

**AN EXPLORATION OF MILITARY EX-SERVICE AND
VETERANS' EXPERIENCES OF MENTAL HEALTH
SERVICES AND THE SUPPORT NEEDS OF THEIR
FAMILIES: AN EVALUATION OF ENGAGEMENT
WITH SERVICES IN SOUTH STAFFORDSHIRE**

DR GABRIELA MISCA

PhD CPsychol CSci AFBPsS



**University
of Worcester**

**Institute of
Health & Society**

South Staffordshire and Shropshire Healthcare 

NHS Foundation Trust

An exploration of military ex-service and veterans' experiences of mental health services and the support needs of their families: an evaluation of engagement with services in South Staffordshire

Research Evaluation Report

This evaluation research was commissioned in Sept 2014 by Ruth Lambley-Burke, Research and Development Manager at the South Staffordshire and Shropshire Healthcare NHS Foundation Trust. The study was supported by Rob Heath and Jez Newell, Clinical Lead(s) at Veterans' Support Services, South Staffordshire and Shropshire Healthcare NHS Foundation Trust.

Research team at University of Worcester

Dr Gabriela Misca, Research Principal Investigator; g.misca@worc.ac.uk

Jade Russell, Research Assistant

Professor Eleanor Bradley, Advisor

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An exploration of military ex-service and veterans' experiences of mental health services and the support needs of their families: an evaluation of engagement with services in South Staffordshire

Executive Summary

This report summarizes the pilot research results of an evaluation of veterans' engagement with and experience of Veterans Support Service at the South Staffordshire and Shropshire Healthcare NHS Foundation Trust over a period of 6 months, during 2015. It was envisaged that the study will enable better understanding of veteran's needs and experiences of mental health difficulties, as well as the emotional support needs of their families.

This evaluation study supports the following conclusions:

- The South Staffordshire Veterans' Support Service has undergone a positive change: by comparison with the conclusions of the previous evaluation (Dent-Brown et al, 2010) the service was unanimously evaluated by service users as being a very useful resource.
- Veterans' appreciated that the service staff had military background and/or knowledge about military and felt that this facilitated their engagement with the service especially in the early stages of attending the service; Moreover, the service users found that the personal and professional qualities of the clinical staff were of vital importance and made a significant contribution to their better outcomes.
- Majority of service users felt able to talk to their GPs about their difficulties and be referred to VSS by their GPs, and an important role was played by the GPs willingness to understand the special circumstances of veterans.
- The service users felt that major barriers in their positive transition were the lack on employment, connection with community and support.

The evaluation study makes the following recommendations for future developments:

- Whilst service users' positive evaluation of the service is an important premise to its effectiveness, in order to ascertain the effectiveness of the service, an audit of service users' outcomes, including measure pre- and post- treatment is of essence.
- Whilst maintaining a model of service led by a professional with military background appear a preferred option, this should be coupled with training and education for professionals in the specific circumstances of the veterans as well as succession and cover plans in place to preserve the relationships of the service with service users.
- Family involvement in the assessment and treatment of veterans' difficulties in their transition is vital to increase sustained engagement with the service and interventions and to support the family of veteran.
- To consolidate the above conclusions the pilot study should be expanded to include a higher number of participants – ideally an entire 1 year cohort of service users attending the service.

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The Veterans' Support Service at South Staffordshire and Shropshire Healthcare NHS Foundation Trust – Pen Profile:

South Staffordshire Veterans' Support Service (VSS) is an assessment, treatment and intervention service for veterans coming into contact with mental health services in mid Staffordshire and Shropshire NHS foundation trust. The service is offering treatment with the NHS teams (i.e.: psychological therapies) and is also working with other agencies, or if the client's condition requires them to be in secondary health care, the service can work alongside care providers offering advice on the cultural aspects of the forces.

The service exists as part of South Staffordshire and Shropshire NHS Foundation Trust, offering advice, support and understanding for (mental health) issues that may affect the veteran population in the area. West Midlands Regional Veteran's Services is a collaboration of eight NHS mental health service providers throughout the region; the South Staffs VSS is the project lead for this network, working alongside Combat Stress and CHANGES to develop an inclusive programme for veterans. The mental health trusts support the identification and engagement of veterans into services; in each area there is a Veteran's Champion who coordinates and promotes the mental health care of veterans by linking in with existing teams to provide efficient care for veterans and their families. The information in this service summary has been gathered from an interview with VSS service lead, public website and previous evaluation from Dent-Brown (2010).

The service was set up in 2007 as a signposting service (Dent Brown 2010) and is funded by the NHS, who commissions the service on behalf of the UK Ministry of Defence in collaboration with the Health Department. It was set up as part of a pilot in response to the view that the NHS does not always provide a good service to veterans, due to a lack of understanding of this service user group. The VSS works in partnership with around 12-14 local mental health teams, in order to provide specialist knowledge for staff regarding the veteran population accessing the services. In some cases VSS may refer to other agencies, who are not typically veteran services but can offer valuable support; for example, the service lead discussed the case of a client with hearing difficulties who he referred to Action Hearing. This is an organisation that is not veteran specific but offers services that will be of great value to many veterans and VSS is able to bridge the gap.

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VSS has partnerships with charities such as: Royal British Legion; Soldiers, Sailors, Airmen and Families Association (SSAFA); Combat Stress and the Big White Wall. The charities can refer into the service and VSS may refer clients to the charities' services. The charities offer a valuable contribution as they are specialist in supporting veterans. The service helps to bring together NHS treatment alongside veteran's services provided by charities in the private sector, for the needs of the patient population. The service lead articulated that 'not everyone can know everything' and that part of their role is to provide signposting to these veteran appropriate services that local mental health teams may be unaware of. VSS also works with third sector, non-medical enterprises, for example CHANGES, offering low level anxiety management, anger management and employment skills, peer support and recovery through group work and cover Staffordshire. There is a specific veteran's worker as a result of work with VSS and the service will often make referrals to CHANGES, for those clients who would benefit from non-medical peer recovery and support.

Operation of service:

One of the main therapies delivered is Eye Movement Desensitising Improvisation (EMDR); an effective treatment for trauma and a range of anxiety related and mood disorders. Cognitive Behavioural Therapy is also offered. The service lead commented that it is important that the client has the right resources to deal with the psychological treatment; therefore there may be preparatory work, for example on self-esteem or anxiety management, in order for treatment to be most effective. The treatment offered is tailored specifically for the client.

There are two members of staff in the team, with the service lead being the main outreach. Service staff are healthcare professionals who have experience of working with veterans or have a service background themselves; this is so that staff are more fully able to recognise the difficulties that veterans and their families experience. The team also has consultant staff to be referred to when applicable; these include a psychiatrist and clinical psychologist. They can offer peer support to professionals within the organisation or may treat clients of VSS if it is beyond the staff team's professional remit.

