

Armed Forces and Veterans Mental Health Inquiry

ForcesWatch submission to the Defence Committee, 6 March 2018

Summary

1. ForcesWatch are concerned by a range of health and well-being issues faced by military personnel and veterans. A particular focus is those who are more vulnerable because of their age and social background.
2. We note the steep rise in diagnosis of mental health disorders in the armed forces in the last few years.¹ We also note that there have been unhelpful suggestions that the work of charities concerned with the mental health of veterans has exaggerated these issues to the detriment of veterans and their employability.² We argue that the serious issues faced by military populations must not be downplayed.
3. We published a report on military mental health in 2013, *The Last Ambush? Aspects of mental health in the British armed forces*.³ This report examined over 150 sources, including 41 British military mental health studies, as well as testimony from veterans. The report shows that:
 - Certain defined mental health-related problems in the current and ex-armed forces community are more common than MoD statements suggest.
 - The prevalence of mental health-related problems is highly unevenly distributed across the military population, with certain groups facing markedly different degrees of risk.
 - The epidemiological methods used to assess the mental health of military personnel under-represent the true prevalence of veterans with clinically significant symptoms of mental health problems.
4. We draw on *The Last Ambush* and a number of other sources in this submission. We welcome the opportunity to contribute to this debate.
5. We consider that **more independent research**, in anonymised conditions, needs to be carried out in a number of areas, including:
 - The relationship between early enlistment (especially junior entry), prior vulnerabilities such as socio-economic disadvantage, and short and long-term health impacts.
 - The connection between military training and mental ill-health.
 - Developmental issues that affect adolescents in particular, for example in assessing and appreciating long-term risk and making an informed decision to enlist.

1 Ministry of Defence, *UK Armed Forces Mental Health: Annual Summary & Trends Over Time, 2007/08 – 2015/16*

2 Ben Farmer, *The Telegraph* (09/09/2016), Cases of PTSD on the rise as more veterans seek help for mental health problems, www.telegraph.co.uk/news/2016/09/09/cases-of-ptsd-on-the-rise-as-more-veterans-seek-help-for-mental/

3 Gee D (2013), *The Last Ambush? Aspects of mental health in the British armed forces* (London: ForcesWatch), available at www.forceswatch.net/content/last-ambush.

- Moral injury and how issues of conscience impact mental health.
6. We also urge that steps should be taken to **improve legal procedures** by which claims of harassment and bullying are investigated and incidents are reported within the military.
 7. We conclude that, in order to avoid mental health risks to young soldiers, **junior entry recruitment of those under 18 should end**. We would like to see greater understanding about pre-enlistment risk factors for psychological ill-health such as socio-economic disadvantage and childhood adversity, and a consequent shift away from recruitment marketing that targets vulnerable groups.

A. Do current statistics accurately reflect the level of mental health issues in serving armed forces personnel and veterans?

8. Mental health issues are under-reported among military groups, and limitations on research methods have contributed to a lacking evidence base.
9. These limitations include narrow definitions of mental health problems, the common absence of anonymity for research participants⁴ combined with stigma around mental ill-health in military culture,^{5 6 7} and inadequate focus on youth and socio-economic background as key risk factors.
10. However, current statistics do show that young age at enlistment, childhood disadvantage and lower education increase the likelihood of personnel and veterans suffering from mental ill-health.⁸

B. Challenges to accurately assessing the extent of mental health issues in serving armed forces personnel and veterans and improving understanding of these issues.

Research gaps

11. Evidence strongly indicates that the youngest and most disadvantaged recruits face the greatest risks to their mental health (see below), yet the uneven distribution of mental health problems is obscured by official statements that cite prevalence for the armed forces as a whole. Further research on the relationship between early enlistment, prior vulnerabilities and long-term negative health impacts is much needed to inform policy on recruiting from these groups. Unfortunately basic data on socio-economic background is not routinely collected.
12. There are new areas of research that have received very little attention in the UK. We outline three below. Our concern is that the politically sensitive nature of these issues, and associated funding issues, is limiting the amount of research on them.

