The mental health of soldiers returning from conflict

BACKGROUND

In every conflict to date, the MoD (Ministry of Defence) and the NHS have failed jointly to plan services to meet the mental health needs of soldiers. The 2003 Iraq War was no exception. Around this conflict the Mental Health Foundation campaigned for better mental health services for current and former servicemen and women. The campaign raised awareness about the high incidence of mental health and social problems in former servicemen and women who had been involved in conflict, the inadequate provision of effective mental health services, and the resulting psychological, social and personal costs to soldiers. The campaign aimed to encourage the MoD and the NHS to work together to create an effective ‘joined up’ solution. It also highlighted how over-stretched NHS mental health services do not have the capacity to cope with high numbers of former soldiers seeking specialist mental health services. Soldiers still serving are likely to seek treatment from Defence Medical Services, which are also under-resourced.

OVERVIEW OF CURRENT RESEARCH AND POLICY

- There is no evidence to show that preparing troops for trauma will be effective in preventing Post Traumatic Stress Disorder (PTSD). Unfocused debriefing has also been shown to have no ‘beneficial effect’ on PTSD.1
- MoD figures from the 1991 Gulf War revealed that 20 per cent of returning servicemen and women from that conflict were diagnosed with psychological problems, including depression, PTSD, suicidal thoughts, anxiety disorders and alcohol and substance abuse.2
- MoDs Figures also show that there is a prevalence of between 12 and 14 per cent of PTSD in soldiers who had fought in the last Gulf conflict.3
- The MoD Gulf War Medical Assessment Programme findings reveal troops are still being diagnosed with related mental health problems ten years after the first Gulf war ended. This suggests that MoD and NHS mental health services are not effective at finding and treating former soldiers with mental health problems.4
- MoD research also points to the fact that veterans with a delayed diagnosis become more severely ill than those recognised soon after the initial experience.5
- Questions in Parliament to the Secretary of State for Health about plans for dealing with the mental health consequences of the war revealed that the Department of Health had no plans to increase funding for specialist treatments and that it believes the incidence of mental health problems are the same in the military as in the civilian population. This cannot however, relate to those who have seen active service.6
Answers to questions also revealed that the MoD and NHS planned to use ‘the operational flexibility [we have] in the system to make sure that NHS mental health services can also be made available.’ Mental health services are already over-stretched and would be unlikely to offer sufficient flexibility to meet soldiers’ needs effectively.

Discussions with experts from the charity Combat Stress, which provides mental health and welfare services for ex-servicemen and women, reveal the charity has insufficient capacity to cope with the mental health needs of veterans from the recent war. Specialist treatments such as cognitive behavioural therapy and group therapy run by specially trained staff who understand troops’ needs are not available on the NHS.

Interviews with former soldiers from the Falklands conflict and the first Gulf War revealed that the macho culture of force life prevented soldiers from seeking help for fear of being seen as weak. This attitude also prevented senior officers from taking soldiers’ requests for help seriously.

The Defence Medical Services has only 58 per cent of the full-time military medics required to function effectively. They also need more than two thirds the number of psychiatrists that they have presently. They have only ten when they need 35 to function efficiently.

SOCIAL AND PSYCHOLOGICAL IMPLICATIONS

According to Shelter and the Government’s Social Exclusion Unit one in four homeless people are former members of the armed services. Thousands live rough or in sheltered accommodation. Many abuse drugs and alcohol. Returning armed services personnel often end up on the streets or with severe mental health problems.

In a survey by the homeless charity Crisis of ex-service people staying in hostels and attending day centres in Central London, some 41 per cent were found to have spent time in prison.

The South Atlantic Medal Association states that more ex-service personnel who served in the Falkland’s War have committed suicide than were killed in the war itself, with 329 cases of suicide confirmed.

The MoDs own figures show that more Gulf war troops committed suicide than were actually killed during conflict, with 107 post war suicides compared to 24 combat-related deaths.

TREATMENTS AND SERVICES

The Mental Health Foundation supports the implementation of evidence-based treatments and solutions for mental health caused by conflict or peacekeeping missions.

Evidence shows that the most effective treatments for Post Traumatic Stress Disorder include cognitive behavioural therapy, group therapy and exposure therapy.
Studies have also shown that medication may help ease associated symptoms of depression and anxiety and help with sleep. 13

**IMPLICATIONS FOR THE FUTURE**

- The Government has set goals of reducing suicide and homelessness in its *Suicide Prevention Strategy* and through the Social Exclusion Unit. Given the high levels of these problems amongst former members of the armed forces, targeting more resources on the mental health needs of this group is likely to have a considerable impact in meeting these goals.

- Provision of specialist treatments such as cognitive behavioural therapy and group therapy on the NHS is already patchy and difficult to access for the general population, let alone returning troops. Greater provision of these services, whether provided through the MoD or the NHS, would be an important component in addressing the mental health needs of returning troops more effectively.

- The current monitoring programme announced on 7 May 2003 by the MoD is welcome, but is limited in that it relies on troops seeking out help – when the evidence suggests many will not do so because of the stigma and discrimination that is keenly felt in the armed forces. The UK approach to monitoring is in contrast to that adopted in the United States, where all returning troops are given intensive interviews to assess their mental health needs.

- The UK also lacks a centre of excellence in PTSD. This potentially undermines our capacity to research more effective interventions and coordinate better services across the country. Again, this contrasts with the US, which funds a National Centre for PTSD.

- The long-term impact of conflicts on mental health show that it is not sufficient simply to monitor troops on their return. It is also necessary to track their mental health over a number of years, in case symptoms emerge at a later date. This requires appropriate mechanisms to be created to keep in touch with ex-soldiers and deliver expert assessment and treatment if necessary.

- To enable this longer term approach, NHS mental health professionals may need better training in working with members of the armed forces to prevent former servicemen and women dropping out of monitoring and treatment programmes.

- Mental health teams could also benefit by actively involving former members of the armed services, for instance through consultation or user groups. By engaging with their experiences, this should help professionals find and better support ex-services personnel suffering from mental health problems.

- Responsibility for these improvements will need to be shared between the MoD and the NHS. The changes imply an increase in or a better targeting of resources devoted to ex-services personnel. In addition, there are also likely to be considerable benefits in more coordinated working between the MoD and the NHS when developing a strategy for meeting the mental health needs of this group. Local authorities also have a key role to play.
REFERENCES


4 Smith, J. Minister of State for Health (6 March 2003) Written Questions to Parliament Ref 101082.


10 South Atlantic Medals Association (Sunday 13 January 2002) Falklands Veterans claim suicide toll BBC Online. See bbc.co.uk


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