Veterans in the UK: Issues Facing the ex-service community
• Introduction to the report
• Methodology and Research Process
• Overview of the ex-service community in the UK and the Big Lottery Fund

• Issues Facing Veterans in the UK:
  I. Mental Health
  II. Physical Health
  III. Criminality
  IV. Alcohol Misuse
  V. Unemployment
  VI. Housing Needs

• Overlooked groups of ex-servicemen: ‘Forgotten Conflicts’

• Summary and implications – ‘What can the Fund do?’
Introduction to the Report

• This is the 9th in a series of reports produced by Trajectory to help the Fund identify areas of emerging need across the UK.

• Each report provides either an overview of a set of topics or an in-depth analysis of specific issues. Previous reports are:
  
  – Q1 2014 – Overview of Need in the UK
  – Q2 2014 – Most in Need
  – Q3 2014 – Jobs & Skills/Poverty & Inequality
  – Q4 2014 – Childhood & Education
  – Q1 2015 – Poverty & Resilience
  – Q2 2015 – Community Cohesion
  – Q3 2015 – Ageing in the UK
  – Q4 2015 – Prevention in 2015

• These reports are all available to download on the BIG website: https://www.biglotteryfund.org.uk/research/research-round-up/foresight

• This report explores issues and emerging needs related to veterans in the UK
28 academic papers were used to review existing evidence around topics to do with veterans based in the UK, from statistical figures to medical studies that investigate ex-servicemen’s post-deployment physical and mental health.

Three crucial sources of up-to-date and reliable data were the Royal British Legion’s extensive household survey of the ex-service community, as well as research projects commissioned and funded by KCMHR (King’s Centre for Military Health Research) and ADMMH (Academic Department of Military Mental Health), two leading bodies in this area of research.

The evidence review took into account the multitude and complexity of issues faced by the veteran community in the UK and selected a set of issues that would most benefit from attention and support from the Big Lottery Fund by taking into consideration factors such as the changing age of veterans or overlooked groups of ex-servicemen (who may have served in Britain’s ‘forgotten’ conflicts).

Another consideration was the necessity to look at issues that occur with a prevalence that is much higher amongst ex-service personnel than it is amongst civilians. For example, levels of PTSD were fairly low among the overall veteran population – similar to levels suffered by the civilian population. Post-combat alcoholism and isolation among certain age brackets on the other hand, were much more prevalent among (ex)servicemen than they were in the general population.
<table>
<thead>
<tr>
<th>Organisation</th>
<th>Year</th>
<th>Title</th>
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<tbody>
<tr>
<td>BMJ (Editorial)</td>
<td>2011</td>
<td>Why do some ex-armed forces personnel end up in prison? – editorial responding to the Howard League’s original piece</td>
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<td>Forces in Mind Trust</td>
<td>2013</td>
<td>The Transition Mapping Study - Understanding the transition process for Service personnel returning to civilian life</td>
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<td>The Royal British Legion</td>
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<td>Literature review: UK veterans and the criminal justice system</td>
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<td>Uni of York and Centre for Housing Policy</td>
<td>2014</td>
<td>Meeting the Housing and Support Needs of Single Veterans in Great Britain</td>
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<td>Department for Business, Innovation and Skills</td>
<td>2012</td>
<td>Armed Forces Basic Skills Longitudinal Study: Part 1</td>
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<td>Journal of the Royal Army Medical Corps - BMJ</td>
<td>2014</td>
<td>PTSD, stigma and barriers to help-seeking within the UK Armed Forces</td>
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<td>Land Forces Post Operational Stress Management</td>
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<td>Ministry of Defence</td>
<td>2015</td>
<td>Location of Armed Forces Pension and Compensation Recipients As at 31 March 2015</td>
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<td>Ministry of Defence with Ministry of Justice</td>
<td>2008</td>
<td>Estimating the proportion of prisoners in England and Wales who are ex-Armed Forces; a data matching exercise</td>
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<td>Ministry of Defence</td>
<td>2010</td>
<td>Estimating the proportion of offenders supervised by Probation Trusts in England and Wales who are ex-Armed Forces</td>
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<td>Lord Ashcroft KCMG</td>
<td>2014</td>
<td>The Veterans’ Transition Review</td>
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<td>The Royal British Legion</td>
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<td>Literature review: UK veterans and homelessness</td>
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<td>NHS North-East &amp; North of England – Mental Health Development Unit</td>
<td>2013</td>
<td>A PRACTICAL GUIDE FOR WORKING WITH MILITARY VETERANS</td>
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<tr>
<td>The Royal British Legion</td>
<td></td>
<td>Meeting the Healthcare Needs of Veterans - A guide for general practitioners</td>
</tr>
<tr>
<td>Royal College of General Practitionans</td>
<td>2013</td>
<td>A PRACTICAL GUIDE FOR WORKING WITH MILITARY VETERANS</td>
</tr>
<tr>
<td>European Journal of Psychotraumatology</td>
<td>2014</td>
<td>PTSD IN THE MILITARY: PREVALENCE, ATHOPHYSIOLOGY, TREATMENT: The mental health of the UK</td>
</tr>
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<td>KCL</td>
<td></td>
<td>RANDOMISED CONTROLLED TRIAL (RCT) OF POST DEPLOYMENT MENTAL HEALTH SCREENING IN THE UK</td>
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<td>Occupation &amp; Environmental Medicine Journal – BMJ</td>
<td>2014</td>
<td>The prevalence of mental health disorders in (ex-)military personnel with a physical</td>
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<td>British Journal of Opthalmology – BMJ</td>
<td>2014</td>
<td>The mental health of UK ex-servicemen with a combat-related or a non-combat-related visual</td>
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<td>Journal of Occupational Medicine</td>
<td>2012</td>
<td>Third location decompression for individual augmentees after a military deployment</td>
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<td>Journal of the Royal Army Medical Corps – BMJ</td>
<td>2014</td>
<td>The mental health of the UK Armed Forces in the 21st century: resilience in the face of</td>
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<td>Ministry of Defence</td>
<td>2014</td>
<td>A study of deaths among UK Armed Forces personnel deployed to the 1982 Falklands Campaign:</td>
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<td>Demos</td>
<td>2015</td>
<td>‘Underserved’ - a report on veterans in residential care</td>
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<td>The Royal British Legion</td>
<td>2014</td>
<td>A UK HOUSEHOLD SURVEY OF THE EX-SERVICE COMMUNITY</td>
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OVERVIEW OF THE EX-SERVICE COMMUNITY IN THE UK
Definitions of veteran vary depending on whether the user is a government agency, engaged in determining who does and does not qualify for receipt of support and services due to their military standing, or wider publics who may have different views on what ex-service members need to have accomplished to be considered as deserving of veteran status.

For the purposes of this report, we have used 'ex-serviceman' and 'veteran' relatively interchangeably, and we have used the term 'ex-service community' to refer to veterans and their dependents.

For specific aspects of ex-service life, such as difficulties finding employment, or alcohol misuse, most of the sources of research used particular layers of the veteran population with a bias towards servicemen who had been deployed in conflict at least once.

We have also touched on veteran/serviceman dependents whenever relevant (such as when discussing levels of unemployment of serving/ex-serving females).

In 2007, the Adult Psychiatric Morbidity Survey estimated that at the time, 3,771,534 veterans were living in residential households in England. By 2027, this figure was predicted to decline by 50.4 per cent, mainly due to large reductions in the number of veterans in the older age groups (65–74 and 75+ years).

The UK Armed Forces has a turnover of approximately 10% each year meaning that large numbers of individuals who will have served during these conflicts will now have left and become veterans (Defence Analytical Services Agency, 2008).
Based on yearly summary and inflow statistics, it was estimated that 757,805 Personnel have undertaken regular Service between 1991 and 2014. Of these, 156,630 were still in Service in 2014; thus 601,175 became regular Veterans in this period.

For volunteer Reserve Forces, it was estimated that between 1991 and 2014 there were 253,406 Reservists of which 27,270 were still in Service and 226,136 had become Veterans. However it is important to mention that the estimates were less reliable, since inflow statistics were not readily available.

Table 2.1 Proportion of Service leavers from UK Armed Forces by length of service, by financial year