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According to the service lead, not all veterans will choose to be seen by the specialist service and that many want good local services. The role of the veterans' service in this case is to peer support other professionals about the veterans' culture or language. This makes those services more responsive to the needs of that specific population and allows the professionals to concentrate their efforts on the mental health issues at hand.

Referrals are taken from healthcare professionals within South Staffordshire & Shropshire Healthcare NHS Foundation Trust or local health providers within the catchment area. Occasionally clients from other regions may be seen, but VSS will seek to direct them towards their local services. It is negotiable whether the client will travel to VSS or whether the staff will travel to their local services. The majority of referrals come from GPs. Although the service accepts self-referrals, it encourages referrals from professionals to ensure clients are receiving the benefits of local services.

The service has developed an electronic referral screening tool and standard assessment tool, which is used in the mental health trusts in the organisation. The tool asks two questions: Are you a veteran? Do you wish to be contacted by the veterans' service's nurse? At present, this is one of the most up to date tool to identify veterans. There are now high levels of veterans being seen; and according to the service lead this is not because more veterans' mental health issues are present but because the service is becoming more efficient at identifying existing veterans through the screening tool.

A senior clinician reviews the referral and gathers further information if required. VSS aims to offer an inclusive service for all veterans, however, if a client primarily has drug and alcohol issues, they are encouraged to engage with appropriate services initially and be free of substances during contact with VSS. The average time that elapses between referral and being seen/treated is 4 weeks, which meets the requirements of NHS Military Covenant.

In the interview with the service lead, it was highlighted that the word 'veteran' has connotations which can impact the referral process; the service lead identified that, typically, younger clients do not prefer to be called veterans as it implies that they are older, which lead to the questioning of appropriate terminology. However, this is the language that the

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Department of Health chooses for any person who has served for more than 1 day in the forces and it is important to use consistent language in services. This may be an issue that the service wishes to explore, in order to engage with younger veterans.

Levels of Activity: The service sees around 180-240 contacts per year; this figure is increasing. It is emphasised that this increase is not because mental health problems among veterans are getting worse but that the service is becoming smarter at identifying and reaching this group. Around 90% of these contacts are male, which reflects the current serving population. There are typically a multitude of issues, usually mental health; other issues may include difficulties in relationships, employment/benefits and alcohol. There is a sense that it takes clients some time to approach mental health services; however it is noted that it is unclear whether this is statistically different from the comparative civilian population, who have never served in the armed forces.

Difficulties in implementation: The VSS underwent an evaluation in 2010 as part of the evaluation of the six community mental health pilots for veterans in regions throughout the United Kingdom (Dent-Brown et al., 2010). At the time the report highlighted the continuity of staff as an issue – the VSS was reliant on 1 member of staff, the clinical lead. This is something the service lead addressed as being mediated by building a culture of resilience and understanding around the military and cultural aspects of mental health. This issue arose during this study with the service lead, who as an army reservist, was called for service. The service lead for Dudley and Walsall therefore stood in, in this circumstance.

Background and rationale of the study:

In recent years, the mental health and wellbeing of veterans and ex-service personnel has generated interest politically and in the media, highlighting the need to develop services to support the transition and resettlement to civilian life of military veterans (Samele, 2013).

Research in the UK (Iversen et al, 2005) indicates that after leaving military service the majority of ex-Service personnel have favourable outcomes; however there is a significant minority who will experience difficulties in this transition. Military veterans will confront various obstacles in

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their return to civilian life: many will experience a lost sense of purpose, thus finding it harder to resume social activities; re-organizing family life will challenge both the veterans and their loved ones; and often many of these experiences will be associated with a common mental health problem – anxiety, depression, alcohol misuse (Harvey et al 2012). As a result, a significant minority of veterans will encounter emotional and mental health difficulties in transitioning to civilian life. There is a substantial body of research that highlights the concern about the levels of alcohol use within the UK Armed Forces (Iversen et al., 2007), however more research is needed into the effect of alcohol misuse among veterans and the impact on their families.

More often than not, there is a corresponding reluctance to seek help due to a stigma in the military about seeking help (Iversen et al., 2011). In addition mental health services and supports are not readily available further compounding the difficulties of veterans experiencing difficult transitions. Therefore, mental health support and resources are critical to the personal and professional readjustment of military veterans and their families.

The UK Government invested in a pilot scheme of six treatment services aimed to meet the mental health needs of military veterans. These NHS-funded teams provide specialist veterans and families outreach teams across the UK, establishing themselves as the source for regional veterans' mental health expertise albeit an early evaluation of these services showed mixed results (Dent-Brown et al 2010). However, despite such best efforts, veterans experience significant barriers in accessing high-quality mental health care. It has been argued that one of the best resources will be mental health professionals who have combat experience and know first-hand the pressures of military and combat service. However it remains unclear what are the professional skills needed to treat military veterans.

There is a distinctive gap in UK research about the impact of transitioning back to civilian life on veterans' families and the best practices for delivering mental health services to military veterans' and their families. In particular, the need for qualitative research to aid our understanding of understand veteran's experiences and understanding of mental health, stigma associated, and transitioning difficulties as well as why some families are more resilient than others in supporting the reintegration to civilian life has been specially highlighted in the recent report by the Forces in Mind Trust (Samele, 2013).

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Aims:

This evaluation study aimed to explore some of these gaps in our knowledge about the mental health needs of veterans and support needs of their families. The study evaluated veterans' engagement with and experience of Veterans Support Service at the South Staffordshire and Shropshire Healthcare NHS Foundation Trust over a period of 3 months. It was envisaged that the study will enable better understanding of veteran's needs and experiences of mental health difficulties, as well as the emotional support needs of their families. The current evaluation of the Veterans Support Services (VSS) at South at the Staffordshire and Shropshire Healthcare NHS Foundation Trust builds on the previous evaluation conducted in 2010 part of the evaluation of the six community mental health pilots for veterans in regions throughout the United Kingdom (Dent-Brown et al., 2010). Where relevant comparison between the two evaluations are made to illustrate the evolution of the service and veterans' satisfaction with the service.

Objectives:

Specifically the study aimed to explore and enhance understanding of:

1. Characteristics of veterans accessing the services
2. Veteran's experiences of Veterans Support Service at the South Staffordshire and Shropshire Healthcare NHS Foundation Trust – i.e.: veterans' perceptions of worked for them and what did not
3. Veterans' accounts of barriers to accessing and engaging with services

Methodology

Participants:

Military veterans who attended the Veterans Service in South Staffordshire and Shropshire Healthcare NHS Foundation Trust over a period of 3 months: Jan-March 2015 were invited to participate in the study. The estimated pool of potential participants over this timescale was 60.

