Military veterans’ experiences of NHS mental health services

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Abstract

Purpose – A significant minority of veterans have poor mental health outcomes but their needs are not always well managed by the NHS. The purpose of this paper is to explore veterans’ experiences of NHS mental healthcare in Norfolk and Suffolk to identify ways of improving services.

Design/methodology/approach – Interviews were conducted with 30 veterans. Template analysis was undertaken to explore key themes in the interview transcripts.

Findings – Participants were reluctant to seek help but were more likely to engage with a veteran-specific service. Those whose symptoms were military related reported better experiences when accessing treatment that was military sensitive.

Research limitations/implications – This was a local study and the findings do not necessarily reflect the views of the wider veteran community. Most participants who received military sensitive treatment were referred to the study by NHS providers, which could account for their positive feedback.

Social implications – The development of dedicated mental health services may encourage more veterans to seek support, helping to improve patient outcomes. There is a need for further research to determine the effectiveness of dedicated services and identify how they should be deployed.

Originality/value – Whereas academic interest has generally centred on the aetiology of mental health conditions within the military, this study focused upon service user experience. The findings contributed to NHS England’s recent decision to extend its network of dedicated services in 12 areas of the country to cover veterans across England from April 2017.

Keywords NHS, PTSD, Military, Stigma, Veterans, Armed forces

Paper type Research paper

1. Background

The British Armed Forces’ prolonged involvement in Iraq and Afghanistan has intensified academic interest in the psychological effects of warfare upon the individuals who served in these conflicts, as well as the wider community of “veterans”, which is estimated to include 2.8 million people across the UK (Royal British Legion (RBL), 2014).

More than a decade of studies by the King’s Centre for Military Health Research have consistently shown that, whilst most military personnel and veterans have similar levels of mental health to the general population (Hunt et al., 2014), a significant minority have poor outcomes, especially when it comes to common mental health problems and alcohol misuse (Fear et al., 2007; Goodwin et al., 2014).

Mental health remains stigmatised in the military (Iversen et al., 2011). Veterans tend to avoid seeking help until many years after discharge, when they may present with conditions of considerable clinical complexity (MacManus and Wessely, 2013; Murphy et al., 2015). Some prefer to see professionals who are military sensitive, which makes it difficult to manage their needs effectively within a largely civilian NHS (MacManus and Wessely, 2013).

Much of the recent academic attention has focussed on the aetiology of mental health problems within the military and there is a need for further research to explore how veterans would like to experience mental healthcare after discharge so that services can be tailored to meet their needs.

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2. Purpose

This study ran from April 2015 to 2016 and was undertaken by Healthwatch Norfolk, which is the independent consumer champion for all users of publicly funded health and care in Norfolk. The study had two principal research questions:

RQ1. How do veterans currently experience NHS mental healthcare in Norfolk and Suffolk?
RQ2. How could NHS mental healthcare in Norfolk and Suffolk be improved for veterans?

3. Methodology

3.1 Participants

A qualitative approach seemed appropriate to capture rich information to better understand veterans’ experiences of NHS mental healthcare. The sample consisted of 30 veterans living in Norfolk and Suffolk. Whilst Healthwatch Norfolk wanted to involve as many veterans as possible, the researcher felt that 30 interviews had generated sufficient breadth and depth of experiences to enable detailed analysis, with further interviews unlikely to yield additional useful information.

As a means of reaching a diverse range of individuals, participants were recruited through a variety of channels. Most recruitment took place through 11 local organisations, including: veteran agencies (18 participants), other charities (3) and NHS providers (5). Four participants self-referred to the study. All participants were white males between the ages of 23 and 80 with a range of characteristics that were broadly similar to those of the wider veteran population (RBL, 2014).

Half of the participants had been diagnosed with post-traumatic stress disorder (PTSD) and 12 had a diagnosis of depression and/or anxiety. In total, 21 had used local NHS mental health services since March 2012, three had received treatment from drugs and alcohol services and six had not been able to access support.

The study qualified as “service development and quality improvement” and did not require formal ethical approval (Health Research Authority, 2009). Great care was taken to mitigate risks to the participants’ welfare. A steering group was formed to provide oversight with additional governance supplied by the Healthwatch Norfolk Quality Control Panel.

