

THE COMBAT STRESS TRAINING PROGRAMME FOR ORGANISATIONS TO IMPROVE VETERAN WELLBEING

Module 2: Understanding Why Veterans May Be More Vulnerable to Poor Mental Health

Transcript of Module 2:

Please note that as this document has been audio-transcribed from spoken material, there may be some minor grammatical inconsistencies within the text. This document has been made available to assist learners who prefer to learn by written rather than auditory methods.

Welcome to module 2, 'Understanding Why Veterans May Be Vulnerable to Poor Mental Health'.

Outline of module 2: we will be concentrating on three broad themes.

- *The unique culture of military and veteran life*
- *Encountering trauma during service and early life* – with this point, it's important to acknowledge that we all have our own personal relationship with trauma and if you find any topics we discuss to be distressing, please do what you need to keep yourself feeling safe and well.
- *Supporting transition from military to civilian life* – and building on the fantastic work you are already doing in your organisations to support transition.

Part 1: The Unique Culture of Military and Veteran Life

We want to start by taking a moment to reflect and hear from you about your thoughts about the unique culture of military and veteran life. What does this mean to you? What are some of the strengths inherent in military life? What could be some of the vulnerabilities?

And as you're doing this, I'd like to share some of Paul's story with you. Paul is a member of our Veteran's Voice network has given his permission to share this story...

Paul joined the RAF in 1989, aged 20. He served for 23 years, undertaking operations in the Middle East, North Africa and Afghanistan within the military intelligence arena.

I always had a fascination with aviation and aircraft. I wanted to get on a formal career path and to travel the world. I'd left school with only a handful of O-level qualifications, but the RAF

spotted that I had an aptitude for learning languages. I was subsequently taught three target languages over my career to a very high level, as well as completing several Masters degrees.

During my time with the UN, I saw horrific events linked to children - it threw my world upside down. I was a new dad at the time and on return home it became apparent to me that I wasn't the same person. However, I kept my concerns bottled up and just carried on without talking to anyone.

Paul gives a really good account there of the drivers for joining the RAF and his career path and how he used his gifts and skills but he also starts speaking in the last few sentences of the unique culture within the military and its impact on his ability to 'speak up' about his concerns.

There are some **key aspects of military culture** – when working with armed forces personnel or veterans, it's important that we are aware of the training methods, standards and values that the military employ. These are just some of the words that we hear when veterans talk about their time in the services.

- *Identity*
- *Belonging*
- *Collective purpose*
- *Shared values*
- *Stoicism*
- *Humour*
- *Camaraderie*
- *Unit cohesion*
- *Courage*
- *Respect*
- *Commitment*

Joining the services is not just a career – it's a life. The Armed Forces provide a career for a wide and diverse group of people and recognises the wide range of skills individuals, regardless of background, people have to offer. The Armed Forces provide qualifications and apprenticeships, facilitating the learning of new skills and trades and also provide opportunities for high-adrenaline sport and adventure.

Joining the military culture is a process often described as experiencing a culture shock. During recruitment, civilians are socialised, often by stripping them of their civilian identity and replacing it with a military identity. This new identity is infused by the values of duty, honour, integrity and courage etc that we have alluded to above and selfless commitment to comrades, the unity and the nation. This is part of breaking down the individualism to form the collective.

This is necessary when considering the high-risk roles that military personnel carry out. Working together is critical to surviving deployment.

We often hear about the armed forces described as a military family - can always be relied upon for support in time of need. The family that provides a home, food, a salary, healthcare, leisure pursuits, pastoral care and socialisation. This is all achieved within a fixed routine - with someone instructing on what to wear, where to go and what to do. Most military personnel and their families live on base - living, working, playing and socialising together.

There are pros and cons about this and as occupational therapists, we often talk about **occupational imbalance**.

It is heavily focused on teamwork and occupations are completed collectively (meals, living, protection, patrols, socialising etc.) Due to training and tours, there can be limited family life/contact and they are not able to undertake normalised occupations. Due to the system, most recruits do not learn basic life skills such as budgeting, cooking, how to rent accommodation, register with a GP or write a CV. Military training supports the creation of loyal teams - recruits develop a bond that transcends all others, even the marriage and family bonds we forged in civilian life. Veterans talk about struggling with not having this in civilian life.

However, there are also a lot of pros to being part of a military life. It offers a sense of belonging and self-worth but it also allows them to develop skills for particular jobs/tasks and develop leadership and problem solving abilities.

We've also discussed some of the strengths developed by the military service such as teamwork, commitment to serving others including society more generally; ability to work well within teams and hierarchy; commitment to excellence and a can-do attitude – all very positive strengths.

