.

3. **Encourage local services to clearly articulate a commitment to joint working with other third sector and statutory partners in order to better meet the needs of veterans and their families.**

Veterans should be able to trust services to help them access the right service to meet their needs, at the right time, whether they have entered the support pathway via TILS or sought help independently. A more coordinated approach with and across third sector services could improve accessibility and outcomes for veterans and their families, and efficiency of the support pathway.

4. **Improve data collection in order to better assess demand and changes in demand for services supporting veterans in Suffolk,** including breakdowns by gender, age, ethnicity and if possible period of service. Currently, data on service use for commissioned services are limited, not collected centrally in Suffolk, and not readily comparable across services Little is known about referral and access to non-commissioned services, or about the demographics and repeat-referral rates of referrals to commissioned services. Data in this report offer an insight into current use, rather than a baseline for assessing demand or changing need against anticipated prevalence.

5. **Obtain clarity on service provision for reservists** (when not mobilised).

6. **Consider establishing and promoting peer support, especially in the parts of Suffolk with the highest density of veterans.**
Existing social support groups, drop-in centres and breakfast clubs have been impacted by the pandemic, and may require support and volunteer training to re-start. Peer supporters, if appropriately trained and supported themselves, could bridge the information gap about where in Suffolk to go for help (and when), as well as reducing barriers to help-seeking amongst veterans by bridging the forces-civilian divide. Peer support models, with peers able to provide up-to-date information and helping to sustain social support networks, are already established in other areas of mental healthcare. Peer support should not be limited to veterans; partners and family members may also benefit from dedicated peer support schemes. Schemes such as the Veterans Community Network now established in Milton Keynes offer a model to follow. The Community Circles approach may also merit exploration, for veterans and families with complex and enduring needs.

7. **Encourage GP practices near current armed forces bases to become 'Forces Friendly' by seeking accreditation as Veteran Friendly GPs, and link representatives from Veteran friendly accredited NHS Trusts to the Armed Forces Wellbeing group.** Promote the sharing of good practice and information about local services with practices already accredited.

The 10 GP practices currently accredited are not located in the parts of Suffolk with highest density of veterans (in the vicinity of the armed forces bases). This will increase understanding amongst primary care staff in these areas about the potential vulnerabilities of veterans, the support available to veterans and their families, and the particular health challenges experienced by the families of serving personnel.

8. **Increase joint working and access to Veteran-specific services for veterans with alcohol misuse problems and their families**. As suggested by the evidence, this should include promoting earlier access to help in regard to alcohol misuse and concurrent support for alcohol problems alongside psychological therapies for CMD).

   Proactively support current plans for joint working between substance misuse services and veterans' services and support groups. Consider adopting the Family Force model recommended in recent research by Adfam, aimed at improving outcomes for both veterans and their families with substance misuse problems.

9. **Increase provision of mental health support (and psycho-education) for family members of veterans and serving personnel, including children.** The impact of caring for a veteran with severe and complex mental health needs is understood by service providers and researchers, but their needs are not yet met. Children of veterans with complex and severe mental health needs risk adverse childhood experiences themselves, potentially perpetuating a cycle of need. Consider how to secure funding for dedicated support for families, and increase signposting to support by primary care and other professionals. In addition, peer support networks could reinforce the rights of family members to experience better mental health, and to support them to access support when needed.

12. Equality impacts mentioned in the Health Needs Assessment

Please note terminology has been replicated from the Equality and Human Rights Commission. An additional row 'rurality' has been added in an effort to capture the rural nature of much of Suffolk.

This table represents a summary of key impacts/ findings for each characteristic, and is not a formal equality impact assessment.

Protected characteristics	Comment / Data / Information
Age	• There are approximately 38,000 armed forces veterans living in Suffolk, of whom around 10,500 are of working age.
Sex	• Around 10% of serving personnel are female. Little data is available on the numbers of women accessing services in Suffolk, so it is not possible to identify whether fewer women have so far needed to access services, or whether female veterans do not consider accessing support from veteran services. Two areas for further exploration were highlighted in discussions: alcohol misuse amongst female personnel in general, and the needs of female medics in particular.
Gender reassignment	• No specific research on this is included in the Health Needs Assessment
Disability	• There is no single source of data about veterans or their health needs. • The majority of armed forces veterans enjoy good physical and mental health. Hearing loss and musculoskeletal problems are the most commonly reported health issues. • Musculoskeletal problems are the main reason for personnel to be medically discharged from service. 13% of personnel medically discharged from 2001-2014 had a mental health problem. • Self-reported data on health and disability show physical health impacts increase with age, and are also associated with health inequalities.
Pregnancy and maternity	• No specific research on this is included in the Health Needs Assessment
Race	• No specific research on this is included in the Health Needs Assessment
Religion or belief	• No specific research on this is included in the Health Needs Assessment
Sexual orientation	• No specific research on this is included in the Health Needs Assessment

Marriage and civil partnership	• Families and children of veterans (and serving personnel) have high levels of need but there is little dedicated support available.
Rurality	• There has been an increase in Suffolk GP practices registering as Veteran Friendly but these are not located in the areas of Suffolk with highest density of veterans.

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