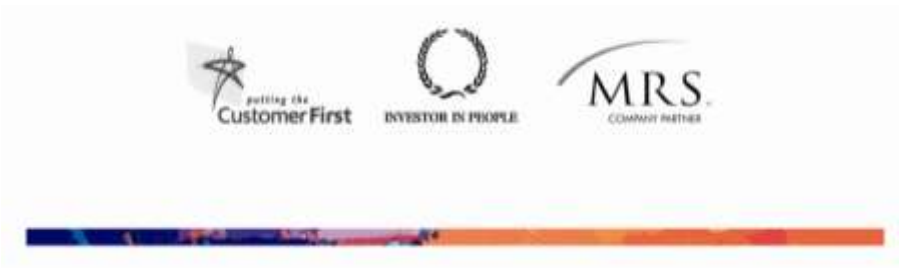
Health Needs of War Veterans

A Qualitative Research Report

on behalf of the
Public Health Intelligence Team at
Hull City Council
(who were at NHS Hull Primary Care Trust at the time of this research)



July 2010

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1 Introduction

Following a postal quantitative survey, which examined the health requirements of British War Veterans in the area, a further qualitative research study was carried out. The final report from the postal survey can be found at www.hulljsna.com which compares health, wellbeing and lifestyle behaviours with the general population of Hull.

This research study used a face to face interview approach to add depth to the quantitative survey findings.

The interviews were structured to provide the interviewee with some insight into the survey findings and an opportunity to add their own experience to the statistical findings.

Interviews were carried out by a team of experienced interviewers and all participants were asked to provide a summary of their military service and to say whether they had acquired any health problems during their service or as a consequence of their service after they returned to civilian life.

2 Background to interviewees

Profiles of the interviewees were as follows:

Veteran A had served in an Army Regiment for 6 years being in Bosnia for 6 months and in Iraq for 7 months. He said that he was not conscious of health problems while he was in the army but other people (including his girlfriend) saw a change in him. He said that he had turned to drink and drugs immediately after his term of service was over. He said that the interest showed by the army was for show and "it was a load of crap that did not do any good."

Veteran B had served for ten years in supply (RLC) having previously taken part in exercises and operations and had served in Bosnia and in Afghanistan. He has suffered with PTSD and rheumatoid arthritis saying that he had seen a specialist but hadn't had the surgery required to resolve some of the problems. He said that he was 90% certain that his condition was related to his military service adding "they say it is too expensive to do the tests."

Veteran C had been in the Navy for nearly 25years working in the aircraft side of the service, mainly served in the Falklands, Northern Ireland and in the Gulf. He said that to date he had not suffered health problems related to service but was less trusting than he had been in the past and was careful who he befriended in civilian life. He said that the navy had become his career, while he was in the Falklands, and afterwards he had regarded his service as 'a job.' He said that he had never discussed his health with anyone as he did not feel it was the sort of thing people discussed.

Veteran D had been a physiotherapist in the RAF, working initially in the RAF hospitals both at home and overseas. He had seen active in the Gulf before leaving the service in 1995. He suffered with kidney stones and renal colic while training and was medically downgraded. He had medical reviews and was made up to corporal in 1980 but the stones returned. Medical advice was given about fluid intake and there has been no recurrence since 1993. He said that he had never had an opportunity to discuss his health at any depth but had received Gulf War Tests and the results of one were 'scary' but he later had a negative result.

Veteran E had served in the Army's Medical Corps (Commando ODA) in the First Gulf War and in Northern Ireland. He had no health problems associated with his service and said that he had been lucky and despite the physical involvement had only sustained minor injuries during his time in the army. He said that his opportunity to discuss military related health issues had occurred in teaching situations and he thought that contextual learning was more useful than reading books.

Veteran F was in the regular army in West Germany and Northern Ireland and said that apart from 'day to day' injuries, the only health problem related to his military service was a hearing impairment caused by bomb disposal tests. He had been given no opportunity to discuss health issues before.

Veteran G had served in the Army Air Corps in Canada, Iraq and Germany and had suffered with viral arthritis associated with dysentery for a year. He had never discussed health issues associated with service.

Veteran H had worked in the medical branch of the navy including the reserves up to1998. Whilst she had received a sports related injury and had a knee replacement while she was in the navy none of the injuries related directly to her service history. She had some experience of working with veterans and discussing health issues related to military service but had encountered no problems herself in this respect.

Veteran I had served in the Army in Cyprus, in Germany and in Northern Ireland from the early 1960s. He said that his hearing had suffered as a result of service and he was now dependent on a hearing aid. He had not had any occasion to discuss his health as he had never had any major problems.

Veteran J had been in the army and the Marines between 1966 and 1973, receiving a war pension that included an allowance for PTSD and treatment (Combat Stress) for anxiety.

Veteran K did not give information about her service background.

Veteran L had been in the Army for over 20 years serving in Germany and Northern Ireland. He had sustained ligament damage during training exercises and hearing damage from rifle shooting. The only opportunity he had ever had to discuss his health was in an interview for his war pension.

Veteran M had served in the Army for over 20 years including service in the Far East the emergency services in Malaysia. He had suffered no health problems relating to his service although he had been given no opportunity for health related discussion whilst in the military.

Veteran N was in the armed forces for 23 years working in the armoured weapons explosives both overseas and in the UK. He suffered from arthritis and he also said he had been given no opportunity to talk about health related issues whilst in the army.

Veteran O was in both the TA for 30 years and had worked for the army. He had suffered from PTSD and had been given the opportunity to discuss this whilst in service. He had some physical problems that were not linked to his service.

Veteran P served in the Army for 12 years in Germany, the Gulf War, Northern Ireland and Bosnia. He had sustained service injuries to his knees and back saying again there was no opportunity in the service to discuss health issues.

3 Synopsis of interview findings

Section A: THE IMPACTS OF SERVICE

3.1 Physical health and lifestyle

Veterans taking part in interviews were asked a series of questions related to their own physical health since leaving military service and their perceptions of the impact of physical problems on their own lives and other veterans of their acquaintance.

3.1.1 Personal health

General health

Most of those interviewed had reasonably good health themselves but where physical health problems were identified it was clear that they had a deleterious impact on the lifestyle of the individuals concerned[1].

Veterans who said that they were healthy appeared to be those who had managed to maintain an exercise and fitness regime that was learned in service. Some said that they had benefitted in this respect and were pleased that their service experience had a long term, positive impact on their health.

There was a view expressed that any actual differences in the health and fitness of veterans (when compared unfavourably with civilians) was probably related to the unsettled lives and high stress levels of those in active service. It was also suggested that judgements about one's own health and fitness were likely to be subjective and that many veterans who felt that they were unhealthy might have had unrealistic expectations of maintaining fitness into old age.

Smoking and Drinking

Common health and lifestyle problems in veterans were thought to be associated with a smoking/drinking culture that existed both in and out of service.[2] Veterans suggested that personnel were not prepared

[1] Jenny Ormerod (psychologist) suggested that the statistics might be misleading as general health problems attributed to military service would depend on the population studied . She pointed out that there were increased numbers of personnel returning from recent/current campaigns with physical injuries and unexplained incidence of fatigue.

[2] It was suggested that the existence of a macho hard-drinking lifestyle was often denied by the MOD.

mentally for situations like Iraq and Afghanistan and because the potential difficulties were never discussed, individuals bottled up their anxieties. Whilst alcohol and smoking helped in service situations, underlying health and behavioural problems emerged on discharge[3].

Diet

Though half of the veterans claimed that they ate healthily there was a great deal of evidence that some did not fully understand the constituents of a balanced diet. Some commented that soldiers developed bad habits whilst in service as they were not encouraged to eat properly and were not provided with a healthy diet whilst in service. They referred to the common provision of steaks, big breakfasts and fat which were regular features of the service diet.

Alcohol

Alcohol consumption was referred to throughout the interviews as a cultural norm[4]. It was considered to be an integral part of service life where people worked and played hard; fitting into that macho (largely male) culture was necessary. Of those interviewed however most drank moderately and several reported that consumption was reserved for weekend drinking bouts. Some however consumed alcohol on a daily basis and in quite large quantities.

It was widely believed that a heightened level of alcohol consumption among veterans was due to a necessity to block out problems and alleviate stress. More than one individual pointed out that on the whole service personnel returned to a culture where everything was an excuse for excessive alcohol consumption: births, weddings, christenings, birthdays, deaths were all occasions when the general public tended to over imbibe.

The issue of unsafe levels of consumption was low on the list of concerns of most ex-servicemen but consumption was positively influenced by successful re-settlement into responsible work roles.

Most of those interviewed had either never smoked or had given up smoking because of health considerations. There was agreement that many servicemen did smoke heavily and one serviceman said that he had smoked incessantly in Iraq because they were cheap and helped cope with stressful situations.

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[3] Healthcare was described as 'better' in the RAF than in the army. Veteran said that the RAF believed in keeping whole families happy.

[4] Jenny Ormerod agreed with veterans that alcohol was a problem 'across the board' and used not just in social situations but as a 'self-medication' to mask symptoms of illness.

Service impact

Veterans interviewed attributed a variety of their own health issues and behaviours to their service experience. These included aggression and violence; drinking unwisely; integration into family and social situations.

3.1.2 Broader perceptions of veterans' health (self & others)

Overall

As might have been predicted, the views of veterans on the wider impacts of military service on ongoing physical health of veterans were somewhat mixed. Though some were either unsure or reluctant to accept that over half of veterans with health problems attributed them to military service, others agreed that it was probably true.

Physical

The majority of interviewees had not suffered personally with service related physical problems and some held the view that the incidence of illnesses suffered by ex-military was similar to and had the same frequency as physical conditions affecting civilians.

Veterans said that generally the health impacts of a physical nature were largely dependant upon individual service situations. In some campaigns[5] for instance, the body was subjected to huge stresses and strains which were not an element of everyone's experience.

Some described their own problems and outlined specific physical problems suffered by others. The nature of problems identified ranged from hearing impairment suffered by personnel in conflict or artillery exercise situations, to chronic conditions such as osteoporosis affecting backs and knees of soldiers who had seen active service. Though some veterans said they had no service related health and lifestyle problems there were many who knew of others who had.

Other issues

Some had acquaintances with problems linked to a variety of issues which included the effects of institutionalisation, PTSD, Gulf War Syndrome and unemployment. Others knew other veterans, or had worked with personnel, who had suffered physical trauma including loss of limbs and other injuries or illness that meant they were dependent on wheelchairs for mobility.

[5] Iraq and Afghanistan were identified as conflict situations which had negative impacts on physical health

Those interviewed expressed common views about the existence of behavioural patters and a tendency for ex-servicemen to behave similarly when faced with problems of resettlement. Some knew people from the services who had experienced problems in to civilian life and had drifted into alcohol and substance misuse.

Others had friends who experienced real financial hardship related to health problems acquired whilst in service and these had resulted in depression and relationship breakdowns.

3.1.3 Reasons for reports of poor physical health in veterans

When questioned about the reasons for reports/incidence of poorer health in veterans, individuals gave a range of reasons, some of which were associated with the lifestyle that was adopted by service personnel[6]. *It was again pointed out that the consumption of alcohol had played a major part in the lives of many veterans.*

Interestingly, though some individuals reported on-going health benefits related to physical fitness gained through military training, others considered that factors like exposure, hard physical training and carrying heavy loads had created strain and damaged parts of the body.

It was believed that the army, in general, treated all service personnel as though they had the same physical abilities and strength and expected that all bodies would respond in the same way to training.

Diet

Additionally, the poor (army) diet was considered to be a contributory factor to ill-health amongst veterans and was referred to by one participant as 'laden with fat.'

Climate

Other physical health issues were thought to be associated with life in different climates like the acquisition of long term illnesses like malaria.

[6] Jenny Ormerod said that weight loss and weight gain were physical symptoms of psychological problems. She referred to one patient who had lost 5 stone through depression, and anxiety. Institutionalisation – particularly the provision of meals – meant that people leaving the forces in their late twenties did not understand the basics. People eat badly, drink too much and stop training. All these things have a negative impact on physical health.