<table>
<thead>
<tr>
<th></th>
<th>2008/9</th>
<th>2009/10</th>
<th>2010/11</th>
<th>2012/13</th>
<th>TOTAL</th>
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<td>ALL SERVICES</td>
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<td>18260</td>
<td>18100</td>
<td>21360</td>
<td>79350</td>
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<tr>
<td>Less than 1 year</td>
<td>22%</td>
<td>29%</td>
<td>18%</td>
<td>15%</td>
<td>21%</td>
</tr>
<tr>
<td>1-5 years</td>
<td>28%</td>
<td>26%</td>
<td>31%</td>
<td>26%</td>
<td>28%</td>
</tr>
<tr>
<td>6-15 years</td>
<td>25%</td>
<td>23%</td>
<td>23%</td>
<td>28%</td>
<td>25%</td>
</tr>
<tr>
<td>over 15 years</td>
<td>25%</td>
<td>23%</td>
<td>28%</td>
<td>31%</td>
<td>27%</td>
</tr>
<tr>
<td>NAVY</td>
<td>4440</td>
<td>3720</td>
<td>3630</td>
<td>4310</td>
<td>16100</td>
</tr>
<tr>
<td>Less than 1 year</td>
<td>23%</td>
<td>30%</td>
<td>22%</td>
<td>10%</td>
<td>21%</td>
</tr>
<tr>
<td>1-5 years</td>
<td>28%</td>
<td>23%</td>
<td>25%</td>
<td>27%</td>
<td>26%</td>
</tr>
<tr>
<td>6-15 years</td>
<td>23%</td>
<td>20%</td>
<td>23%</td>
<td>30%</td>
<td>24%</td>
</tr>
<tr>
<td>over 15 years</td>
<td>27%</td>
<td>28%</td>
<td>30%</td>
<td>33%</td>
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<tr>
<td>ARMY</td>
<td>13080</td>
<td>11540</td>
<td>11470</td>
<td>13190</td>
<td>49280</td>
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<tr>
<td>Less than 1 year</td>
<td>25%</td>
<td>30%</td>
<td>19%</td>
<td>19%</td>
<td>23%</td>
</tr>
<tr>
<td>1-5 years</td>
<td>32%</td>
<td>30%</td>
<td>37%</td>
<td>30%</td>
<td>32%</td>
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<tr>
<td>6-15 years</td>
<td>25%</td>
<td>22%</td>
<td>23%</td>
<td>27%</td>
<td>24%</td>
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<tr>
<td>over 15 years</td>
<td>18%</td>
<td>17%</td>
<td>21%</td>
<td>24%</td>
<td>20%</td>
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<tr>
<td>RAF</td>
<td>4120</td>
<td>2990</td>
<td>3000</td>
<td>3860</td>
<td>13970</td>
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<tr>
<td>Less than 1 year</td>
<td>14%</td>
<td>21%</td>
<td>8%</td>
<td>5%</td>
<td>12%</td>
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<tr>
<td>1-5 years</td>
<td>15%</td>
<td>11%</td>
<td>13%</td>
<td>12%</td>
<td>13%</td>
</tr>
<tr>
<td>6-15 years</td>
<td>27%</td>
<td>26%</td>
<td>27%</td>
<td>29%</td>
<td>27%</td>
</tr>
<tr>
<td>over 15 years</td>
<td>44%</td>
<td>41%</td>
<td>57%</td>
<td>55%</td>
<td>48%</td>
</tr>
</tbody>
</table>

Source: MOD 2013 FOI request data
75+ veteran community has gone up 18% since 2005

AN AGEING AND DECLINING ADULT EX-SERVICE POPULATION

46% OF THE EX-SERVICE COMMUNITY ARE NOW AGED 75+

- COMPARED WITH 28% IN 2005

Source: British Legion UK Household Survey of the ex-service community; 2014
The projected size of the ex-service community in each of the devolved nations is as follows:

- **England:** 4,070,000
- **Scotland:** 430,000
- **Wales:** 310,000
- **Northern Ireland:** 110,000

Furthermore, the household survey operates under the assumption that some 20,000 veterans will join the ex-service community each year.

46% of ex-servicemen are now over the age of 75, compared with just 10% of the general UK population, which is the result of the longest period of conscription in UK history (1939-1960) due to the Second World War and National Service.

Source: British Legion UK Household Survey of the ex-service community; 2014
How many people leave the Armed Forces each year?

- Ex-Service community: 6.1 - 6.2 million people: about 9.5% of the UK population
- Average age of the adult ex-Service community is 67 years, compared with 47 years for the general adult population
- Six in ten veterans (58%) had been deployed on overseas duties
- A substantially lower proportion lives in Greater London and a slightly higher proportion lives in the South West and Yorkshire and Humberside.

Sources: The Veterans’ Transition Review – Lord Ashcroft KCMG, 2014
A UK Household Survey of the Ex-Service Community
The report generally looks at veterans and ex-servicemen who have served in the following military interventions:

<table>
<thead>
<tr>
<th>Conflict</th>
<th>No. of personnel</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>World War Two</td>
<td>4,683,000 troops (at peak strength) - Over 450,000 casualties (including British</td>
<td>According to a BMJ article (‘Why do some ex-armed forces personnel end up in prison?’), veterans returning from WW2 were not seen as heroes at the time, but more as potential social problems, which may have affected their reinteg</td>
</tr>
<tr>
<td>(1939-1945)</td>
<td>colonies) - 1,000 veterans of the second World War living in Liverpool alone.</td>
<td>ration into society. The return of veterans following years of combat and bombardment was highly disruptive to their family lives and followed by an unprecedented rate of divorces.</td>
</tr>
<tr>
<td>Gulf War ('Operation Granby')</td>
<td>53,462 troops deployed</td>
<td>‘Gulf War Syndrome’ emerges, initially medically unexplained. Health related consequences attributed to exposure to depleted uranium shells.</td>
</tr>
<tr>
<td>(1990-1991)</td>
<td></td>
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<tr>
<td>Afghanistan</td>
<td>454 casualties. In summer of 2015, 4000 troops were reported to still be stationed in</td>
<td>Then combat personnel were deployed in Iraq and Afghanistan, the legacy of the Gulf War still loomed large, which exacerbated anxieties due to staff being deployed to the same region.</td>
</tr>
<tr>
<td>('Operation Enduring Freedom', Operation</td>
<td>Afghanistan. At the peak of the conflict around 10,000 personnel were deployed.</td>
<td></td>
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<tr>
<td>Crescent Wind)</td>
<td></td>
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<tr>
<td>(2001-2014)</td>
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<tr>
<td>Iraq ('Operation Iraqi Freedom')</td>
<td>Initially, a total of 46,000 British were troops sent – retreated in 2011. Of these,</td>
<td>Operation Telic was one of the largest deployments of British forces since World War II.</td>
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<tr>
<td>(2003-2011)</td>
<td>about 9,500 reservists.</td>
<td></td>
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<tr>
<td>1982 Falklands campaign</td>
<td>25,713 UK Service personnel survived. 255 casualties.</td>
<td>As of 31 December 2013 there were 1,478 deaths among the Falkland veterans. This is fewer that would be expected compared to similar age and gender specific mortality rates in the UK population (estimated 2,228 deaths).</td>
</tr>
<tr>
<td>(April 1982)</td>
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</table>
ESL – Early Service Leavers

ESL struggle in the labour market, with only 52% reported to be in education, training or employment six months after leaving.

Discharged either electively or compulsorily while under training, or those trained personnel who are discharged compulsorily for disciplinary matters, and are therefore eligible for a much-reduced resettlement provision, which makes them less prepared to deal with issues related to daily civilian life.

More likely to be at risk of offending, unemployment, alcoholism, homelessness (in more extreme cases) or mental health problems.

Discharge from the Army is usually associated with holding a junior rank, completing less than 5 years military service, having a combat role, being male and receiving community mental health team treatment prior to admission. Hospitalisation for a mental health problem in a military context is associated with a low rate of retention in service.

Source: The Veterans’ Transition Review – Lord Ashcroft KCMG, 2014
KCMHR Occupational Outcomes in Soldiers Hospitalised with Mental Health Problems - Major Norman Jones
• Personnel deployed in this conflict had a high risk of exposure to toxic and chemical elements, including pesticides and depleted uranium shells, hence the term **GWS (Gulf War Syndrome)**, or **GWI (Gulf War Illness)** to describe a set of symptoms experienced by troops who were deployed to Iraq or Kuwait.

• 2012 MoD statistics revealed that Gulf veterans report more illness than those who were not deployed to the Gulf, but the patterns of symptoms are similar to those experienced by personnel who did not deploy, and overall severity of the symptoms is not high.

• Symptoms included chronic fatigue syndrome, multiple chemical sensitivity, irritable bowel syndrome and dental amalgam disease.

• It is important to mention that the syndrome was coined at a time when there was no significant body of research into the link between emotional and mental stress and physical symptoms or syndromes. Thus there is a risk of the stress / mental component of the symptoms having been under-researched.

Source: Gulf War syndrome – has it gone away? Advances in Psychiatric Treatment (2008)
A 2009 KCL study found Gulf veterans were two to three times more likely to report 53 different symptoms, including chronic fatigue and nerve pain, compared with soldiers deployed to Bosnia.

None of the symptoms were unique to the Gulf War, but they were experienced in far higher numbers.

According to Neil Greenberg, a professor of defence mental health at KCL, these can be classified as medically unexplained physical symptoms.

A single, tangible cause of the Gulf War health effect has yet to be discovered. However, it seems that the UK’s Iraq War veterans do not as yet seem to be experiencing a repeat of the Gulf War syndrome (authorities should not however, rule out the possibility of this happening – it is not known exactly how long after the Gulf Conflict the first syndromes were reported).

Fig. 2 Comparison of health effects on veterans of the 1991 Gulf War and of the Iraq War. Telic, current Iraq deployment; Era, non-deployed personnel of Gulf War era. After King’s Centre for Military Health Research (2006), with permission.
The role of Big Lottery Fund

- Core to the Fund’s remit is to identify areas of social need and fund schemes and projects that help alleviate this need.

- In recent years the Fund has funded a number of different schemes supporting veterans – although the majority of these have been through its Heroes Return funding strand (which has now ended).

- Analysis of the Fund’s FMS database suggests that 40 projects serving the needs of veterans have been funded through Reaching Communities and Awards for All since 2013.

- Going forward, projects that both commemorate ex-service personnel as well as addressing social needs through this commemorative process may prove beneficial in that they aid the veterans’ psychological well-being and help maintain the successful transition status of ex-servicemen. This is especially important going forward due to the ageing factor – as we will see in the report, the UK’s veteran population is significantly older than it was a decade ago.
Veterans Reunited programme – aimed at bringing generations of people in the UK together to commemorate the 60th anniversary of the end of the Second World War. The programme consisted of 3 strands:

1. **Heroes Return**
   - over 39,000 Second World War veterans, their spouses, carers, widows or widowers, visited sites around the world where they served during the War
   - hundreds of veterans volunteered to work with young people to share their memories of the War

2. **Their Past Your Future**
   - diverse projects and activities took place in 117 museums, libraries and archives, which in turn joined with over 188 local partners and community groups
   - hundreds of veterans worked with young people

3. **Home Front Recall**
   - commemorative events and projects took place in the UK for those who served in the UK during the war, such as RAF ground crew, shore-based Navy staff, evacuees, fire fighters, the Land Army, Women’s Royal Voluntary Service and the Bevin Boys

**Achievement:** people’s knowledge and understanding of the War has both widened and deepened, especially for younger generations.
Since 2011, the Fund have supported 20 projects that support the needs of veterans through the Reaching Communities or Reaching Communities Buildings programmes.

