

1. Mental Health of Serving Personnel

The Ministry of Defence Report “UK Armed Forces Mental Health (Annual Summary & Trends Over Time, 2007/08 - 2016/17)” presents ten-year trend information on demographic groups at risk and comparisons to mental health in the UK population. The number of personnel assessed as having a mental health disorder by MoD specialist mental health services has increased over time from 1.8% in 2007/08 to 3.2% during the period 2016/17 (approximately 3 in 100 personnel).

One suggestion for the increase is that more people are coming forward to seek help due to successful MoD campaigns to reduce stigma and create mental health awareness in the military. This is still lower than the rate found in the general population (3.5%) and this may in part be due to military structure- the cohesive nature of unit life not only supports good mental health but in such a close environment it may be easier to recognise the early signs of mental ill health. It also the case that entry requirements to the military are very stringent and therefore individuals with more serious mental illness are not recruited.

2. Specific Mental Health Conditions

2.1 Post-Traumatic Stress Disorder (PTSD)

Despite the media representations of a ‘tidal wave’ of mental trauma in the military community, the rates of PTSD in the combined Regular Forces is about 6% compared to 4% and 5% in the general population. In the Reserve Forces (The Army Reserve was previously known as the Territorial Army), the rate is around 6% to 7%. Recent statistics from a Kings College study of Iraq and Afghan veterans reports that rates of PTSD are at about 6%.

2.2 Common Mental Health Disorders (e.g. depression, anxiety, panic)

In serving personnel rates are slightly higher compared to the general population (2.9% vs 2.4%). Deployed reservists rates are found to be higher than deployed regular or non-deployed reservists. Rates are similar to the general public in ex-forces personnel.

2.3 Adjustment Disorder

Adjustment Disorders account for around a third of all mental ill health in the UK Armed Forces. It is a short term condition occurring when a person is unable to cope with or adjust to a particular source of stress such as a major life change or transition, loss or event. The higher rates of Adjustment disorders seen in the UK Armed Forces compared to the UK general population may reflect the impact of Service life with routine postings every few years and operational tours (35% of personnel assessed with a mental disorder at MoD specialist mental health services).

2.4 Deliberate Self Harm (DSH)

Rates for DSH during the period 2016/17 are low at 0.3% of all UK military personnel but figures have risen by 26% over an 8 year period (although this may in part be due to a change in reporting methods). The ‘at risk’ groups reflect those represented in the general population namely young, and females.

2.5 Suicide

The rates for suicide of serving military personnel are lower than the general population and the regular Armed Forces have experienced a downward trend of male suicide rates since the 1990’s (MoD Statistical Notice, March 2018) There are no accurate figures for ex-services personnel. However, young male veterans are at greatest risk of suicide within the first 2 years of leaving service (Kapur et al, 2009) A common myth reported by the media is that more veterans of the Falklands conflict died by suicide than in combat. In 2014 the MoD provided data that showed that between 1982 and 2013 suicide accounted for 7% (101

including open verdict deaths) of all veteran deaths and that there was no excess in the rates of suicide in Falkland veterans compared to the general population.

2.6 Other factors

- 2.6.1 **Alcohol and Drugs** – Alcohol misuse is a significant problem for both serving persons and services leavers. The Hatch et al (2013) study shows that there is an 11.4% of serving personnel with alcohol misuse and 15.1% of service leavers. However recent research by Kings College Centre for Military Health Research (KCMHR) suggests that alcohol consumption has declined.
- 2.6.2 **Aggression and Violence** – The MacManus et al (2013) study showed that there was an increased threat of violence behaviour in UK military and ex-military. This threat is mainly in men under the age of 30 and can be increased if they have been deployed in combat roles and traumatic events as well as post deployment alcohol misuse.

3. Stigma

Within society stigma around mental ill health continues to be an issue and there is the suggestion that within military culture this stigma may be amplified due to the importance of characteristics such as strength and resilience. Any perception of mental ill health as a 'weakness' may then inhibit individuals from seeking help. However, The MoD has run a successful campaign around raising awareness of mental health and encouraging help seeking behaviour which means that stigma is becoming less of an issue over time.

4. Specialist Services for Veterans

4.1 Transition, Intervention and Liaison Service (TILS)

This service is provided by the NHS and is a specific service for ex-service personnel and members of the Armed Forces who are approaching discharge for whatever reason. TILS seeks to increase the access to, and treatment for mental health also linking in with partner organisations to facilitate additional support where required for assistance around housing, employment and finances.

London and South East Region Veterans Mental Health Transition Intervention and Liaison Service	cim-tr.veteranstilservice-lse@nhs.net 020 3317 6818
Hampshire Transition Intervention and Liaison Service (Mental Health)	sc.veterans@nhs.net or bks-tr.referralhub@nhs.net 0300 365 0300

4.2 Complex Treatment Service (CTS)

This is an enhanced local-community-based service for ex-service personnel who have military-attributable complex mental health problems that have not improved with earlier care and treatment. The service provides intensive care and treatment including, but not limited to, support for substance misuse, physical health, employment, accommodation, relationships and finances, as well as occupational and trauma-focused therapies. The referral points for CTS are the same as TILS above.

4.3 Military Mental Health Helpline for Serving Personnel

The MoD has commissioned Combat Stress to provide a 24 hour, 7 days a week support line to their serving personnel and their families. This is accessible by calling 0800 323 4444.

4.4 First Aid for Mental Health (FAMH) Training

The Armed Forces Network delivers the 2 day First Aid for Mental Health course for the Armed Forces community across Sussex, Kent and Medway. This course is for anyone with little or no knowledge around mental health and who supports members of the Armed Forces community. The most up to date training schedule can be obtained by contacting the Armed Forces Network office scdt.admin@nhs.net