Summary - PHYSICAL HEALTH AND LIFESTYLE

Learning Point 1: Responses from veterans and professionals suggested that the survey results might not be an accurate representation of the proportion of ex military personnel actually suffering from the physical impacts of military service due to the sample profile. Whilst there was overall recognition of the association of drinking, smoking and poor diet with the lifestyle of service personnel, this was thought to be countered to some extent by the fitness regime that existed in the services. Actual physical illness and conditions related to service were said to differ depending on the type of service experience. It was also recognised that the impacts of age were likely to be similar to those of the general population in many circumstances. **Further desk research to examine national levels and the specific nature of physical health problems suffered by veterans could provide a more complete picture.**

Learning Point 2: Alcohol (and drug) misuse was attributed throughout by veterans and professionals alike to the cultural pressures of service life and to the alleviation of stress suffered when military service was at an end. **There is a need for health professionals in primary healthcare to recognise that such behaviour/symptoms may well be masking other much deeper serious problems. There is an immediate need for the development of improved education (about the long-term physical effects of heavy consumption) and accessible (prompt) counselling to assist veterans using alcohol and other substances to alleviate stress and anxiety, this should be a priority.**

3.1.4 Impact of health and lifestyle problems on families

Veterans were invited to speculate on the general negative effects on families of veterans' health and lifestyle problems and explained that the negative impacts of military service on families were linked to a variety of factors[7].

Expectations
It was said that ex-service personnel often left service life with unrealistic expectations of the future, themselves and others and had forgotten how to behave in both family and social situations.

Relationships
Relationships, already compromised by long periods of separation during service were difficult to re-establish and in many cases feelings of disappointment and disillusionment were compounded by the psychological impacts of previous experience.

Unemployment/skills/qualifications
Though some had managed resettlement with minor difficulties, the disappearance of the secure structures of service and the difficulties for many of finding well-paid, rewarding employment resulted in feelings of insecurity and guilt for others.

Some veterans had worked in responsible situations for two decades or more but found that their skills were not useful beyond military service and, without qualifications a successful entry into civilian employment was extremely problematic.

Institutionalisation
Individuals said that they had grown to rely on an institutional regime where timetables, shelter, food and clothing were provided. The removal of this rigidity meant that individuals became alarmed and angry resulting in conflict situations within the family caused by unrealistic demands for strict time-keeping, standards of dress and adherence to rules etc.

[7] Jenny Ormerod agreed that there were immense problems for the families of veterans. She said that they were often forgotten as support focused on the veteran. She confirmed the views expressed by veterans who said that absence from the family for long periods meant that assimilation was a problem. She likened the situation to that which existed for the families of deep sea fisherman who found themselves – while at home – in domestic situations where women had largely taken over male roles.

Family impacts

Many veterans found themselves unable to provide for their families once their period of service was over and some suggested that they felt that they had been devalued by partners and children who had learned to cope without them. Personal experiences included an abandonment of family for lengthy periods, separation and divorce and a recognised tendency of some veterans to drift towards reliance on drugs and alcohol.

Family disruption, even where physical illness had not become an additional burden, was caused by nightmares, sleeplessness, anger and aggression. Depression and reliance on pain-killers had become a problem for ex-service personnel and daily drinking was recognised as having a huge impact on family life.

Wives/partners

They were recognised as having a major role in helping the resettlement process and together with other family members, they took responsibility for much of the physical care of ill and disabled veterans. They were also the driving force in seeking help and assistance when psychological and behavioural problems became insurmountable.

Social isolation

Veterans felt that those who were isolated upon leaving service would find that problems, sometimes alleviated by interventions from family and friends, were likely to be exacerbated without an established social network.

Summary – Resultant social issues relating to families and resettlement

Learning Point 3: The impact of military service on family life was widely acknowledged. Assimilation into the family was often a problem after long absences and behavioural problems and unrealistic expectations exacerbated difficulties. **There appears to be a general need for family counselling facilities and speedy access (particularly for partners) to advice and guidance at the point when difficulties arise. An information pack for families and a help-line number should be considered.**

Learning Point 4: The need for resettlement advice, particularly in respect of employment and training was expressed frequently. Preparation for employment and civilian responsibility appears to be absent from the experience of most veterans. **There is a need for more support for those seeking employment, advice and guidance might be encompassed within a counselling service.**

Learning Point 5: These two points alone (and there are others) show that the health needs of veterans are not simply a health service provider's problem but are instead a city wide problem, involving stakeholders in all areas of provision: education; social services; employment; counselling; support groups; etc

3.1.5 Increased demands for medical health

Publicity

Some veterans considered that requests for medical treatment might have increased recently because of publicity given to the types of support that was available.

Reporting

Others suggested that veterans had failed to report physical problems whilst in service and (consequently) had reported illness when they came out. It was considered that some, close to leaving military life, were less likely to report illness in its early stages as they were anxious to avoid providing evidence of conditions that might jeopardise future applications for employment.

Minor conditions sometimes went unreported because personnel were constantly on the move and so services were used more heavily after discharge.

Others suggested that service-men did not want to appear weak and that they avoided reporting ill health in medical examinations within the service because they were afraid of undesired repercussions. One soldier reported that colleagues had been threatened with dismissal when they had reported hearing problems associated with artillery fire.

Assessment of service medical care

The opinions of veterans varied widely in respect of their experience with medical care in the services. Whilst some believed that care was good or that they had learned lessons on how to care for themselves others believed that support was poor.

Some of the veterans had sought no medical health assistance following their return to civilian life but others had sought assistance from GPs or received treatment from drug and alcohol counsellors.

3.1.6 Signposting and provision of support

Availability of information

On the whole, veterans felt that there was insufficient information and guidance about assistance that was available outside of the service.

Resettlement management

There was a strong inference that soldiers (particularly) were not encouraged to discuss problems and that some would have sought assistance if there had been better management of the resettlement process.

Standard provision of guidance and information was required so that referral or routes to doctors, dentists and counsellors was available to all personnel leaving military service.

It was considered widely that improved education in respect of the aftermath of service (physical and psychological impacts) would, over time, result in easier and more timely discussion both within families and with health (and other) professionals. A development of wider understanding and further personal insight into the long term impacts for veterans themselves would help persuade veterans that their reactions were predictable and that their need for care and support were normal and not a sign of weakness. The removal of the stigma of illness would encourage individuals to access the services they needed more promptly.

Summary – Need for information and promotion of health / support services.

Learning Point 6: Publicity and education increases demand for services and can help servicemen overcome the stigma that they feel exists in revealing illness and weakness related to service. **Promotional work should be sustained.**

Learning Point 7: Military personnel should be encouraged (both in and after service) to address their problems quickly and there should be clear routes to support. **The development of an information pack provided before discharge from the army is essential. This should also be made available through doctors' practices for all veterans registering for general medical services after leaving the military.**

Section A: THE IMPACTS OF SERVICE

3.2 Mental health and lifestyle

Veterans were asked a series of questions about their own mental health and their perceptions of the impacts of service on the general mental health of others.

3.2.1 Stress, anxiety, depression and aggression

Stress levels related to employment and an occasional bout of low spirits were regarded as normal but several reported stress and anxiety that they associated with the impact of service life. In some circumstances these were related to service experience that had occurred up to three decades ago[8] and others linked it to the removal of structure and routine and to difficulties with colleagues and pressures in work situations. Additionally some reported a lack of trust and confidence in those around them.

Recognition of mental health problems

Many of those interviewed agreed that stress and anxiety suffered by veterans was probably service related and some thought that the level revealed in research was probably under-represented. The idea that service personnel hid symptoms of mental illness because of the 'macho' expectations of both colleagues and officers was re-stated. Problems that might be resolved by contact with counsellors or medical officers were ignored 'to save face,' and the army had no interest in its personnel once they had returned to civilian life. Post army counselling was considered to be a necessity by some veterans.

Psychological impacts of physical problems

Physical injury and lifestyle changes were said to have long-lasting psychological impacts and the presentation of evidence of PTSD was unpredictable. One veteran pointed out that even those in support, (rather than close conflict roles), often dealt with the aftermath and saw many things that were shocking and difficult to deal with.

Serious unhappiness and mental breakdown were attributed by some to serious physical health problems and related social isolation and a forced dependence on family members. Again interviewees reiterated the need for preparation and training for return to civilian life and the requirement for recognisable qualifications.

[8] One veteran referred to experience in the Falklands that had left him more reserved and guarded with others.

Summary – Impact of service life culture

Learning Point 8: The existence of the 'macho' culture, and its attendant expectations of service men and women, was a major obstacle to seeking help for psychological problems. Mental illness was viewed as something that would be perceived as weakness by others.

Health professionals should have further training to improve investigation of presenting symptoms and behaviours that might be treated superficially but often mask more serious underlying conditions. It is essential that those service providers seek understanding of problems not only from the veterans themselves but also from their spouses/dependents.

The development of an information pack (see Learning Point 6) should carry information about the 'normality' of psychological impacts resulting from conflict and high stress situations. Additional promotion of available support services, the wisdom of early intervention and the routes through which families might seek help must be regarded as crucial.

Direct or indirect effect of service

It was considered by some that post-service mental illness was not attributable to things that happened in the military but to things that went badly wrong after discharge from the army. Mental illness, anxiety states and ongoing psychological problems developed when veterans had no support network, lost touch with their friends [who had begun families] and found themselves in a lonely and unproductive situations. It was suggested that drug and alcohol dependency were symptoms of an illness rather than a cause.

Veterans spoke of feeling 'let down' when they were returned to civilian life and all those who reported good levels of mental health were largely individuals who had stable family lives, good health and employment.

Some however considered that the case was over-stated. In this respect one veteran believed that many service men and women escaped from service by 'bluffing' the symptoms of stress and depression and another expressed the view that often military personnel spent decades in the forces without ever facing and stressful situation or having any traumatic experience.

Learning Point 9: Psychological well-being was affected badly by a lack of forward planning and an absence of advice and guidance in respect of resettlement. Personnel leaving the service without

qualifications or plans for employment were often defeated and developed feelings of guilt and inadequacy. **Signposting towards possible/suitable career paths with associated, relevant further education would reduce the impact of losing a lifestyle, camaraderie and a steady income. Partnership working between health, education and other providers should be considered in order that a holistic safety net is developed.**

3.2.2 Attitude to incidence of mental health symptoms

The statistics that revealed that the majority of veterans suffered with anger, irritability, anxiety and depression came as no surprise to interviewees. Personal experiences of these temperamental symptoms varied; some admitted to be periods of time when they had suffered and made people around them suffer and said that they had, eventually dealt with the difficulties.

Support

Some had sought medical intervention that had been successful but others had sought help but been disappointed in the results. The possibility of using colleagues in a close-knit group as sounding boards was removed when military personnel left the service. The opportunity to release tension disappeared once colleagues were replaced with civilians who were unable to understand the feelings that accompanied each experience. Ongoing feelings of distress and anger were related to traumatic experiences, people being wounded and maimed and these continued but were difficult to relate to people without the insight of other soldiers.

Anger

Lack of control in respect of anger was discussed and veterans largely agreed that a large proportion of veterans probably had difficulty in controlling violence and aggression. They agreed that some had severe problems, resulting in violent and unpredictable behaviour that occurred on a frequent basis.

One interviewee said that this was a problem that was linked more strongly to the army than to the other armed forces and that the development of this tendency was difficult to avoid.

One interviewee explained that aggression and violence were 'desirable' in situations where servicemen were being asked to kill or be killed. Servicemen lived on a day to basis in an environment of 'high alert' and reliance on those around them. The feeling instilled by

military training and conflict encounters did not disappear on discharge.

There were suggestions that some of the violence might be caused by the way servicemen were trained and the conflict situations they faced so the circumstances faced outside could contribute to the frustration and anger that veterans felt.

Learning Point 10: Whilst there is a general acceptance amongst many veterans that anger and aggression develop in service personnel, there is evidence, inherent in the interviews that where education and life opportunities are available this impact is managed more effectively after discharge from the military. For many individuals with low academic and/or skills attainment and associated limited life/career opportunities, a 'macho' life where training for combat and institutional management, replace education and social development is likely to reinforce or exacerbate tendencies for anger and aggression that already were part of their characters. **It is therefore essential that education, training and career planning for post-service lives are an integral part of military service and linked to further development in civilian situations. From a mental health perspective there should be the potential for referral to career advice, guidance and training initiatives.**

3.2.3 Increased demand for assistance and PTSD & anxiety

Impact of promotion and education

There was a belief held by some interviewees that increased promotion of services together with a wider understanding of the problems had increased the demand and uptake for services. It was considered that more people were willing to come forward once there was a broader understanding of the problem.

