Soldier = PTSD?

As the conflicts in Iraq and Afghanistan continue, **Margaret Chapman** challenges some popular misconceptions about PTSD and mental health in the armed forces. She asks, what are the specific psychological problems veterans face and how can their needs be addressed?

'There is a myth that serving in the armed forces damages you psychologically, and everyone who has served gets PTSD. They don't.'[1] This is a message that Dr Ian Palmer, Professor of Military Psychiatry, and others who work in this field, have consistently argued. All too often the waters are 'muddied' as there is a popular misconception (largely media fuelled) that 'soldier = PTSD'[2]. This can lead to stereotypical representations that all ex-service personnel are damaged by their military experience. The majority are not.

My interest in the field stems from my early career, where I served as a member of Her Majesty's Forces, Regular and Territorial Army (TA). When, in my mid career, I became an occupational psychologist, I was eager to bring together my early experience and explore these representations. Driven by professional interest and personal curiosity, I spent a year at King's College London reading military psychology. Here I looked at the history of PTSD, from shellshock to mild traumatic brain injury. This was then followed by a project for an NHS Trust in which I investigated what military veterans wanted from NHS services and the ways in which these representations of ex-service personnel are constructed, by those who write 'about veterans' and veterans themselves[3]. This article arises out of these projects and a desire to challenge the popular myth and stereotype.

What is a veteran?

According to Walter Busuttil, the Medical Director of Combat Stress, 'a military veteran is anyone who has served for at least one day in HM Forces[4]'. Using this as a broad definition, there are potentially 5.5 million people in the UK who meet that criteria[4]. Busuttil suggests that, in terms of those personnel who leave the service on the grounds of medical discharge, few leave for mental health problems. However, it is important to note, that just because they are not made explicit, this does not mean they are not present or do not exist. As with civilians generally and employees in the workplace, specifically, service personnel are subject to the same pressures not to disclose mental health problems. The fear and shame associated with such conditions may not only be career limiting, but also stigmatising and, in going undiagnosed, can lead to catastrophic outcomes[5].

Ian Palmer argues that the challenge is not about diagnosis or the treatment of mental health problems, but in getting people to come forward for help: 'Stigma surrounding mental health issues has historically been a problem in society, and this includes the military, where people are trained to be strong and resilient.'[1] Given that HSE statistics show that the greatest number of working days lost by organisations for the year 2009/10 were due to mental health conditions (stress, depression and anxiety)[6], it is not too much of a leap to presume that a good proportion of serving military personnel are, at any one time, experiencing similar problems.

A closer look at the data reveals that of the 180,000 personnel who serve in the UK military, the Departments of Community Mental Health (DCMH), whose job it is to look after serving military, deal with 5,000 referrals annually, equating to 4.5 referrals per 1,000 personnel. The results of clinical audits show that the most common presenting issues include: alcohol misuse (33 per cent), depression (19 per cent), anxiety (11 per cent) and adjustment disorders (10 per cent) [4]. Given that members of the armed services are representative of the civilian population from which they are drawn, it is not surprising that similar presenting mental health issues exist. What is particularly noteworthy, however, is the increasing misuse of alcohol, highlighted by many commentators[7,8,9].

PTSD and veterans

Post-traumatic stress disorder (PTSD) is commonly associated in popular imagination with military service generally and with combat specifically[2]. However, as is consistently argued, PTSD is not an *inevitable* outcome of war trauma[10] or military service. Many critics of PTSD have commented on the role of the media, and how news reports of PTSD, 'make for a good story'[11]. Sceptics have also described this as an 'over-worked theme'[16]. Leading military researchers at King's, Professors Edgar Jones and Simon Wessely, similarly express their concerns about the development of a PTSD culture: 'PTSD is by no means the commonest or most severe mental health disorder… to focus exclusively on PTSD would neglect the serious problem of depression linked to the disruptions of family life that are so much a part of modern military life; and the ambiguous nature of the relationship between the military and alcohol.'[7]

'The breaking of attachments to the 'military family' is a time of vulnerability, during which psychological symptoms may increase, as earlier vulnerability or losses may get triggered'

Vulnerability of new recruits

Whilst PTSD is inevitably an occupational hazard associated with the armed forces, it is important not to see it as the *most* critical mental health issue[9]. There are a myriad other factors, including the individual's experiences prior to joining the armed forces which may predispose some individuals to develop psychiatric difficulties once they leave the structures and routines of military life, and become veterans. Pre-enlistment vulnerability is an important risk factor for ill-health in military personnel, in particular, early childhood experiences[12].

Other pre-enlistment factors include: an escape from a difficult childhood or life situations, such as childhood abuse, attachment difficulties, poor childhood care-giving, or unhappy adoption; lack of adult role models; poverty; lack of opportunities; and deprivation[4]. Military service may in fact provide recruits with the chance to re-order their lives and consequently make good attachments (and so become a member of the 'military family'). Some, however, when they leave the services, may find it a difficult transition and it is here that those earlier vulnerability factors, brought about through childhood adversity, become triggered. The move to an environment that can feel alien, and without the necessary psychological resources or resilience, means that they may become susceptible to mental ill health.

One reason why these problems become exacerbated amongst veterans is the lack of help-seeking behaviours and an ingrained response of 'just getting on with it.' They are, 'trained to cope with adverse situations, often leaving them with the belief that they should be able to deal with their own problems'[2]. Dr Jennie Ormerod, consultant clinical psychologist of Yorkshire Veterans' Outreach Service, observes that, by the time veterans do eventually seek help, the original difficulties have usually become more complex and severe. At this stage, she notes how veterans may have used alcohol as a way of blocking out bad memories and helping them sleep; yet it may have the reverse effect, leading to increases in arousal, which result in aggressive and violent behaviour, and potential encounters with police and prison services.