4 Fear NT, Seddon R, Jones N, Greenberg N, Wessely S, 'Does anonymity increase the reporting of mental health symptoms?', *BMC Public Health*, 2012, 12(797)

5 Friedman J, 'Post-traumatic stress disorder in the military veteran', *Psychiatric Clinics of North America*, 1994, 17(2), p. 265-277.

6 Green G, Emslie C, O'Neill D, Hunt K, Walker S, 'Exploring the ambiguities of masculinity in accounts of emotional distress in the military among young ex-servicemen', *Journal of Social Science and Medicine*, 2010, 71(8), p. 1480-1488.

7 Langston V, Gould M, Greenberg N, 'Culture: What Is Its Effect on Stress in the Military?'. *Military Medicine*, 2007, 172(9), p. 931-935

8 Gee D (2013), pp 26-29.

The impact of military training on mental health

13. While some research has been undertaken elsewhere on the relationship between military training and mental health, the only UK research has been conducted by campaigning groups.^{9 10} What is available suggests that military training has a major and long-lasting psychological impact on recruits, and can be a significant factor in mental ill-health.
14. It is known that there is a high incidence of mental health problems amongst Early Service Leavers. The youngest recruits are more likely to leave early but there is little understanding how the experience of military training, and then leaving the forces, at a vital point in their development affects them later on.¹¹

Developmental concerns around exposure of adolescents to military marketing and training

15. Recruitment marketing campaigns target adolescents, who can be recruited from age 16. In 2014, the public health charity Medact published a report highlighting the vulnerabilities of adolescents in terms of long-term high risk decision-making, saying:

“In sum, adolescent decision-making is more likely to be influenced by emotional and social drivers and rewards than that of adults, and to be biased towards risk-taking. This is pertinent when it comes to making decisions with long-term implications, such as signing up to the armed forces. Individual and environmental risk factors, combined with adolescent neurobiological changes, can lead to some adolescents being more vulnerable to external pressure and influence than others, and making decisions that are neither fully informed nor understood.”¹²

16. It is also important to note that the human brain is not fully developed until the mid to late 20s, with adolescence being a time of very particular developmental vulnerabilities and opportunities. Is a military training environment in preparation for deployment at the age of 18, including reducing barriers to kill, handling weapons and preparing for warfare, an appropriate environment for adolescents?

Recognising moral injury

17. The US Department of Veterans Affairs acknowledges the reality of moral injury within the military context. They describe moral injury as, “a construct that describes extreme and unprecedented life experience including the harmful aftermath of exposure to such events”.¹³ In the last decade the issue has attracted some research, but it is not yet recognised clinically.¹⁴ The VA states that;

9 Child Soldiers International, 'Veterans warn young people about 'traumatic' army training', 2017, <https://www.child-soldiers.org/news/army-training-harmful>

10 Gee D (2017), *The First Ambush? Effects of army training and employment* (London: Veterans for Peace).

11 Buckman JEJ, Forbes HJ, Clayton T, Jones M, Jones N, Greenberg N, et al, (2012), 'Early Service leavers: a study of the factors associated with premature separation from the UK Armed Forces and the mental health of those that leave early', *European Journal of Public Health*, 2013, 23(3), p. 410-415.

12 Medact (2014), *The Recruitment of Children by the UK Armed Forces: A Critique by Health Professionals*, available at www.medact.org/wp-content/uploads/2016/10/medact_childrecruitment_17-oct_WEB.pdf

13 Maguen Shira, Litz Brett, *Moral Injury in the Context of War*, National Centre for PTSD, https://www.ptsd.va.gov/professional/co-occurring/moral_injury_at_war.asp

14 For a discussion of moral injury in the UK context, see Gee D (2017), see 10.

18. *“The key precondition for moral injury is an act of transgression, which shatters moral and ethical expectations that are rooted in religious or spiritual beliefs, or culture-based, organizational, and group-based rules about fairness, the value of life, and so forth.*

“In the context of war, moral injuries may stem from direct participation in acts of combat, such as killing or harming others, or indirect acts, such as witnessing death or dying, failing to prevent immoral acts of others, or giving or receiving orders that are perceived as gross moral violations.”