Partners

Wives and girlfriends had also been instrumental in encouraging partners to seek help and some interviewees believed that it was usually 'pressure' from third parties that drove veterans to seek medical help. Family and friends often identified problems before individuals recognised (or accepted) that they were suffering in any way.

3.2.4 Awareness of service

Low PCT / service awareness

Though most veterans had some contact with primary care services after leaving military life there was low recognition of the wider services available. In general, when asked about support service veterans talked about their military associations rather than medical and counselling services. One pointed out that these organisations provided signposting to many other support organisations and services.

Some expressed the view that the services that existed were 'sufficient' but not 'sufficiently promoted,' others however thought the present provision was inadequate and that there were real problems of 'finding out where the help could be accessed.' It was suggested that people leaving military service in general had limited understanding about what was possible in terms of support

Role of GP

Most of those who had received counselling and treatment had been referred through their own GP and had found the support good but difficult to access at the outset.

Providers lack of military understanding

It was also stated that general providers of health and psychological care had little insight into what ex-serviceman might suffer or need in the future. One suggested that mental health services should seek to engage ex-military personnel to provide services that could then be based on real insight into the problems

See Learning Point 11

SECTION B – HEALTH SERVICES

3.3 – Access to health care

3.3.1 Fast track service

Most had not heard of the Fast Track Service although those that had held mixed views about its value. One veteran felt that the Fast Track Service had been introduced as a public relations exercise and another considered that better referral processes and understanding within general health provision would negate any need for this additional provision.

3.3.2 Barriers to accessing general health services

'Macho culture'

There were various attitudes expressed in respect of the reluctance of veterans to access mainstream health services for illnesses and conditions acquired whilst in the services. Though a few were not able to understand why this was the case most related this reluctance strongly to the 'soldier's' need to appear strong and resilient so they do not want others to develop the view that they are 'wimps' and so continue to suppress problems until they have become serious.

Professional's lack of understanding/awareness

Others considered that it was because of the poor levels of understanding that existed in general health providers so that a soldier reporting symptoms of panic was regarded in the same light as someone who had a fear of heights or spiders. One said that once referred to a specialist, the cause of panic, anxiety and related symptoms was investigated but it was not easy to go through the process with GPs who were largely unaware of the problems. Though doctors were provided with service records they were rarely 'put in the picture' and therefore were unable to help.

Another serviceman suffered with erectile dysfunction, which he related to PTSD but he was unable to engage in discussion with his Asian GP because of existing, language related, problems of communication between them.

Learning Point 11: Associated with the general requirement for more information about services, easy access to support and the development of understanding by staff within primary care services was the frequently identified requirement to have ex-military providing care in civilian settings. **It is desirable that staff recruited to health service and health education roles, to give care and guidance to ex-service personnel, are either recruited on the basis that they have military experience and personal insight or are trained extensively to improve their understanding of the issues that impact upon veterans.**

3.3.3 Satisfaction with local provision

General

In terms of general healthcare, the veterans interviewed largely regarded the local provision and scored Hull provision with marks of 7 or above. Veterans who had left the military some years ago said that services had improved tremendously over recent years.

Specific

Provision for care related to illnesses and conditions acquired in service situations was largely related as poor with scores of 5 and below. These low scores were given because the veterans were often of the opinion that the city provided little in health and expertise in dealing with the psychological impacts combat.

3.3.4 Improving the service

How to improve

Veterans were unified in the view that In order to improve provision there was a need for:

i) better information,
ii) easier access to appointments
iii) a general 'raising of awareness' among health care providers of issues affecting veterans.

The latter was regarded as something that would require extra training focused on developing insight into conditions and problems and into interviewing patients. One veteran said it was:

- *Essential that health workers did not take things at face value but were able to probe and coax information from patients from service backgrounds.*

Dedicated clinic

It was suggested that a local clinic should be established, where staff with experience of military life can deal empathetically with physical and metal issues related to service.

Information

Was considered to be the key to improving services and there were various factors to consider in this respect:

- The healthcare providers would need a **database** so that they were made aware of personnel coming into the area after service.

- It was recommended that all military personnel leaving service and coming to Hull should be provided with a **comprehensive booklet** that gave information about problems that might be encountered, how to address the problems and where to go for assistance. It should provide details of GP services (including how to register), counselling services, alcohol support and family support.

- There was a view expressed that there was a need for a dedicated **help-line** so that ex-servicemen and women had someone to call and discuss their problems. Personnel manning the line should have appropriate knowledge and military experience.

- There was a need for the establishment of a **local network** for 'ex-forces members in the same boat' so that they could engage easily with one another and have focus group discussions on a regular basis.

- It was also suggested that links to services could be established early, whilst soldiers were on leave. It might be useful for serving soldiers to be provided with a **list of services** and where to find them locally (around the base) and in the vicinity in which their family lived. One said that information should be given within the framework of an interview, similar to the one carried out during the research in which he was involved.

Learning Point 12: It was clear that, once accessed, there were generally good levels of satisfaction with services that existed. The main problems existed in the primary contact and referral to appropriate services, understanding of the problems faced by veterans, the information available and the links to care following discharge from the armed forces. **It is essential that health and social**

welfare information is provided more promptly and disseminated to service personnel and veterans more effectively. Health and social service workers need improved training to give them added insight into the problems and needs of veterans. Local networks with opportunities for virtual (internet based) and face to face discussions would be a valuable resource for veterans suffering social and economic isolation.

4 Conclusions

The research confirmed the widely held professional view that a wide range of health issues associated with health issues related to veterans' service in the armed forces exist. Hull appears to have developed an excellent set of interventions, some of which were well acknowledged by veterans in receipt of services. That being said, considerable tasks remain in order to address the needs of veterans, who for a variety of reasons have unresolved problems and little support. In particular:

i) The need to train health service personnel in all aspects of veterans health issues and in particular:

- Immediate recognition of veterans at discharge from service careers
- Investigation and understanding of symptoms – both apparent and hidden
- Treatments: physical; psychological; psychiatric
- Implications for families
- Need for referral

ii) The need for enhanced information for veterans and their families on symptoms, services, access routes and networking

iii) The need for 'an all party' recognition and solutions to the needs of war veterans by the PCT stakeholder partners including the city council and the 3rd sector.

APPENDIX 1: Transcription of interview notes

Section 1 – MILITARY PHYSICAL HEALTH ISSUES

1.1 Interviewees were told that over half of the respondents to the wider survey were of the opinion that physical health problems they suffered were a result of their time in the Armed Services. They were asked to say whether they thought this was true.

1.1.1 Veteran A seemed to think that this was true. He said that many people left the army with physical problems but that had not happened to him. People he knew had problems with their backs or their knees and some had suffered impairment to their hearing because of noise associated with conflict.

1.1.2 Veteran B also believed that this was the case. He said that he had been out of the army for ten years and had never been ill in the army; he had passed all his 'physicals' but had health problems since.

1.1.3 Veteran C was non-committal but said he had no problems himself.

1.1.4 Veteran D was undecided. He said that it was not the case for him as he had no illnesses that he attributed to military service though he did suffer from hypertension.

1.1.5 Veteran E said he thought that this was untrue. He said that everyone had a medical when they left the army and some people did not report illnesses in case these were picked up when they made applications for employment.

1.1.6 Veteran F said that he thought that this was true.

1.1.7 Veteran G was unsure whether this was true. He had not suffered with ongoing health issues linked to service but acknowledged that some soldiers would do so.

1.1.8 Veteran H said that she thought that this was untrue and believed that health problems beset civilians in a similar way and with similar frequency.

1.1.9 Veteran I said that health problems suffered depended on individuals and on the regiments in which they served. He said that there were always medical officers attached to the barracks so if you had problems there was help at hand.

1.1.10 Veteran J said that this was100% true. He said he continued to have terrible nightmares associated with PTSD and he had been 'smashed up' so that he had ongoing physical problems. His dreams continued to be vivid after 30 years and it was as if he was still in the army.

1.1.11 Veteran K did not comment.

1.1.12 Veteran L felt that the statistic was likely to be true in light of his own experience.

1.1.13 Veteran M thought that this was untrue. He said that if soldiers 'looked after themselves they were OK.'

1.1.14 Veterans N and O said that health impacts were dependant upon the role of the service man or woman involved.

1.1.15 Veteran P thought that this was the case. He said that though people sustained fitness in the army they picked up injuries along the way that did not 'go away, but continued to niggle and get worse later.'

1.2 Interviewees were told that when the health of veterans was compared with that of people who had not been involved in military service their health was poorer than civilians of the same age. They were asked to say whether or not they agreed that this was the case.

1.2.1 Veteran A said that he thought the impact on health really depended on what veterans had done. "In Afghanistan and Iraq the way of living is different – the body does take a hammering.'

1.2.2 Veteran B said that he agreed because he was suffering with [osteoporosis] something that was rare in someone so young. He also suffered with stress and attended 'Orderly Court' where he received help to combat the problem.

1.2.3 Veteran C said that some men he had served with had hearing problems caused by working with aircraft.

1.2.4 Veteran D said that from a personal point of view he did not think this was the case.

1.2.5 Veterans E and M did not respond to the question.

1.2.6 Veteran F agreed that this was the case.

1.2.7 Veteran G disagreed but said that he had no contact with veterans. He believed that service in the army had helped him to deal with health problems independently.

1.2.8 Veteran H said that she did not believe that this was the case. She said that the medical care received by military personnel was better than that available through the NHS for the general public.

1.2.9 Veteran I said that he agreed to a great extent that this was the case. He said that veterans of the second world war had suffered medical problems related to their service as they grew older.

1.2.10 Veteran J agreed that this was the case for some people.

1.2.11 Veteran K did not know whether this was the case and Veteran L said that there were many people in Hull, with no military service to blame for health problems, who were in a 'much worse state' than he was.

1.2.12 Veterans L, M and N, O did not know whether this was the case.

1.2.13 Veteran P said he agreed that this was probably the case as the stresses and strains on the body are worse than in most civilian occupations.

1.3 Interviewees were told that the health of veterans was poor compared to that of non-veterans and asked to say why they thought that this was so.

1.3.1 Veteran A said that the lifestyle in the army made you act/react differently. He seemed to be suggesting that health was compromised by the habits adopted by soldiers. He said "They don't make you drink [in the army] – but it's part of the lifestyle."

1.3.2 Veteran B said that he held no opinion as he could only consider his own situation.

1.3.3 Veteran C said that he thought that he was fitter than most people his age. He said that this was because he had a positive mental attitude and a more positive outlook than most people. He said that there were many people who were 'worse off' than he was, including veterans, who suffered more from things like work related stress.

1.3.4 Veteran D said that he did not think this was true.

1.3.5 Veteran E considered that it was unlikely that veterans had poorer health than other people.

1.3.6 Veteran F said that he considered there were a number of factors behind the poor health of veterans. Soldiers face exposure and hard physical training and carry weights that affect individuals physically by putting strain on different areas of the body. In addition he pointed out that the diet in the army was not really healthy, the food he said was 'laden with fat' and [soldiers] drank a lot.

1.3.7 Veteran G said that he considered that service personnel were likely to complain less about their health than other people. He said that [non-military] people took a week off work for a sniffle.

1.3.8 Veteran H said that she did not agree that this was the case. She said that military personnel were trained to take care of themselves and took pride in looking after themselves properly.

1.3.9 Veteran I said that some of these health issues might be related to the changes in climate soldiers faces and the risk of illnesses like malaria that were face by soldiers in warm climates.

1.3.10 Veteran J said that he thought that 'guys who came out in their twenties might think they were Ok but later in life their injuries will catch up with them.'

1.3.11 Veteran K did not comment.

1.3.12 Veterans L attributed this to the physical strains of service life.

1.3.13 Veterans M and N did not know why this was the case.

1.3.14 Veteran O said that many service personnel had at least one bad experience and their health was often damaged by the tendency to smoke and drink more when they left the armed services.