Some of these strengths however may also trip us up when asking for help and looking out for our mental health;

- Can-do attitude: *this can lead to perfection and overwork*
- Commitment to excellent: *drive to give 100% when 80% is OK and frustration with others who think 80% is ok*
- Ability to work well within a hierarchy –*can lead to uncertainty if this isn't obvious if the goals are not clear. It can also lead to frustration when others don't respect authority which can lead to conflict.*

These are some of the challenges veterans may face when transitioning to civilian life and make them more vulnerable.

Part 2: Encountering Trauma During Early Life & Service

We know that trauma encountered during service can be very traumatic but we want to take a step back and think about trauma encountered during early life and how this can impact on vulnerability to mental health problems developing later on in life.

Firstly, we just want to introduce you to the body of research on **'adverse childhood experiences'** as there's been a lot of research into the impact of this over the past decade and its impact on the health and wellbeing outcomes in adulthood.

This research reports 67% of the population have reported at least one adverse childhood experience and our researchers in Combat Stress - who have worked with nearly 400 veterans - revealed that 97% reported at least one adverse childhood experience.

What is an adverse childhood experience? This is defined as *traumatic events that happen in childhood and have negative, lasting effect on health and wellbeing*. This can include abuse, neglect and household challenges such as domestic violence. But there are some experiences which are adverse but which may not necessarily seem as such due to their frequency and this includes parental separation, divorce, bullying, victimisation.

This research shows that we all have colleagues, friends which have difficulties in childhood and this may be impacting on their ability to care for themselves and leading them to being more vulnerable to physical and mental health problems.

One eighth of the population reports four or more adverse childhood experience – the greater childhood adversity experienced, the greater the impact this can have on adulthood. Dr Robert Block said: *"Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today."*

But how does this impact on physical health outcomes?

When we all deal with stressful situations, the body releases cortisol which helps us deal with such situations. But when dealing with these situations as children – potentially for months or years, this raised cortisol level has an impact on our development, especially our brain development. Our brain cannot develop as we expect which then impacts on our cognitive ability, our social ability and emotional ability. As a result, we are more likely to potentially adopt risky behaviours (such as alcohol, substances smoking etc) to help cope with the difficulties of life. This makes us more vulnerable to disease, disability and social difficulties.

These powerful findings and research are now being used by health services, police services and educational services to understand how best to intervene and support individuals. We can't heal individuals but as practitioners, we can make sure that we are not harming or re-traumatising individuals either. This is a point we will be discussing in Module 4.

But we just want to take a moment to reflect on adverse childhood experience – what does this mean to you? Is this body of research familiar or new to you?

Going into the military is a **life defining decision**. It has a lot of attractive features but the armed forces does recruit in socially disadvantaged areas and there are various factors that can encourage individuals to join – both 'voiced' and 'unvoiced'.

- **Voiced** – desire to break free, wanting structure, positive change
- **Unvoiced** (less conscious) - sometimes, these may only become clear some years down the line but veterans have told us that this can include getting away from family due to problems; enabling someone to move from a position of powerlessness to a feeling of control and a hero's identity; a feeling of wanting to repair the past and prove one's self and have some self worth.

Part 2.2: Encountering Trauma During Early Life & Service

We'll now move on and discuss the trauma often encountered during service. But before we do that, we want to offer everyone an opportunity to grab 5 mins and stretch their legs/have a brew.

It's important that we note at the start that it's a myth that all armed forces personnel suffer from mental health difficulties. Those who encounter conflict are likely to be psychologically affected by it but majority won't suffer any long lasting mental health wounds as a result of their service. Most military personnel have positive experiences of service and deployment.

We know that veterans have various ways of dealing with trauma. We know that support from colleagues – right from the start – is extremely important. Staying focussed on the next goal/action is important and compartmentalising memories/experience is also used. Alcohol and psychological use is still an issue – although this is decreasing but talking about experiences and humour and camaraderie is also used.

Trauma experience during military service is experienced differently by different personnel.

"It takes a second for something to enter your head but a lifetime for it to leave!"

With the veterans that we see, we see that they have often experienced several different traumas. They often have traumas prior to entering the services (e.g. during childhood) and there are often traumas they do not wish to talk about (e.g. bullying or victimisation in the services), and within military families, there's often a mutigenerational impact of trauma.

King's College produced some research in 2018 which shows that:

- 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 1 in 5 (21.5%).

- Difficulties include depression, anxiety, alcohol/substance abuse, anger problems.

One last interesting point is that veterans dealing with alcohol issues is actually decreasing.

One of the reasons people don't come forward to discuss mental health difficulties relates to stigma. However, our research shows that this is changing which is good and veterans are coming forward quicker after leaving the services. On average, veterans approach us for help 13 years after leaving the service although veterans who have been to Iraq and Afghanistan come forward 4-6 years after leaving the service. This is a positive shift and can be attributed to the changing culture within the armed services around mental health while the UK is moving towards a more open culture about the impact of mental health. One of the positives from COVID-19 is that we are talking more about mental health and providing help remotely is making it easier for some to come forward and ask for support.