19. Moral injury is not widely recognised in the UK and there have yet to be any detailed empirical studies of moral injury in a UK military context. This risks marginalising the impact of various forms of conscience to mental health and pathologising what are normal responses to stressful and unnatural situations. The treatments for moral injury that are being developed need to be made accessible to UK veterans.¹⁵

Stigma and speaking up

20. Individuals might hesitate to seek help for mental health issues for fear of losing opportunities for promotion or training, being medically discharged, becoming ostracised by their peers, or failing to embody a warrior identity.^{16 17 18 19} In a study in *BMC Public Health* around half of participants said seeking help for problems would lead their chain of command to treat them differently, their peers to see them as weak, and/or others to lose confidence in them.²⁰ ‘[I]f you have a psychological injury,’ said a veteran in an interview for another study, ‘you either keep it to yourself, or you get out.’²¹ Research which ensures anonymity would no doubt improve the willingness for serving personnel to speak up although it is likely that many mental health issues will remain hidden.
21. One important step would be to improve the procedure by which claims of harassment and bullying are investigated. Such experiences can lead to psychological ill-health.²² While some improvements to procedures have been made over recent years, there remain significant concerns about failure of the military justice system to investigate concerns adequately. It is vital that serving personnel, particularly those under-18 for whom there are additional children's rights and welfare concerns, are able to trust the system should they experience bullying or harassment.

C. Comparisons with the civilian population, public perception, and variations between groups of serving and former personnel and regional variations across the UK.

Comparison with the general population

22. Stress-related mental health problems are more common among military personnel, particularly depression and anxiety (CMDs). A British study in 2015 found that military personnel are twice as

15 Ibid.

16 Fear N et al (2012), see 2.

17 Combat Stress (2013), ‘Key facts sheet, January 2013’.

18 Marin P, ‘Living in Moral Pain’, *Psychology Today*, 1981 November, p. 66-80

19 Langston V et al (2007), see 5.

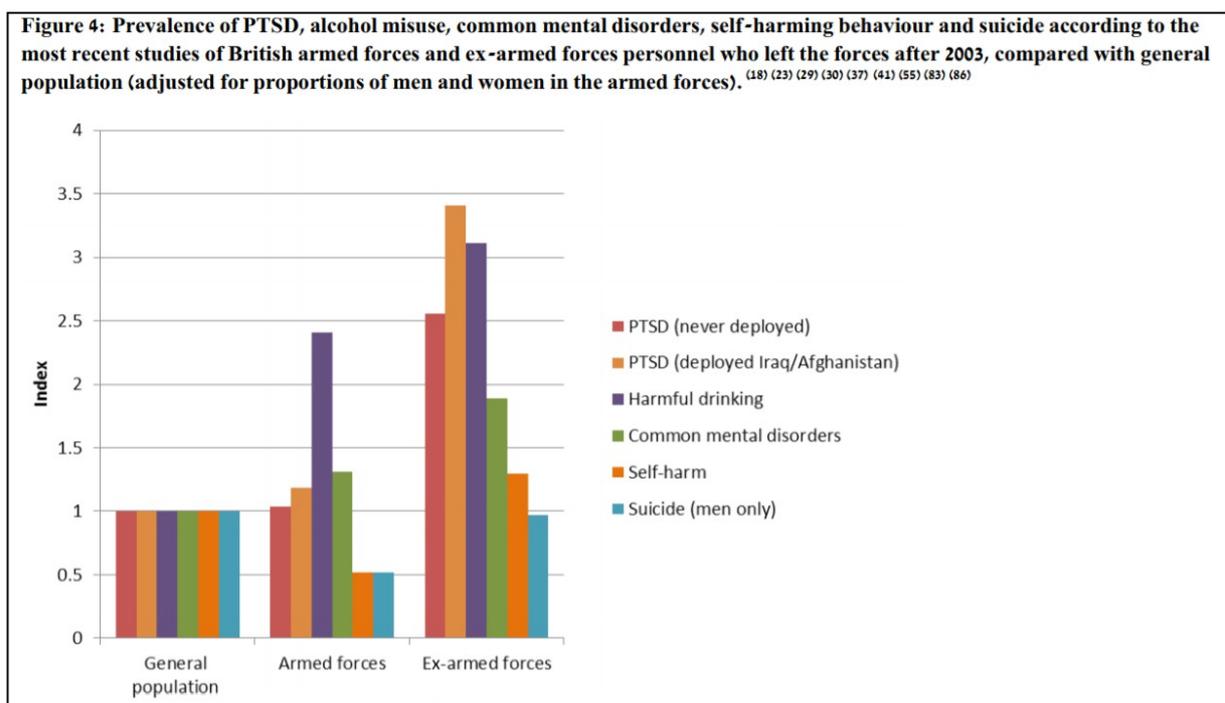
20 Fear N et al (2012), see 2.