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An exclusion criteria was set as the lack of capacity to consent to participation. Invitation to participate in the study, study information sheet and consent forms were handed to veterans accessing the primary and secondary services.

Data collection methods:

The data was collected in 2 progressive stages: the first stage of data collection involved the completion of a questionnaire (quantitative data collection). At this stage, participants were given the opportunity to opt-in to have an interview with a researcher (qualitative data collection)

Quantitative data collection

A short anonymous questionnaire consisting of sixty items was developed for the evaluation. The questionnaire gathered data regarding the participant's background, including service background, and socio-economic and psychosocial factors which might contribute to their reasons for accessing the services and impact their transition's outcomes. The questionnaire also included items adapted from the Survey of Canadian Regular Armed Forces and their transition to civilian life (Thompson et al., 2011) and the Military to Civilian Transition questionnaire (M2C-Q: Sayer, Frazier, Orazem, Murdoch, Gravely, Carlson, Hintz, and Noorbaloochi, 2011).

Background (Items 3 to 37):

These items were based on the Survey of Canadian Regular Armed Forces (Thompson et al., 2011) and assessed socio-demographic information regarding participants' age, gender, marital status, dependents, accommodation, estimated household income, military rank and deployment history, employment status and level of education. Participants were required to indicate either 'yes' or 'no,' or insert a numerical value for e.g., their age, number of children or number of deployments during their service career.

Transferable skills (Items 38 to 45):

These items were adapted from a questionnaire used in a Canadian survey on the transition of regular forces to civilian life (Thompson et al, 2011) which in turn were developed based on a

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study of naval officers' retirement (Spiegel and Schultz, 2003). An example item is "The knowledge and skills I use at my current or most recent job are the same as the knowledge and skills used in my service. Do you...? 1. Strongly agree, 2. Agree, 3. Neither agree nor disagree, 4. Disagree, 5. Strongly disagree.

Transition from military to civilian life (Items 46 to 62):

These items were drawn from the Military to Civilian Questionnaire (M2C-Q: Sayer, Frazier, Orazem, Murdoch, Gravely, Carlson, Hintz, and Noorbaloochi, 2011). This 16 item questionnaire was originally designed to assess service personnel's post deployment community reintegration in the following 6 areas: (a) interpersonal relationships with family, friends, and peers; (b) productivity at work, in school, or at home, (c) community participation; (d) self-care; (e) leisure, and (f) perceived meaning in life. Items were rated on a 5-point Likert scale with the following response options: 0 = No difficulty, 1 = A little difficulty, 2 = some difficulty, 3 = A lot of difficulty and 4 = Extreme difficulty. A Cronbach's α of .95 was reported across all items (Sayer et al., 2011).

Qualitative data collection

Interviews with Veterans:

A semi-structured interview lasting approximately 40 minutes was conducted with 6 veteran service users. The interview schedule was designed to elicit the veteran's views on accessing the veterans support services, the service perceived benefits and outcomes from the veteran, as well as gain insight into the veteran's service background, employment difficulties, family relationships, current difficulties, informal networks of support and their interests and involvement in the community.

Interview with Service Lead (SL)

In addition, an interview lasting approximately 40 minutes was undertaken with the Service Lead who was also the veterans' therapist. This complemented the quantitative data by providing a narrative account of the services commissioning, staffing and operation, future development and sustainability. Additionally the SL was asked to discuss his views and beliefs

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regarding veterans perceived barriers to accessing VSS, the socio-economic challenges faced by veterans, the impact of veterans poor mental health on family members as well as veterans' integration into wider society. The interview was transcribed verbatim with extracts used later to support the writing of the pen profile of the service and themes identified in veterans narratives used in the report.

Procedure:

At the point of accessing the VSS service, the invitation to participate in the study, the study information sheet and consent forms were handed to veterans by the Veterans Manager/Clinical Lead at South Staffordshire and Shropshire Healthcare NHS Foundation Trust who acted as gatekeeper. Potential participants that lacked capacity to consent were excluded. Upon consent to participate, participants were handed the questionnaire to fill in and return to the research team. If they consented to participate in the interviews, further contact was made by a research team member to make arrangements for the interview.

Prior to obtaining consent participants were given time to read and consider the information sheet describing the aims of the research and how it will be conducted. Participants were offered the information in a different format if they need it. The participants were also provided with an opportunity to ask the research team further questions related to the research before consenting. Participants were given clear opportunity to withdraw their consent if they so wished by contacting the research team.

Ethical Considerations

Ethical approval was granted for the study by the University of Worcester Institute of Health and Society's Ethics Committee (approval reference code: MISCA 2014/2015 219). Particular consideration was given to the participant's vulnerability to distress. For this reason participants who had agreed to take part in an interview, were encouraged to meet a member of the evaluation team at the VSS centre. Throughout the research all participants had access to the service lead therapist for additional support needed as a result of taking part in the research.

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Data analyses

Quantitative data from the questionnaires was analysed through appropriate descriptive statistical methods, using the SPSS software.

Interviews were transcribed verbatim in full and analysed using thematic analysis with the software package NVivo. Similar attitudes or experiences are grouped in themes, reported by a number of participants and illustrated with quotes in the report. All quotes are completely anonymised in the research report and any other dissemination activity to ensure that no individual is identified. Randomly assigned pseudonyms are used through this report.

2. Quantitative Data Analysis

2.1 Who are the veterans accessing the service?

Of the questionnaires that were given out, 11 participants responded, including one female participant. The response rate is thus 18.3% which although small, is considerably higher than the response rate in Dent-Brown (2010) evaluation when the reported response rate was 5%. The age range of participants was 26 to 61, with a mean age of 46 years. All participants were part of the regular forces, the majority from the Army (6) and Royal Air Force (4) and one from the Navy.

The majority of participants were married (5) or with a partner (3); 2 participants were divorced/separated and one participant chose not to respond to the question. The presence of a partner may have an impact on the transition from military to civilian of the individual; partners can be used as a constant support through the process. However this can also raise difficulties for partners of veterans to support the transition and cope with the possible mental health needs of the veteran.

The average length of service was 11 years, ranging from 1-23 years. There was a broad range across participants in terms of time since leaving the service, ranging from 2 to 23 years. One participant left the service 43 years ago after serving 1 year and this was classed as an outlier and excluded from analysis where relevant. This occurrence also illustrates that a veteran is

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classed as someone who has served for more than 1 day in any branch of the armed services; they are entitled to hold the title of a veteran despite length of service, years since leaving the service or type of leave from service.