1.3.15 Veteran P. See previous comment.

1.4 Interviewees were invited to discuss the health and lifestyle issues of other veterans they knew. They were asked to identify the types of problems suffered and to say how they became aware of these issues.

1.4.1 Veteran A said that he knew people with health and lifestyle problems. He said that he had a few 'mates' in the army and that their problems were similar. "It's a pattern; people have a blow-out and turn to drink and drugs." He reiterated that back and hearing problems were common and said that some of his colleagues had been threatened with dismissal from the army because artillery fire had damaged their hearing.

1.4.2 Veteran B referred to problems associated with Post Traumatic Syndrome and said that he knew there were counselling services for panic attacks that occurred in veterans who were suffering from this. He did not say how he had become aware of the problems of others but he pointed out that physical problems – like arthritis – were an additional burden.

1.4.3 Veteran C said that he only really knew one 'ex-army chap who is unemployed.' He said that he saw him with 'a can of beer in his pocket.'

1.4.4 Veteran D said that he had treated a few Gulf War Syndrome cases (as a physiotherapist) and the subject was 'close to his heart.' He said that he did not know what caused the syndrome.

1.4.5 Veteran E said that those who were ill often suffered because of their mental state. He said that alcohol dependency and institutionalisation meant that some had problems adjusting to civilian life. He thought that more people benefited from military service than those who did not and that the ethos of keeping healthy, meeting targets and discipline were good for individuals.

1.4.6 Veteran F had personal friends who had lost limbs in conflict situations. One had to undergo many surgical procedures and his general health had also deteriorated because of the excessive training he had to undertake. He pointed out that the training programmes are not suitable for everyone as some [soldiers] had weaker bodies than others.

1.4.7 Veteran G could not comment.

1.4.8 Veteran H said that her husband had veteran friends who had financial problems because of health problems. She said that there seemed to be a lack of understanding about problems that veterans faced when they were unable, whatever the reason, to get work.

1.4.9 Veteran I said that he was aware of problems experienced by other veterans but he felt that, because of their pride, they did not want to discuss their problems. He knew one veteran who had been confined to a wheelchair since his military service.

1.4.10 Veteran J said that he thought health problems were the same for most people but veterans' ongoing physical health was determined by the amount of physically demanding service they had given.

1.4.11 Veteran K said she had a friend who had a bad back related to service in the army.

1.4.12 Veteran L knew other veterans who had lost limbs and clearly this was directly attributable to combat and Veteran M had a friend who served in Burma who had smoked heavily and died of a smoking related illness.

1.4.13 Veteran N said that he had friends who had mental and social problems after leaving the army.

1.4.14 Veteran O said that he had a friend with Gulf War Syndrome; he had been a 'bright and clued up' young man and was now a shell.

1.4.15 Veteran P said that most veterans had picked up some physical injuries along the way.

1.5 Interviewees were told that 70% of veterans who had health and lifestyle problems felt that these had a negative effect on their families. They were asked to say what they thought these effects might be.

1.5.1 Veteran A said that he thought that these effects were related to drugs and alcohol. He said that when he got out of the army drugs and alcohol became a problem. He said that he had 'good money from the army to do this.' He said that he never saw his family and tended to 'do his own thing.'

1.5.2 Veteran B said that nightmares and sleeplessness were problems but anger problems were what caused most problems for the family. He referred again to the help that he had received at Orderly Court which had helped him learn to cope.

1.5.3 Veteran C said that he had been quite lucky and that when he [became] a civilian he was still working closely with the military. He seemed to be suggesting that moving from the services to life outside had impact on others but had not had a big impact upon him.

1.5.4 Veteran D said that the effects were poor health and psychological problems. He said that he had not been brilliant when he left but was 'OK now. He said '[I had] difficulty adjusting – adrenaline, relationship problems, intolerance of children; things are good now but past events can trigger feelings, even years later. Something I saw or heard 20 years ago can make me go cold.'

1.5.5 Veteran E said that in his opinion drinking on a daily basis had a big impact on families.

1.5.6 Veteran F said that most of the impacts were related to long periods of separation from families. He said that soldiers felt guilty because they were not able to help bring up their children, wives coping alone became self-sufficient and independent of the husband and then the returning soldier feels that he is not needed any more.

1.5.7 Veteran G said that he considered that he was 'too rigid' about time-keeping. He said he insisted on his son meeting deadlines to the minute for getting up and leaving the house for school. He said that this had caused conflict and he knew that he was wrong. His wife had been stubborn and had 'overruled' him and had helped him to calm down.

1.5.8 Veteran H said that she thought that one of the main problems was related to how veterans felt when they left the service and were unable to find work. She said some of them had done a job for 22 years and left without relevant qualifications that would assist them re-establish themselves in civilian life. She recognised that some had health problems as well which made employment more difficult.

1.5.9 Veteran I said that deterioration in the health of veterans meant that there was additional pressure on relationships in the family. This was particularly true when veterans had become reliant on their families for physical care.

1.5.10 Veteran J said that his wife had been unable to cope with his mood swings and he had not known for some time that he was suffering with PTSD.

1.5.11 Veteran K said that she thought that the impacts on the family were largely related to PTSD and the feeling of intense rage that were associated with the disorders. She said that those around you do not understand that following service you will react differently to certain things. She suggested that reactions to trivial things, like someone being late, altered. It is in some ways related to a learned respect for routine. She said "I like routine and it really winds me up [now] when people are not organised."

1.5.12 Veterans L and M made no comment.

1.5.13 Veteran N said that his family was badly affected and the aftermath of service caused his family to break-up, five years after he left the army.

1.5.14 Veteran O said that adjustment after armed service life was difficult for many people.

1.5.15 Veteran P said that the physical impacts made it difficult to play with children and fulfil general household duties.

1.6 Interviewees were invited to discuss whether the health issue mentioned has had - or continues to have - an effect on the families of veterans who had this type of health or lifestyle problem. They were asked to estimate the extent of this effect.

1.6.1 Veteran A said that the effect and extent could be great. He had a friend – ex-military who had tried to commit suicide. He said that the after effects of being in the army were: aggression; doing stupid things and being addicted to paracetamol.

1.6.2 Veteran B said that he did not talk to his family about the army and that this had created a lot of strain. "For three years I wouldn't go out of the house. The family do understand now but I had to fight for help outside of the army."

1.6.3 Veteran C that the change of career – from military service to civilian life - had affected the family 'a little bit at first but things are all OK now.' He said that he did not really want to talk about service 'in the Falklands' as he had personal issues with the family at the time. He added that since leaving the navy he had noticed bullying tactics in civilian employment that would not be tolerated in military service. He said that it had made him 'wary' of some people.

1.6.4 Veteran D said that one of the 'chaps' he had treated was a 'medic' in Saudi Arabia and was confined to a wheelchair. He and his wife are late thirties, early forties so it has certainly had a big effect on them.'

1.6.5 Veteran E held the opinion that marriage break-ups were caused by the lifestyle and drinking and that rehabilitation [to civilian life] could be stressful. He had chosen not to marry while serving and had waited until he was settled after he left. He knew many married people who had problems during and after service.

1.6.6 Veteran F talked in general terms about 'mood swings' of ex-servicemen and he attributed these to the absence of a set routine. He said that when a soldier returns to his family he becomes disorientated, disorganised, frustrated and angry. This he explained puts a strain on the whole household. 'Servicemen' he said 'like things to be planned and organised and the moment there is a change in the environment, this can rock the boat.'

1.6.7 Veteran G made no comments.

1.6.8 Veteran H said that socially, ex military personnel did not know how to behave. She said that existing in a 'regimented' environment for a long time, with no bills to pay and no real responsibility and living in what is essentially a closed (and usually male) community meant that veterans often depended entirely on their spouse and family members when they were discharged.

1.6.9 Veteran I gave no response.

1.6.10 Veteran J said that the impact was huge and that everyone at 'combat Stress' was divorced and out of work.

1.6.11 Veteran K said that close relationships were a problem for veterans. She thought that many avoided building relationships because they knew they would be hurt when they were posted somewhere else and when they left the army they had developed 'itchy feet' that made settling down with someone very difficult.

1.6.12 Veterans L and M made no comment.

1.6.13 Veteran N said that the problems were severe and often unresolved. Relationships became difficult because of the inability of servicemen to move on and forget about previous experiences.

1.6.14 Veteran O said that this varied from case to case. He knew someone with severe problems but his wife and family were very understanding.

1.6.15 Veteran P said that soldiers got used to a lifestyle that did not transfer easily to 'home' situations.

1.7 Interviewees were told that almost a third of the veterans who had responded to the survey said that they had no friends or family that lived close by – within 15 – 20 minutes drive. They were asked to say whether they thought that this was accurate.

1.7.1 Veteran A said that it was not accurate in his case and that most of his family was within a ten minute walk. He pointed out that some soldiers stay close to where they were based when they leave the services.

1.7.2 Similarly, Veteran B said that he had family close by but he said that he had not wanted any of them near him at the beginning.

1.7.3 Veteran C said that he was not from Hull and had moved to the city to be 'with family' a couple of years ago. He said that previously though he had work colleagues he did not have friends and there was really no-one to talk to about 'things.' He mentioned that there had been no counselling services and said that service affects people in different ways.

1.7.4 Veteran D said that he thought this statistic was probably accurate and he felt that most ex-servicemen were quite isolated.

1.7.5 Veteran E said that where you lived depended on your job and your lifestyle. He said that he chose where to live.

1.7.6 Veteran F thought that this might be the case.

1.7.7 Veteran G said that he thought this was true. His family lived in South Africa and he said that he did not mix well and it took him a long to time to trust new acquaintances.

1.7.8 Veteran H, I and O were unable to comment on this.

1.7.9 Veteran J said he thought this was accurate. He said that he tended to 'cabin up and ignore everyone.'

1.7.10 Veteran K said that it was true for her. She had moved away from home to go into the army and never returned.

1.7.11 Veteran L misunderstood the question.

1.7.12 Veterans M and N did not think that this was the case as both had families close by.

1.7.13 Veteran P said that his family were scattered all over the place so he thought that the isolation from family reported might be true.

1.8 Interviewees were invited to discuss their own health and lifestyle problems.

1.8.1 Veteran A said that his problems were now in the past. He had been a daily drug taker and had taken cocaine, MDMA, Ketamine and Ecstasy. He said that it had been 'a part of the lifestyle in the army.'

1.8.2 Veteran B said that he struggled to get about. "I live in a bungalow and I'm in a wheelchair. I have to rely on other people to drive me about and I can also have panic attacks.

1.8.3 Veteran C and Veteran G had nothing to say.

1.8.4 Veteran D said that his problem was high blood pressure.

1.8.5 Veteran E said that he started smoking after he left the army but this was not because of stress. He said that he had gained weight after he returned to civilian life.

1.8.6 Veteran F said that apart from his hearing impairment he had no service related health issues.

1.8.7 Veteran J said that his health was poor because of injuries. He continued to suffer with PTSD and his experience in the army was something that he was unable to put behind him.

1.8.8 Veteran K said that she had symptoms of PTSD and alcohol was a problem. She said that the availability and cheapness of alcohol meant that many people used it to alleviate symptoms. She said that she had coped with leading 12 men in Kosovo but could not cope with the flooding that occurred in 2007.

1.8.9 Veteran L said that he had ongoing health problems that were dealt with by his GP.

1.8.10 Veteran M had high blood pressure. He said it was not service related and had improved over a period of time.

1.8.11 Veteran N had relationship problems that were caused by his service experience. He had sought no advice or help in this respect.

1.8.12 Veteran O had arthritis in his arms and elbows and suffered with service related deafness.

1.8.13 Veteran P said that 'picking up the kids' was difficult because of the aches and pains in his arms and shoulders.

1.9 Interviewees who identified person health and lifestyle issues were invited to say how they thought it affected their own families.

1.9.1 Veteran A said that his behaviour had upset his mother and that the whole family had been worried about him.

1.9.2 Veteran B and C, Veteran D, and Veterans F and G did not respond.

1.9.3 Veteran E said that he had started smoking when he came out of the army but he did not inflict this on his family and smoked outside.