3.2 Data collection

Data were collected using semi-structured interviews. The findings of a literature review were used to identify topics of potential interest (Healthwatch Norfolk, 2014). These topics informed the development of an interview schedule, which was piloted and refined following feedback from local veterans.

During interviews, participants were encouraged to explore whichever themes were the most important to them around seven broad topics:

1. The participant’s military career.
2. Mental health support in the military.
3. Transition into civilian life.
4. NHS mental health services.
5. Third Sector support.
6. The general practitioner.
7. The armed forces covenant.

The interviews were recorded, with informed written consent, and transcribed verbatim. Each interview lasted an average (mean) of 64.5 minutes. Recordings were stored on a secure system and deleted upon completion of the study. All reasonable steps were taken to ensure that participants would not be identifiable.
3.3 Analysis

Qualitative analysis was conducted using template analysis, which was primarily selected because it offers an efficient way of coding themes between large numbers of cases (Brooks et al., 2015). A coding model was created from a subset of the data using the interview schedule topics as a high-level guide. The model was enhanced through independent scrutiny provided by an external consultant and members of the Healthwatch Norfolk team. Transcripts were imported into NVivo v.10 and the content coded to the model themes through an iterative process of adaption and refinement. Initial themes were treated as tentative and amended or removed to suit the data.

The final model (overview, Figure 1) consisted of five major themes, four of which were descriptive themes designed to consolidate the participants’ experiences with individual services, as follows:

1. Mental health support in the military.
2. NHS mental health services.
3. Primary care services.
4. Third sector support.

The fifth major theme – “A. Veterans as service users” (the list below) – emerged from the data. This theme was conceived as the integral theme, providing interpretative context to the experiences described in themes B-E. Three further themes were identified in analysis (Figure 1):

Development of Theme A: once a soldier, always a soldier.

A. Once a soldier, always a soldier: veterans as service users:
   1. The importance of the military bond
   2. Issues with transition
      2.1. Institutionalisation and culture shock
      2.1.1. Attitudes towards work
      2.2. Losing the social network
      2.3. Perceptions about transitional support from the military
   3. The legacy of service
      3.1. Combat experiences
      3.2. Military training

![Figure 1 Final coding model: overview of key themes](image-url)
4. Help seeking behaviours in the military
   4.1. Stigma
   4.2. Normalising problems
   4.3. Perceptions about attitudes towards mental health in the military

5. Help seeking behaviours in Civvy Street
   5.1. Desiring a veteran-specific approach
      5.1.1. Or not …
   5.2. Lack of information as a barrier to care
   5.3. Coping
      5.3.1. Drugs and alcohol
      5.3.2. Working

Template analysis emphasises hierarchical coding and the eight themes served as broad categorical headings, encompassing 70 sub-heading themes. The final model and findings were shared with the participants for further validation.

4. Findings

The findings have been published in full by Healthwatch Norfolk (2016). This section will focus on themes relating to the participants’ needs as service users because they are the most pertinent to the current discussion.

4.1 Reluctance to seek help (A.4 and A.5.1; development of Theme A: once a soldier, always a soldier)

Some participants had waited over a decade before seeking formal support and many entered services at the point of crisis. Stigma was a major barrier to care; traditional masculine virtues such as strength and fellowship were highly prized and efforts were made to normalise problems whilst in the military to avoid appearing weak or letting down comrades:

> It’s just part of the culture in the military. So you don’t go sick, you man up (Former Officer).

The reluctance to seek help generally persisted after discharge and a perceived distinction between veterans and civilians was highlighted as an additional barrier:

> Soldiers probably feel like they’re wasting their time [talking to civilian healthcare professionals] … “You were never there when I was in Afghan, so why would I sit there and bother talking to you?” (Former Private).

4.2 Military sensitivity and dedicated veterans’ services (A.5.1 and C. NHS mental health services)

Seven participants presented to services with conditions unrelated to their time in the military. Apart from one case, the fact that they had served in the military seemed to have little bearing upon their experiences.

In total, 14 participants presented with some symptoms relating to the military; nine received mainstream treatment and seven received military sensitive treatment (two received both). Without exception, those who received military sensitive treatment reported positive experiences, whilst those who received mainstream treatment generally struggled to find an appropriate level of care:

> I was basically told […] because my PTSD is complex, they haven’t got the resources or the speciality to treat me (Former Sergeant).