While other programmes (such as Heroes Return) serve a commemorative function, these help communities address acute needs.

The majority of these projects address mental ill health problems or multiple and complex needs (homelessness, substance misuse, offending etc).

Major projects funded recently include:

- AF & V Launchpad, 2015 – supporting Early Service Leavers or institutionalised veterans finding it hard to transition to civilian life.
- Surf Action, 2012 – helping to improve the wellbeing of combat veterans suffering from post traumatic stress disorder through surfing and beach activities.
- Dig in North West CIC, 2015 – pilot project supporting Veterans and those still serving but sick at home, especially those with mental health issues. Project will offer horticultural opportunities as the chance to develop new skills.
ISSUES FACING THE VETERAN COMMUNITY
Needs and support: Identifying Priority Groups

40% of the adult ex-Service community has some difficulty with health/wellbeing.

PRIORITY GROUPS

1. The oldest and most infirm (widowers living alone).
2. The divorced and separated (isolation / mental health).
3. Those aged 16-54 with health problems relating to their military Service.
4. The youngest and most recently discharged from military Service.

Half of the community affected by long-term illness or disability, most often a physical condition.

Isolation / mental health issues particularly affect those aged 35-54.

5% report some unmet need for support, rising to 25% among the unemployed.

Reported mental health problems have doubled since 2005. Only 5% have sought help for mental health problems.

Source: A UK Household Survey of the Ex-Service Community (2015)
I. MENTAL HEALTH
Mental Health among UK Veterans – Key Points

Causes

• Despite the intense tempo of UK military operations over the past 9 years, the mental health of the UK Armed Forces as a whole seems to remain broadly comparable to the UK civilian population.

• There is evidence that military service provides a route to better social and mental health outcomes for some young people who might otherwise not have ready access to rewarding employment, training or higher education.

• Strong association between weaker unit cohesion, low morale, and poorer perceived leadership with common mental health disorder.

• Whilst efforts have been made to develop validated methods of screening there is consistent lack of evidence of the effectiveness of screening programmes or evidence that screening increases the utilisation of mental health services.

Post-Deployment Mental Health Overview

• According to Combat Stress, most personnel deployed do not experience lasting mental wounds as a result of their service. However, around 1 in 25 Regulars and 1 in 20 Reservists will report symptoms of PTSD following deployment in Iraq or Afghanistan - this is however very similar to the rate in the general population.

Operational Stress Management: Stages

Post-Operational Stress Management: Stages

Operational Theatre

Stage 1 - Decompression
In or Near Op Theatre
1-2 Days

Stage 2 - Normalisation
Home Base/Barracks

Stage 2(A)
Regular Personnel (Unit & IA)
Barracks
2-5 Days

Stage 2(B)
TA and RR Personnel
RTMC
Demobilisation Package

Stage 2(C)
AEROMED Personnel
RCDM/Role 4\(^1\)

Stage 2(C)
AEROMED Personnel
Rear Party

Stage 3 - In Service Support
Unit and Chain of Command

Stage 3(A)
Unit Duty of Care

Stage 3(B)
TA Soldier returns to unit

Stage 4 - Aftercare
Termination of Permanent Service

PWOT (psychological welfare of troop personnel) is part of the army’s enduring obligation to its troops and must be considered during all stages of the operations process.

For the majority of personnel, the Post Operation Stress Management (PSOM) process is a positive experience although a one-size-fits-all approach is not recommended – policies must be tailored to circumstances of individuals.

Source: Land Forces Post Operational Stress Management by General Sir Peter Wall (2010)
Decompression Programmes (TDL, or third-location decompression)

- Decompression entails placing service personnel into a formal, structured, and monitored environment away from the area of combat immediately after deployment is finished in order to help individuals wind down and re-adapt to civilian live and a routine, peace-time environment.

- May be of particular importance due to the appearance and widespread use of RPAS (remotely piloted aircraft systems, or drones) – particularly to ensure that combat personnel operating these do not develop a detached ‘video game mentality’. The UK Armed Forces are seeking to differentiate themselves from UK counterparts by being more transparent with regards to use of RPAS.

Important to mention that attention typically focuses on the minority who fare badly and become socially excluded, such as those who are homeless, commit suicide or have severe mental health problems. Most transitions to civilian life are successful.

Source: King’s College London - Health and Social Outcomes and Health Service Experiences of UK Military Veterans

Source: House of Commons Library - Overview of military drones used by the UK armed forces (2015)
Due to its comprehensiveness, research on PTSD amongst army personnel in the US is often used to compare against UK troops. Rates of PTSD appear to be lower in UK than in US personnel, despite similar measures of prevalence being used. This reinforces the following two factors as being instrumental in the onset of deployment-related PTSD:

1 – Differences in combat exposure
In a 2003 Iraq study 53% of UK personnel reported coming under artillery, rocket, or mortar attack, compared to 86-92% for the studied US forces.

2 – Demographic specificities: younger age/lower rank
US forces tend to be younger, of lower rank, and contain more reservists, who are believed to have increased vulnerability to post-deployment mental health problems in both countries.

Overall, rates of PTSD in UK military personnel have not increased following deployments to Iraq or Afghanistan; however, specific subgroups are at increased risk of PTSD.

Veterans from Northern Ireland make up the largest proportion of help-seekers. There has also been an increase in demand for support for mental health difficulties from the ‘Combat Stress’ charity, with a sharp increase in the numbers veterans from the conflicts in Iraq and Afghanistan being referred in recent years.

Pre-deployment

Mental health screening pre-deployment in the context of the MoD having to compete with more compelling employers.

Poor pre-service circumstances may determine development of mental health problems after combat and may become ESL (early service leavers) - Suicide risk is positively correlated with a short length of service, and holding lower rank.

Post-deployment

Handing over post-service psychiatric care to the NHS to ensure that a diagnosis gap does not occur.

Self-medicating with alcohol/drugs and refusing to ask for help due to stigma around mental health.

HCPs may treat any physical health problems as a higher priority than treating mental health problems and may not refer veterans to psychological therapy services.
# Stigma - Barriers to Help-Seeking

## Experiencing Stigma

| Internal and external stigma – the former relates to how one views oneself as a result of experiencing mental health problems while the latter relates to being seen as weak, or losing the trust of colleagues. |
| The UK Armed Forces have introduced a number of interventions to support help seeking behaviour. More needs to be done to target individuals who experience internal stigma, which is a stronger barrier to seeking help. |

| Historically, stigma was encouraged within the Armed Forces to act as a general deterrent against disobedience (the RAF in 1940s). History of military leaders viewing service personnel who had accessed mental health services more negatively than their peers. Additionally, psychological resilience is highly valued within the armed forces. |
| Soldiers with mental health problems who are evacuated from deployments are more likely to be prematurely discharged from the UK Armed Forces. |

| Negative beliefs around mental health and accessing help to combat mental health issues mirror the belief the general public holds, and thus the numbers of ex-service troops accessing mental health services is similar to the number of members of the doing so – one would however expect the numbers among veterans to be higher given the increased psychological risk that comes with combat. |
| Negative public stigma about mental health within the Armed Forces has been internalised by service personnel to form negative beliefs which are activated by symptoms and negatively influence self-esteem and motivation to seek help. |

| Younger / less senior members of personnel tend to be the ones who benefit from post-deployment treatment (decompression) the most. |
| Mistrust in UK military medical services has also been documented. |

Source: PTSD, stigma and barriers to help-seeking within the UK Armed Forces – British Medical Journal 2014
A 2014 Combat Stress study published in the International Journal of Emergency Mental Health and Human Resilience found that over the last 20 years, there has been nearly a fourfold increase in the numbers of veterans seeking support from a UK national mental health charity.

In recent years the sharpest increase in demand has come from veterans who had deployed to Iraq and Afghanistan, who tend to seek help sooner than their colleagues who had deployed to previous conflicts.

The data presented in the paper suggested that there will continue to be an increase in the numbers of veterans seeking support for mental health difficulties over the coming years. Part of this trend is the tendency to be referred more quickly by mental health professionals. This can be seen as a result of ongoing anti-stigma campaigns.

The finding mirrored a recent trend among the general public in England as well - an increase in referrals to mental health services without an accompanying increase, or only modest increase, in rates of mental illness.

There is evidence to suggest that attitudes around mental health are shifting even within the armed forces, but servicemen are still more likely to attend physical health appointments than they are mental health ones. Leaving deployment due to mental illness is nearly synonymous with leaving via an early discharged, which, as previously shown, increases the chances of difficulties readapting to civilian life.

The study also found that there were significant gaps in knowledge related to veterans’ referral rates to the NHS (as opposed to a veteran supporting charity).

Source: Exploring Patterns in Referrals to Combat Stress for Uk Veterans with Mental Health Difficulties between 1994 and 2014
There was also a small increase in the mean number of deployments that veterans had been on before they sought help, from 1.12 at the beginning of the graph to 1.76 deployments for those who referred in 2014.
Northern Ireland veterans were the largest group and the numbers being referred have increased over time. However, it is important to mention that Northern Ireland veterans make up the largest proportion of referrals as these deployments involved the largest number of military personnel over the longest period of time.

The largest increases in the last few years were veterans from Afghanistan and Iraq, but the difference in numbers may reflect the differences between the total numbers of military personnel involved in each conflict.

Among Iraq war veterans, there was an increase from 2003 onwards. The slope of veterans deployed to Afghanistan however appeared to remain relatively low from 2001 until 2008. Subsequently, the rate of Afghanistan veterans being referred to CS has increased and overtook those from Iraq in 2011.