The majority of participants left their military careers as their service was complete (6) or voluntarily (3); further 2 participants were given medical discharge and one participant's leave was involuntary. The nature of the leave taken from the service may be of relevance because a person who is mentally prepared to leave such as service complete, may be more prepared and therefore their transition may feel more successful than a person who's leave is unexpected and out of their control. Rosser (2013) tackles the issue of recruiters asking veterans about the type of discharge they received, advising that there should be good reason for doing so. This implies that the type of discharge a veteran receives may go on to affect their future employment, which is linked closely with transition.

All but 3 participants had undergone operational deployments, between 1-7 times each. 1 participant had been on over 25 operational deployments. The link between operational deployments and mental health is disputed, with evidence emerging that mental health issues may not be linked with operational deployments and direct experiences of conflict (Harvey et al, 2012).

2.1.1. Employment

Participants were asked about employment, including their current employment, work since release and work satisfaction. The majority of participants (8) were currently employed; and the minority who were unemployed (3) were unable to work due to illness or disability and were not actively seeking employment or engaged in a training scheme.

On release from service, the majority (8) of participants were in regular employment/running a business and after 12 months they were still employed or running a business. One participant was not working due to disability; this participant felt very dissatisfied with their situation 12 months after their release. Another participant was looking for work and felt dissatisfied. Of those 9 participants who were employed 12 months after release, the majority were neither satisfied nor dissatisfied with their situation, with 2 participants feeling very satisfied and 2

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feeling dissatisfied. This suggests a strong association between satisfaction with life in general and being in employment.

2.1.2 Transferability of Knowledge Skills and Abilities (Table 1, Appendix 7.1)

As shown above, upon leaving the military, the majority of participants in this study found further employment and in the questionnaire the following questions explored the transferability of knowledge, skills and abilities gained in the military to their current or most recent jobs. Spegal and Shultz (2003) found that the transferring of skills to their post-military career can increase veterans' satisfaction and adjustment to civilian life.

Just over half (54.6%) of participants felt that their experience, education and training from the military have helped them in their current or most recent civilian job. However, just over a quarter (27.3%) of veterans reported that the tasks performed in their job were the same as in the military, with the majority of participants (54.6%) disagreeing with the statement. Similarly, around a quarter of veterans (27.3%) felt that the knowledge and skills they use in their most recent job are the same as used in the military, with 45.5% disagreeing with this statement. This suggests that only a minority (about a quarter) of respondents felt that the skills, knowledge and experiences from the military, though not directly applicable, have been in some way valuable or transferable to their most recent job.

Only 1 participant reported experiencing a similar level of prestige in their current job compared to that of their service; the overwhelming majority (90.9%) reported that there was less prestige in their most recent job. A similar pattern occurred throughout this part of the questionnaire, with the majority of veterans reporting much or somewhat less compared to their military service in regards to: skills and knowledge; level of authority over others; income and level of importance. This appears to be a finding amongst veteran populations in other international studies, as this is concurrent with findings from Thompson et al. (2001), in a Canadian sample of veterans. This suggests possible dissatisfaction with their current employment, which can be a negative factor in mental health (Thompson et al., 2011; Maclean et al, 2014). This may also relate to the feelings of nostalgia that veterans may experience when reminiscing about their military careers (Maclean et al, 2014).

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2.1.3 Transition from Military to Civilian Life (Table 2, Appendix 7.2)

Within the past 30 days, just over half (54.6%) of participants had experienced difficulties dealing with people they did not know. The participants were evenly split between having no difficulties making new friends and having difficulties (45.5%), with one participant reporting extreme difficulty in this area. This suggests that for some participants, interactions with people they do not know and building relationships can be a problematic area.

The majority of participants (54.6%) had little or no difficulty in keeping up friendships with people who have no military experience. However around a quarter of participants (27.3%) expressed some difficulty and one participant reported extreme difficulty. Conversely only two participants (18.2%) experienced some difficulty in keeping up friendships with people with military experience; two thirds reported little or no difficulty. This could be due to veterans feeling more comfortable around others with military experiences and this was confirmed in the interviews with veteran participants:

You couldn't just come out with in down at the pub with the result you don't bother talking to people who haven't experienced these things. (John)

Participants expressed that they often had to be mindful when speaking to civilians, as they may not understand them or feel comfortable around them and this in turn can affect the formation of supportive relationships:

[...] there I felt a great pressure to reign in who was with my work colleagues because I didn't feel comfortable to be my natural self around people. (Geoff)

The difficulties some participants reported in dealing with people they don't know and making new friends may stem from the lack of shared experiences and therefore feel that they have little in common (Samele, 2013). Two participants said keeping up friendships with people with military experience was not applicable; this could imply that they no longer keep in touch with anyone from the military. This was reflected in the qualitative interviews, whereby the quality of military relationships was questioned.

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[...] my twenty years with the military I have one person who I would describe as a friend. I have a lot of acquaintances who I see on occasion via Facebook or email or whatever, but I have one person who I would describe as a friend (Geoff)

In relationships with relatives, just over half (54.6%) of participants reported little or no difficulty, however the other participants reported either some, a lot of or extreme difficulty. This demonstrates that not all veterans will go on to experience problems in relationships following transition, but that a significant number will. Conversely, just over half (54.6%) of participants reported experiencing difficulty getting along with their spouse or partner, with the remaining 45.5% reporting no or little difficulty. Interestingly more participants reported feeling extreme difficulty in getting along with their child or children, than any other relationship. There may be a number of factors that affect this but it seems to suggest implications for the children of veterans as well (Maclean et al, 2014).

In interviews, participants discussed how relationships with family were sometimes difficult. One participant expressed that he didn't feel they understood the army lifestyle.

[Do you think any of your family have supported you in being a veteran?] No...don't really think they understood the army life at all. (Ryan)

Another participant discussed how she chose to keep herself isolated from her family and not talk to them.

You have a couple of close friends going on who I knew that I could talk to but I kept everyone else at a distance. Even for a lot of the time, my own family. It was just easier to avoid them then try and explain things. I suppose the opposite really I avoided the conflict rather than...avoidance. (Sophie)

The next sub section of the questionnaire explored the self-care aspects of individuals. Equal numbers of participants (45.5%) reported no to little difficulty and some to a lot of difficulty, in doing what they need to do for work. Two thirds of participants felt they had little or no difficulty in taking care of chores at home; however a significant minority (36.4%) experienced some or a lot of difficulty. This was similar for taking care of their health. More participants

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experienced difficulty enjoying or making use of free time than those who experienced little or no difficulty. These findings are similar to findings regarding mental health in general population.

The next sub section refers to sense of belonging. In relation to taking part in community events or celebrations, a minority of 36.4% expressed little or no difficulty. It is noteworthy that two participants answered this was not applicable. Although the majority expressed little or no difficulty, 45.5% of participants felt that they had a level of difficulty in belonging in civilian society; this is a significant number of veterans who feel a limited sense of belonging. Belonging can have an effect on transition and mental health (Maclean et al, 2014).

