

ALL-PARTY PARLIAMENTARY GROUP ON MENTAL HEALTH

MINUTES

Group	All-Party Parliamentary Group on Mental Health, jointly with the All-Party Royal Air Force Group and the All Party Group for Reserve Forces
Subject	Military Mental Health
Date/Venue	Monday 10 th December / Conference Room E, 7 Millbank
Contact	Neil Balmer, Clerk to the APPGMH, Public Affairs Officer, Royal College of Psychiatrists – nbalmer@rcpsych.ac.uk

CHAIR:

Dr Lynne Jones (Co-Chair of the APPGMH)

SPEAKERS:

Derek Twigg MP, Minister for Veterans
Professor Simon Wessely

Commodore Toby Elliott, Chief Executive, Combat Stress
Rt Hon James Arbuthnot, Chair of the Defence Select Committee

PARLIAMENTARIANS

Julian Brazier MP (Chair of the All Party Group for Reserve Forces)
Dr Andrew Murrison MP
Peter Viggers MP
Baroness Sue Garden
Baroness Elaine Murphy

STAKEHOLDERS

Dr Ian Hall – Royal College of Psychiatrists
Dr Mark Tarn – Royal College of Psychiatrists
Robert Okunnu – British Medical Association
Dr Brendan McKeating – British Medical Association, Chair of the Armed Forces Committee
Drew Lindon – The Princess Royal Trust for Carers
Keri Spencer-Thomas – MOD Reserves Policy
Alan Lawson – MOD Reserves Policy
Genevieve Smyth – College of Occupational Therapists
Dr Ian Palmer – Medical Assessment Programme
Paul Evans – MOD
Miranda Morland – Bruised UK
Philip Dixon-Phillips – UK Federation of smaller mental health agencies
Helen Dupays – The Prince's Trust
Marcus Walker – Office of Julian Brazier MP
Ana Padilla – British Psychological Society
Jenny Taylor - British Psychological Society
Liam McCormick – The Prince's Trust
Pam Ganju (check) – PSI
Ed Stockton – PSI
Phil Krzyzek – PSI
Jeremy G Oliver – Office of Linda Gilroy MP
Clare Ockwell – Capital Project Trust
David Stone – Mind

Margaret Edwards – SANE Jonathan Coe – WITNESS John Hanna – British Psychological Society Liz Banks – Kings Fund John Metcalfe – BASW Adrian Delemore – Justice in health
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The Chair, Lynne Jones MP, began the meeting by thanking Neil Balmer, the Clerk of the Group, for organising a meeting on such an important subject.

She said that this is a pertinent subject given the number of conflicts taking place overseas and, in particular, at Christmas time where we think of those who have been bereaved or injured in conflict. We want the best treatment for our members of the armed forces and it is important that their situation is given the best attention.

She went on to say that this is why it was very good that we were joined by the Minister for the whole debate, as a Minister's diary can be extremely busy.

Commodore Toby Elliott OBE

Commodore Elliott began by saying that mental health is a much neglected area, and it is good news that the subject of this meeting is becoming a topic of concern. This is, however, long-overdue; especially given the degree of operational stress and overstretch.

He described Combat Stress as a UK wide operation, which deals with veterans throughout the United Kingdom and Southern Ireland. They run a combined welfare and clinical service, unique in attempting to tackle social problems.

Commodore Elliott told the meeting that he had been chief executive of Combat Stress for eight years, which had given him a good opportunity to look at the history of how veterans are dealt with. He argued that if we are running a professional armed forces then we must be just as professional about psychological wounding as we are for physical wounding. One example, which he is delighted with, was the use of the trauma management programme known as TRiM.

He explained that, for veterans, the average length of time between discharge and coming for help is 13 years. However, for marines this is 3 months, which goes to show an example of good work that is possible in the armed forces.

Society is seeing a year on year increase in demand for services, with 1000 new cases in the last year – turned in to active clients. The difficulty is the difference between those who are being funded and those who are coming off the street with no funding behind them. Recent Government funding has increased the amount for those receiving funding for care, but does not deal with the unfunded patient. We cannot rely on the miracle of charity, Commodore Elliott said.

Commodore Elliott described how the nature of their work has changed in the last eight years. Previously, much of the care was for 2nd World War veterans, for whom respite and convalescence were provided. However, it is now a younger group of veterans (the average age has dropped from 65 to 55 in the last few years) who have much more complex needs.

He then pointed out that the Government's current analysis does not accurately reflect the severity of the problem. He read out statistics from Dr Keron Fletcher (see below) and said that we should not underplay the scale of the problem.

- Audit of 100 psychiatric assessments:
 - 75% physical illness
 - 68% physical trauma
 - 75% psychiatric illness
 - 94% psychological trauma
 - 78% past or present drug/alcohol misuse
 - 50% significant social/emotional childhood problems

He said that this was a “brave new era” for Combat Stress. There is good news in the services that are starting to be developed, but veterans are a really difficult group to deal with, especially with delays in people coming forward for help.

