

Veterans and psychological therapies

The term *Veteran*, as defined by the UK Government, applies to anyone who has served for at least a day in HM Armed Forces, whether as a regular or as a reservist (Ministry of Defence, 2011).

In the UK there are around five million veterans, with a further 20,000 personnel leaving the forces each year (Mental Health Foundation, 2015).

Rates of mental illness amongst the UK veteran population is generally lower than that of the wider UK population with around one in five veterans suffering from a common mental illness, such as depression and anxiety, in their lifetime (Combat Stress, 2015) compared to one in four of the civilian population (Mind, 2015).

However, when considering some specific mental health conditions the opposite is true. UK veterans are twice as likely to develop delayed-onset Post Traumatic Stress Disorder (PTSD) than a member of the general public, with PTSD most often presenting within the first year of leaving military service (IAPT, 2009).

Despite popular misconceptions PTSD is not the most common mental health disorder affecting service personnel and veterans. Research has shown that, as their name suggests, common mental health disorders such as depression and alcohol misuse are more prevalent than PTSD (Iverson, 2005).

It remains unclear whether mental health problems amongst veterans are the result of a pre-service vulnerability (Woodhead, 2011), their length of service, or the transition from military to civilian life. However, it is clear that the prevalence of mental health disorders declines with each veteran age group over the age of 24 (Ashcroft, 2014).

Policy context across the UK

The responsibility for providing healthcare for veterans in the UK belongs to the NHS, unlike those serving armed forces whose healthcare is the responsibility of the Ministry of Defence. Over recent years, governments across the UK, Scotland, Wales and Northern have all published reports and implemented a range of initiatives to promote improved access to mental health support for veterans.

In 2010, the previous UK coalition Government commissioned Dr Andrew Murrison MP to write *Fighting Fit*, which explored the services available for serving personnel and veterans with mental health problems as a result of their military career. As a result, Big White Wall, an online mental health counselling service, and a veteran e-learning package for GPs were launched.

In May 2011 the then Government published the first *Armed Forces Covenant* which stated that those mentally or physically injured in service, including those whose symptoms may present after leaving the military, should have priority access to healthcare services staffed by professionals who have an understanding of the culture of the armed forces.



In England, veterans who have suffered injury as a result of their service have priority access to NHS treatment, including psychological therapy services. NHS England Veterans Mental Health Capability, which consists of ten veterans' outreach and assessment teams, works with charities, the NHS and other statutory services to link veterans with existing points of care.

Ex-Service personnel in Wales receive priority healthcare for conditions caused by their military service. In 2010, Veterans NHS Wales was created, which requires health boards to deliver a comprehensive assessment of the psychological and social needs of veterans, ensure veteran and carer involvement in care plans and provide information to veterans on the services they are entitled to.

The Scottish Government has also committed to the veteran priority treatment scheme, in addition to increasing the level of health service awareness of veterans' needs and providing services for veterans and their families who experience mental ill-health.

In Northern Ireland the Armed Forces Covenant has not been fully implemented. One notable example of this is veterans not having access to priority treatment under the NHS. However initiatives have been created to ensure that veterans' mental health needs are promoted.

Research and interventions

Research undertaken on effective interventions for veterans often centres on the treatment of PTSD. However, as we have discussed, common mental health problems are by their very nature more common amongst both serving personnel and veterans.

There is extensive evidence that psychological therapies are effective interventions for common mental health disorders, such as depression and anxiety – conditions that are experienced by serving personnel and veterans. Evidence has also shown that veterans will see and engage with therapists with no military background if they demonstrate interest and understanding of military culture (IAPT, 2009).



With regard to treating PTSD, research has shown that a range of interventions can be effective. Psychological treatments, such as Trauma Focused Cognitive Behavioural Therapy (CBT), are effective in reducing symptoms of PTSD amongst veterans (Bisson and Andrew, 2007). Research has also shown that CBT for PTSD delivered by videoconference is as effective as CBT delivered in face-to-face sessions (Germain *et al*, 2009).

Some studies have also found that Prolonged Exposure Therapy can be an effective intervention for combat-related PTSD (Tuerk *et al*, 2011) (Eftekhari *et al*, 2013).