Source: Exploring Patterns in Referrals to Combat Stress for Uk Veterans with Mental Health Difficulties between 1994 and 2014 - International Journal of Emergency Mental Health and Human Resilience
The Impact of Deployment on Immediate Family and Children

- To gain an adequate understanding of the human cost of war, the psychosocial impact of combat and homecoming of military personnel on their families must also be considered.
- The relationship between homecoming and marital health is complex – deployment and extensions to deployment may have a negative effect on spouses’ mental health, potentially contributing to a higher prevalence of anxiety and depression among these. The psychosomatic state of the spouse will then inevitably have a tangible and impactful effect on the stress levels in the children of those deployed.
- The absence of military personnel during life-changing phases and periods such as pregnancy is also a well-documented cause of further mental health disorders in spouses – a 2008 Robrecht et al study quoted in the review states that this absence is correlated with a threefold increase in the possibility of spouses suffering post-partum depression.
- Some spouses have been inhibited from seeking help for mental health problems due to the fear that if this becomes public, it may have a negative effect on their partner’s military career or be seen as ‘weak’. Furthermore, being a single parent with an absent partner makes them much less likely to be able to take adequate time off work in order to have their mental health needs attended to.
- Military personnel who are affected by PTSD on their return and report trauma symptoms such as dissociation, anxiety, sexual and sleep problems, which are significantly associated with reduced relationship satisfaction,
- However, Renshaw et al. (2008) found that the spouse’s perception of symptoms and level of combat exposure of military personnel were key in mediating spouse’s psychological and overall relationship health.

Source: The impact of deployment to Iraq or Afghanistan on military children: A review of the literature - International Review of Psychiatry, April 2011
II. PHYSICAL HEALTH
Overview of UK Veterans’ Physical Health

• Over half of the adult ex-Service community reports some current illness or disability expected to last at least a year, rising to six in ten who have ever suffered from a long-term condition.

• The poorer health outcome of reservists following deployment is a major concern – prevention amongst reservists should be addressed more.

• Those in the ex-Service community of working age are more likely than the general population to report having musculoskeletal problems, hearing difficulties or depression, or some condition that limits their activity.

• One in five veterans with a long-term illness attributes it to military Service; particularly musculoskeletal problems, hearing problems and mental illness. Over half of veterans aged 25-44 with a long-term illness attributed it to their Service.

The majority of those with a long term illness or disability do get the help they need (through informal peer networks or other methods) but of the minority that are not receiving the help they need, the tasks in the table above were the activities they most needed help with.

Source: A UK Household Survey of the Ex-service Community 2014
Provision of healthcare services to the armed forces community

Healthcare provision for the Armed Forces is managed by the Defence Medical Services (DMS).

DMS delivers healthcare to 196,000 people, including Servicemen and women serving in the UK, abroad, at sea, mobilised Reservists and, in some circumstances, family dependents of Service personnel and entitled civilians.

On leaving the Armed Forces, Service personnel resume their full entitlement to NHS healthcare and, under certain circumstances, are entitled to priority treatment within the NHS.

GPs are asked to consider whether their “veteran” patient’s condition may be related to his or her military Service. If this is the case, and the patient agrees for this to be specified on their record, they patient may then be referred to specialist care.

Source: The Veterans’ Transition Review – Lord Ashcroft KCMG, 2014
The over 65s are currently the largest veteran group, making up around 60% of total UK veterans. The biggest issues this group was confronted with were mobility, isolation and independent living.

<table>
<thead>
<tr>
<th>Mobility</th>
<th>Independent Living</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence of musculoskeletal disorders – however, those aged 65 or over are less likely to report ill health than the UK population of the same age, suggesting they enjoy slightly better health than the average UK pensioner.</td>
<td>Difficulties living independently were related to low incomes. 14% of those aged 65 or over had reported turning the heat off to avoid high utility bills - equivalent to around 440,000 people.</td>
</tr>
<tr>
<td>Over 65s also reported difficulties with self care, including exhaustion and pain, bladder control and difficulty looking after themselves.</td>
<td>Of the UK veterans household survey respondents, 14% of those aged 65 or over had reported they had previously turned the heating off due to lack of money – this is equivalent to around 440,000 people.</td>
</tr>
<tr>
<td>Around 630,000 ex-Service community of all ages are likely to be experiencing problems getting around outside the home.</td>
<td>310,000 people of pension age reported they were 'going without' through lack of money – for example, they are unable to replace their cooker if it breaks, cannot keep their home in a good state of repair or cannot keep their home free of damp.</td>
</tr>
</tbody>
</table>
## General Health: Ex-service vs. General Population

<table>
<thead>
<tr>
<th>Condition</th>
<th>Ex-servicemen</th>
<th>General Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term illness that limits activity</td>
<td>24%</td>
<td>13%</td>
</tr>
<tr>
<td>Depression</td>
<td>10%</td>
<td>6%</td>
</tr>
<tr>
<td>Back problems</td>
<td>14%</td>
<td>7%</td>
</tr>
<tr>
<td>Problems with legs &amp; feet</td>
<td>15%</td>
<td>7%</td>
</tr>
<tr>
<td>Problems with arms</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>Heart problems</td>
<td>12%</td>
<td>7%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>Difficulty hearing</td>
<td>6%</td>
<td>2%</td>
</tr>
<tr>
<td>Difficulty seeing</td>
<td>5%</td>
<td>1%</td>
</tr>
</tbody>
</table>

- Around 630,000 members of the ex-Service community of all ages are likely to be experiencing problems getting around outside the home.

- Large numbers (around 720,000) experience problems with self-care, including exhaustion and pain, bladder control and difficulty looking after themselves.

- **All of these problems peak for those aged 75 or over.**

- Depression affects around 480,000 members of the ex-Service community, around 370,000 report feeling lonely, and around 350,000 are recently bereaved.

Source: A UK Household Survey of the Ex-service Community 2014
The apparent difference between the Falkland and Gulf mortality rates presented likely due to the different age demographics of the populations (average age at deployment to the Falklands vs. Gulf 1 Campaign were 25 and 27 years respectively) – thus the Falkland veterans on average are 12 years older that the Gulf veterans in each comparative year.
Mortality Rates and the ‘healthy worker effect’

Deaths among the Falkland veterans by main cause of death, 1982 – 2013, percentages

- Fewer than expected deaths among Falkland veterans than in the UK general population (1,478 vs. 2,228 – age & gender adjusted).

- However, mortality rates for disease related causes for both sets of veterans have gradually increased between 1982 / 1991 - these follow the trends in rates for disease related causes among the UK general population.

- The above may be due to the ‘healthy worker effect’ – armed forces personnel often higher levels of fitness than the UK general population.

Source: A Study of Deaths Among UK Armed Forces Personnel Deployed to the 1982 Falklands campaign: 1982 to 2013
III. AGGRESSIVE BEHAVIOUR AND CRIMINALITY
Criminology among ex-servicemen – key points

In Prison

• In 2010, it was estimated that 3.5% of prisoners were veterans of the UK Regular Armed Forces - 12% are ex-Naval Service, 81% are ex-Army and 7% are ex-RAF.
• Additionally, a survey of over 4,700 adult male prisoners published by HM Inspectorate of Prisons found that 7% of prisoners identified themselves as having an ex-service background (this rose to 13% in high security and category B prisons). Across all prisons, the same survey found that veterans were more likely to be serving longer sentences.
• Researchers from the King’s Centre for Military Health Research found striking differences in violent offending between the military sample and the general population. Acquisitive crime (theft) is more common than violent offending in the general population but within the serving/ex-serving group, violent offences were the most common type of offence. The military group were also more likely than males in the general population to have committed a violent offence during their lifetime (11% vs. 8.7%).

Non-custodial sentences

• In a 2011 report, the Ministry of Defence estimated that a total of 5,860 veterans were subject to probation supervision in England and Wales, thus comprising 3.4% of the people subject to probation supervision in England and Wales (the snapshot of the data was taken on 30th September 2009).
• Half of all veterans subject to supervision are aged 35 years or above.
• The 5,860 veterans subject to supervision were broken down by Service and age group as follows: 12% were ex-Naval Service, 81% were ex-Army and 7% are ex-RAF.
• The most common offence groups for veterans subject to supervision were violence against the person (19%) and summary motoring (11%).

Background & causes

• There is insufficient evidence to support the assumption that experience of conflict increases the likelihood of violent behaviour, although it does lead to increased levels of risk taking behaviour.
• In a Royal British Legion report, it was found that while some individuals offend as a direct consequence of mental health problems relating to their military Service, he majority of veterans’ offending behaviour is unlikely to be linked directly to their Service in the Armed Forces.

Sources:
Estimating the proportion of offenders supervised by Probation Trusts in England and Wales who are ex-Armed Forces (MoD)
Review of veterans within the criminal justice system Submission from The Royal British Legion
Violent Offending Among Ex-service Personnel

12.6% of regular personnel who had deployed to Iraq self-reported perpetrating a violent act in the weeks after their return. Within these 12.6%, the following groups were over-represented:

- a) held a combat role on deployment;
- b) Experienced multiple traumatic experiences on deployment;
- c) Reported symptoms indicating probable PTSD or a common mental disorder;
- d) Reported heavy drinking

According to the research, “Deploying to Iraq or Afghanistan per se was not a risk factor, other than for those holding combat roles or exposed to numerous traumatic events.”

Deployment to a conflict zone provides different experiences depending on an individual’s role while there. Deployed personnel in combat roles are often at increased risk of subsequent violent offending.

Important to mention this piece of research as the first to link mental health problems and experiences on deployment with violent behaviour in UK military personnel.