Professor Simon Wessely

Professor Wessely began by giving some background to his work at the King's Centre for Military Health Research, which he described as a research group for independent facts and figures on the health of the Armed Forces for use by the Ministry of Defence, the Armed Forces, veterans and the public.

He said that the main data he would be discussing was from a major study that commenced in 2003. This was an investigation of the physical and psychological health of a random sample of 20,000 UK service personnel, comparing those who have served in Iraq with those who haven't.

The overall picture showed that in general the mental health of military personnel is pretty good. Some 2 – 4 percent of people have post-traumatic stress disorder (PTSD), which has not changed since 2003. This is still a lot of people, but in the US the number is some 5 to 10 times higher. Service in Iraq seems to give rise to no worse outcomes than for other conflicts.

He then went on to say, however, that there has been an increase in PTSD in reserve forces. This is for many reasons, including the backgrounds of the reservists, and the way that they are dealt with when they finish their deployments.

Moving on from discussing PTSD, Professor Wessely said that although PTSD was the most often talked about mental health problem, it was not the most common. The most common problems were actually alcohol problems, followed by depression.

He said that so called "over stretch" was not a core reason for these problems, although that might not be true for US data. Provided the current rules on deployment length and frequency are adhered to, and personnel are deployed within the so called "harmony guidelines", then mental health is not affected. However, if these time periods are exceeded then it will, and does, lead to more mental health problems, especially alcohol abuse.

He said that it may be stating the obvious to the Ministry of Defence, but they need to ensure that the deployment guidelines are enforced.

A key issue is that people do not come forward with their mental health problems. The stigma surrounding mental health, worries about career progression and the macho culture in the forces were cited as the explanations for this.

Professor Wessely pointed out that no organisation on the planet has successfully tackled stigma, but the problem is probably more marked in the armed forces,

not least because the things that make people good soldiers often make them bad patients.

He concluded that there is not an epidemic of mental health problems in the armed forces but the issue of stigma must be addressed so that people who do not present themselves can start to do so.

Rt. Hon James Arbuthnot MP

Mr Arbuthnot opened his speech by declaring that he is not an expert in the subject but was going to give a background to the work of the Defence Select Committee, of which he is the Chair, and reflect on what he has seen and had been told.

He said that the Defence Select Committee had carried out an inquiry in to medical care in the armed forces, which looked at the mental health needs of service personnel and veterans. The Committee hopes to produce the report in 2008.

Understanding about mental health in the military has come a long way but the pressure of combat is a constant that remains and can seriously effect people. He went on to say that he hoped the Ministry of Defence accepts the real part of responsibility of looking after people.

Discussing the work of his committee, he said that they had heard from Combat Stress, the Royal College of Psychiatrists, and the National Clinical Director for Mental Health, and had visited Combat Stress. This was an incredibly moving, emotional and warming experience.

Mr Arbuthnot then focused on two major issues: dealing with the adjustment problems faced by veterans; and ensuring that veterans have their healthcare looked after when they return from service.

On the first of these issues, Mr Arbuthnot gave an example of a serviceman who is fighting the Taliban on a Monday and is home on the Wednesday back to daily life in the UK. In situations like this it is important to concentrate on the time that it might take for the veteran to adjust and use methods such as decompression to help the veterans adjust.

Mr Arbuthnot then focused on the second of these issues saying that we must do our duty when veterans have done theirs and ensure that the National Health Service cares for veterans.

He went on to say that we must teach men and women in the Armed Forces that they are just men and women and are not mentally invincible; just as they are not physically invincible.

Discussing a meeting of the Defence Select Committee in Edinburgh, where the Committee spoke to Dr Chris Freeman, Mr Arbuthnot said that the message was that psychiatrists would not have much knowledge of working with veterans. This is especially the case as life in the armed forces becomes more alien to mainstream life.

The key to dealing with this is in ensuring that the MOD and the NHS co-operate and work well together. The MOD and DH have recently announced pilot projects, which Mr Arbuthnot welcomed, but he pointed out that the intensity of fighting will lead to great problems in the future.

Mr Arbuthnot closed his speech by saying that the results of the inquiry would be out soon and assured the audience that mental health would be an extremely important part.

Derek Twigg MP, Minister for Veterans.

The Minister for Veterans, Derek Twigg began by giving a short overview of his brief as Minister for Veterans, which covers the wellbeing of those serving as well as veterans.

He agreed with the previous speakers that a lot is being asked of our armed forces and that stigma is a serious issue. However, his overall message was that things have, and are, moving on.

Mr Twigg described the work being done from the battlefield down. The first stage is the pre-employment briefing which involves families and covers mental health issues. Then there are mental health teams out in the battle zones, including visiting psychiatrists.

Describing the services 'back at home', he said there are two psychiatric nurses in place at Selly Oak, the Medical Centre where injured troops are treated and there are 15 community mental health teams covering the UK and Germany.