21 Green G et al (2010), see 4.

22 Ministry of Defence, *Army Sexual Harassment Report*, 2015.

likely as working civilians to suffer from CMDs.²³

23. While the suicide rate for all serving personnel is comparable to the general population, young men in the army under 20 are considerably more likely than their civilian counterparts to commit suicide.^{24 25} The suicide rate over the last two decades for this group has been 57% higher than civilians of the same age and between two and three times as high as their same-age peers in the navy or air force.
24. Compared with the general population and with current personnel, the prevalence of PTSD,²⁶ alcohol misuse,²⁷ common mental disorders (CMDs)²⁸ and self-harm^{29 30} is appreciably higher among ex-forces personnel in each case.
25. Although veterans are less likely overall to have a criminal record, lifetime offences of a violent nature are more common than in the general population. A military career increases the likelihood of committing violent offences, rather than reducing it.³¹



From: Gee D (2013), *The Last Ambush? Aspects of mental health in the British armed forces*

23 Goodwin LSW, Hotopf M, Jones M, Greenberg N, Rona R.J, Fear NT, 'Are common mental disorders more prevalent in the UK serving military compared to the general population', *Psychological Medicine*, 2015, 45(9), 1881-1891.

24 Ibid.

25 Ministry of Defence, (2016i, March 31), 'Suicide and Open Verdict Deaths in the UK Regular Armed Forces 1984-2015'.

26 Jones M, Sundin J, Goodwin L, Hull L, Fear NT, Wessely S, et al, 'What explains posttraumatic stress disorder (PTSD) in UK service personnel: deployment or something else?', *Psychological Medicine*, 2012, 43(8), p. 1703-12.

27 Gee D (2013), p. 20, 21.

28 Ibid, p. 20.

29 Ibid, p. 21, 22.

30 McManus S, Meltzer H, Brugha T, Bebbington P, Jenkins R, *Adult psychiatric morbidity in England, 2007: Results of a household survey*, University of Leicester, The NHS Information Centre, 2009.

31 Gee D (2013), p. 21, 36, 37

Compared to public perceptions

26. It is commonly assumed that enlisting in the armed forces rescues young people from disadvantaged backgrounds, suggesting that the mental ill-health, criminality and long-term disadvantage they might face is avoided by going into the military.^{32 33 34}

27. However, there is evidence that a military career exacerbates rather than ameliorates the effects that pre-existing disadvantage has on mental health. Young armed forces personnel are more affected by mental health problems than their civilian counterparts. Harmful levels of drinking have been shown to be around three times as common among the youngest age groups in the military as among their civilian peers.³⁵

28. Limited military liability

We are concerned about a report that suggests that, as part of investigating compensation claims, the Ministry of Defence has hired psychologists to look into the childhoods of veterans, to try to show that childhood trauma is at the root of their PTSD rather than experiences on the battlefield alone.³⁶ There needs to be more understanding of the fundamental impact of the unique rigours of military life on mental well-being, whatever pre-existing factors may or may not exist. Furthermore, it is unethical to use pre-enlistment vulnerabilities to avoid compensation, while continuing to target and recruit the groups of people most likely to have these vulnerabilities.