This is also reflected in the interviews where the participants reported little involvement with their communities; this may be due to a number of issues including their transition. For example, one participant had been involved in their local church but due to conflict with others chose to end their involvement. It may be that relationships and getting on with civilians prevents veterans from engaging with their communities, and their communities engaging with them, effectively.

I was sort of involved in the local church...the vicar changed and I saw through him and he was very much had the people he wanted to be involved with... And it just felt like he was snubbing people. My parents used to be very much a part of that church and...without going into too much detail, he treated them absolutely disgustingly.
(Sophie)

Just over half of veterans expressed difficulty confiding and sharing their personal thoughts and feelings; this may be linked to the difficulties some veterans experienced with relationships. The same number of veterans expressed difficulty in finding a purpose in life; this may have a detrimental effect on their self-esteem, and consequently their mental health.

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3. Veterans' Evaluation of the Service

The current evaluation of the Veterans Support Services (VSS) at South at the Staffordshire and Shropshire Healthcare NHS Foundation Trust builds on the previous evaluation conducted in 2010 part of the evaluation of the six community mental health pilots for veterans in regions throughout the United Kingdom (Dent-Brown et al., 2010). Six participants agreed to speak to one of the research team and the following analyses are based on data collected via interviews with these 6 participants.

The veterans attending the Veterans Support Services (VSS) unanimously spoke of the provision with high regard and discussed the positive ways in which they felt the VSS helped them. Notwithstanding the small sample of respondents, through the 6 interviews the researcher conducted with the service users, the message is clear: veterans were pleased with the service and valued the support they were given. This finding concurs with the Service Lead's client feedback data according to which 87% of veterans reported feeling better or a lot better after receiving services. Participants had nothing negative to say about the service when interviewed and offered no suggestions for future improvements. The following quotes from two veterans are illustrative of overall participants' comments:

[...] I think what he and his team have developed is absolutely fantastic. First class.
(Kevin)

Basically just the support they [the service] gave me – that was tremendous. And help with me [...] and just having that support helped me through a bad period of my life, you know. (Ryan)

The current high-level of satisfaction with the service is in contrast with the findings of the 2010 evaluation, when the South Staffordshire VSS had the lowest level of approval from service users in terms of helpfulness, effectiveness etc. (Dent-Brown et al, 2010). Although the low response rate of the current evaluation demand that current results are interpreted with caution, they suggest a clear marked improvement of the service from veteran's perspective. This improvement is also illustrated by participants remarking on the range of treatment choices

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currently offered – an aspect which again was found lacking in the 2010 evaluation. Among the current specific treatments offered via the VSS, EMDR was highlighted as a treatment that they found particularly useful. EMDR has been found to be an effective treatment for trauma and other anxiety related disorders (Hunt et al., 2014). The service lead confirmed that EMDR delivered alongside Cognitive Behavioural Therapy (CBT) are the main therapies that offered to service users, depending on the client’s needs.

3.1 The importance of clinical staff for the effectiveness of the service

When probed about what specific aspects of the service are the main contributing factors to their perceived effectiveness of VSS, it emerged that for service users, the VSS clinical staff are central to their perception of usefulness of the service. This was a feature highlighted by all participants, suggesting that the clinical staff have personal and professional qualities that help service users feel at ease, as the quote below illustrates:

[What was most beneficial to you?] I think personalities, and the two people that I’ve seen are very welcoming, not judgemental at all, very understanding (Sophie)

This suggests that staff’s non-judgmental and understanding attitude towards veterans is an important catalyst in engaging with the service. However, it also appeared that “understanding” in the case of veterans goes beyond the professional understanding that characterises any helping or health care relationship. The participants expressed clearly that they greatly valued the clinical staffs’ military background and experiences, which they felt enabled them to relate to their own experiences:

You can sit with [Service Lead] who has the veterans’ knowledge and you have a **common language**. I **don’t have to sugar coat** it I don’t have to explain variations or acronyms I feel that I can consequently talk to him with more freely than I can talk to other mental health professionals because I suppose of the commonality of language makes it easier and the knowledge that he has been there, that **he has worn the green skin** and he knows what is so I suppose you need somebody who is a veteran and an expert in the subject it is much easier to do. (Geoff)

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Participants seemed to value the shared experiences which helped them to engage with the service – for example Geoff (above) spoke evocatively about the importance that the Clinical Service Lead ‘has worn the green skin’ and that they shared a common language. Furthermore, the quote below suggests that beyond sharing common language and experiences, was also an element of high regard and respect for staff’s ability coming from a military background:

You always look favourably because you know what they’ve done and **you know what assets they can bring to a certain role.** (Kevin)

Whilst majority of participants expressed and agreed upon the importance of talking to a mental health professional with military experience, they highlighted that personal characteristics of the staff were also crucial to them.

It was him sort of as an individual as well. He, I mean bless him; he said if you wanna talk to a female you can do. And I just felt comfortable with him and comfortable talking about things. So maybe yes it was because we had, we’d got similar background from a military point of view, maybe in part it was him and I felt comfortable talking to him. (Sophie)

The above quote from Sophie suggests that the qualities of the individual and the therapeutic relationship as equally as important as the military experience of the clinical staff and this is similar to all therapeutic relationships (Kingham et al, 2015). These findings hold similarities with the Dent-Brown (2010) report; where veterans expressed preference for mental health services being staffed by veterans, and criticised those services where civilian staff with no experience or knowledge of the armed forces life. However more prevalent was the issue of professional qualities of the staff and the importance of these to a successful service.

These findings have potential implications for service development and delivery: it appears that the presence of mental health professionals with military background, particularly at access point helps and/or speeds up veterans’ engagement with the service. In the actual delivery of services and interventions, qualified mental health professionals’ skills and abilities have a prominent role in maintaining the veterans’ engagement and the success of the interventions,

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undoubtedly augmented by the fact that such mental health professionals will develop and acquire knowledge and experience of working with veterans, which in turn will maintain and/or increase the effectiveness of the service. The Veterans Support Services (VSS) at South at the Staffordshire and Shropshire Healthcare NHS Foundation appears to have achieved this balance between clinical staff with military background and or knowledge, undoubtedly helped by the charismatic figure of the Service lead, and thus could offer a model of service development.