Source: KCMHR research

Causes of offending in veterans often follow the same patterns as within the general population – they will thus be more likely to offend if they have experienced childhood abuse, housing problems, poor educational achievements, etc – this is regardless of their deployment history or length. If identified that the areas above make particular sub groups of service personnel vulnerable, then preventative interventions can be implemented.
KCMHR’s Violent Offending among veterans study, carried out in 2013, interviewed 13856 UK military personnel with national criminal records stored on the Ministry of Justice Police National Computer Database. Instances of violence were self-reported.

17% of male military personnel had a criminal record, vs. 28·3% of men in England and Wales aged between 18 years and 52 years in 2006.

Men are enlisting at an age when they are at highest risk of offending. In men aged 40–45 years in this sample who were still serving at the time of recruitment into the study, lifetime offending had fallen to 11·7% compared with 29·8% for those younger than 30 years (table 1).

The report found that the risk of violence was partly related to pre-existing risk factors (early antisocial behaviour, social adversity).

 Median age of enlistment: 19.7 years. 
Median time spent in service: 12.2 years.
The prevalence of PTSD symptoms remains low in the UK military, but reservists are at greater risk of psychiatric injury than regular personnel.

Within the PTSD group, those ex-servicemen who suffered from hyperarousal symptoms were most at risk of committing a violent offense.

6.9 % of 1554 men with hyperarousal symptoms were convicted of a violent offence vs. 2.7% of 6619 without hyperarousal symptoms.

**Hyperarousal** is defined by Dorland's Medical Dictionary as “a state of increased psychological and physiological tension marked by such effects as reduced pain tolerance, anxiety, exaggeration of startle responses, insomnia, fatigue and accentuation of personality traits.”

The KCMHR report recommends that PTSD be appropriately treated when diagnosed and the risk to the individuals and others be monitored. There is some potential benefit to targeting PTSD hyperarousal symptoms for risk reduction of violent offending.

Source: KCMHR - Violent offending by UK military personnel deployed to Iraq and Afghanistan: a data linkage cohort study (2013)
Predictors of Violent Offending

- The strongest predictors of violent offending, after sex and age, were rank and pre-service violent offending.
- The rate of offending in the post-deployment period was greater than in the in-service pre-deployment and pre-military periods for all types of offending including violent offending. Deployment was not independently associated with increased risk of violent offending. Those serving in a combat role conferred an additional risk of violent offending, partly due to an increased tendency to partake in risky behaviour upon return.
- Within the veteran population that has served in a combat role, exposure to traumatic events during deployment increased their chances of violent offending on return.
- Alcohol – in addition to being encouraged by military culture, the consumption and misuse of alcohol may continue after discharge due to difficulties with adaptation to civilian life.
- Social Exclusion and Financial Problems - The background risk profile of offenders who are former Armed Forces personnel is similar to that of other offenders (i.e., young males from deprived areas of the country and who have a history of offending). However, this demographic may experience factors that exacerbate these causes during deployment and as such need to be monitored and encouraged to seek help for potential mental health problems.
- Mental health interventions for the general population (i.e., those who are most at risk of offending) thus need to be adapted for exclusive trial by the ex-service population, especially given that public approval and popularity in this area is currently at an all-time high. Furthermore, an exploration of opportunities for prevention during an individual’s service and upon homecoming such as tackling alcohol misuse in the military is also needed.
- MOD figures also show that ex-servicemen were 15% more likely to be in prison for sexual offences than the general population.

Source: KCMHR - Violent offending by UK military personnel deployed to Iraq and Afghanistan: a data linkage cohort study (2013)
IV. ALCOHOL MISUSE
Alcohol Misuse in the armed forces community – Key Points

Overview and Causes

- Those **under 35 years in the Armed Forces** have twice the rate of alcohol misuse in both men and women compared to the UK population.
- Coming from a **junior rank**, and social factors such as having a parent with a drink or drug problem also made excessive drinking more likely, again suggesting that those **drawn from disadvantaged backgrounds** are more at risk.
- **2-3 times the rate of binge drinking compared with civilians at risk** – recent concerns regarding alcohol use amongst female personnel.
- Some evidence that operational deployment leads to increased drinking on the return home and this **increase may be sustained after deployment**, alongside other risky behaviours such as unsafe or drunk driving.

Correlation with Violent Offending

- The Army has reported that 75% of violent offences amongst soldiers are alcohol-related, and has also expressed concern that excessive drinking can:
  - Undermine operational effectiveness
  - Leave soldiers unfit for duty
  - Damage trust and respect within the team

Prevalence in isolated, rural areas

- According to The Welsh veterans’ charity R3 Cymru, the issue is particularly acute in rural areas of Wales:

  “geographical isolation in rural Wales can and has resulted in alcoholism and suicide as the veteran finds that he cannot survive without the sort of camaraderie and backup he enjoyed in the services.”

Triggers for Alcohol Misuse

• In a 2007 study, marriage has previously been shown to be a protective factor in reducing alcohol abuse and binge drinking. However it is also possible that the results are bi-directional and reducing one’s alcohol intake facilitates new intimate relationships or that heavy drinking leads to relationship breakdown. Furthermore, relationship break-up is likely to be a particular trigger, with one in four of those who are divorced or separated reporting such a problem.

• Individuals who reported symptoms of probable PTSD (new or persistent cases at phase 2) experienced an increase in AUDIT scores (shown on the following page). Military personnel suffering from PTSD may self-medicate with alcohol to cope with distress related to psychological symptoms.

• Psychological interventions, such as motivational interviewing and cognitive behavioural interventions have shown to be effective in cases where alcohol misuse is.

Source: Alcohol misuse in the United Kingdom Armed Forces: A longitudinal study – Drug and Alcohol Dependence Journal
In 2015, a former Surgeon Captain in the Royal Navy declared the following:

"For many years the military have relied heavily on alcohol education, so for instance soldiers would have to have a brief every year that tells them drinking is bad for them.

"The problem is we know that alcohol education doesn't really work at all, and the evidence from the civilian population is that it's a terribly ineffective way of stopping people from drinking."

The Commons Defence Select Committee recently wrote that the government's strategy had not made any noticeable impact on the high levels of excessive drinking in the armed forces.

A 2013 study into alcohol use within the armed forces revealed that 64% of those surveyed were at risk of high alcohol consumption.

Female Service personnel, who are around five times more likely than women in the general population to be alcohol dependent (5% vs 1%).

Based on self-reporting, only 1% of veterans reported having an alcohol problem but one third attributed it to their service. The WHO audit scoring system pictured above is thought to be more reliable than self-reported scores.

Source: KCL - JRAMC Alcohol consumption in the UK armed forces: are we drinking too much? (2013)
While 9 out of 10 veterans do not have an alcohol-related problem, the rest of the veterans, who did, amounted to around 270,000 individuals.

**Misuse however, is highly age-dependent:**

Of those aged 16-54, 23% have a problem (equivalent to around 160,000 veterans), with 4% having a high level problem. In contrast, only around 5% of those over 65 had an alcohol related problem.

Furthermore, of the respondents within the 35-64 age group, depression and anxiety are more likely to be reported by those with problematic alcohol consumption (one in four).

Source: A UK Household Survey of the Ex-Service Community (2015)
65+ drinkers are more polarised

Drinkers aged 65 or over are more polarised, being more likely to drink 4+ times per week, or not at all, compared with those aged 16-64.

For those who did drink, the average number of drinks on a typical day was 3, and this ranged from two for drinkers aged 65+ to five for those drinkers aged 16-34. Younger veterans were less likely to drink most days, but when they did drink, they consumed more on each occasion compared with their older counterparts.

Source: A UK Household Survey of the Ex-Service Community (2015)
• Although a large segment of respondents was opposed to the interventions in Iraq and Afghanistan, the 2012 British Social Attitudes Survey published by NatCen revealed that public support and perceptions of the armed forces are at 85% - these respondents said they supported the UK armed forces regardless of the ideological nature and practical reality of the mission.

• However, myths around personnel returning home to a broken marriage or violent offence charge persist at much higher rates than it is realistic – PTSD is more often thought of as a ‘time bomb’ rather than a disorder that affects a minority of the veteran population. Myths may sometimes be disseminated with the best of intentions – to express support and gratitude for those who have served in various missions.

• Claims that more Falklands veterans have committed suicide than have been killed in combat have yet to be substantiated, and research modelled on the US military suggests they are likely to be wrong.

• It is true, however that the provision of NHS services to ex-armed forces personnel remains ‘patchy’.

Source: King’s Centre for Military Health Research - Symposium 16th April 2012 Summary
V. EMPLOYMENT
Overview of Working and Employment Status

- Two thirds of the ex-Service community are retired, with a further 2% still in education.
- This leaves three in ten potentially in the market for work (equivalent to around 1,520,000 people). Within this group, 75% are in work, with 55% working full-time.
- Veterans who served in the Armed Forces for less than three years are less likely to be in full-time work now (only half are), and they are more likely to be looking for work (18%) than the average for all veterans.

Compared to general Population

- Breaking this down further, working age veterans are less likely to be in work (63%) than men in the UK general population (77%) and dependants, who are mostly female, are also less likely to be in work (56%) than women in the general population (67%).
- Of those of working age within the ex-Service community, 10% have no formal qualifications, doubling to 20% of those aged 55-64.

Vulnerable Groups

1. Those aged 45-64 who are less qualified and less confident in computer skills
2. Those aged 16-34, particularly the recently discharged who may lack transferable skills
3. Female veterans, who tend to be less confident in their skills.

Missing/Incomplete Data

- Not enough is known about the employment status of spouses and dependants, those who left the armed forces pre-1998, and those who did not use the CTP (career transition programme) services.

Source: A UK Household Survey of the Ex-Service Community
The Army typically has a higher unemployment rate than the Naval Service or RAF and females and those of BAME background have a lower employment rate and a higher economically inactive rate (this mirrors general population however).

Employment prospects may be affected by misconceptions held by the public with regards to the mental health of veterans – the ‘mad, bad, and sad’ myth.

