**The Combat Stress Training Programme for Organisations to Improve Veteran Wellbeing**

**Module 3: Understanding and Responding to Veterans Who May Be Struggling with Poor Mental Health**

Welcome to module 3 which is the third of the four modules now available.

If you haven’t already, please go through modules 1 and 2 of the programme as they build on each other and do so at a pace that suits you.

Today, we’re going to consider how to understand and respond to veterans who may be struggling with poor mental health and there are three broad topics:

1. Recognise the common types of emotional distress following service
2. Feeling confident to sensitively raise the topic of emotional wellbeing
3. Providing appropriate support and signposting to services

Today’s training will be practical, educational and not therapeutic, but we all have our own relationship with mental wellbeing and if you are struggling at any point, please pause the training and take care of yourself and return to the training when you are feeling stronger. You can speak with a colleague and even return to complete the training with a colleague.

**Part 1: Recognising the common types of emotional distress following service**

Firstly, take a moment to reflect about emotional wellbeing and emotional distress which consists on a continuum. We’re all on this continuum. Please consider the types of emotional distress you have experienced or seen and while you do this, I want to introduce you to Dean:

*“Just months after I came out of training I was deployed to Afghanistan. During a firefight with the Taliban one of our sections got hit badly and we lost three guys from our platoon.*

*"I was so affected by what happened that I couldn't function, even after the tour. So in late 2008 I left the Army.*

*“I really struggled adapting to civilian life. I lived turbulently, gambled and neglected my family.*

*“I started having nightmares so I never got a proper night’s sleep.*

*“One day, it all became too much. I walked aimlessly for 40 miles until I reached a bridge. I was ready to jump, but then I thought about my family."*

*Dean was picked up by the police and taken to hospital. After some time in hospital Dean's local mental health team referred him to Combat Stress.”*

And we’ll catch-up with Dean’s story later but thank you to him for sharing his story.

There are many types of emotional distress: anger, low mood, depression, anxiety, PTSD, C-PTSD, grief and loss, sleep difficulties, alcohol and substance use, struggling to manage physical health conditions, difficulties relating (e.g. partner, family, colleagues etc.

Thankfully, the majority of veterans leave the service enriched by their experience but a small percentage do need mental health support:

* a small but significant proportion of veterans need mental health support
* for the first time, the rate of PTSD among veterans is higher than the rate of PTSD among serving personnel and the general public.
* PTSD is more prevalent than alcohol misuse among veterans who served in a combat role in Iraq and/or Afghanistan.
* the rate of PTSD among all UK veterans is 7.4%.
* the rate of common mental health conditions among all UK veterans is one in five (21.5%).
* difficulties include depression, anxiety, alcohol / substance use, anger problems

Before we consider these in detail, let’s think about how service personnel deal with these emotions while in the military. This can include support from comrades/unit; humour and camaraderie can be used, often quite dark humour; it can be useful and healthy to compartmentalise memories and experiences; sometimes there’s a necessary focus on staying focussed on the next goal/action; we all know that distraction can also be useful; alcohol or substance use can often be used.

How is the military addressing mental health? This involves TRIM (Trauma RIsk Management); trauma focussed peer support system; mental health awareness raising and campaigns featuring role-models who are speaking up about mental health difficulties. There is culture shift to have these open conversations.

Let’s take a moment to look at the most common areas of emotional distress that veterans may experience.

**Anxiety**

Some former servicemen and women struggle with feeling on edge, feeling on high alert and feeling 'jumpy' after they leave the military, when there may not necessarily be an immediate threat to their safety. This may be as a result of being exposed to actual threat to life for a sustained period, or periods of time, and/or witnessing unimaginable or traumatic things whilst serving. They were also trained to be prepared for action at any given moment and to expect and plan for the worst. On kinetic operations, to ‘switch off’ could mean death or serious injury for self or others, and to be ‘sparking’, on edge and high alert, may have saved lives – to relax may have been dangerous. It is understandable that it would be difficult to turn the threat dial down after leaving the military.