3.2 Accessing the service: the role of GPs

The majority of participants arrived to the VSS by referral through their GPs and local NHS services. Participants reported that generally they did feel comfortable talking to their GPs about their mental health concerns:

Yeah. I did yes yeah. There were actually er... one of the nurse practitioner people who er... who I had a lot of dealings with on the emotional side of things. (Ryan)

However, veterans reported several barriers in engaging with GPs and the issue of consistency in seeing the same GP and short time slots did come up, as the quote below illustrates:

I don't think they [the GPs] get the time. You know, again it seems to me, like, every 10 minutes he's seeing a patient and certain people run over and then you're sat there in the waiting room and I don't think that helps. I know they can't help it but perhaps they should either get bigger time slots or, you know, for people that run over because there's nothing more frustrating because again you think you're the only person in the world that needs his attention which, we're all guilty of that. But when you do, you know, he was, right, OK, I'll give you a pamphlet. Is there anything else? That's basically give me a number, on the back of the pamphlet it says ring that and, you know, get in touch with them and see what they can do. And that was it. (Kevin)

This quote illustrates the same issues that could be found in the general population accessing services via GPs for mental health problems. One participant discussed however how her GP made an effort to understand and research aspects of the military to better prepare for helping her:

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[...] 12 months ago there was a new GP came to our practice. Erm and I was having problems, quite by chance I ended up seeing him and he is extremely supportive. He [the GP] was asking, you know, can you get me some more information [about veterans' issues] and I said there you go. And he's very much gone away and, you know, done some research on it [...] he's willing to learn more about it. (Sophie)

This finding highlights an important implication for practice – the need to raise awareness of health care professionals about the special circumstances of veterans as this, in turn, has potential to impact positively on veterans' engagement with GP services.

3.3 Perceived outcomes of attending the service

Veteran participants also highlighted the reluctance to recognize and address mental health problems – which is common across the range of people affected by mental health issues. As Geoff articulates below, many participants said were not aware there was an issue but, reflecting since receiving treatment, they can identify mental health issues which may have been affecting them.

I knew that something wasn't right for some considerable time I would go through a period of offloading is the only way to describe it as I would have occasions and really didn't like myself and I would question my relevance in the world (Geoff)

When asked to explain how the interventions facilitated by the service helped them, one participant discussed how the service has helped him in dealing with challenging situations:

Yes, I feel more comfortable with handling situations that I couldn't have done before...If someone gets on your case, you know, instead of going off like a bottle of pop there and then try and look at it in a different way and then go back to it and it doesn't seem as bad. But that's, I think, what I've learnt. Instead of reacting there and then, which I used to, and I probably still do on occasion, when somebody presses the right buttons [...] (Kevin)

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This quote demonstrates how this participant now handles conflict as a result of his therapy. He acknowledges that he still does have difficulty but that this is less frequent; this will have positive implications in all aspects of life, particularly work and interpersonal relationships.

4. Transitioning back to Civvy Street: barriers and facilitators

An important aspect in understanding veterans' difficulties and engagement with the service is the meaning they give to their transition from the military career into civilian life.

4.1 Meaning of transition

Some participants discussed how they viewed and perceived their transitions in powerful terms evoking ideas of institutionalised life, as Kevin explains:

It's very difficult because I think... em ... sounds a bit dramatic but I think you get institutionalised because someone is telling you what to do 24/7 where to be what clothes to wear and basically run your life and then you come out I mean that freedom of that is great but then you realise that you have lost or not lost but you lose touch with all your friends and associates that you have built up in that career. (Kevin)

The word institutionalised implies that veterans have become accustomed to certain cultural norms in their military lives which are different to that they have come to experience entering civilian life. This can cause difficulty in adjusting in the transition.

Some participants felt that viewed their transition as a prompt to begin growing up. Howard League (2011) explains that many service men and women are recruited at a young age and are released from service before standard retirement age.

If I'm honest I had not grown up within the MOD I was stuck in a routine my predominant behaviour was like that of a 17 year old [...] that was all that mattered no big plans for the future no career it was all just live for today and it wasn't until probably after two years in civilian life where I felt yeah perhaps it is time to grow up and behave like an adult and think about tomorrow as opposed to just today. (Geoff)

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Kelty, Kleyklamp and Segal (2010) pose that whilst the transition to adulthood may have been paused when services relied on conscription, since the introduction of entirely voluntary service personnel, the transition to adulthood is more stable and orderly for military servicemen than their civilian peers. This quote however implies that, due to the 'sheltered' lifestyle of the military, it was difficult to mature and begin planning for the future.

4.2 Difficulties in establishing a working life

Participants were asked questions about their employment and working life upon leaving the military. Difficulties in finding and keeping employment are recognised as difficulties of veterans in the transition to civilian life (Samele, 2013). Participants discussed various difficult aspects that they encounter in building working careers in civilian life.

Ryan below explains that although he had received sufficient support in preparing his CV upon leaving the military, this CV was not desirable to civilian employers.

I've had a lot of jobs, I've found it hard keeping a job when I came out the army. (Ryan)

When exploring the reasons beyond such frequent job changes in veterans, some felt that the job roles did not match the expectations they developed in the military, they suffered from the lack of camaraderie they had in the service and the skills to handle conflict in the workplace:

You haven't got the camaraderie the team work you know the work ethic there's more fighting and backstabbing and you know people out for their own ends [...] what I found difficult was when I took jobs, people's roles in civvy don't equate to what you did in the forces. I have found it very difficult to cope with [what I have explained earlier] it just there's no bond, camaraderie. work ethic. [...] you know, when you've got a CV that's littered with different jobs again you're looked at, oh, why don't you stick this, why don't you stick that and I can't say well I can't handle people that wind me up (Kevin)

However, unlike Kevin (above), some participants found it difficult to pinpoint any reason as to why they changed jobs so frequently.

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Another aspect of employment that veterans appear to struggle with was the work-life balance which they felt was a wronged civilian attitude to work. Participants described the work ethic in the military as meaning people will not stop until the job is done, and they perceive by contrast that the approach to work in civilian life mean putting in minimal effort, as Geoff and Kevin explain:

The work ethic in the MOD and the majority of people I came across in the MOD you did a job until it was done and if that meant that you finished late or missed a break whatever so be it where as you come into civilian life the clock the pen goes down and that's it I'm not doing anymore. (Geoff)

there's quite a few people who go in and do as little as possible where I like to think I go the extra mile in which you were always brought up you know the vast majority of your working career you know you strive to be the best and representative of yourself and the uniform and as being the best you can be (Kevin)

This apparent contrast between civilian and military attitude to employment will undoubtedly play a role in making the relationships between veterans and civilian colleagues strained, thus perpetuating the work conflict and the unsettlement in employment, from which is basically a different value position.

4.3 Support Networks

Support networks are vital for positive mental health (Holt-Lunstad & Uchino, 2015), and often these are not present in veteran's lives in transition from military to civilian:

[do you have any other networks of support that you fall back on?] No, no. None at all. No. [And do you ever feel lonely or detached from others?] At times yes I must admit. (Ryan)

Several factors may impact on the formation of support relationships for veterans. For example, participants in this study expressed that they often felt they had to be mindful when speaking to civilians, as they may not understand them or feel comfortable around them. This can affect the formation of supportive relationships.