Ensuring the appropriate intensity of treatment is essential, with research showing that for the treatment of conditions such as PTSD outcomes are maximised when veterans take part in programmes with intensity types that are matched to the severity of their condition (Forbes, 2014).

Conclusions and recommendations

Public attention has long focused on PTSD as the primary mental health condition faced by veterans. However, evidence is clear that common mental health disorders, such as anxiety and depression, are far more common amongst serving armed forces personnel and veterans.

BACP would like to see veterans' mental health services give both common mental health disorders and PTSD the attention needed to help individuals overcome whatever mental health needs they may have. BACP recommends:

- Veterans should have access to support close to where they live.
- GPs must be encouraged to routinely ask veterans about their well-being and mental health when they visit their doctor's surgery
- BACP believes there should be less focus placed on inpatient-based treatments for veterans and an increased emphasis on community based interventions
- BACP would like to see further research funded into the effectiveness of psychological therapies amongst serving personnel and veterans, to broaden the, currently PTSD dominated, research base.

About the British Association for Counselling & Psychotherapy

The British Association for Counselling & Psychotherapy (BACP) is the leading professional body for counselling and psychotherapy in the UK, with a membership of over 44,000.

All BACP members are bound by the *Ethical Framework for Good Practice for Counselling & Psychotherapy* (until July 2016) and the *Ethical Framework for the Counselling Professions* (from July 2016), and within these the Professional Conduct Procedure.



References

- Ashcroft (2014) *The Veterans Transition Review*. <http://www.veteranstransition.co.uk/vtrreport.pdf> [accessed 26 August 2015]
- Bisson, J. and M. Andrew (2007) *Psychological treatment of post-traumatic stress disorder (PTSD)*. Cochrane Database of Systematic Reviews DOI: 10.1002/14651858.CD003388.pub3
- Combat Stress (2015) *Myth Busters*. <http://www.combatstress.org.uk/veterans/myth-busters> [accessed 25 August 2015]
- Eftekhari, A., Ruzek, J.I., Crowley, J.J., Rosen, C.S., Greenbaum, M.A., & Karlin, B.E. (2013) *Effectiveness of National Implementation of Prolonged Exposure Therapy in Veterans Affairs Care FREE*. *JAMA Psychiatry*, 70(9), 949-955
- Forbes, D., V. Lewis, et al. (2008) *Naturalistic comparison of models of programmatic interventions for combat-related post-traumatic stress disorder*. *Australian and New Zealand Journal of Psychiatry* 42(12): 1051-1059
- Germain, G., Marchand, A., Bouchard, S., Drouin, M.S., & Guay, S. (2009) *Effectiveness of Cognitive Behavioural Therapy Administered by Videoconference for Posttraumatic Stress Disorder*. *Cognitive Behaviour Therapy*, 38(1), 42-53
- IAPT (2009) *Veterans: Positive Practice Guide*. <http://www.iapt.nhs.uk/silo/files/veterans-positive-practice-guide.pdf> [accessed 25 August 2015]
- Iverson, A. and C. Dyson et al (2005) *Goodbye and Good Luck: the mental health needs and treatment experiences of British ex-service personnel*. *British Journal Psychiatry*, Vol 186, pp4806
- Mental Health Foundation. *Armed Forces and Mental Health*. <http://www.mentalhealth.org.uk/help-information/mental-health-a-z/a/armed-forces/> [accessed 26 August 2015]
- Mind (2015) *Mental health facts and statistics*. <http://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems> [accessed 25 August 2015]
- Ministry of Defence (2011) *The Armed Forces Covenant*. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/49469/the_armed_forces_covenant.pdf [accessed 26 August 2015]
- Tuerk, P.W., Yoder, M., Grubaugh, A., Myrick, H., Hamner, M., & Acierno, R. (2011) *Prolonged exposure therapy for combat-related posttraumatic stress disorder: An examination of treatment effectiveness for veterans of the wars in Afghanistan and Iraq*. *Journal of Anxiety Disorders*, 25(3), 397-403
- Woodhead et al (2011) *Mental health and health service use among post-national service veterans: results from the 2007 adult psychiatric morbidity survey of England*. *Psychological medicine*, Vol 41(2), pp363

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