Leaving the military

Commentators have noted that the majority of those who leave military life have enjoyed and benefited from their experiences[1,2,4,13]. However, there *are* a small proportion of the 120,000 who leave the armed forces each year, for whom the transition to civilian life is problematic[2]. Whilst some of these experiences may in part be attributable to their military service, this does not tell the whole story. In her research into military veterans, Dr Jennie Ormerod observed how the decreasing size of the armed forces, coupled with increasing instances of deployment, has yielded even greater pressures. She suggests that many of those veterans who joined the armed forces may not have lived independently before, and that when the institutional structures and routines of military life ('the military family') are removed, purpose and meaning are lost. She notes how veterans report finding 'civvy street' a shock: 'They find the rules are different, that people don't know or sometimes care about what they have done; systems are confusing; and although many make the adjustment successfully, some do not.'[2]

Whilst I did not serve in a combat zone, I can still recall how, as a young women of 24, transitioning out of the Women's Royal Army Corps (WRAC), I found it a major task to find somewhere to live, pay utility bills and learn how not to address civilian bosses as 'Sir' or 'Ma'am'! Even today there are behaviours that can be traced back to my socialisation as a 17 year old, such as wearing a handbag on the left shoulder, to allow the right arm to be free for saluting. Whilst such recollections in the present evoke a smile, at the time there were certainly psychological issues stirred through that transition, without the added experience of dealing with combat stress. However, the loss of purpose and community created what writer and Holocaust survivor Viktor Frankl described as an existential vacuum[14] which, for me, was filled through joining the TA and serving for a further four years.

Individuals may experience additional losses, such as a sense of identity and a feeling of abandonment. The breaking of attachments to the 'military family' is a time of vulnerability and a time during which psychological symptoms may increase, as earlier vulnerability or losses may get triggered[3].

Engaging veterans in treatment

For those engaged in working therapeutically with veterans, the greatest challenge is to engage them in the process and for them to stay in treatment. Dr Jennie Ormerod, has suggested that the barriers to veterans seeking help need to be recognised, and help given, to ensure engagement: 'Veterans' needs are complex and a thorough assessment should not only look at the presenting mental health issues, but explore social, financial, and relationship difficulties.'[2] She further highlights the existence of co-morbidity, between psychological problems and alcohol and substance misuse[2].

It's important that veterans have a voice in what and how services are provided, but the challenge is to use their capacity for self-reliance and not work against it. The veterans with whom I spoke saw the role of the GP as a vital source of information and signposting, someone who could point them in the right direction that they could then navigate for themselves.

Scale of the problem: challenges and responses

It is difficult to know how many veterans may require psychological services, given the lack of national data recording procedures and because of a reluctance to seek help. However, as the armed forces are reduced in size and personnel leave the military, one of the greatest challenges likely to impact on NHS services and charities such as Combat Stress in future years, is the potential misuse of alcohol.

Many of those who present for treatment, as Jennie Ormerod has observed, are using alcohol as a means of self-medication. Such behaviour leads to increases in violence and a potential downward trajectory into prison, as nine per cent of the prison population are ex-armed forces personnel[2]. Drawing on evidence from Combat Stress, Walter Busuttil notes that 62 per cent of new patients have complex co-morbid presentations, which alongside PTSD, number depressive and alcohol disorders, including dependence and severe abuse. Many also present with physical illnesses such as cardiac disorders or diabetes, as well as issues to do with isolation, social exclusion, social withdrawal, unemployment, inadequate housing and breakdown in relationships[2].

Despite the recent tragic story of Liam Culverhouse, a former soldier wounded at the Helmand massacre, who was recently found guilty of killing his infant daughter, it is important to stress that today's military is more enlightened, acknowledging the importance of both the psychological and physical costs of conflict. This is manifest in such initiatives as pre and post-deployment briefing, decompression, Battlemind and TRiM[15]. Although modest, the Government has been committed to investing in providing more trained mental health nurses, with an understanding of the military culture and the issues faced by veterans[3].

Whilst there have been financial constraints in recent years, there have also been some positive developments. In 2011 the Advisory Group for National Specialised Services awarded Combat Stress £3,355 to fund the veterans' post-traumatic stress disorder programme, which provides in-patient treatment for service veterans who have complex PTSD. The aim is to provide patients with a new regime of treatment, drawing on evidence-based treatments for PTSD, recommended by NICE, including trauma-focused CBT and EMDR[14].

Conclusion

In this article I have explored some of the psychological problems that are faced by UK veterans in the 21st century. Rather than accepting that there is an automatic assumption that 'soldier=PTSD', I have argued that the reasons are varied and complex, often poorly understood and that little is really known about the health and wellbeing of UK veterans, even by veterans themselves[8]. Reliable data on the level, the need and the views and expectations of veterans (in contrast to the US) is scant and insufficient to allow for the development of tailored service provision. This has been exacerbated in part by a veteran being defined as someone who has served one day in the armed forces, which could take in 5.5 million people. As a result, those most in need of support (such as Liam Culverhouse)[5] may continue to fall through the cracks in an overstretched system and one in which the veteran's voice is absent[3].

As with any area of human endeavour, there are those who do well and those who struggle and, of course, mental ill-health can affect anyone. A key message is that there is no evidence to suggest that military experiences automatically increase the overall prevalence of psychological ill-health. Individual differences and pre-existing vulnerabilities all play their part. It is perhaps this complexity, that is, the interaction between the person and the environment, that will forever confound attempts to predict those who will thrive as a result of their military experience and those who may suffer a lifetime of mental ill-health.

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