Part 3: The Importance of Transition from Military to Civilian Life

This is the final part of the presentation. Having thought about culture of military life and trauma, how can we build on what we're doing as organisation to support this important transition from military to civilian life.

Here are some quotes where veterans share their experiences about this transition:

- What am I supposed to do now?
- I've spent my entire adult life planning for or actually participating in combat.
- I can't just turn around and start over...

As we've shared, most veterans leave the military with good mental health. But a small but significant proportion do struggle but what kind of difficulties do they experience during this transition stage?

- This can include the advanced skills developed by military life and may not translate naturally to the job market place.
- Dealing with physical and unseen injuries such as emotional injuries.
- The natural difficulty of sharing experiences with civilian friends who may not 'get it'
- Life can be different without structure and mechanism of accountability and adapting to this new life can be challenging
- The mission that drives people in the services is absent – this may need to be filled with something else
- Grief is a big factor – real grief of lost comrades but also the grief of losing friends/peer group. There can be a sense of separation from that service identity.
- Practical considerations – finding employment, housing or money concerns
- Adapting to life back in the family unit as this can offer pros and cons

Given these challenges, many researchers have referred to this as the reverse **culture shock** with 6% of veterans struggling to adapt to life as a civilian. Many life skills (e.g. cooking, sorting accommodation) may need to be developed.

There are many support services available but as many as 6 out of 10 veterans disengage from support services.

There are many factors that can **influence transition and wellbeing** but it's important to think about why discharge has occurred because this will impact on any transition as well as their age, length of service etc.

There's a good quote from Eric Burleson which encompasses the 'separation from service'....

"Separating from the military is a traumatic event. That doesn't mean it's negative for most veterans, the separation event is a positive change. But the change disrupts almost every facet of life in some way, and the upcoming change and the change itself often causes anxiety, worry, pain slight/ discomfort, and sadness or depression... Difficulty in transition has nothing to do with how capable you are - and everything to do with how human you are."

The last sentence highlights how natural these experiences these are.

When thinking about the **differences between military and civilian life**, there's usually a set way to solve problems but veterans may have had very little need or opportunity to use the more nuanced approach we use in civilian life which can often be taken for granted.

Before we move on to think about the practical strategies of integration, we will just focus on what is meant by integration (i.e. becoming part of civilian life). Eric Burleson discusses this in the context of the way we try to make veterans more like civilians and less like service-people but this is an "insult". Goal is to make the military history identity live on.

So how we do build on the great work being undertaken by your organisations to support the transition from military to civilian life?

To begin with, it's important to consider that veterans are very structured, give 110% and expect the same and expect from us as staff and volunteers. To begin building trust, it's important that we show this commitment and being on-time, presenting confidence and being reliable are non-negotiables. It's about showing respect and demonstrating that we are worth working with.

We also need to be mindful that research tells us that early leavers – who have not completed their service - are at especially at risk of experiencing mental health difficulties.

All organisations supporting veterans play a vital role and we need to continue networking and supporting each other so that we are aware of what is available across the spectrum so that we can signpost, work together but also support a soft transfer to another organisation.

Cobseo is a good place to start looking at networking and scoping what's available but there's also more support available now for veterans with mental health (e.g. NHS, Combat Stress). It's also worth referring back to ideas from module 1 (building resilience, mental health) but also ensure that we as models are available to support.

Combat Stress does offer a 24/7 helpline for veterans and their families and partners. We offer interdisciplinary support across the UK (online and phone) and offer digital and educational support which is available via our website. We offer a peer support service using veterans who have been through our services and benefited and it's important to note that this support is available to family members and partners.

We are coming to the end of this session but we wanted at this point to return to Paul and his story. We talked about the importance of having open conversations about the value of seeking support and reaching out for help.

"On that very first call, just talking to someone really helped. I was reassured it was okay to feel this way. I began weekly one to one therapy sessions. I learned different techniques to cope with my feelings and experiences. It was an emotional rollercoaster, but it was a very good and thorough process."

"Life has definitely changed for the better."

"It's taken 20 years for me to come to terms with my experience but I've made sense of it now. Before I got help from Combat Stress, if any event triggered my PTSD response the world would immediately become a very dark place, but that's no longer the case."

We have shared a lot with you today – insights and actions and takeaways. We want you to take a moment now to consider;

- what has stood out for you, what is relevant to your organisation and the way you work?
- what are the 1-3 actions/next steps for yourself/organisation?

Please note that there is a Certificate of Attendance available and that will be available at the end of the year. There will be a self-assessment quiz for you to evaluate your own learning and once completed, you will be given your Certificate of Attendance. We will upload the record and materials to the training page and a big thank you for those who completed the evaluation last time – over half of the respondents completed them last time – and this was really helpful as we will evaluate the series fully before making any significant changes.

The evaluation form for this session is available at XXXXXXXXXXXX but we will be emailing you tomorrow with a link to the evaluation form.