**Given this context, what do we mean by anxiety?**

Anxiety is a word we use to describe the body’s fear response. We have all experienced this and it can involve a threat to our wellbeing or a job interview, public speaking. This is a series of physical processes in the brain and body that happen in response to a threat. Often described as the fight/flight/freeze response, it is this response that we experience in feelings of being on edge or high alert.   This response has evolved in us was intended to be triggered by an external and mostly immediate threat. However due to our sophisticated brains, it can also be triggered by memories of historical threats or imagined scenarios, predictions and worries about future threats (real or imagined), thoughts, feelings and relationships. For some veterans, it is difficult to recognise feelings of fear or anxiety as they are trained to override them. Through training, they may learn to channel their fears into controlled aggression and so may experience anger rather than anxiety when under threat

**What are the kind of signs may notice to show that a veteran is struggling with anxiety?**

*Physically* – quick or shallow breathing, grinding their teeth, tightness in chest, blurred or tunnel vision, difficulties in eating, increased sensitivity to sound, sweaty palms, weak and unsteady,

*Emotionally/Mentally* – racing thoughts, restless, worried, unable to concentrate, detached from what’s going on, overriding sense of expecting the worst, fearing the safety of themselves or others, sleeping patterns affected

Signs of anxiety are individual and individuals won’t show all signs and some of them are internal signs.

Here now are some practical ideas and sensory techniques around how to cope with some of the difficulties we are taking about today. We are now going to refer to Sensory Snacks which is a one page handout available to be downloaded from Combat Stress’ website. This provides different ‘sensory techniques’ of advice that will help you deal with many difficulties.

* breathing – best wat to de-stress your brain.
* Blowing – if you’re tired, angry, blow up a balloon or football as this will encourage deep breathing and help regulate your brain which in turn helps curb anger, anxiety etc
* Sip and suck – having a bottled water with you and drinking it often will help as it helps keep your brain clear and alert. Sucking from a spouted bottle will help you de-stress even further.
* Fiddle to focus – use anything to fiddle with (paper clip, ribbon, pen); using your hands in this way takes your focus away from that overwhelming sense of anxiety and helps the brain to be more clear and regulated
* Moving – one of the most powerful to help the body de-stress. Regular exercise is the ideal way but getting up and walking around the house will help get oxygen into the brain.

You may wish to print these ideas and have them to hand and have a go at these techniques and encourage your colleagues to do the same and incorporate them into your day to day activities. They may not always be keen but having options available is important.

**Low mood**

So let’s move on now to low mood. Everyone can experience changes in their mood and we can all feel low at times, it’s natural. However, this can become a problem when: low mood is persistent; it impacts on how you behave; you are increasingly irritable; you have low motivation, feel lethargic and have no energy; you lack enjoyment in things that you used to enjoy; you feel hopeless; you have a poor appetite or are over-eating; you're experiencing poor sleep; you're taking less care of yourself.

At this point, I want to refer you to the ‘Combat Stress Self Help Guide’ but in particular the guide explaining the difference between low mood and depression. There are physical signs (tearful, moving /speaking more slowly, changes in appetite or weight, sleep difficulties), psychological signs (continuous low mood/sadness, feeling hopeless/helpless, feeling more irritable than usual), social signs (avoiding contact with friends, neglecting hobbies and interests, having difficulties in home work life) and behavioural signs (lack of energy, sex drive and little interest in activities).

If these signs persist for more than two weeks, veterans should be encouraged to visit their GPs and signposted for welling support.

**Post-traumatic stress disorder (PTSD)**

The final area we will look at in detail is Post-traumatic Stress Disorder. This is an anxiety disorder caused by very stressful, frightening or distressing events. Flashbacks (feeling as if the event is happening again) are perhaps the most well-known symptom of PTSD. However other re-experiencing symptoms, such as trauma-related nightmares, intrusive upsetting memories of the event, and strong physical and emotional reactions when reminded of the event are just as common. Although it often feels like PTSD symptoms come like a bolt from the blue, it is much more likely that they have been ‘triggered’ by a thought, feeling, or something in our environment.

What are the symptoms of PTSD? To struggle after a trauma is a normal part of recovery. For some, however, the difficulties will go on to develop into PTSD. ​

* **Re-experiencing -** this involves recurrent, involuntary, intrusive memories, re-living the traumatic experience(s) in the here and now (flashbacks), distressing dreams (nightmares), experiencing distress when confronted with reminders of the trauma, physiological reactivity after exposure to a reminder of the trauma
* **Avoidance -** of circumstances resembling or associated with the stressor, of trauma-related thoughts and feelings
* **Hyperarousal -** difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hyper-vigilance, exaggerated startle response, self-destructive or reckless behaviour
* **Altered mood/beliefs -** fragmented memory, negative beliefs and expectations about oneself and the world, self-blame, fear, guilt, shame and emotionally numb

How may this present in veterans that we support?