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You couldn't just come out with in down at the pub with the result you don't bother talking to people who haven't experienced these things. (John)

[...] there I felt a great pressure to rain in who was with my work colleagues because I didn't feel comfortable to be my natural self around people. (Geoff)

All participants also expressed that they could feel more at ease generally while talking to others who had military experience, as if they no longer had to suppress certain parts of their personality.

I would say yes to a certain extent because people go on about the sort of people go on about the sort of military camaraderie and the banter, and sometimes yeah I do see what they mean. There's certain thing you can say to sort of veterans that if you said to someone who's never had any military background at all, they'd look at ya like as if you say are you barking mad? Where to us it's just natural. (Ryan)

Even when veterans have positive support networks they may still feel uncomfortable talking about their problems as demonstrated in the following quote:

Erm there was, there's 2 friends in particular who I did confide in but you get to the point of you feel that as if every time I'm with them or speaking to them, I'm going on and on about myself. And then I felt guilty about that, everyone's got their own problems that they're going through but they are such good friends that you know it's a strong bond. (Sophie)

Some participants felt as if they had to suppress a part of their personality in order to fit in the civilian life and that they could not be themselves.

It felt frustrating and I sole destroying I suppose I felt that I was constantly on guard because I was aware there were times where I would delve back to who I was within the military (Geoff)

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Geoff went on to explain how mentally draining this was and conceivably this puts extra strain on a person's mental health:

It was hard work and I suppose I hated it because I had spent nearly twenty years being fairly easy understanding who I was and being comfortable with who I was in the environment I was in and suddenly I had to suppress all that.... so I would come home at night and I'd be physically tired or mentally tired more from having to suppress who I was rather than the actual work (Geoff)

In describing their struggles with relationship in civilian life, the idea of 'tolerance' came up in interviews with participants. On one hand veterans expressed that they had developed good tolerance skills in their military careers:

The Navy is made up of all characters and you have to live with and get on with everybody but you tolerate them because if you are going to sea for 3 or 4 months you've got to I mean so built up a lot of tolerance to people who you don't necessarily get on with. (Kevin)

Conversely, some participants discussed how they found civilians difficult to tolerate and this may sometimes lead to conflict. Kevin discussed how his experiences with VSS have helped to build their tolerance and have empathy for other people's situations.

the chef is always on my back but [Service therapist] angle is he's probably got the hang ups not you where he has more problems that you have but because I thought he was picking on me and it probably isn't he can't deal with it any other way and that's the way he's been taught to do it (Kevin)

4.3.1 Relationships with Family

Participants discussed how relationships with family were sometimes difficult. One participant expressed that he didn't feel they understood the army lifestyle.

[Do you think any of your family have supported you in being a veteran?] No...don't really think they understood the army life at all. (Ryan)

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Another participant discussed how she chose to keep herself isolated from her family and not talk to them.

You have a couple of close friends going on who I knew that I could talk to but I kept everyone else at a distance. Even for a lot of the time, my own family. It was just easier to avoid them than try and explain things. I suppose the opposite really I avoided the conflict rather than...avoidance. (Sophie)

This was her way of avoiding conflict, by shutting herself off from family members. She discussed how she is now able to talk to them since they are more aware of the difficulties she was experiencing.

4.3.2 Relationships with Partners

Most veterans with partners expressed that they had been a positive factor in supporting them in their transition to civilian life.

That would be my wife. She's seen me at my worst and she's seen me at my best. It's a bit corny but I mean, you know, when I was battling trying to deal with transition and carrying all that baggage in those dark moments she was the one who was mopping my brow. Her patience was just there. (John)

4.3.2.1 Couple Case Study

In one case in our group of participants, the research had the opportunity to capture the situation of a couple who were both attending the VSS as veterans, thus offering an unique opportunity to have the perspective of the partner and their experience of transition and the effect that had this on them. Sophie felt that she had experienced a relatively positive transition to civilian life, largely because she had trained as a midwife and so had a definite career path to follow. Her husband, however, reported his experience of transition more negatively.

I would have occasions and really didn't like myself and I would question my relevance in the world. I still have occasions where I can easily convince myself that I serve no useful purpose and the world would be considerably better off without me in it. Em from my home life my wife and son I can quite easily justify to myself that they would

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be better off without me in their lives and I could find nothing but be a drain on them emotionally and financially and I would go through periods of despair where I could not see the benefit of going on in my life. It would be under no matter what I did it was shit life, love, family work everything that I did just went to shit em and that totally been the past 15 years more or less since I came back and left the military environment (Geoff-husband)

Although participants generally expressed that their partners and families gave positive support to them in their difficulties transitioning to civilian life, or at least as much support as they were willing to accept, having the viewpoint of Geoff's partner portrays the difficulties families and partners can experience when supporting a veteran.

Yeah because last year I developed a reactive depression because of all the problems that [husband] was going through, being newly diagnosed with PTSD and it was a really tough time. (Sophie – wife)

Sophie discussed how her mental health was impacted by the difficulties her partner was experiencing. The term vicarious trauma refers to the impact that carers of those suffering from trauma may experience from supporting them through traumatic events, which could explain Sophie's reactive depression. She discussed the strain that these difficulties put on her marriage and family life and how with the support of South Staffordshire service and other professionals, they have been able to work through this. This case study highlights the need for further research into the experiences of transition to civilian life and the profound impact it can have on family members who are trying to support veterans.

4.3.3 Relationships with Military Colleagues

Despite the emphasis on camaraderie amongst military colleagues, it appears that the majority of participants did not keep in close contact with many colleagues from their military days and the notion of military colleagues being acquaintances more than friends arose several times.

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... my twenty years with the military I have one person who I would describe as a friend. I have a lot of acquaintances who I see on occasion via Facebook or email or whatever, but I have one person who I would describe as a friend (**Geoff**)

It seems conflicting that veteran's spoke so highly of camaraderie in the military and the ability to feel at ease with military colleagues, yet many did not class colleagues as friends, keep in regular contact or engage with veteran community groups. It may be difficult for veterans to remain in contact due to location, which social media is now helping to overcome; it may also be difficult for some veterans to remain in contact with those who experienced similar traumatic events. Another possible explanation for this is that participants might view their service experience in an idealistic and nostalgic way, which is perhaps perpetuated by the difficulties they have experienced in their transition. This seems to be evident in one participant's story: Matthew expressed that he left the RAF because he felt that he was under-valued and often assigned duties that others were not willing to take, due to high levels of risk. He said:

You know how a cat has 9 lives, well I felt I had survived pretty much certain death too many times and that my lives were running out. (Matthew)

4.4 Community Involvement

The participants involved in this study had little involvement with their communities; this may be due to a number of issues including their transition. One participant had been involved in their local church but due to conflict with others chose to end their involvement. It may be that relationships and getting on with civilians prevents veterans from engaging with their communities, and their communities engaging with them, effectively.