1.9.4 Veteran H said that there had been no impact on her family life.

1.9.5 Veteran I said that their service had had no impact on their family life.

1.9.6 Veteran J said that the regime in the army was 'getting drunk all the time because there was nothing else to do.' He said that this caused fighting and aggression that had impact later on – on families and friends.'

1.9.7 Veteran K said that the impact on family varied but coping skills for problems in civilian life were compromised by army experience.

1.9.8 Veteran L said that physical weakness meant that veterans often depended on their families to help them with very simple tasks. This can make family members impatient and frustrated.

1.9.9 Veteran M made no comment.

1.9.10 Veteran N said that his own experience continued to impact upon the relationship he had with his daughter, who found him irritable and short-tempered.

1.9.11 Veteran O said that his difficulties often made his wife impatient.

1.9.12 Veteran P normal physical demands of life were often a problem.

1.10 Interviewees were told that a high proportion of veterans who had responded to the survey had sought help in the past twelve months for physical problems. They were asked to say why they thought the figures were so high.

1.10.1 Veteran A and G said that they did not know.

1.10.2 Veteran B said that he thought the increase was because of the increase in publicity about the support that was available. "There is more on TV about how to get help. There was no help [advertised] when I left and I had to find out about it myself." He said that he had noticed a raised awareness in the media about the problems of ex military personnel.

1.10.3 Veteran C said that he thought the incidence of reporting health problems might depend on age as health problems increased as you got older. He said that he would only go to the doctors for a major problem and this was due to his military background. He said 'I would have to be dying and probably wouldn't go unless I was pushed there by someone else.

1.10.4 Veteran D said that he thought that this was because of the lifestyle of military personnel. He said that servicemen were constantly on the move and never settled. He said that this was very stressful, even for medics.

1.10.5 Veteran E said that though there was a good support network with a CO and corporal surgeons for personnel, soldiers often did not report anxieties while they were in the army. He said 'it's a macho thing, they don't say anything.'

1.10.6 Veteran F said that he believed that intense, rigorous but poor quality physical training was largely responsible. He pointed out again that the trainers did not look at the capacity of individuals to engage in training that was often a form of 'punishment' rather than anything else. The training was 'severe' but not 'intelligent.'

1.10.7 Veterans G and H did not comment.

1.10.8 Veteran I said that some of this incidence was because as veterans got older the slowed down and their bodies deteriorated. He thought this was when medical help was sought.

1.10.9 Veteran J said that injury and stress eventually caught up with everyone.

1.10.10 Veterans K and O said that they were unable to comment.

1.10.11 Veteran L said that injuries had greater impact as time passed and Veteran M said that this was because of delayed results of the stresses and strains of military life.

1.10.12 Veteran N said that this was because of combat related stress.

1.10.13 Veteran P said that this was because veterans have often had pain for some time and only seek help when they are out of the army. He said that you were 'frowned upon' if you sought help in the army.

1.11 Interviewees were invited to talk about whether they had sought advice about their problems and to say what the outcomes of this were.

1.11.1 Veteran A had been to his GP and then seen a specialist. He had also received help from drugs and alcohol counsellors

1.11.2 Similarly, Veteran B said that he had received counselling through the NHS but was discharged as there was no more that they could do. Orderly Court was mentioned again and he said that mental health issues of ex-service were 'dealt with there.'

1.11.3 Veterans , D, E, F, H and I had not sought help of any kind.

1.11.4 Veterans J and K had sought assistance with PTSD. Though Veteran J had found the support reasonably good, Veteran K said that was not effective.

1.11.5 Veteran L had sought general help though his GP and this was for physical problems only.

1.11.6 Veterans M, N and O had not sought help for service related problems.

1.11.7 Veteran P did not respond.

1.12 Interviewees were asked to say whether they thought that there were other things that might have encouraged them to seek help and whether there could be any improvements to the process.

1.12.1 Veteran A was vague. He said that he thought there were some services – not connected to the health service but that 'they got left' and he felt that was because of the attitude of soldiers to this sort of support.

1.12.2 Veteran B said he did not think there was anything 'at the time' because he was 'in denial' and did not know what his problem was. He said he was discharged on an 'adjustment order' but got no help at all for PTSD.

1.12.3 Veteran C said that there was 'not a lot of talking.' He said that no-one [in the services] was 'pushed' to talk about these kinds of things.'

1.12.4 Veteran D said that he would have sought help if he had needed it but he did not think he had a serious problem and he learned to cope. He said that he thought he had been helped by his contact and his treatment with Gulf War patients.

1.12.5 Veteran E said that he thought servicemen should take medicals whilst on leave. Then, there should be better management of resettlement with discussion and housing and employment. He said 'they don't ask you if you have a doctor, a dentist, a counsellor – or at least this was the case in 19997.)

1.12.6 Veteran F said that though he had not needed advice he was aware that there was no recognised process to follow if help was needed. The access to advice and support should be structured to meet the needs of servicemen.

1.12.7 Veterans H and I had not needed help and did not make any further comment.

1.12.8 Veterans J and K had suffered with PTSD and both said that the barriers were because of the stigma of admitting that something was wrong with your mind.

1.12.9 Veteran L said that improved information, advice and guidance would prompt people to approach services more promptly.

1.12.10 Veteran M said that he had not needed help and Veteran N said that he had not really thought about it.

1.12.11 Veteran O said he did not know what the barriers were.

1.12.12 Veteran P did not respond.

Section 2 – LIFESTYLE

2.1 Interviewees were asked to describe their general health

2.1.2 Veteran A said that his health was good. He added that he was in work, no longer took drugs and did not drink to excess.

2.1.3 Veteran B said that his health was poor. He had spent the previous year in his bungalow and had no social life.

2.1.4 Veteran C repeated that he was in good health and although he was a 'little reserved and guarded' he did not feel that was a problem.

2.1.5 Veteran D said that though he was slightly overweight and had slightly high blood pressure his general health was good.

2.1.6 Veteran E said that he had good health and was active although he could do with losing half a stone. He said he smoked five cigarettes a day.

2.1.7 Veteran F said that he was in exceptionally good health.

2.1.8 Veteran G said that his health was generally pretty good.

2.1.9 Veteran H said she was in good health.

2.1.10 Veteran I said his health was very good.

2.1.11 Veteran J said his health was poor. He had received a number of injuries in combat situations and these had ongoing impacts on both his physical and mental health.

2.1.12 Veteran K said her general health was good and that she had an 'obsession; with running and keeping fit. She said that if she did not run, she lost motivation and energy.

2.1.13 Veteran L said his health was not good.

2.1.14 Veterans M and N and O enjoyed good health but N and O suffered from arthritis and O had service related deafness.

2.1.15 Veteran P said that it was not as good as it had been in the past.

2.2 Interviewees were told that 51% of veterans surveyed rated their health as excellent or good. The figure was slightly lower than that for the general public. They were asked to say whether they agreed that half of the veterans were likely to have good health and to say why they thought that this was so.

2.22 Veteran A said that maintaining good health was related to discipline. He said 'it is a job to remain fit' and said that he had regular check ups but felt that he was 'not really keeping on top of it.' He thought that some [veterans] found it easy to keep fit but others were just relieved to be out of the army.

2.23 Veteran B said that the people he came across at Orderly Court were in quite poor health on the whole and about 90% of them were unable to hold down a job.

2.24 Veteran C said that the statistics were not particularly informative unless they were associated with the age of the veterans. Some things can be easily attributed to age as well as to military backgrounds.

2.25 Veteran D said that he believed that the differences from the general population were associated with the unsettled lifestyle, and separation from families.

2.26 Veteran E said that the results were subjective and depended on the perceptions of those responding. It depended on how people viewed what was normal/healthy and he pointed out that soldiers are forced to have a high perception of themselves. Some, he said, managed to stick to a fitness regime but some get obese and lose their way. He said that he ran three or four times a week

2.27 Veteran F said that those who reported good health and fitness levels were probably those who had gained benefit from physical training.

2.28 Veteran G said that it was because veterans knew how to look after themselves. He said that recruits were often 'grotty and unwashed' but looking after themselves is beaten into them for 12 weeks. He said that 75% of the population in Hull should 'go into the army for a bit' to be taught to be neat and tidy and polish your shoes.' He said that being in had made him a 'better all round person.'

2.29 Veteran H said that when you are in the service you have to [maintain] good health or you cannot do your job properly.

2.30 Veteran I similarly said that those who claimed good health had benefited from the training and fitness that were elements of the physical training process.

2.31 Veteran J said that young men might be saying that their health was good but the impact of service life might be delayed and they would suffer ill-health as a consequence later on.

2.32 Veteran K made no comment.

2.33 Veteran L said that the physical fitness achieved in the army made veterans believe that they were in better health than they actually were.

2.34 Veteran M said that some veterans enjoyed very good health. He said they were the ones who looked after themselves properly and had good families.

2.35 Veterans N and O made no comment.

2.36 Veteran P said that service personnel were 'drilled to be fit' and expected that they would continue to be healthy.

2.3 Interviewees were told that though four fifths of veterans said they had health and lifestyle problems (stress related drinking etc) over half maintained that they were in good health. They were asked to say why there was a difference between the two things.

2.3.1 Veteran A said that alcohol did help with stress and that people used it to block out problems temporarily.

2.3.2 Veteran B said that people turned to drugs and drink because of the problems they were facing. He said "It's part of the culture. The MOD would say that there is no drinking but there is. The army never prepares you for the actual thing – fighting in Afghanistan – we can't discuss it so have to bottle it up. I don't know how to deal with it."

2.3.3 Veteran C said that the variation in responses was due to what happened to individuals and their attitude. He said that he had never needed to drink heavily in or out of the services, even though it was 'part of the lifestyle.'

2.3.4 Veteran D said he believed that this was more a case for ex-soldiers and this might be because healthcare was better in the RAF than in the army. He believed that the RAF was 'more family orientated' and that there was a belief that if the family was unhappy than the serving individual would be unhappy too.

2.3.5 Like Veteran C, Veteran D said that he did not know why there was a difference but that he was an exception to the rule that says smoking and drinking are part of the service life.

2.3.6 Veteran H said that she was unable to understand why this was different to the experience of civilians.

2.3.7 Veteran I and J said that the problems were related to stress.

2.3.8 Veteran K said that this finding might be related to the veterans' high expectations of fitness.

2.3.9 Veteran L, M, N and O said they did not know and did not comment.

2.3.10 Veteran P said that the culture and lifestyle had an impact on many servicemen. Stress, he said, encourages people to 'go out on benders to unwind.'

2.4 Interviewees were asked to say whether they thought they ate healthily and why they thought this was the case.

2.4.1 Veteran A said that he thought that on the whole he did eat a healthy diet. He said that he tried to cook without frying and eat the recommended portions of fruit and vegetables.

2.4.2 Veteran B said that his family had persuaded him into a sensible way of eating. He said that he ate a lot of fruit and vegetable and tried to eat the recommended quantity. He said that this was better for arthritis and he did not eat fried food.

2.4.3 Veteran C said that he thought he did eat healthily. He said that he ate pies, vegetables, gravy, spaghetti Bolognese. He said that he sometimes ate sufficient fruit and vegetables to meet the recommended guidelines but sometimes he only ate half of the five a day.

2.4.4 Veteran D said that he did eat healthily. He said that he ate three different vegetable with his evening meal and ate a banana and a tangerine every day. His only dietary problem was his 'sweet tooth.'

2.4.5 Veteran E said that he did eat healthily. He said he had his 'five a day,' drank 'smoothies' and did not eat too much meat or meat pies. His wife was a 'healthy eater' and ate a lot of salads and he knew that 'too much of anything' was bad. He considered that soldiers were generally overfed and pointed to the big steaks and full breakfasts which were regular features of the army diet. He said that his diet had changed fro the better since he left.

2.4.6 Veteran F said that he had not eaten healthily while in the army and failed to eat the recommended quantity of fruit and vegetables now.

2.4.7 Veteran G said that he ate healthily at home but just grabbed a pasty or a sandwich when he was working. He said that he did not believe in the enforced idea of 5 a day and he might eat low-fat yogurts one day and half a pound of broccoli the next day.