* **Avoidance -** hiding medals and military memorabilia in the loft and this could impact on life generally if veterans then feel a sense of loss of identity
* **Re-experiencing -** nightmares that wake veterans up feeling anxious and startled which can leave veterans sleeping on the sofa

Let’s now move on to grounding strategies that can help veterans cope with emotional distress, especially symptoms of PTSD. There are three categories – mental, physical and self-soothing grounding strategies. Here’s an example of a technique to distance oneself from one’s immediate thoughts. If you are supporting someone showing any of these symptoms, here are some examples you can use so that it helps take someone’s mind off something as the brain cannot think of two things at the same time:

**Mental Grounding Strategy (involves the mind)**

* Describe an everyday object
* Categories game – name a city, animal, fruit/veg etc. for each letter of the alphabet
* Make an inventory of everything around you
* Use a safety statement – “I am safe, it’s 2020, I am at home in…”
* Name out loud 10 things in the room that are square/rectangle, brown, white…
* Say the alphabet v..e..r..y... s..l..o..w..l..y... or say it backwards

**Physical grounding strategy (involves the senses)**

* Hum or sing
* Smell – spices, flowers, herbs, scented oils
* Have a shower or bath
* Look outside and count the trees, cars, birds
* Focus on your breathing – inhale, exhale
* Juggle with balls, keys, apples
* Taste something strong – lemon, mints, menthol sweets
* Make a shape out of plasticine, clay, Blu Tack…
* Twang a rubber band on wrist – to remind you of here & now
* Touch an object. Notice texture, temperature, colour, shape
* Run your hands under cold water
* Take a brisk walk
* Stamp feet hard, jump, snap your fingers

**Self-soothing grounding strategy (associated with calming or safety)**

* Think of a “safe place” where you have felt calm
* Think of a kind statement or look at a flashcard – “I am a good person going through a difficult time.” “I can get through this.”
* Picture people you care about
* Think of things you are looking forward to
* Plan a safe treat – a meal or desert, a book or DVD
* Think of favourite things, colours, animals, places
* Hold something comforting, blanket, something decorative, jewellery, picture/photograph, soft toy, something that makes you feel safe and calm
* Practise calming breathing/mindfulness
* Walk, garden, swim
* Carry a grounding object in your pocket

Model these behaviors and show what you’re doing as a team to cope with these difficult times.

**Part 2: Feeling confident to talk about emotional wellbeing**

You’ll remember from module 1 about the ‘power of a brew’. There are a number of conversations ‘starters’ that can help - “Would you like to talk?”, “May I ask about how you’re feeling?” “I notice you seem *[e.g. more frustrated than usual]*, how are you doing?”, “Can I check in
with you, are you ok? How are things going for you?”.

How will this emotional distress that we have discussed show itself in any activity based projects or organisations?

* You are running an activity that requires participants to work in small groups. A veteran participant takes the lead and starts to give instructions to other group members. One group member is struggling with their part, and the veteran seems frustrated. He starts raising his voice and getting impatient and snapping at other group members.
* You are co-ordinating a walking group. You are at the rear of the group and walking alongside a veteran who seems quite tired. He tells you he had a “few too many” last night, but laughs if off and changes the subject.
* You are delivering an activity project. In the instruction phase, a veteran is struggling to keep up with following the guidance provided. You can see she is getting frustrated and embarrassed she can’t keep up with others in the group. You hear her say, “What’s the point I can’t do this” and exit the activity.

These may be familiar scenarios. But take a moment to think about your own organisations and activities and how you approach these scenarios? Would you interview? Have a conversation? Make a metal note to keep an eye on the veteran? Have a word with a colleague?

You may wish to pause the training here and have a think about this.

For many of these scenarios, there’s no clear right or wrong answer. We need to gauge if this behaviour seems ‘out of character’ or is going on for longer than expected or is part of a wider pattern that is unusual?