Turning to the issue of stigma, Mr Twigg said that the briefings are incredibly important. Trauma Risk Management (TRiM) involves training soldiers and latterly partners to spot psychological problems and flag them up. It was pioneered with the marines and is being rolled out across the army. While there is no empirical evidence that it makes a difference, the army is keen to take it forward. He also said that decompression is an important tool which, like TRiM, seems to work.

The Minister stressed the importance of dealing with the current veterans to ensure that they receive help for their mental health problems. Medical Assessment Programmes are in place to do this. He said that the Government had recently extended the programmes to deal with all those who have served since 1982 and have increased funding for Combat Stress.

He ended by acknowledging that the wars in Iraq and Afghanistan will lead to new cases of mental health problems in the armed forces, but that breakthroughs were being made in the support being provided for both those in-service and for veterans.

Questions from the floor:

Julian Brazier MP, the Chair of the All-Party Parliamentary Group for Reserve Forces, asked the Minister about whether the large number of medical personnel who were serving or had served in the reserves could be brought in to the loop for coping with veteran mental illness in the community, starting by making a list of those available. The minister responded by saying that there are lots of opportunities for people with experiences to work with the armed forces.

He then asked a second question about whether there were differences when reservists served on their own or in groups. Professor Wessely responded by saying that there was a difference and there were generally fewer mental health problems amongst those serving in groups. The minister confirmed this.

Peter Viggers MP and **Baroness Garden** both talked about the importance of involving the voluntary sector in dealing with mental health problems in the

armed forces. Mr Viggers also discussed the issue of whether there should be more medical provision for military personnel in a military environment. He commented, in particular, on the situation in his constituency of Gosport where he has led a campaign to retain Haslar Hospital which the Ministry of Defence is proposing to close. The Minister responded by saying that they were very keen to work closely with the voluntary organisations.

Miranda Morland, from Bruised UK, asked whether there should be psychiatric debriefing post service for everyone. Professor Wessely said that those in the armed forces are given psychiatric briefing before going to theatre (meaning in to conflict) and a briefing when they return. Information is given, but the real problem is actually getting people to access services.

Professor Wessely said that screening people does not actually work as a tool, as it does not pick up the people who you need to pick up. In the US, it had been a disaster before and it looks from the new data that it is not much better this time; but enormously expensive.

Commodore Elliot was slightly more positive about the subject, saying that the post-combat medical is the last opportunity to actually screen people and that it should be considered and carried out by a doctor.

The Minister again raised Trauma Risk Management, which he said was also an important way of getting people to talk through issues.

Jenny Taylor from the BPS later raised the same issue and asked whether the screening should be conducted by mental health professionals, and whether it might be beneficial to wait 6 months down the line before carrying it out.

In a discussion on how to tackle the problem of stigma, **Professor Wessely** said that it needs more senior people in the military and the MOD to come forward if they have suffered from problems. This would be the single most de-stigmatising thing that could be done.

Dr Brendan McKeating, Chair of the British Medical Association's Armed Forces Committee, asked the speakers about the issue of suicide in the armed forces. He mentioned that there have been some figures showing high numbers of suicides in Vietnam and asked if the MOD or DH had collected any for the UK Armed Forces.

Professor Wessely was cautious about some of the statistics that had been given for the Vietnam War and said that the plain answer for UK armed forces was that we do not know the numbers of suicides in veterans (we do know the number in those serving). Until the figures are collected, we cannot properly answer the question. He did say that the Armed Forces do tend to have lower rates of suicide than the population as large, except amongst the youngest men.

The Minister said that the Department is actively looking to getting the statistics together and the Veteran's Policy Unit is working on it.

Dr Mark Tarn asked the Minister whether the current level of service provided by the Priory contract would continue. The Minister replied to say that it would.

Baroness Murphy highlighted the mismatch between the NHS priorities on mental health and those in the armed forces who do not get the help. What should the NHS be doing, she asked?

The Minister replied by saying that cultural understanding was a problem and that there is a necessity for the MOD to work closely with the NHS. He also pointed out that as mental health care has had a greater focus in the NHS then it

will hopefully increase mental health care for those in the armed forces and veterans too.

Jon Metcalf from BASW raised the issue of stress from combat rebounding on families and leading to abuse. Both the **Minister** and **Commodore Toby Elliot** responded by saying that this was a key problem and that society is aware that families often can suffer just as much as veterans. **Commodore Elliot** said that Combat Stress has set up a new service dealing with families.

On the same issue, **Drew Lindon** from the Princess Royal Trust for Carers, said that it was crucially important for families to be given support, particularly in identifying mental health problems if they arise.

Dr Andrew Murrison MP said that he had a particular interest in community mental health pilots and asked whether the development of these would lead to a reduction in funds for the Priory or Combat Stress. If MOD gives the care of veterans to the NHS, the interests of veterans need to be protected, he said.

Phillip Dixon discussed the importance of ensuring that there is service user and carer involvement. **Commodore Elliot** and **Professor Wessely** admitted that the military and veteran and ex-servicemen organisations tend not to be good with this sort of involvement but all of the speakers said that it was an important issue to develop.