Variation between different groups of serving and former personnel, including early leavers, those who have been deployed on operations, and reservists.

29. Those who have been deployed on operations

Those who have been deployed on operations are the most at risk. Of personnel deployed in a combat role to Iraq and/or Afghanistan, the rate of alcohol misuse was found to be 22.5%, which compares with 14.2% among troops in support roles and is about four times the 5.4% rate found in the general population.³⁷ Rates of PTSD and post-deployment violence have both been found to increase in proportion to the number of traumatic events experienced in combat.³⁸

30. Lack of social support

While exposure to combat is the greatest trigger, the social exclusion and lack of social support faced by veterans when they leave the forces is the most important factor in the persistence of the mental health problems they may face, and their ability to manage these problems.^{39 40}

32 Mordaunt P, (2016, July 4), letter to Demelza Hauser. Retrieved from Child Soldiers International, available at www.childsoldiers.org/Handlers/Download.ashx?IDMF=82b8435d-1021-4483-bd59-3f7a3766c7f5

33 Hansard (2013), HC Deb, 21 May, c115WH

34 Gee D (2017), pp. 33-40.

35 Gee D (2013), p. 20.

36 Patrick Christys, *The Express*, 28/02/2017, 'Why are MoD shrinks investigating childhoods of battle scarred PTSD suffering soldiers', www.express.co.uk/news/uk/773251/Armed-Forces-military-Ministry-of-Defence-Michael-Fallon-PTSD-IraqWar-Rhicha-Kapila

37 Ibid.

38 Ibid, p. 3, 30, 34.

39 Gee D (2013), pp 39-42

40 Murphy D, Palmer E, Ashwick R, *Multiple Deprivation in help-seeking UK veterans* (Combat Stress, 2016) <https://www.kcl.ac.uk/kcmhr/publications/assetfiles/2017/murphy2017.pdf>

31. **Personnel and veterans from disadvantaged backgrounds and who enlisted young**
Key risk factors for psychological ill-health among military personnel and veterans are young age at enlistment, a background of socio-economic disadvantage, a history of anti-social behaviour and/or under-achievement in school.⁴¹
32. Mental health problems in the armed forces are concentrated among those who have been most exposed to war stress and/or who carry the pre-service vulnerabilities associated with a socio-economically disadvantaged background. Those from such a background are also more likely to be exposed to war stress since they are more likely to enter higher-risk roles.⁴²
33. Along with childhood adversity, young age at enlistment is also a risk factor for mental health problems. Iraq War veterans in the youngest age group have been found to be about twice as likely to screen positive for PTSD as those in the oldest.⁴³
34. Not only are the youngest personnel from the most disadvantaged backgrounds more vulnerable to trauma and more likely to be in a close-combat role and exposed to traumatic stress, they are then less likely to be able to draw on the social support they need to manage a mental health problem after leaving the forces.⁴⁴ This group is therefore disadvantaged before, during and after their military career in terms of the mental health risks they face.⁴⁵
35. **Early Service Leavers**
Research has found that, “ESLs were at an increased risk of probable post-traumatic stress disorder (PTSD), common mental disorders, fatigue and multiple physical symptoms, but not alcohol misuse.”⁴⁶
36. The youngest Army recruits are most likely to become ESLs: a third of under-18s who enlist into the Army leave or are discharged before completing training and almost half of those who leave school at 16 to join the Army have left it within four years. Those with poor GCSE grades are far more likely than those with higher grades to drop out of training.⁴⁷
37. While there have been social and legislative changes resulting in young people staying in education and getting more qualifications, the Army continues to encourage them to leave by continuing to target and recruit teenagers.⁴⁸ The vulnerabilities of those who leave at an early stage suggest that this policy may be harmful to many of the young people who, even briefly, pass through the Army's care.
38. **Women**
Civilian women are more likely than civilian men to screen positive for PTSD and common mental disorders, but this difference is less pronounced in the armed forces.⁴⁹ However, women in the