Ex-Service community as a whole reports a household income of £21,000 after tax, those aged 65 or over report an average post tax income of £15,900 - below the national average for this age group.

A UK Household Survey of the Ex-Service Community
The ex-service community is more likely to be out of work than the general population. Those of working age (aged between 16-64) are less likely to be employed than the general population aged 16-64 (60% vs 72%), slightly more likely to be unemployed (8% vs 5%) and more likely to be economically inactive (32% vs 22%).
Employment Prospects by Age Bracket

The age bracket that presents the starkest difference between veterans and the general population is the 16-24 age bracket (young service leavers) with regards to the ‘inactive’ segments of the population. Within the age bracket of 35-44, there is also a 9% difference between the general population and ex-servicemen who are unemployed rather than inactive.

Ex-servicemen over 45 were also more likely to work part-time when compared to their general population counterparts, which can bring about situations of precariousness and vulnerability from a socio-economic perspective.
Skills and Confidence

The UK Household survey of the ex-service community indicated a difference of 10% between members of the general population who thought they could use past skills as work experience and veterans who thought the same (77% vs. 67%).

In a survey regarding confidence in particular skills necessary for the labour market, veterans indicated that their biggest concerns were their computer and maths skills.

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Figure 5f. Extent to which can use past experience and skills in current job.

The type of service offered under CTP depends on the number of years of Service:

a) Service leavers with 4-5 years of service are entitled to receive the Employment Support Programme,
b) Those with at least 6 years of service are entitled to receive the Full Resettlement Programme.

Of Service personnel who used CTP and left in 2013/14, 13% left due to a medical discharge.

Those discharged on medical grounds were less likely to find work after their transition.

Furthermore, BAME (black and ethnic minority) Service leavers had a lower estimated employment rate (64%) than white Service leavers (85%). They also had a higher estimated unemployment rate and economically inactive rate, though these findings replicate differences seen in the general UK population, where ethnic minorities also have a lower employment rate and higher economically inactive and unemployment rates.

The estimated employment rate in 2013/14 for females was significantly lower (65% p) than for males (85%) within 6 months of leaving the Armed Forces due to a higher proportion of females (28%) being economically inactive than males (7%). This difference is also seen in the UK general population.

The main reason for economic inactivity among females was looking after family and therefore not looking for work. Education and training was a driver for being economically inactive amongst both males (39%) and females (26%).

CTP and Employment by division

The main occupation sectors that Armed Forces who used the CTP services were employed in were:

**RAF**
- Skilled trades occupations (29%)
- Process plant and machine operatives (13%)
- Professional occupations;
- Associate professional and technical (10%)

**Armed Forces**
- Skilled trade occupations (22%)
- Process plant and machine operatives (19%)
- Associate professional and technical (15%)

**Naval Staff**
- Skilled trades occupations (29%)
- Process plant and machine operatives (13%)
- Associate professional or technical, Professional occupations (10%)


Service leavers who had served in the Army were the least likely to be employed within 6 months of discharge.
Comparisons with UK National Employment Rates

The average employment rate for the UK population was **70% compared to 84% for Service leavers** who used the CTP services from 2009/10 to 2013/14.

The **average estimated unemployment rate for Service leavers who used the CTP services (8%) was the same as that of the UK population (8%)** over the period 2009/10 to 2013/14.

The **average estimated economically inactive rate is consistently much higher in the UK population (24%) compared to Service leavers who used the CTP services (9%)** over the period 2009/10 to 2013/14.

Some **differences may be due to the differences in the population demographics** (the UK population has a higher percentage of females).

Service leavers who used the CTP services were **more likely to be employed in some kind of skilled trade role (more than 1 in 5) than the general UK population was**.

However, when looked at by rank, **most officers (49%) were employed in professional or associate professional/technical roles**.

VI. HOUSING NEEDS
Housing – Key Points

Housing Maintenance and Maintenance-related difficulties
- Two in ten of the ex-Service community had turned the heating down or off, despite it being too cold (a measure of fuel poverty). This is lower than the national average, but still equivalent to around 870,000 people.
- Problems with house and garden maintenance were reported by 7% of the Household Survey respondents. The number was slightly higher for those aged 75-94, those living alone, and those on disability benefits, but prevalence was still fairly low across the board.

Ownership – compared to the general population
- Of those who do own housing, most are more likely to own their house outright (58%) rather than have bought it through a mortgage. It is important to mention however that this figure is driven by the older age profile of the veteran population.
- Ex-servicemen aged 16-64 were 4% more likely to rent housing from a local authority than the general population counterparts were.

Homelessness
- While rates of homelessness among veterans have decreased sharply since the 1990s, ex-servicemen are at risk of the most dangerous and persistent type of homelessness – MEH (multiple exclusion homelessness).
- Serving personnel are themselves quite concerned about homelessness when they leave the Armed Forces: in a survey of those undergoing Career Transition Partnership resettlement programmes, 7% of respondents in officer ranks and 21% of those in other ranks had sought advice before leaving on “What to do if you are made homeless”.

Source: British Legion UK Household Survey of the ex-service community; 2014
In the 2014 Royal British Legion’s Household Survey, ‘housing’ was cited by 8% of respondents as an issue they had difficulty with. The prevalence of difficulties in this area was particularly high in the 35-44 age bracket. However, there are also currently relatively high proportions of leavers under 25 years of age (least likely to be in a position to take a mortgage).

There is also a high proportion of Early Service Leavers who are least likely to receive housing advice and support prior to discharge, and those renting their housing privately are more likely to report problems with day-to-day finances (20% of respondents who are renting housing privately).

Source: British Legion UK Household Survey of the ex-service community; 2014
Housing & Veterans at risk of homelessness

- Most of the research studies on homelessness amongst single veterans over the last twenty years have been small-scale qualitative studies.
- However, studies suggest that veterans are at risk of low home ownership, with those in non-officer ranks being affected the most. Most often, unfamiliarity with civilian life (e.g. housing markets, the welfare system and budgeting) makes it difficult for single veterans to secure housing and to manage tenancies.
- Though spatial patterns of homelessness remain elusive there is some evidence that the majority of veterans typically return ‘home’ upon discharge.
- No clear evidence that Service does, or does not, increase the risk of homelessness.
- The Combined Homeless and Information Network (CHAIN) recorded that 3% of outreach service users in London were veterans (from the UK) in 2012/13.
- Uneven distribution of accommodation services and bed spaces across the UK – Wales and the East Midlands completely unrepresented.

There are currently 17 providers (separate organisations) of dedicated accommodation based services for single veterans across Great Britain, providing a total of 910 bed spaces/units across 46 schemes – this is set to increase in the coming year via LIBOR funding.

The report found that it is necessary to treat veterans with families/dependants and single veterans separately, utilising different assistance strategies. Furthermore, it was found that The Ministry of Defence should identify vulnerable service personnel (including Early Service Leavers, vulnerable personnel and Service personnel who are to be made redundant) and share information in order to inform the national strategy and local and regional/sub regional planning.

Source: Meeting the Housing and Support Needs of Single Veterans in Britain
The less likely it is that a veteran has a home to return to upon leaving service, the more at risk they are. Those reliant on SLA are also in a precarious situation, as the cheap housing provided to them isolates them from the realities of returning to the civilian housing market – see tables below for ownership related figures:

Source: Armed Forces Continuous Attitude Survey (AFCAS) data
A recent paper from Riverside ECHG61 summarised a typical homeless veteran as follows:

- More likely to sleep rough and for longer periods
- Greater reluctance to seek help
- Higher mean age than the general homeless population (although following relatively short lengths of Service)
- Majority are white single males (many divorced or separated)
- Higher likelihood of alcoholism, but lower likelihood of drug abuse
- **Greater need for dual diagnosis care** (e.g. psychiatric problems and alcohol dependency)
- High proportion of homeless stay in the area surrounding the military base at which they served
- Small percentage suffer PTSD

The proportion of veterans among London’s single homeless population is estimated to have fallen from above 20% in the mid to late 1990s, down to 6% in 2008. In terms of the number of veterans, this is a reduction from an estimate of between 3,000 and 4,000 down to approximately 1,100.

Councils often do not have a duty to help if an ex-service member is made homeless after being discharged on disciplinary grounds from the UK armed forces.

There are some indications of higher prevalence in the most severe and enduring types of homelessness, and also in Scotland.

Source: The Veterans’ Transition Review – Lord Ashcroft KCMG, 2014
Although the most recent estimates suggest that only around 3% of the street-homeless population has a Service history in London, veterans have been found to be over-represented in the most severe and enduring types of homelessness (Multiple Exclusion Homelessness (MEH)). This means they are more likely to sleep rough and be homeless for longer.

A 2008 survey of The Royal British Legion County Managers reported the highest number of veterans affected by homelessness in Cornwall, Devon, Lancashire, Cheshire, South Wales, and Sussex.
Areas of Unmet Need Identified by Housing Policy Study

Mitigate the risk of unsuccessful transition by monitoring and implementing programmes for vulnerable groups such as ESLs who leave before completion of basic training and those who are dishonourably discharged - More preventative support is needed for those predicted to have difficulties.

Information flows, dialogue, and collaborative working between all relevant organisations – including the MoD, other government departments, local authorities, veteran organisations, and housing providers.

Needs are most clearly seen at a regional or sub-regional level, rather than individual local authority level. Data collection processes need significant improvement in order to adequately inform national and regional planning in this area. The strategy should be firmly linked to discharge patterns and existing knowledge of vulnerability as part of the transition process.

National housing strategies for veterans should be developed, led by the Scottish, Welsh and UK governments in collaboration with key housing and Veteran agencies.

