

Focusing on the mental health of treatment-seeking veterans

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INTRODUCTION

Each year around 20 000 members of the UK Armed Forces leave and become veterans, and it has been estimated that there are approximately 4.5 million veterans living in the UK.¹ Data from an ongoing survey of the health of the UK Armed Forces, conducted by King's College London, suggest that the prevalence rates of post-traumatic stress disorder (PTSD) are relatively low, that common mental health difficulties (CMD) and alcohol misuse are more prevalent, and that these rates have remained approximately consistent between the first two waves of data collection between 2006 and 2010.^{2,3} It should be noted that participants in this study were restricted to those who served within the UK military between 2003 and 2006, and has focused mainly on deployments to Iraq and Afghanistan. As such, this may not represent the entire veteran population as the majority of veterans living in the UK left service before 2003. The finding that rates of PTSD have not increased over time is reassuring and in contrast to patterns on escalating prevalence rates of PTSD noted in US veterans with increasing passages of time since their deployments to Iraq or Afghanistan.⁴ The third wave of this study is due to report this year, and it will inform whether prevalence rates of PTSD have remained consistent given that significant periods of time have now passed since the active operations to Iraq and Afghanistan came to an end.

Most individuals have successful careers in the UK Armed Forces and do not experience mental health difficulties. However a small, but significant, number of veterans do appear to be at increased risk of health problems and social exclusion once they leave service.^{1,5-8} This group of veterans present frequently to mental health services and are an under-researched group. Given this context, the focus of this editorial is on the needs of help-seeking veterans. By better understanding the needs of help-seeking veterans, this should allow for better support packages to be developed.

PREDICTORS OF MENTAL HEALTH PROBLEMS IN VETERANS

A variety of predictors have been highlighted as risk factors associated with mental health difficulties in military personnel. While not exhaustive, the following factors have been identified within UK military personnel. Preservice factors include childhood adversity and lower educational attainment.^{3,9} Service-related factors include being in the Army as opposed to the other service branches, having a combat role, lower rank and being an early service leaver.³ Postservic factors include having social networks that only consist of military peers compared with a mixture of civilian and military peers, and other factors include being out of work, single, younger age and being male.^{3,10}

BARRIERS TO SEEKING HELP

Military personnel have been observed to have a greater reluctance to engage in help-seeking for mental health difficulties compared with physical health problems.¹¹ A review of help-seeking for mental health difficulties between the militaries of different nations reported that only approximately a third of individuals sought formal support.¹² A number of potential barriers have been suggested within the literature. Broadly, these fall into two categories. The first are related to practical barriers to accessing help, for example, lack of knowledge about available service and feeling that non-military specialist services are inappropriate or won't be able to meet their needs.¹³ The second category is related to perceived negative stigmatisation or discrimination that could result from the disclosure of a mental health difficulty.¹⁴ Worryingly, there seems to be evidence showing that individuals who are experiencing mental health difficulties are also more likely to report a greater number of stigma-related barriers to engaging in help than individuals without difficulties.¹⁵

PRESENTATIONS OF HELP-SEEKING VETERANS

When looking at the wider veteran population, CMDs have been found to be the most commonly reported mental health difficulty. A different picture seems to

emerge when focusing on clinical samples. Data from a number of different countries imply that PTSD appears to be the most common difficulty in clinical samples of veterans.¹⁶⁻¹⁸

In the UK, there is an excellent body of research being conducted by King's College London exploring population-level data of the health of veterans. However, little work has been conducted exploring the needs of UK treatment-seeking veterans. Within the UK veteran population Combat Stress (CS) has completed a health survey sampling from a representative population of treatment-seeking veterans from across the UK. CS is a national charity in the UK providing veteran-specific mental health services. CS receives approximately 2500 new referrals a year. There were 3185 veterans engaged in treatment from CS over a 12-month study period. From this population 20% were randomly selected and asked to participate in the health survey. It is important to note that CS is only one provider of veteran mental health services, although they do receive significant numbers of referrals a year and operate across the UK. As such, limitations may exist to the generalisability of findings, but early exploration of this date has revealed some interesting themes.

The numbers of veterans seeking support have been increasingly steadily, and encouragingly veterans of the recent operations in Iraq and Afghanistan appear to be seeking support more quickly than their peers from previous conflicts.¹⁹ The paper in the current issue of *JRAMC* explored differences in health presentations between veterans residing in the different nations in the UK.²⁰ There seems to be little difference between the mental health presentations, but veterans residing in Scotland and Wales were at increased risk of alcohol misuse and those residing in Northern Ireland were older and reported significantly more physical health difficulties. Regional differences were also apparent in experiences of deprivation within treatment-seeking veterans.⁶ Overall, treatment-seeking veterans were observed to be at increased risk of living in areas classified as deprived compared with the general public. Further, veterans in Scotland were at the highest risk of deprivation. Being male, single, taking longer to seek support for difficulties and being unemployed were also associated with increased risk of deprivation.

A complex presentation of difficulties is emerging from this data set. PTSD was observed to be the most common mental health difficulty, replicating findings from studies of clinical populations of veterans

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in other countries.^{16–18} In addition, high rates of childhood adversity, comorbid mental health presentations, significant functional impairment and physical health problems were common. Considering the complexity of the needs that veterans are presenting with, more research is needed to better elucidate the types of support that are needed. For example, the International Classification of Diseases 11th Edition (ICD-11) is due to be released in 2018 and will for the first time contain a category for complex PTSD, which could have important implications for better identifying the needs of veterans presenting with a history of trauma.

Given the apparent high burden of need within treatment-seeking veterans, it seems imperative to explore whether this impacts on the health of significant others in their lives. A recent review of secondary traumatic stress within the families of veterans concluded that there was little evidence that the parents or children are increased risk but that the same could not be said for partners.²¹ There is a growing body of work demonstrating that the partners of help-seeking veterans are themselves reporting a high burden of mental health difficulties.^{22–25}

CONCLUSIONS

A study using data from the 2011 British Social Attitudes survey reported that The Royal British Legion was the most well-known service charity, but awareness of other large military charities was much lower.²⁶ As the operations in Iraq and Afghanistan have now ended, it is not clear how this will impact on the public's awareness of service charities and their resulting ability to raise funds. As reported above, there seems to have been an increase in the numbers of UK veterans coming forward for support for mental health difficulties, and this could provide financial challenges for those working within this sector to meet this increase in demand. Whether this is due to increasing rates of mental health difficulties or as a result of public health campaigns to tackle barriers to help-seeking is unclear. Based on consistency of mental health prevalence rates reported by the team at King's over the last 10 years, it seems prudent to favour the latter of these explanations. However, there is a need to continue to monitor the health of veterans from these conflicts to see if prevalence rates of PTSD may increase over the passage of time as witnessed in US veterans.

The needs of treatment-seeking veterans appear to differ from the wider veteran population. PTSD appears to be the most prevalent mental health difficulty that veterans seek support for. However, PTSD is not experienced in isolation and comorbidities appear the norm rather than the exception. It would seem that help-seeking veterans are presenting with complex and chronic difficulties that require an equally comprehensive multiagency approach to support.

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