I was sort of involved in the local church...the vicar changed and I saw through him and he was very much had the people he wanted to be involved with... And it just felt like he was snubbing people. My parents used to be very much a part of that church and...without going into too much detail, he treated them absolutely disgustingly. (Sophie)

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4.4.1 Veterans' Services

All but one of the participants who were interviewed engaged with veterans services. One participant described how he paid subscriptions to such services but didn't actually use them. He felt that by paying subscriptions he could help them keep going; this implies he thought they were valuable in some way.

4.4.2 Hobbies

All participants who shared their hobbies took part in activities that were individual rather than group or team activities. One possible reason for this may be because veterans prefer not to engage in team activities with civilians who they may not be able to be themselves around. Some participants no longer engaged in activities due to difficulties with their physical health.

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5. Conclusion and recommendations

In light of the above results, this evaluation study supports the following conclusions:

- The South Staffordshire Veterans' Support Service has undergone a positive change
- By comparison with the conclusions of the previous evaluation (Dent-Brown et al, 2010) the service was unanimously evaluated by service users as being a very useful resource.
- Veterans' appreciated that the service staff had military background and/or knowledge about military and felt that this facilitated their engagement with the service especially in the early stages of attending the service
- Service users found that the personal and professional qualities of the clinical staff were of vital importance and made a significant contribution to their better outcomes.
- Majority of service users felt able to talk to their GPs about their difficulties and be referred to VSS by their GPs, and an important role was played by the GPs willingness to understand the special circumstances of veterans.
- The service users felt that major barriers in their positive transition were the lack on employment, connection with community and support.

Recommendations for future developments:

- Whilst service users' positive evaluation of the service is an important premise to its effectiveness, in order to ascertain the effectiveness of the service, an audit of service users' outcomes, including measure pre- and post- treatment is of essence.
- Whilst maintaining a model of service led by a professional with military background appear a preferred option, this should be coupled with training and education for professionals in the specific circumstances of the veterans as well as succession and cover plans in place to preserve the relationships of the service with service users.
- Family involvement in the assessment and treatment of veterans' difficulties in their transition is vital to increase sustained engagement with the service and interventions and to support the family of veteran.

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- To consolidate the above conclusions the pilot study should be expanded to include a higher number of participants – ideally an entire 1 year cohort of service users attending the service.

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7. Appendices

Table 1: Transferability of knowledge, skills and abilities

| Q38-45 | Strongly agree | agree | Neither agree nor disagree | disagree | Strongly disagree |
|--|----------------|------------|----------------------------|------------|-------------------|
| The experiences, education and training obtained during my military career have helped me in my current/most recent civilian job | 3 27.3% | 3 27.3% | 2 18.2% | 2 18.2% | 1 9.1% |
| The actual tasks I perform at my current or most recent job are the same as the tasks from my service | X | 3 27.3% | 2 18.2% | 3 27.3% | 3 27.3% |
| The knowledge and skills I use at my current or most recent job are the same as the knowledge and skills used in my service | 1 9.1% | 2 18.2% | 3 27.3% | 3 27.3% | 2 18.2% |

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| Compared to your service... | Much more | Somewhat more | About the same | Somewhat less | Much less |
|---|-----------|---------------|----------------|---------------|------------|
| the level of prestige of your current/most recent job is | X | X | 1 9.1% | 6 54.5% | 4 36.4 |
| The level of skills and knowledge used in your current/most recent job is | 1 9.1% | 1 9.1% | 2 18.2% | 4 36.4% | 3 27.3% |
| The level of authority over people in your current/most recent job is.. | 1 9.1% | X | 2 18.2% | 3 27.3% | 5 45.5% |
| Your level of income in your current or most recent job is.. | X | 3 27.3% | 3 27.3% | 2 18.2% | 3 27.3% |
| Your level of importance in your current/most recent job is.. | X | 1 9.1% | 2 18.2% | 5 45.5% | 3 27.3% |

Table 2: The Military to Civilian Questionnaire

| Q46-62 | No difficulty | Little difficulty | Some difficulty | A lot of difficulty | Extreme difficulty | Not applicable |
|--|---------------|-------------------|-----------------|---------------------|--------------------|----------------|
| Over the past 30 days have you had difficulty with... | | | | | | |
| Dealing with people you d not know well | 3 27.3% | 2 18.2% | 5 45.5% | 1 9.1 | X | X |
| Making new friends | 2 18.2% | 3 27.3% | 4 36.4% | X | 1 9.1 | 1 9.1 |
| Keeping up friendships with people who have no military experience | 2 18.2% | 4 36.4% | 3 27.3% | X | 1 9.1 | 1 9.1 |
| Keeping up friendships with people who have military | 3 | 4 | 2 | X | X | 2 |

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| | | | | | | |
|---|------------|------------|------------|------------|------------|------------|
| experiences | 27.3% | 36.4% | 18.2% | | | 18.2% |
| Getting along with relatives | 4 36.4% | 2 18.2% | 2 18.2% | 2 18.2% | 1 9.1 | X |
| Getting along with your spouse or partner | 4 36.4% | 1 9.1% | 5 45.5% | X | 1 9.1% | X |
| Getting along with your child/children | 2 18.2% | 3 27.3% | 1 9.1% | X | 3 27.3% | 2 18.2% |
| Finding or keeping a job | 4 36.4% | 2 18.2% | 3 27.3% | 1 9.1% | X | 1 9.1 |
| Doing what you need to do for work or school | 3 27.3% | 2 18.2% | 3 27.3% | 2 18.2% | X | 1 9.1 |
| Taking care of your chores at home | 4 36.4% | 3 27.3% | 2 18.2% | 2 18.2% | X | X |
| Taking care of your health | 3 27.3% | 4 36.4% | 1 9.1% | 3 27.3% | X | X |
| Enjoying or making good use of free time | 3 27.3% | 2 18.2% | 2 18.2% | 3 27.3% | 1 9.1% | X |
| Taking part in community events or celebrations | 2 18.2% | 2 18.2% | 3 27.3% | 1 9.1% | 1 9.1% | 2 18.2% |
| Feeling like you belong in civilian society | 3 27.3% | 3 27.3% | 2 18.2% | 2 18.2% | 1 9.1% | X |

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| | | | | | | |
|---|------|-------|-------|------|-------|---|
| Confiding or sharing personal thoughts and feelings | 1 | 4 | 3 | 1 | 2 | X |
| | 9.1% | 36.4% | 27.3% | 9.1% | 18.2% | |
| Finding meaning or purpose in life | 1 | 5 | 2 | 1 | 2 | X |
| | 9.1% | 45.5% | 18.2% | 9.1% | 18.2% | |

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