2.4.8 Veteran H said that she did eat healthily and had been dieting for 4 months and lost 2 stone. She did not consume the recommended quantity of fruit and vegetable at the time of interview as she was on the 'Cambridge Diet.'

2.4.9 Veteran I said that he did not eat a particularly healthy diet. He ate more or less what he liked and that grapes were the only fruit he ate regularly. He said that his wife, who ate a lot of fruit and vegetables, was less healthy than he was.

2.4.10 Veteran J said that he ate healthily and was aware of the impact of a healthy diet on blood pressure and cholesterol but he thought that the 'five a day' rule was 'a load of rubbish.'

2.4.11 Veteran K said that she ate healthily and included a lot of fruit and vegetables in her diet.

2.4.12 Veteran L said that he ate healthily and grew all his own fruit and vegetables.

2.4.13 Veteran M said that he 'ate like a horse' and that he had a family who provided him with a good diet with the right amount of fruit and vegetables.

2.4.14 Veteran N said that he sometimes ate healthily and enjoyed fruit and vegetables so ate plenty of the right things.

2.4.15 Veteran O ate healthily and his wife made sure of this. He ate at least four portions of fruit and vegetable each day.

2.4.16 Veteran P said that on the whole he ate a healthy diet.

2.5 Interviewees were asked about their consumption of alcohol

2.5.1 Veteran A said that his alcohol consumption depended entirely on his work patterns. He said that on the whole his drinking was restricted to one weekend a month and then concentrated into either a Friday or Saturday night.

2.5.2 Veteran B said that he did not drink any more. He could not.

2.5.3 Veteran C said that he drank socially at the weekend but did not consume large quantities. He also sometimes had a glass of wine or a can of beer with his dinner.

2.5.4 Veteran D said that he drank alcohol occasionally. Over Christmas and New Year he had only three drinks. "Sometimes" he said I have a shandy with lunch and a have a can in my hand at barbeques."

2.5.5 Veteran E said that he drank only rarely because he was the driver in the family.

2.5.6 Veteran F said that he drank three or four pints a day but would have periods of seven to eight weeks during which he would not drink at all.

2.5.7 Veteran G drank very little, Veteran H said that she drank about 4 units a week and Veteran I drank an occasional half pint of beer.

2.5.8 Veteran J drank rarely as he suffered from vertigo and other problems related to service.

2.5.9 Veteran K drank 5 – 6 units a week.

2.5.10 Veteran L said that drink was part of the military culture. It was used to assist relaxation and was necessary because of the nature of the job.

2.5.11 Veteran M drank very little but said that people left the army and had little to do sometimes. He thought that they drank because they were bored.

2.5.12 Veteran N said he drank about 5 units a month.

2.5.13 Veteran O said that he probably consumed two pints of beer and two bottles of wine each week.

2.5.14 Veteran P said that his work did not give him much opportunity for drinking on alternate months. He said however that he often drank heavily at the weekends and would drink every night if he could.

2.6 Interviewees were told that although levels of alcohol were in line with general levels of consumption, in Hull 12% of veterans drank everyday and 17% said that a friend/relative/doctor had expressed concerns about how much they drank. They were asked to say why they thought over a tenth of veterans drank alcohol on a daily basis and whether they thought veterans worried about the effects of alcohol.

2.6.1 Veteran A said that he thought that alcohol was used to block out problems and that the effects of alcohol were 'the least of their worries.'

2.6.2 Veteran B said that veterans drank to forget and it was a habit carried over from the army into civilian life. He thought the statistic presented was a 'low figure.' He did not think that veterans thought much about the effects of drinking alcohol. "Everything that happens results in drinking – celebrations, someone dying."

2.6.3 Veteran C said that consumption depended on an individual's general perspective on everyday problems and personal circumstances. He said 'drinking was part and parcel of being in the forces.'

2.6.4 Veteran D said that higher levels of alcohol consumption were caused by the lifestyle and the stress. He said that the army [not the RAF] taught people to work and play hard. He said that once you got into the habit it was 'expected of you.' He said that some veterans drank for comfort and they did not give the long term effects much thought.

2.6.5 Veteran E said that the statistic did not surprise him and that he knew that some people were dependent on alcohol. He said that he was lucky and that being in the Medical Corps had made him aware of the dangers. He said that he was a teacher and did not drink because of the fear of suspension, or job loss. He said that some veterans were just not aware of the consequences of drinking heavily.

2.6.6 Veteran F said this was because of habitual lifestyle factors; large quantities of alcohol were consumed in the services and everything revolved around alcohol and that 'this was the norm.' It was the key element of all socialising and alleviating stress.

2.6.7 Veteran G said that he thought about half the population drank every day. He thought it was a culture/society thing in general and not to do with service life. He said that people understood the hazards associated with drinking as well as I understood the health impacts of smoking.

2.6.8 Veteran H said she though that this was part of the social aspect of service life. Veterans, she said, had been trained to work and play hard. She said that veterans were unlikely to give any more consideration to alcohol consumption levels and the dangers than the rest of the population.

2.6.9 Veteran I said that soldiers drank to beat stress when they were away from their families and it became a socialising habit.

2.6.10 Veteran J said that he thought that he thought that the estimate was very low and would make a personal estimate of 60 – 70% where combat stress was a problem. He said that 'people were lonely, they never see anyone, they are depressed and they drink to blank out problems. He said that he had been out of the house once in the past 19 days. If it rained he was terrified that he would slip and fall. He said that drinking was what soldiers were 'trained' to do. It was part of a military mind set.

2.6.11 Veteran K, L, M and N said that alcohol consumption was part of the culture and some people continued to drink heavily when they returned to civilian life.

2.6.12 Veteran O said that he did not know about other veterans but pointed out that a spell in Kuwait where there was no access to alcohol encouraged him to drink heavily for a period when he returned to the UK.

2.6.13 Veteran P said that alcohol helped people to cope with what they have done and what they have seen. He said that soldiers did not consider the impacts of alcohol while they were in service but understood the problems more when they came out.

2.7 Interviewees were asked about their smoking habits.

2.7.1 Veterans A, C, D, F, H, K, L, M, N and O did not smoke and had never smoked.

2.7.2 Veteran B had stopped smoking in 2009 because of health problems. He had started smoking before he joined the army but said that the amount he smoked increased while he was in and this was associated with stress. "When you are stressed you smoke more. It increased a lot right at the beginning."

2.7.3 Veteran C did not smoke, although he pointed out that smoking was 'rife' in the navy. He said 'I was in the minority.'

2.7.4 Veteran E started smoking 6 months after leaving the army. He said he was working in an Irish Bar and did not know why he began but the amount he smoked had decreased recently.

2.7.5 Veteran G had smoked since he was 18. He started before joining the army and made 'roll-ups' so he could not estimate how much he smoked. He said he was not sorry he had started as he enjoyed smoking even though he knew that each cigarette was taking '10 minutes of [his] life.' He said that his intake increased in Iraq where he probably smoked between 80 and 100 a day. They were cheap so this was one reason for smoking more but he said ' when you heard a Scud Missile go over your head you put 4 cigs in your mouth at once as you thought it might be your last chance.'

2.7.6 Veteran I said that he smoked about one ounce of tobacco each week. He had started smoking almost forty years ago and had no reason for doing so. He said that the amount he smoked had not been affected by his time in the service.

2.7.7 Veteran J said that he usually smoked 50 gms over 4 days and had started smoking when he was 15. He said that he had tended to increase smoking levels as stress levels rose and that there was a 'smoking room' at Combat Stress.

2.7.8 Veteran P had stopped smoking in 2000 but had smoked 60 a day whilst in the army. He had started smoking after he enlisted because he felt 'left out' and because it was a good method of relieving stress.

2.8 Interviewees were asked to say whether there was any particular aspect of their current health and lifestyle that they considered was directly or indirectly attributable to their service in the armed forces.

2.8.1 Veteran A said that his own aggression and that of his friends was something that he had seen throughout his military experience and since leaving the army. He thought that this was linked to his experience of conflict.

2.8.2 Veteran B said that his drinking had stopped because of health issues and medication. He said that he did not really drink socially and found that hard. He said it was easier when he was alone but it was difficult not to drink when his brother visited.

2.8.3 Veteran C said that although he was not a 'fitness freak' he had a good mental attitude and he related this to his feeling of health and well-being.

2.8.4 Veteran D said he had successfully separated the two things. "I left the air force and adjusted to 'civvy street' straightaway. I miss the social side but not the military. I have no regrets.'

2.8.5 Veteran E, H and I said they had no health or lifestyle issues related to service.

2.8.6 Veteran F said that his difficulties had been around integration when he returned to his family and that this was because of the organisation and routine of the army that was not possible in ordinary life.

2.8.7 Veteran J said his lifestyle problems were all related to the impact of his service. He had a lot of service related injuries which he 'carried' whilst in service as [soldiers] were not encouraged to 'get sick.' Some people were 'beat up' because they were said to have 'nothing wrong with them' and fit kids just tried to run their injuries off. "They [the army] do not want to know when you come out - you get no help at all."

2.8.8 Veteran K said that she was obsessed by running.

2.8.9 Veteran L said he had ankle and hearing problems but nothing else.

2.8.10 Veteran M and O said their hearing had been damaged in mortar attacks and by the constant noise of generators respectively.

2.8.11 Veteran N said that his physical health had not been affected by military service.

2.8.12 Veterans O and P did not respond.

Section 3 – MENTAL HEALTH

3.1 Interviewees were asked to talk about how they felt on a daily basis. They were asked to consider whether they had a tendency to feel happy, sad, stressed or anxious and to say what caused them to feel this way.

3.1.1 Veterans A, L and M said that they felt happy, that had no stress and everything was going well.

3.1.2 Veteran B said that he was rarely happy; most days he was quite unhappy. He said that the things already discussed made him unhappy but he felt better when he was spending time with his family and his nephew.

3.1.3 Veteran C said that getting paid at the end of the month and a problem free existence meant that he usually felt fine. He said that he was more reserved and guarded and that '28 years on from the Falklands' he felt that he had been quite lucky. He said 'I think it is just how you deal with it.'

3.1.4 Veteran D said that his family, garden and his fish made him feel generally happy. He was occasionally 'fed up' but this was related pressure of work and general every day things.'

3.1.5 Veteran E said that he was generally happy and this was related to work and family.

3.1.6 Veteran F said that he was generally happy but did suffer from bouts of stress. Stress was caused by a lack of organisation and routine within the family.

3.1.7 Veteran G said he felt pretty normal but had suffered with a mental health problem and experienced a 'bit of a breakdown' at work. He had received support from the Community Mental Health Team for 18 months but said that tests for PTSD and MRI scans had not 'found anything.' He said that he was referred for psychotherapy but 'because of a back-log' he had not seen anyone. He said that he had 'taken [himself] off medication and requested a discharge but they are not happy to do this.'

3.1.8 Veteran H said that she felt great all the time.

3.1.9 Veteran I said that he felt great. He was happy and thanked god for each day he was able to experience. His happiness was rooted in a good marriage, good health and he was not ruled by a clock.

3.1.10 Veteran J said that he was sad stressed and angry. I have constant nightmares and I am angry that I did not get the medical help I needed. I needed to get out but you had to pay to escape and I could not afford it. If you walked out you were locked up. It did not matter that you were ill.

3.1.11 Veteran K said that she kept a diary of how she felt and her mood often depended on who she had met at work. She said that things had improved over time and she now had more good days than bad days.

3.1.12 Veteran L made no comment.

3.1.13 Veteran M said that he felt Ok because he had been brought up well, had a good family.

3.1.14 Veteran N said that he felt stressed and anxious at work mainly.

3.1.15 Veteran O said that he had a great family and therefore felt pretty good most of the time.

3.1.16 Veteran P said he was 'generally OK.'

3.2 Interviewees were told that 87% of veterans who suffered from anxiety thought that it was service related. They were asked to say whether they thought this was likely to be representative of veterans and why they thought that this was the case.

3.2.1 Veteran A said that he thought it was representative of many ex servicemen. He said that 'a lot of people got out of the army because of depression but that some were probably 'bluffing it.'