41 Gee D (2013), pp. 26-29.

42 Ibid, p. 27.

43 Ibid.

44 Gee D (2013), p. 41.

45 Gee D (2013), p. 4.

46 Buckman JEJ et al (2012), see 10.

47 Gee D and Taylor R, 'Is it counterproductive to enlist minors into the Army?' *RUSI Journal*, Vol 161, 2016 – Issue 6.

48 Gee D and Taylor R (2016), see 42.

49 Gee D (2013), p 3, 32.

military drink substantially more heavily than their civilian counterparts.⁵⁰

39. A potential source of traumatic stress for women in the armed forces is sexual harassment and abuse. In 2015, 1 in 8 women in the army (about 1000) said they had had a 'particularly upsetting' experience of sexual bullying in the previous 12 months.⁵¹ This is a significant factor in psychological ill-health.

40. **Lower ranks**

Low rank represents at least four vulnerability factors in respect of traumatic stress: undeveloped maturity due to young age; childhood adversity due to the relative socio-economic disadvantage of enlisted recruits compared with commissioned officers; greater probability of traumatic exposure in war; and low job control due to the diminished autonomy of low-rank personnel in the military hierarchy. Personnel of low rank show higher rates of PTSD, common mental disorders, alcohol misuse, post-deployment violence, self-harm, and suicide.⁵²

D. What proportion of mental health issues in veterans is attributable to service in the Armed Forces and how well is this measured and understood?

41. Existing research suggests that pre-enlistment factors can be significant, particularly for the youngest recruits and that, rather than being overcome by military service, these factors can be exacerbated by training and deployment. However, post-enlistment factors, especially combat exposure but also training, also matter.^{53 54}

E. To what extent does the military environment for serving armed forces personnel mitigate against the development of mental health issues?

42. In addition to many of the conditions faced by personnel in the military not being conducive to mental well-being, many personnel report a lack of satisfaction. 40% of non-officers are actively looking for work outside the military and only 39% would recommend enlisting to a friend. Soldiers leave complaining of low morale, low pay, lack of job satisfaction and impact on family life.⁵⁵

43. In 2016, 1 in 15 soldiers said they had been bullied by other soldiers in the last year.⁵⁶ The persistence of bullying and sexual harassment is a serious problem particularly in the Army.⁵⁷

44. The recognition of moral injury helps to make clear the link between conscience and mental well-being. How personnel can act, including leaving the military if necessary, when their conscience affects them deserves greater attention.

50 Ibid.

51 Ministry of Defence, *Army Sexual Harassment Report*, 2015.

52 Gee D (2013), p. 34, 35.

53 Gee D (2013), p. 45.

54 Gee D (2017), *The First Ambush? Effects of army training and employment* (London: Veterans for Peace).

55 Ministry of Defence, *Armed Forces Continuous Attitude Survey*, 2016.

56 Ibid.

57 Ministry of Defence, *Army Sexual Harassment Report*, 2015.

Conclusion

45. While the increase in the incidence of mental health issues relating to military service is of great concern it presents an opportunity for understanding more about which groups are most affected and for taking preventive action for the future.
46. Emerging evidence on the mental health affects of military training and the ways in which training and deployment can negatively impact vulnerable groups, point to the importance of raising the age of recruitment to 18. We would like to see greater understanding within the military about pre-enlistment risk factors for psychological ill-health such as socio-economic disadvantage and childhood adversity.
47. Growing recognition of moral injury in the literature and among clinicians suggests that this is an important moment to recognise the interplay between conscience and mental health both in research and in practice, and to put in place more accessible information and systems allowing personnel to seek help or to leave the military on the grounds of conscience.