Source: University of York & Centre for Housing Policy Study - Meeting the Housing and Support Needs of Single Veterans in Great Britain (2014)
SUMMARY AND IMPLICATIONS
Key Points

Wellbeing and Mental Health

- The most prevalent conditions are common mental health disorders: anxiety, stress, panic and adjustment disorder as well as mood disorders such as depression and alcohol misuse. Post-traumatic stress disorder (PTSD) is rare.
- The prevalence of mental health conditions varies between groups and traumatic physical injuries, particularly those sustained in combat, can also be a risk factor for poor mental health.

Early Service Leavers & Transition to Civilian Life

- A higher prevalence of mental health problems is seen in Early Service Leavers (ESL). These are personnel who leave voluntarily before completing their minimum term, have been compulsorily discharged or who have not completed basic training. They are at an increased risk of common mental health problems (45.6% in this group compared to 26.5% in other military service leavers).
- ESL often leave at short notice (less than two weeks) with little time to plan the transition to civilian life. Groups who are more likely to leave service early are young single men (average age of 20), those in service in a lower rank in the Army, those with low educational attainment, and those with higher levels of childhood adversity.

Violence, Offending, Imprisonment

- A recent Ministry of Justice analysis reported that ex-service personnel made up 5% of the custodial population. Of these, two-thirds were aged under 40 and 80% were ex-Army. The main factors associated with offending are lower rank, younger age, a history of violence or antisocial behaviour prior to enlistment, alcohol misuse, and having a mental health problem, particularly PTSD.
- Research that linked data on veterans with national offending records found that while deployment itself is not a risk factor for violence, combat roles and experiencing traumatic events are risk factors.
- There is little research about the victims of violence but US studies show that they are likely to be someone the veteran knows (immediate family, friends, partner) rather than a stranger.

Prevention, Treatment and Support

- Veteran-oriented charities each have different priorities and activities, such as contributing to policy debates, campaigning, or fundraising. Some focus on facilitating access to appropriate services and can also provide a degree of anonymity in accessing help, such as anonymous online communities for discussion.
- Specialist NHS services offer support and treatment for veterans, however there is little research about the transition of records from the military health services to the NHS.

Source: Combat Stress - Psychological Health of Military Personnel (2016)
The needs of ex-service personnel: A Summary

<table>
<thead>
<tr>
<th>KCMHR data indicates that UK Service personnel are…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not substantially more likely to suffer from probable PTSD than the general population (4% vs. 3%)</td>
</tr>
<tr>
<td>Significantly more likely than other Service personnel to suffer from probable PTSD if they are Reservists or combat troops (5% vs 7%)</td>
</tr>
<tr>
<td>Significantly more likely to misuse alcohol and more likely to be dependent on it than the general population (6% vs. 3%)</td>
</tr>
<tr>
<td>More like to misuse alcohol after they return from Iraq / Afghanistan, and at a substantially higher rate if they are combat troops;</td>
</tr>
<tr>
<td>No more likely than the general population to suffer from common mental disorders such as depression and anxiety (again, regardless of deployment status)</td>
</tr>
<tr>
<td>Quite unlikely to seek help for stress, emotional or alcohol problems.</td>
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</tbody>
</table>

Source: King’s Centre for Military Health Research, quoted in British Legion Report on Veterans within the Criminal Justice System
What we know & Information gaps:  
A Summary

• There are currently no standardised data collection processes, at any stage of the criminal justice system in England and Wales, on incoming ex-Service personnel. This reflects the UK’s wider lack of understanding of veterans in our society. We cannot say for sure how many ex-Service personnel are currently living in England and Wales – nor where in the country they are distributed – because there are no questions on prior military Service on the national census.

• Ex-Service personnel are less likely than the general population to commit offences and go to prison. Whilst only small minority of veterans do offend, they are more likely to commit violent and sexual offences, and to be in prison for sexual offences, than the general population.

• Overall, veterans not MORE at risk simply because of service per se but when they are at risk the consequences can be severe. Those at risk can become trapped in their situation forever, be it homelessness, or alcohol misuse or violent offences.

• The Fund can work with priority groups – i.e. young vulnerable people with no experience of the housing/job market? This is especially likely if they have no educational achievements, have a history of violence in the family, or are females/BAME.

• Despite the media prominence given to PTSD, the most common disorders in the UK armed forces after deployment are depression, alcohol misuse and anxiety disorders. Although the majority of service personnel do well after leaving military life, a minority who leave with psychiatric problems appear to be at risk of social exclusion and ongoing ill health.

Source: Mental health of regular and reserve military veterans - Advances in psychiatric treatment (2009)
Fuel Poverty – related to low incomes and isolation

Payday loans (prevalent in 16-24 age bracket, where those who have stopped serving do not have the necessary skills to adjust to the job market)

Public perception of Service Leavers – the ‘mad, bad and sad’ myth may affect reintegration into civilian society – more awareness is needed around the fact that for the most part, transitions to civilian life are largely successful. Military experience also often overlooked by employers

Lack of research into the subject of how mental health disorders suffered by veterans may impact their families and dependents. Furthermore, divorced parents with dependent children is also an area of interest – these dependants may be part of a ‘hidden ex-service community’ that is confronted with its own niche concerns.
### Britain’s Small Wars: ‘Forgotten’ Conflicts

<table>
<thead>
<tr>
<th>Conflict</th>
<th>UK personnel</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suez Crisis (1956)</td>
<td>‘the forgotten army’ –300 deaths</td>
<td>Government criticised for not marking 50th anniversary of conflict</td>
</tr>
<tr>
<td>Peacekeeping force in Palestine</td>
<td>100,000 personnel at the peak of the conflict</td>
<td>Channel 4 documentary filmed after director Peter Kosminsky criticised the govt for forgetting the peacekeeping force’s struggle.</td>
</tr>
<tr>
<td>Malayan Emergency (1948-1960)</td>
<td>Around 40,000 British &amp; Commonwealth troops</td>
<td>British forces were used to suppress the uprising led by rebels of the largely Chinese Communist Party of Malaya.</td>
</tr>
<tr>
<td>Kosovo Conflict (1998-1999)</td>
<td>50,000 British soldiers prepared for a ground offensive, initially 25,000 were sent</td>
<td>Soldiers spoke of strain on family and having to rush from one assignment to another with only a fortnight of holiday in between. Personnel under stress and overstretched – another big factor that differentiates this conflict was land mines.</td>
</tr>
<tr>
<td>Yugoslav Wars (United Nations Protection Force) (1991-2001)</td>
<td>UNPROFOR was composed of nearly 39,000 personnel</td>
<td>It was reported that British troops suffered from psychiatric disorders and signalled their wish to withdraw from the frontlines. Could also be a sensitive topic as it has been said that Britain was the country most responsible for preventing intervention by the UN or Nato to rescue Bosnians.</td>
</tr>
<tr>
<td>Cyprus Emergency (1955-1959)</td>
<td>17,000 British troops involved</td>
<td>More British soldiers were killed during the “Cyprus emergency” in the 1950s than have died in Iraq or Afghanistan. Considered a ‘forgotten war’ and criticised due to UK troops remaining buried on the island.</td>
</tr>
<tr>
<td>Northern Ireland – Operation Banner (1969-2007)</td>
<td>21,000 troops at the peak of the conflict in the 70s.</td>
<td>Scaled down after 1998 Belfast Agreement. Due to the fact that the troops achieved a desirable state for local politics to be conducted in (without unacceptable intimidation), ‘lessons’ from this conflict are being taught to the US armed forces.</td>
</tr>
<tr>
<td>Korean War (1950-1953)</td>
<td>100,000 British troops</td>
<td>Characterised by massive, fast-moving offensives. 1,078 losses experienced by Britain, over 1,000 British troops fell into enemy hands and many were subjected to brutal treatment and “political re-education”</td>
</tr>
</tbody>
</table>

Veterans who served in lesser known conflicts have recently been commemorated or awarded medals and sometimes have their own veterans’ associations but little is known about their specific post-service needs.

Source: BBC Remembrance Day: Where they fell - 2011
Key areas of need

Northern Ireland Personnel

• One of the largest overseas deployments - 30% among veterans currently aged 35-64 served in Northern Ireland under Operation Banner, which was the longest running British military operation. The total number of British veterans who served in NI is estimated at 110,000.

• Another aspect of the issue are the problems faced by veterans currently in Northern Ireland, which are potentially more complicated and sensitive than those faced by veterans in Great Britain.

• There is evidence that challenging life experiences prior to military Service may also put personnel at a disadvantage - referred to as 'adverse experiences' (and can include verbal and physical abuse from parents, alcoholism in the family, not feeling valued as a child, etc). The proportion citing six or more adverse experiences is was higher than usual among veterans currently living in Northern Ireland.

Alcohol Misuse

• Alcohol consumption is an established part of UK military culture with and can play a positive in promoting group cohesion, social bonding and comradeship, if done moderately and responsibly.

• However, data shows that drinking at levels that is harmful to health is common.

• Senior officers are responsible for monitoring troop drinking and are trained to recognise misuse and refer staff to medical services. Alcohol misuse is a disciplinary offence under certain circumstances, and interventions aimed at reducing drinking have included education programmes but there is little evidence that they work.

Transition into employment and transfer of data to NHS patient records

• It is not compulsory to register with a GP and the MOD is not in a position to compel a Service Leaver to do so.

• Those that do register are under no obligation to hand over their FMed133 (‘MEDICAL HISTORY ON RELEASE FROM HM FORCES’ form) or declare their previous military Service.

• In late 2013, a new system was introduced by NHS England and NHS Wales: at the reinstatement of the Service Leaver’s NHS record, when they register with a GP, a letter is automatically generated informing the GP that their patient has been under the care of the DMS. This has yet to be introduced in Scotland and Northern Ireland however.
**Veterans in Northern Ireland**

- Northern Ireland’s history and political landscape have prevented any focus on Service Leavers and veterans, and prevented any meaningful adoption of the Community Covenant.

- During the 30-year-long operation in Northern Ireland, service personnel were frequently hidden from the public for reasons of personal security.