3.2.2 Veteran B said that he thought the statistic under-represented the problem. "I would say it is higher than that. People [veterans] won't admit it because of the macho image."

3.2.3 Veteran C said that he thought this statistic was 'quite high.' He said that military personnel served in many different circumstances and that it was possible for an individual to spend 20 years without ever being in a 'stressful area' and for others to have many 'traumatic' experiences.

3.2.4 Veteran D said that lifestyle and physical injury had long lasting psychological impacts. He said that the effects were unpredictable, especially from PTSD. "I have seen things you would never want to see, because of my role as a medic. I got over it."

3.2.5 Veteran E did not think that the statistics were representative of all veterans. He said that thought there were counsellors available the individual self image and macho attitude of soldiers meant that they ignored problems that could be resolved. He was convinced that problems were not due to things that

happened in the army but to things that did not happened after discharge from the army. He said that there was no support network for veterans who quickly lost touch with their friends and then 'you are stuck with yourself and some people can't deal with that. Drug dependency and alcohol are a result.'

3.2.6 Veteran F thought that this was likely to be true. Again he related it to the change from routine and organisation to 'disorganised' living.

3.2.7 Veteran G said that he would not blame the military for anything. He said he had enjoyed service and pointed out that soldiers knew what they were 'going into.' He said that people do not join the military to 'go camping' but to 'kill other people or be killed.'

3.2.8 Veteran H reiterated what she had said earlier. She thought that their anxieties were largely related to the absence of control and organisation, on which they had learned to depend and the lack of support and understanding available to them.

3.2.9 Veteran I said that those who related it to the service did so because of stress experienced during active service.

3.2.10 Veteran J said that he agreed and that as a sufferer of PTSD he knew when people were psychologically damaged by service. He wished that he had never joined the army

3.2.11 Veteran K said that anxiety was caused in part by the lack of acknowledgement of your contribution and by the loss of what had become your 'family' network.

3.2.12 Veteran L said that he thought people [ex-military] made claims of PTSD to get compensation from the government.

3.2.13 Veteran M disagreed. He said that some people dealt with experiences better than others.

3.2.14 Veteran N said that he often felt like a 'coiled spring.' He said that this was because of his [need for the] adrenaline rush that he got on a regular basis when he was doing his [armed forces] job. They were feelings that he missed and would never feel again.

3.2.15 Veteran O said that it was likely that anxiety was service related. He said that it was difficult to get over comrades being killed in front of you.

3.2.16 Veteran P said that he understood this and thought it did represent the feelings of most veterans. People in 'civvy street' did not understand the meaning of stress he said. In the army, stress is related to danger and can be described as an adrenaline rush. Depression and/or anxiety follow that rush of adrenaline and you 'feel as though you had hit a brick wall.' He said that you could not rely on people in civilian life as you could on your comrades in the army. This made stress and anxiety worse.

3.3 Interviewees were told that over two fifths of veterans said that they felt unhappy to some extent. They were asked whether they thought that this level of unhappiness was likely and whether they could explain the reasons for this.

3.3.1 Veteran A said that happiness depended to a large extent on the lifestyle you had. It depended on where you lived, where your family where and what sort of employment you could get. He said that the infantry were not well supported in terms of training for civilian life. He said that he had managed a couple of NVQs but pointed out that he had only done 'two in six years.'

3.3.2 Veteran B said that he thought the figure should be higher. "It's about how you are treated once you have left. People are discharged for different reasons and when you are not any use the army does not want to know."

3.3.3 Veteran C said that he thought unhappiness related to personal circumstance [after service] and was linked to your house, your mortgage, employment, retirement rather than what happened before.

3.3.4 Veteran D said that everyone [service personnel] was unhappy to some extent and he had not liked some of the things that happened. He said that the long term unhappiness depended on how much individuals 'dwelled on their experiences.'

3.3.5 Veteran E agreed with Veteran D that everyone felt some unhappiness to some extent. He said that some veterans wished they were 'back with their mates.' He said that there was a need for general 'post army counselling' which he thought was promoted more effectively now.

3.3.6 Veteran F said that unhappiness was related to a lack of organisation outside of the army.

3.3.7 Veteran G said that it was because civilian life was a 'let down' and that when he was serving he had felt 'mothered'. He said that he was given a roof over his head, three meals a day and a nice bed in a place where there was no worry about bills. He said that 'being in the normal world is pretty crap.'

3.3.8 Veteran H said that ex military personnel felt lost. They struggled to re-establish themselves especially when they left the service in middle age because the skills they had gained were not useful/recognised in the world outside. She pointed out that after years of experience they often had to start on the 'bottom rung' and were often not well accepted by civilians.

3.3.9 Veteran I did not understand the question.

3.3.10 Veteran J said that unhappiness was made worse because 'once in it was difficult to get out, even if you knew you had made a mistake.'

3.3.11 Veteran K said again that it was lack of acknowledgement of service and suffering and the loss of friends. Comradeship and routine were a big loss to veterans.

3.3.12 Veteran L said that these feelings were down to personality. Most people he said 'just got on with things.'

3.3.13 Veteran M said that this was largely down to the need to 'get your life back' as there was often frustration when a big element of life disappeared.

3.3.14 Veteran N and O agreed and said that other veterans of their acquaintance would say the same thing.

3.3.15 Veteran P said that the unhappiness was related to the experience of service that was always in your thoughts.

3.4 Interviewees were told that nearly 90% of veterans said that they felt fretful, angry, irritable, anxious or depressed. They were asked whether they thought that this was a figure that they would have expected and to say why they thought that this was the case. They were asked to say whether they had any of these feelings themselves.

3.4.1 Veteran A said that he was not surprised by this but felt that it to a large extent the feelings were associated with being dissatisfied with the things that you did when you left the army. He said that he had experienced the feelings himself – all the time for a while – but he went to the doctor and asked for help. "I realised what I was doing and now I have calmed down."

3.4.2 Veteran B said that he agreed with the figure and said that it was because of how the army treated personnel. "After ten years people think you have done something and your service is no longer required. I wanted to see a Community Psychiatric Nurse. We did questionnaires on our mental state at the beginning, middle and end of service." He said that he was so irritable that people had to wake him up 'by his feet' because he had 'gone for people' who had tried to wake him up normally.

3.4.3 Veteran C said that he tried not to be fretful, angry or irritable but he was sometimes 'sharp' though not angry or violent. He explained that the military was close-knit and that service personnel tended to 'bounce off each other' which he seemed to suggest released the tension that service people felt. He explained that he related differently to 'normal' people because they had not had the sort of experiences that service men and women had encountered. He said that talking to civilians made him 'wonder what people were moaning about.'

3.4.4 Veteran D said that he had seen many men who had seen action and he felt that the statistic seemed awfully high. He said he did not feel this way because of his service.

3.4.5 Veteran E agreed that this was the case. He felt that some of this was because there had been little respect or thanks for veterans, who he felt were gaining more recognition recently.

3.4.6 Veteran F said that this was about integration into a world that you no longer understood and did not understand you. He did sometimes feel irritable and angry and felt that for most soldiers this was related to traumatic experiences in service situations. He said that seeing people being killed or wounded on an every day basis has a dramatic impact upon the mind.

3.4.7 Veteran G agreed and said that he experienced irritability and depression on a regular basis. He said that he was in a 'crap job' with no qualifications and that he had become 'everything [he] did not want to become.'

3.4.8 Veteran H said that she was surprised that the figure was so high but felt that this was due to a sense of bitterness that veterans felt because they have lost control and are frustrated that their skills are no longer useful.

3.4.9 Veteran I said he thought this figure was about right and again he related this state of mind to stress suffered during active service.

3.4.10 Veteran J was not surprised about the figures and reiterated that he had suffered with these problems for many years.

3.4.11 Veteran K said that this was because of 'a lack appreciation'. She wore a veteran's badge to show that she had served, as on the whole people did not regard the service of female soldiers in the same way as that of their male counterparts.

3.4.12 Veterans L and M did not think that this was true.

3.4.13 Veteran N said that he considered that this was mainly because of the lack of companionship once soldiers left the service.

3.4.14 Veteran O said that this was the aftermath of service, combat and loss of friends.

3.4.15 Veteran P agreed that this was the case and that it had affected him personally.

3.5 Interviewees were told that a quarter of veterans said that they had problems controlling violence and that the majority of these said their lack of control was related to their service experiences.

3.5.1 Veteran A said that he thought that this was true but was unsure about the reason for this. "I don't know if it's the training or the way we are taught. Lots of people [ex service) are always fighting, causing trouble and I reckon it is military related."

3.5.2 Veteran B said he thought the figure should have been higher. "I bet even in prison, violence is caused by military service." He said that he felt resentful because he thought he had been returned to the UK to get help and not to get 'kicked out.' He felt that he had been unfairly treated and that this was the case for a lot of [veterans] people.

3.5.3 Veteran C said that he did not know that this was the case.

3.5.4 Veteran D said that he was familiar with the statistics. He agreed that there was a lot of violence in the forces and particularly in the army. He said that this could make people aggressive but – to some extent – it was unavoidable. He felt that without some aggression they 'might not get through it.'

3.5.5 Veteran E said that the statistic did not surprise him. He thought that it was related to the high expectations and reliance you had on others in the army, [which disappeared when you left.]

3.5.6 See above.

3.5.7 Veteran G said that he was not violent but believed in 'being able to look after yourself.' He said he had 'impressed' his teenage son by teaching him 'some moves' and had told him that he learned them in the army.

3.5.8 Veteran H gave no response.

3.5.9 Veteran I said that he was not sure but expected that this was because whilst they were active, soldiers were 'on a high' all the time and could not 'wind down' because they had been conditioned to 'stay alert.' In addition, he pointed out that military personnel were away from the family all the time, which he said contributed to the problems.

3.5.10 Veteran K said that it was because of the situation the services 'put you in' and they get worse all the time.

3.5.11 Veteran J said that he had taken up rugby to release his aggression but 'it got out of control' and he was 'sent off more than in play.' He said that the aggression was a direct result of the situations you were placed in when you were in the military and – he said – those situations are getting worse all the time.

3.5.12 Veteran K (see above).

3.5.13 Veteran L said that this was down to individual personalities.

3.5.14 Veteran M said that he did not know.

3.5.15 Veteran N – see above. He said that he was an aggressive but not a violent man.

3.5.16 Veteran O did not answer.

3.5.17 Veteran P said that he had had a violent first marriage. He said that you go into an environment in which you are trained to kill. Removal from the army does not remove the training or the feelings that are part of it.

3.6 Interviewees were told that a high proportion of veterans had sought help with PTSD, depression and anxiety. They were asked to say why they though the figure was so high amongst veterans.

3.6.1 Veteran A sought help and the doctor referred him to a drug counsellor and also to the PTSD team. He thought that the numbers were increased by families and girlfriends who were worried and press veterans to seek help.

3.6.2 Veteran B reiterated what he had said earlier. He thought the high proportion was because the help available was increasing and awareness was higher. He considered that more people were willing to come forward and discuss their problems and that PTSD was more widely recognised and families were beginning to understand the problem.

3.6.3 Veteran C gave no response.

3.6.4 Veteran D said that the thought that the high levels of reporting were due to pressure from other people. He said that he had not realised he had any problems when he came out of the RAF but his family, friends and doctor had noticed.

3.6.5 Veteran E said that this was because people [veterans] were more aware of the problems and thought about them – in relation to themselves – than veterans had done in the past.

3.6.6 Veteran G said that his requirement for help was to do with work in civilian life where there was 'back-stabbing' that you would not get in the army. He had 'packed in' a good job 'earning decent money' because be could not rely on his colleagues. He said that in the army people work together to 'get the job done' but outside people 'sit round doing nothing.'

3.6.7 Veteran H gave no response.

3.6.8 Veteran I related the problems to stress, an inability to relax and long absences from family.

3.6.9 Veteran J had used 'Combat Stress'.

3.6.10 Veteran K said that there was a 'controlled release of anger' in the army [that was not available in civilian situations.

3.6.11 Veterans L and N did not know and made no comment.

3.6.12 Veteran M thought that this was because life changed so dramatically when service personnel returned to civilian life.