Here’s an approach to feel confident to have these conversations… here are some examples you can adapt to your own style to open up the conversation… *May I ask about how you’re feeling? Would you like to talk? That sounds really tough, thank you for sharing this with me. Can I check in with you, are you ok? How are things going for you? I notice you seem [e.g. more frustrated than usual], have I got that right?* If they do share, show empathy and ask - *Have you been feeling this way more often than usual?*

Here’s a 4 step approach to help you.

**Listen** - Maintain eye contact, nod, use verbal fillers to show you are listening (Examples are: yes / sure / uh-huh…)

**Agree** - Agree, empathise and reflect back on what’s been shared:

* “What you’re going through sounds really tough.”
* “I can see how that would be stressful”
* “It’s ok to feel this way, it’s usual to struggle sometimes”

**Curiosity**

* “How can I / we best support you?”
* “What needs to happen for you to feel more at ease?”
* “What has helped in the past?

**Encourage**

* Provide encouragement that it’s ok to seek support to promote mental fitness.
* Seek help yourself if you are unsure what to advise. This is fine and can show courage and I hope you have signposting processes.

I hope this has provided you with a framework for feeling confident when having these conversations.

So what are the principles for responding to stress?

* Show empathy: “What you’re going through sounds really tough.”
* Dispel feelings of failure, blame, shame “I’m here to support you, we’ll find a way through together”
* Normalising that expression of emotion is healthy. “You’ve been through such a lot, thank you for sharing this with me.”
* Consider and check in regarding confidentiality of the information shared
* Consider organisational needs regarding documenting/record keeping
* Consider organisational needs regarding wellbeing and reflecting on your approach.

**Part 3: Providing appropriate support and signposting to services.**

This is the final part of today’s training session. I want to share now some information on how to spot signs of emotional distress. You’ll remember this slide from previous modules and it’s useful to keep it at hand – not only for veterans but colleagues and the for the organsiation more generally.

Living in the midst of COVID-19, there’s a low threshold about how people are feeling. Starting the conversation is an important first step.

But I wanted to share some information about veterans who are having thoughts about hurting themselves. Keep the three tier model in mind, **Ask**, **Care** & **Approach**.

* ASK: Ask directly, “Are you thinking about harming yourself?
* CARE: Actively listen, calmly share you are concerned and have a duty of care to keep him/her safe. Remove means of injury if it safe to do so.
* ESCORT: To their GP / A&E department of the local hospital. Wait with them until assessed by a health professional. Accessing help via NHS 111 or via phone is also a safe option. Call 999 if there is immediate risk to self or others.

In thinking more generally about emotional distress at the moment, put the topic of emotional wellbeing on the agenda; facilitate the sharing of ideas that are helping/hindering wellbeing and also routinely discuss the advantages of seeking extra support to promote emotional wellbeing at this time.

There are also further sources of support available – from websites such as Every Mind Matters to Mind but there also are apps which can be used: Headfit (tools for mental fitness): Calm and Sleepio (help to sleep): Catch It and Unmind.

In the final few minutes, I just wanted to remind you of the services offered by Combat Stress. This includes the 24/7 Helpline: digital and online support & education - [combatstress.org.uk](http://www.combatstress.org.uk/); psychological therapy which is available online / over the phone; interdisciplinary support across the UK; Buddy to Buddy Buddy Support Service but also support for partners and family members.

As we draw to a close, I just want to go back to Dean:

*“I was diagnosed with PTSD in 2018. Talking about everything had such an impact on me - I’m more open about my feelings now. And the support from the other guys …was amazing; being with other veterans who understood helped me have a different perspective.*

*“Things are going well for me at the moment. I still have my ups and downs, but I feel like I can cope.*

*“Now my life is about spending as much time with my family as I can. I still use what I learnt in occupational therapy to keep a good balance of everything and I still meet up with the guys from ITP: they’re part of my journey now.*

*“Since I got in contact with Combat Stress, I haven’t looked back.”*

This shows the power of psychological and occupational therapy.

Finally, I just want you to consider and put into practice:

* What is your top take-away for yourself / your organisation?
* What are your 1-3 actions/next steps for yourself / your organisation?

We’re now at the end of module 3 and congratulations for completing this module. The final module, which is module 4, is Building a Trauma-Informed Organisation.

We’d really appreciate your evaluation and feedback and at the end of this programme, there’s a simple self-assessment quiz. Once completed, you will receive a Certificate of Participation.

Thank you for your time, attention and commitment to supporting the veterans in your organisations.

**End**