- In Northern Ireland the idea of giving particular support to Service Leavers remains controversial within parts of the community. Indeed for a few service leavers in NI, declaring their military connection may present a security risk.

- Similarly, a veteran seeking social housing would have to identify him- or herself to gain any veteran-related support from the local authority.

- The incidence of reported mental health problems is higher than average for veterans who served in Northern Ireland and in post 1990s peacekeeping operations: one in ten of each group reports suffering from depression.

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<table>
<thead>
<tr>
<th>Year</th>
<th>2014</th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
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</thead>
<tbody>
<tr>
<td>Size</td>
<td>104,000</td>
<td>86,000</td>
<td>72,000</td>
<td>61,000</td>
</tr>
</tbody>
</table>

Projected size of the size of the Northern Irish community by Year

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One example of the specificities characteristic to the veteran population here is that the Publicly Funded Further and Higher Education Scheme has not been adopted in Northern Ireland as it requires local authorities to contribute to the funding and is not acceptable to the Nationalist parties.

Transition numbers for Northern Ireland are relatively small, and many of its Service Leavers choose to settle in other parts of the UK. There are, however, significant numbers of Home Service Royal Irish Regiment/Ulster Defence Regiment servicemen living in Northern Ireland, with specific needs that are most often quite sensitive to attend to.
Tackling Alcohol Abuse Among Veterans

- Post-deployment briefings such as programme entitled BATTLEMIND (which covers how to adapt skills used on deployment for the civilian environment) have traditionally included alcohol-related prevention measures. One study showed that it has **modest effects in reducing binge drinking**.

- According to the 2016 ‘Psychological Health of Military Personnel’ report, measures such as reducing availability on bases, raising prices, banning lunch-time drinking and enforcing disciplinary action may prove to be more effective.

- According to the same report, binge drinking was associated with being young, a regular, in the Army, single, white and a smoker, and officer status was associated with less binge drinking.

- Veterans can seek treatment on the NHS or from charities such as Addaction, Change Step37 and Alcoholics Anonymous.

- The civilian ‘Right Turn’ alcohol programme has been funded and adapted for veterans by Addaction, the Forces in Mind Trust and the Royal British Legion and uses veteran role models to offer substance abuse support.

### Transition to civilian healthcare & employment

#### Post-deployment healthcare
- The risk of death (occupational attributable mortality) for the Army overall is currently around one in 1000 per year, or about 150 times greater than for the general working population. Risk of serious injury (for example loss of limbs, eyes or other body parts) is substantially increased.
- Inpatient care in the UK for military personnel is provided by specific NHS hospitals with contracts with the MoD, with close liaison between military mental health professionals and the NHS.
- Personnel requiring help whilst on operations abroad are seen by Field Mental Health Teams.
- Evidence suggests that some veterans are reluctant to seek help from civilian health professionals due to concerns that they will lack understanding of military life or the context of their injuries, and many veterans have expressed the desire to work with therapists and doctors who have expertise or experience of service in the military.

#### Transition from deployment to the civilian job market
- Around 1/3 of all Service Leavers are discharged because they fail to complete basic training, often because of an inability to cope with the very different lifestyle.
- Nearly half of those who join serve less than 6 years. Improving the education and skills of servicemen, in addition to increasing their chances of a good transition also has the effect of encouraging them to stay rather than leave the service. This is because they know they can market themselves to employers whenever they leave and are therefore in less of a hurry to do so.
- The 2012 Armed Forces & Society report published by Lord Ashcroft found that 91% of the British public thought it was common (1/3 thought it was very common) for ex-servicemen to have a physical or mental health problem as a result of their service. In addition to being untrue, this perception may be damaging and creates an extra hurdle for Service Leavers looking for a job.

Source: Meeting the Healthcare Needs of Veterans - A guide for general practitioners
Source: The Veterans’ Transition Review – Lord Ashcroft (2014)

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**EUROPEAN JOURNAL OF PSYCHOTRAUMATOLOGY**

(334x441)**T**ransition from deployment to the civilian job market

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**The mental health of the UK Armed Forces: where facts meet fiction**

(322x441)**P**ost-deployment healthcare

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**trajectory**

(322x441)the futures partnership
WHAT CAN BIG DO?
In 2011, it was identified that there were more than 2,100 voluntary sector organisations all working in different ways to help veterans, including:

- RAFCOM (RAF Community Support)
- AFF (Army Families Federation)
- ABF – The Soldiers’ Charity
- DMWS (St John and Red Cross Defence Medical Welfare Service)
- BLESMA
- Help for Heroes
- Royal British Legion
- Combat Stress
- Blind Veterans UK

In addition to those listed here, Future Horizons, a partnership between the MOD, RFEA, Forces in Mind Trust and the Royal British Legion, provides support for untrained ESL leaving the Infantry Training Centre, with results that show an improvement over previous government programmes.
Veterans’ Charities: Awareness and Perceptions

• Although evidence points to a decrease in support for past or current military involvement in operations in Iraq and Afghanistan, events such as increased donations to military charities, and the large numbers of people who attended the repatriations at Wootton Bassett and Armed Forces Day suggest that the UK public is becoming more willing to express support for the Armed Forces. (Source: KCMHR newsletter Autumn 2012)

• According to a 2014 paper published in the RUSI (Royal United Service Institution) Journal, “With the recent Iraq and Afghanistan campaigns, the number of charities for veterans in the UK has grown rapidly, leading to concerns about quality, co-ordination of services and potential competition for public recognition and voluntary financial donations.”

• There are many examples of organisations that work closely with Forces, charities and the regional military chain of command, supporting Service Leavers through means such as employment fairs.

• Some of the better known organisations that provide help to veterans after deployment, whether this is mental or physical include ‘Help for Heroes’ and the British Legion.

• According to a 2014 Lord Ashcroft report, more collaboration is needed within the charity sector, as there is currently a confusing array of charity information. This collaboration would also ensure that Service Leavers who need help can find it straight away without having to make several calls or being passed from one organisation to another.
Organisations aiding veterans in transitioning into employment

**Remploy** is a UK-based organisation that focuses on supporting those who experience barriers to employment – formed after the second world war to provide jobs to veterans, it now also works with disabled individuals more widely but maintains a strong armed forces focus. Remploy have contracts with more than 2,500 employers and claim to have helped almost 100,000 individuals access a ‘real job’ between 2010-2015.

**Hire a Hero** supports Service Leavers and Veterans to make the successful transition into civilian life. Staff, mentors and volunteers working with Service Leavers and Veterans to help them make the right choices through the transition period. They provide career coaching, employment training, mentoring, as well as helping Armed Forces personnel and service families access housing support and advice.

**British Forces Resettlement Services** is a Social Enterprise created to help the Armed Forces Community with their transition into Civilian life. Its main aim is to bring the Forces Community together with employers and training providers who recognise their unique skill sets. BFRS also helps organisations benefit from the growing Armed Forces Community (AFC) talent pool, advertising it as an available resource of skills and manpower.
Charities & organisations working with veterans with alcohol-related problems

CAIS is a registered charity and a voluntary sector provider of personal support services in Wales. CAIS helps people who are having problems with addictions, mental health, personal development and employment, and has a dedicated 'veterans' division. This includes peer mentoring, advice service and signposting to detoxification and rehabilitation programmes.

Castle Craig is a the biggest residential rehab centre in the UK that treats alcohol and drug addictions and related problems for private and NHS patients. Castle Craig treats veterans, servicemen and women of UK and international armed forces, and their dependents, The hospital and treatment is under medical direction, with a full time consultant psychiatrist, and is recognised by the major medical insurers and the NHS for the treatment of addictive disease and the treatment of trauma.

Change Step is a CAIS led and DACW managed peer mentoring and advice service. This service is for military veterans and others with post traumatic stress disorder and a range of psychosocial problems who want to make positive changes to their lives. The service is delivered by veterans for veterans and aims to support those seeking help for problems encountered as a result of military or operational duty.
Helping Veterans who have slipped through the net

• As mentioned previously, the large majority of transitions to civilian life are successful (i.e. do not result in unemployment, criminal convictions, or the serviceperson succumbing to alcoholism, etc.) However, there is a need to augment and amplify efforts of employment and resettlement programmes, especially for at-risk groups such as early service leavers.

• As more initiatives to connect NHS staff with ex-servicemen by helping them identify whether they had been on deployment are rolled out nationally, a need to support tailored and personalised medical treatment and advice will also emerge.

• As also mentioned previously, there is little evidence to suggest that traditional interventions to prevent or stop alcohol dependence actually work – however, there is a need to increase efforts aimed at reducing the stigma around seeking help for the condition. There is some evidence to suggest that anti-stigma campaigns have had a positive effect on mental health service referral rates, therefore this possibility could also be considered in the area of alcohol misuse.
• The needs of Veterans are widely supported by the UK public, and as such a number of charities exist to alleviate need in this area
  – However, the Fund does have an important role to play here, as some needs are particularly prevalent, and others are emerging
  – In addition to acute social needs, there are also commemorative causes the Fund could support

• A key emerging area of need are those of an ageing ex-service community
  – Many of the problems ex-service personnel are more likely to face – alcohol or substance misuse, poverty and isolation – will be compounded by ageing
  – Those who have ad disrupted working lives – whether through injury, unemployment or imprisonment – will be at a greater disadvantage in the future as they are less likely to have been able to make adequate provision for old age

• The most prevalent acute need is alcohol misuse, and despite other organisations offering support, there is a clear role for the Fund here
  – Alcohol abuse is critical as it is likely to have significant knock-on effects – conditioning individual’s ability to find work or their long term mental and physical health

• The Fund can also use its position to change perceptions of ex-service personnel – currently the widespread perception is centred on the ‘mad, bad and sad’ myth
  – The statistics actually show that there are only a handful of acute needs affecting this group (although where they do arise they can be severe)
Thank you

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