3.6.13 Veteran O and P said that this was because of combat experiences. P said that shortly after he had left the army he was out with friends when a car back-fired. He said that he 'hit the deck immediately' and that sights and sounds often brought back images that were part of the past.

3.7 Interviewees were asked to identify mental health services of which they were aware, whether they had used these services and whether they thought the services available were sufficient.

3.7.1 Veteran A said that he was aware of the NHS and it was by this contact he had seen the doctor and the counsellor. He said that he thought the services were sufficient but that they were not promoted adequately. "They are in the background too much and I know there is a campaign to promote them more but it is not enough."

3.7.2 Veteran B identified COMBAT STRESS, and had used ORDERLY COURT. He said that he had heard that there were some pilot schemes being set up for mental health support and had once dropped into NHS Hull to ask about help but they had said there was 'nothing' that could be done for him. He thought that there should be more services and pointed out that since 2001 Bosnia (and its aftermath) had dropped from the news because the conflict in Afghanistan was underway. There are increasing problems with people coming out after service in Iraq and Afghanistan. "At least in World War 1 and

2 the Veterans know who the enemy was. We never knew [who the enemy was] or what would happen next."

3.7.3 Veteran C said that in the 1980s there was no counselling at all. He said that attitudes had changed. He suggested that three decades ago personnel were kept at [the base] to unwind but now he felt that counselling was used to 'decompress' them. Though he had never had cause to use this sort of facility he had attended lectures on the subject. He was not sure whether the provision was sufficient but he knew that 'things had moved on dramatically.'

3.7.4 Veteran D said that he knew of the Military SAFA, the British Legion and the Gulf War Veterans' Association. He said that he considered that they were all very good although he had not used them himself. He said that he thought that current provision of help was probably insufficient and that the big problem was finding out where the services were. He said that the information should be available at a first point of contact with health services outside of the military - either through the GP or the hospital.

3.7.5 Soldier E did not mention any services and had not used any. He said that he talked to and listened to his wife.

3.7.6 Soldier F said that he was aware of the Soldiers, Sailors and Airforce Associations and had become aware of them through the Royal Engineers Association. He said that he thought that services were insufficient and that this was because there was limited understanding about the type of assistance ex-military personnel needed. He felt that there was a need for agencies supplying mental health services to engage ex-service personnel to provide assistance. He said that they would be more knowledgeable about the needs of servicemen.

3.7.7 Veteran G did not express awareness of any of the support services but said that he believed that everyone, civilians and veterans, should be treated in the same way. He said that he had received help through 'normal channels' and thought other veterans should do the same.

3.7.8 Veteran H gave no response.

3.7.9 Veteran I named the Royal British Legion, the Soldiers, Sailors and Airforce Association as well as the local GP and local hospitals. He said that he had become aware through contact with associations and believed that there was plenty of information available about the services available.

3.7.10 Veteran j said that he had heard of Combat Stress and used the service.

3.7.11 Veteran K named the occupational health service that had referred her to PTSD support.

3.7.12 Veterans L and M had no experience of the services but knew of their existence though membership of various organisations.

3.7.13 Veteran N did not know of the existence of services of this kind.

3.7.14 Veteran O knew that there were services available and had accessed some assistance through his 'boss' at work.

3.7.15 Veteran P said that he knew of the Gulf War Veterans' Association and Help the Heroes.

Section 4 – ACCESS TO HEALTH CARE

4.1 Interviewees we waked whether they had heard of the 'fast track service' and if they had to express their opinions about the service.

4.1.2 Veteran B had heard of the service but said that it did not work. "Some nurses don't even know what PTSD is. Alan Johnson (an MP) said that there was a lot of awareness and Derek Trigg said something similar but it isn't true. These people have not served."

4.1.3 Veteran D knew of the service and had come across it through his work (Physio Direct). He said it was a good service and he liked it because it 'got servicemen really fast and cut out the middle man.'

4.1.4 Veteran A C, E, F, G, H, I and J, M, N and P were unaware of the service.

4.1.5 Veteran K had heard of the service and thought it was a good idea. It showed recognition of the special needs of veterans and was a token of appreciation.

4.1.6 Veterans L and O knew of the service. Veteran O had heard of it because of his role with the armed services.

4.2 Interviewees were told that 14% of veterans who took part in the survey felt that they did not want to engage with local health services to seek treatment for conditions that they believed were related to their military service. The interviewees were asked to say what they thought these reasons might be and to try to identify the main barriers to seeking help.

4.2.1 Veteran A said that this was because soldiers are supposed to be 'macho' and they do not want to be classed as 'wimps' because the service has had a negative impact on them. "They bottle things up and carry on. There is no real awareness of the problems and no effort made to get them to talk about their difficulties."

4.2.2 Veteran B said that he did not understand this attitude but it might be because there was a general misunderstanding about the causes of illness. People [medical], he said thought that a panic attack related to falling on a mountain was the same as this symptom of illness related to military service. He said that the two things could not be compared and though, if you saw a specialist, they investigated the causes properly there was less awareness among GPs. He said that doctors were provided with the service records but if they were not 'put in the picture' properly, how would they know how to help.

4.2.3 Veteran C said that the main barrier to seeking help was pride. He felt that asking for help was like 'admitting defeat.'

4.2.4 Veteran D expressed similar views to Veteran B. He said that servicemen do not believe that ordinary health services can help. Military life, he continued, is insular and the military do everything for service men and women. They

think that GPs might not understand the experiences of war and the 'ins and outs of service life.'

4.2.5 Veteran E said that veterans were 'silly not to participate.' He said that they should understand that the NHS was for everyone regardless of gender, obesity, job and that when facilities were available on the doorstep they should not be ignored. He said that some people developed 'preferences' when they left the army.

4.2.6 Veteran F said that the barriers were related servicemen's' perceptions that their problems could not be properly understood by people who had not shared their experiences.

4.2.7 Veteran G was unable to comment.

4.2.8 Veteran H said that unless veterans were living in a military town like Portsmouth they had no confidence in the level of understanding that might exist within general health care services.

4.2.9 Veteran I said that ex-servicemen were proud and perceived all of their problems to be 'minor' and they can make excuses not to visit a doctor.

4.2.10 Veteran J said that there was insufficient information about services but that was just one of the problems. There were problems of communicating with Asian doctors in the area and he said that veterans felt that once a 'box had been ticked' by a doctor nothing else happened. He said that someone should tell GPs about Fast Track and about the wider implications of service stress. He said that he had been unable to get an erection and he thought it was because there was so much on his mind but found it very difficult to talk to his GP because of communication difficulties.

4.2.11 Veteran K said that the barriers were largely the problem of admitting weakness and that there had to be more promotion and information to educate veterans (and serving personnel) that what they were suffering was a 'normal' reaction. Officers, she said, were particularly reluctant to admit to feelings of stress and anxiety (especially female ones).

4.2.12 Veteran L thought that the barriers were few and that they were related largely to veterans' pride. Most people did not want to admit they were ill.

4.2.13 Veteran M said that the information was available as long as the veterans joined the 'associations who would point them in the right direction.'

4.2.14 Veteran N said that there was an absence of 'empathy' and that it was necessary to speak to people who had shared similar experiences.

4.2.15 Veteran O said that this was because service personnel did not want to admit that they had mental health problems.

4.2.16 Veteran P said that there was a need for more information about services that were available.

4.3 Interviewees were asked to rate the health services in Hull, firstly in respect of all users and then in respect of health issues related to military service. They were also asked to say what they considered to be the best and worst features of the health service in Hull.

4.3.1 Veteran A said that in general terms he would rate the health service at 8 on a scale of 1 – 10. He gave a score of 7 in respect of health issues related to military service.

4.3.2 Veteran B gave the overall health service in Hull a score of 7. He said that they were 'pretty good – thorough,' but in respect of services related to military service he gave a score of 4. He said that the best feature was that there was help available and the worse was that you had to look hard to find it.

4.3.3 Veteran C had had no contact with health services since his arrival in Hull two years ago.

4.3.4 Veteran D said that the overall health services in Hull were 'damn good' and gave a score of 9 out of 10. He treated the services for ex-service personnel at around 4 or 5 saying that they were much less good. He said that this was because there was no real understanding or expertise to treat the psychological problems. He said that the worst feature of the service was that the NHS was 'not geared up to meet the needs of military people.'

4.3.5 Veteran E said that the local NHS service were very good (nearly excellent) and gave a score of 9 out of 10. He gave a score of 8 for services responding to military service health issues. He said that the best aspect of the service was that there was a greater awareness of the problems and the worse thing was that 'nobody knocked at the door and said where the help was available.' He said that some people need this sort of guidance.

4.3.6 Veteran F rated the general health service with a score of 6 out of 10. In respect of services for veterans he gave a score of 2 and said that he could not think of any aspect of the service that was good.

4.3.7 Veterans G and N said they were unable to comment.

4.3.8 Veteran H gave a score of 10 for general health care provision in Hull but could not comment on the services provided for ex-military personnel.

4.3.9 Veteran I gave a score of 10 for both services. He said the best thing was that there was a good service available locally.

4.3.10 Veterans J and O gave no score. J said that there were no positive aspects of care locally.

4.3.11 Veteran K said that the best aspect was the research that was going on at present. It demonstrated an interest and 'raising 'of awareness.

4.3.12 Veteran L gave a score of 9 for general health services and 7 for service related health provision.

4.3.13 Veteran M scored the health services 9 and 8 respectively. He said that he did not know what the best and worst features were.

4.3.14 Veteran P gave a score of 6 – 7 for general health care services but was unaware of other provision.

4.4 Interviewees were asked to identify three things that would improve local health service support for ex-military personnel.

4.4.1 Veteran A said that he would make: make people more aware that support was available; ensure more flexibility with appointments

4.4.2 Veteran B said that 'from ground level up, everyone should be made aware of veteran issues.' He said that booklets should be handed out as soldiers left the service so that they knew where to go for counselling, fast track services, alcohol problems and for support for the families involved.

4.4.3 Veteran C said that services could be improved by the setting up of a dedicated helpline so that ex-servicemen and women had someone to call if they needed help. Additionally, health personnel should have some insight into military records and have the ability to coax information about service experiences from people who have ongoing, related problems. He said 'once you leave the military, that is it! US ex military are much better treated.'

4.4.4 Veteran D said that in order to improve the service the NHS should recruit people with appropriate knowledge and military experience. Then he considered that veterans could go somewhere that was specifically for them rather than a GPs office where they may not be understood. In addition, he thought that a network for 'forces members in the same boat' should be established so that they can engage with one another and have focus group discussions.

4.4.5 Veteran E said that to improve the service there should be some support for soldiers on leave. This would help raise awareness and help create a 'tick list' of what is good and where to go for assistance. "They need services and help to find them. It would be good if information came through an interview like this."

4.4.6 Veteran F said that a military hospital/clinic should be established where staff have experience of military life and are able to deal empathetically with physical and metal issues related to service. The healthcare providers would need a database so that they were made aware of personnel coming into the area after service. In addition he said that servicemen should have lines of contact established with support services before returning to civilian life.

4.4.7 Veteran G said that the service should be improved by ceasing to differentiate between ex military and 'normal' people. He said that if there was a need for 'fast tracking' it was essential for anyone who was ill. He added that services could be improved by knocking down Hull Royal Infirmary and building a new hospital.

4.4.8 Veteran H said that she worked in the health service and had never heard of the 'fast track provision' so promotion of this was necessary.

4.4.9 Veteran K said there was a need for more psychiatrists so that there were more investigations into the causes of ongoing problems. He said that there was a need for a drop-in centre that would 'start the ball rolling' and facilitate easy access to psychiatric care.

4.4.10 Veteran K said that the biggest improvements would be through awareness – raising. Veterans, she said are different from civilians, but human beings. She said that Fast Track should be continued and the understanding of health professionals improved.

4.4.11 Veteran L said that advertising and information were the things that were required.

4.4.12 Veterans M and N said that the employment of staff who had been through similar experiences would improve the healthcare provision.

4.4.13 Veteran O said that there had to be improved communication between services and those who needed help and veterans had to be encouraged to make professionals aware that they were veterans with service related problems.

4.4.14 Veteran P said there was a need for more immediate support when people left the armed forces and more medical staff with military experience.