Seven of the nine participants who received mainstream treatment felt that a significant part of the problem was that they were not able to see a professional who was sensitive to the ways of military life:

> I’d like to have sat down with somebody who’s military sensitive […] I think that would have been hugely cathartic (Former Officer).
The importance of military sensitivity was reaffirmed by all but one of the participants who had received this type of treatment:

Having the full military background of knowing what someone might have experienced […] makes a huge difference (Former Sergeant).

Three participants had received military sensitive treatment through a dedicated veterans’ service and found it comforting to be alongside other veterans:

I thought: “Excellent I’m back in with the squaddies […] That’s what I’m used to […] This is what life should be like” (Former Private).

Most participants, regardless of whether their conditions were related to the military, felt that treatment through a dedicated service was an effective way of providing mental healthcare to veterans and they felt they would be more likely to engage with a service if it were veteran specific:

Interviewer: “Would you feel more comfortable in front of a group of Army guys?” Former Private: “Yeah, 100% […] Because we all know […] what we’re coming from.”

Four participants were more sceptical about the value of a veteran-specific service and/or disagreed with the importance of military sensitivity.

5. Discussion

The finding that veterans with military-related mental health conditions may prefer a specific, military sensitive approach is evidenced in other studies (Iversen and Greenberg, 2009; Ben-Zeev et al., 2012) and NHS England currently commissions a network of dedicated services for veterans with military-related conditions in 12 areas of the country.

With that in mind, perhaps the most significant finding from this study was that the majority of participants felt that they would be more likely to engage with a dedicated service regardless of whether their condition was related to the military. If this holds true for veterans across the country, then dedicated services may provide an opportunity to reach a large group of individuals who sometimes struggle within mainstream NHS services.

There is currently limited data (University of Sheffield, 2010; NHS England, 2016) concerning the effectiveness of dedicated services, especially when compared to mainstream services, and there is a need for further research around this issue. It also remains to be seen how dedicated services should be deployed to enable patients to transition smoothly into civilian life; some veterans struggle to adjust to leaving the military and there is a risk that specific services will increase dependency and delay successful transition, unless they are appropriately designed and delivered (Hatch et al., 2013).

Following a recent review (NHS England, 2016), which involved findings from this study, a decision was made to extend the network of dedicated services to include veterans across England from April 2017. This would seem an appropriate time to explore the effectiveness of dedicated services in more detail.

Given that 89 per cent of veterans are male (RBL, 2014), veteran-specific research could potentially yield instructive findings to the broader issue of men’s mental health. Whilst the military context was important, the participants’ reluctance to seek help for reasons such as not wanting to appear weak is not unique to male veterans, but tends to be shared by men from all walks of life (Men’s Health Forum, 2015). The preference to receive veteran-specific treatment may also be partly reflective of wider research indicating that men in general respond better to male-specific therapies (Peterson et al., 2012; Kingerlee et al., 2014).

There is no “one size fits all” solution when it comes to mental healthcare. Four participants were sceptical about the value of dedicated services and some veterans will prefer to access mainstream services commissioned by local Clinical Commissioning Groups. It is essential, therefore, to ensure that the new dedicated services are deployed to enhance, rather than replace, existing provision.
6. Limitations

Any findings reported in this paper should be interpreted within the context of wider research. A sample of 30 veterans generated sufficient breadth and depth of experiences for a local study but the feedback is not necessarily reflective of the views of other veteran communities.

Four of the seven participants who received military sensitive treatment were referred to the study by local NHS providers, whereas all but one of those who received mainstream treatment were referred from elsewhere. Organisations will be unlikely to refer participants to the study who might give negative feedback about their service and it is possible, therefore, that the positive findings on military sensitive services are reflective of the referral route rather than treatment quality. Nonetheless, most participants agreed that military sensitive treatment was desirable, regardless of how they had been referred.

7. Conclusion

Notwithstanding the limitations of this study, the findings suggest that dedicated services have the potential to encourage more veterans to seek help. These services could help improve patient outcomes whilst reducing overall cost to the NHS; patients who present earlier to services generally recover faster and require fewer resources to treat (Department of Health, 2011).

There is a need for further research around this issue and the extension of the NHS England network would seem an ideal opportunity to explore the effectiveness of dedicated services in more detail.

References


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