Management of Mental Health Disorders in British Help Seeking Veterans.

Wing Commander Walter Busuttil FRCPsych RAF (Retd)
Consultant Psychiatrist & Medical Director

Combat Stress
24 Hour Helpline
0800 138 1619
Definition of a Veteran

A Veteran:

- In Britain is a person who has served for one day
- Around 4.2 million veterans

- In most other western countries a veteran is someone who has served on Operations or a Mission – Combat or Humanitarian.
<table>
<thead>
<tr>
<th></th>
<th>Help Seekers COMBAT STRESS</th>
<th>War Pensions Agency (SPVA)</th>
<th>KCMHR Epidemiological Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age</td>
<td>49</td>
<td>67</td>
<td>38</td>
</tr>
<tr>
<td>Major depression</td>
<td>62%</td>
<td>13%</td>
<td>4%</td>
</tr>
<tr>
<td>Lifetime Suicide attempts</td>
<td>44%</td>
<td>6%</td>
<td>1%</td>
</tr>
<tr>
<td>Hazardous drinking</td>
<td>20%</td>
<td>17%</td>
<td>37%</td>
</tr>
<tr>
<td>Probable Alcohol dependence</td>
<td>27%</td>
<td>2%</td>
<td>6%</td>
</tr>
<tr>
<td>PTSD</td>
<td>73%</td>
<td>10%</td>
<td>3%</td>
</tr>
</tbody>
</table>
NHS Veterans’ Mental Health

- **England:** Ten NHS Armed Forces Regional Networks: incorporating strategic partnerships: DoH and Combat Stress.
  - *(Closed in April 2017)*
    - April 2017 – Transition Intervention & Liaison service (TILS) and in August 2017 new tender for Community Intensive Treatment Services
    - Standard NHS services including Improving Access to Psychological Therapies (IAPT)
- **Wales.** Welsh Government has six (small) community services.
- **Scotland.** Work very closely with Combat Stress and has drop in One Stop Shop centre network including Edinburgh – Veterans’ First Point.
- **Northern Ireland** Difficult, lack of clarity.
Combat Stress
Clinical Services and Evidence Base

Wing Commander Walter Busuttil FRCPsych RAF (Retd)
Consultant Psychiatrist & Medical Director

Combat Stress
24 Hour Helpline
0800 138 1619
Established 1919

Largest Third Sector Mental Health Provider

Some services commissioned by NHS

Funding 33% Statutory, 66% Charity

Turn over:

- 2007/8: £4 million;
- 2015/6 £17 million.

Approx. 3500 Veterans currently being treated

2,422 Total of new referrals last year.

Approx. 1200 Veterans discharged per year
Combat Stress Clinical Services *(as at Sept 2017)*

- Peer support (Canadian OSISS Model – operational stress injury social service)
- National 24 Hour Help Line – 1200 calls per month
- Telephone Triage – Multidisciplinary Meeting and Care Planning
- Community
  - Community and Outreach Service (Welfare, CPN & OT assessment, treatment).
  - Hub and Spoke The Royal British Legion (TRBL) Pop In Centres (42 sites)
  - Substance Misuse Case Management Service
  - Outpatient Clinics (Consultant Psychiatrists and Psychologists)
- Residential
  - 87 Residential beds across three treatment centres in Scotland (Ayr); Midlands (Shropshire) and South (Leatherhead, Surrey)
- Wellbeing, Recovery and Social Reintegration Programme
- Research Department linked to Kings Centre for Military Health Research (KCMHR).
Combat Stress Research Department

- Formal Link into Kings Centre for Military Health Research
- Academic and International Collaborations
- Research Strategy:
  - Who are the help seeking veterans?
  - What are their needs?
  - What works in treatment?
- Research aimed at identifying needs of help-seeking veterans and service development
- Publications available on website
Demographics 2016/7

- Army 84%
- Merchant Navy 0%
- Royal Air Force 7%
- Royal Marines 3%
- Royal Navy 6%

- Majority - lower ranks
- 97% male and 3% female

Average time from leaving Military Service to seeking help from Combat Stress is 12.2 years

The average time is 2.9 years for those who have served in Afghanistan and 4.6 years for Iraq.
Employment Status

Employment status of Active veterans under 65

- Employed: 50%
- Unemployed: 2%
- Retired: 48%
New Referrals

1\textsuperscript{st} April 2016 – 31\textsuperscript{st} March 2017 2,422

- Average Age 43 years
- Average Length of Service 11.4 years
- Interval between discharge and first contact 12.5 years
- Attributable War Disability Pension 9%
Veterans seeking help sooner  *Murphy et al 2015*

<table>
<thead>
<tr>
<th>Deployment</th>
<th>Mean number of Yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan since 2001</td>
<td>2.0</td>
</tr>
<tr>
<td>Iraq since 2003</td>
<td>3.3</td>
</tr>
<tr>
<td>Balkans conflicts</td>
<td>5.8</td>
</tr>
<tr>
<td>1991 Gulf War</td>
<td>8.7</td>
</tr>
<tr>
<td>Falklands War</td>
<td>14.9</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>13.3</td>
</tr>
</tbody>
</table>
Demand, Access & Engagement

- 50% self referral & relatives
- 30% Helpline
- 20% other charities, NHS Community Mental health, & GPs
Referral Patterns and Trajectories: Northern Ireland, Iraq & Afghanistan Era Veterans in past 20 years (to 2014)

Theatres of Operation – Active Veterans (2016/17)

1. Northern Ireland n=2304
2. Iraq n=1,374
3. Afghanistan n=1,296
4. Balkans n=595
5. Gulf n=410
6. Falklands n=322
7. None n=454
8. All other conflicts & Wars n=454

(note for the first time Iraq and Afghanistan veterans combined outnumber those from Northern Ireland)

Please note, a veteran may appear in more than one conflict
## Mental health profile of new referrals to Combat Stress

<table>
<thead>
<tr>
<th>Health outcome</th>
<th>% (N=425) (Murphy 2014)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTSD</td>
<td>79%</td>
</tr>
<tr>
<td>Depression</td>
<td>88%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>79%</td>
</tr>
<tr>
<td>Anger problems</td>
<td>46%</td>
</tr>
<tr>
<td>Alcohol problems</td>
<td>44%</td>
</tr>
<tr>
<td>Drug misuse</td>
<td>13%</td>
</tr>
<tr>
<td>Functional impairment</td>
<td></td>
</tr>
<tr>
<td>Significant</td>
<td>25%</td>
</tr>
<tr>
<td>Severe</td>
<td>64%</td>
</tr>
<tr>
<td>Childhood adversity (e.g. CSA, neglect etc)</td>
<td>52%</td>
</tr>
<tr>
<td>Significant Physical illness</td>
<td>71%</td>
</tr>
</tbody>
</table>
Key Staff (aprox 175 key clinicians)

Multi-Disciplinary Teams across the UK incl:

- 7 X Consultant Psychiatrists (5.5 F/T)
- 37 Psychologists and CBT therapists
- 3 Art Therapists
- 28 Occupational Therapists
- 12 Registered Mental Health Nurses
- 42 Recovery Support Workers
- 4 Triage Nurses
- 14 Community Psychiatric Nurses
- 4 Quality and Clinical Governance Staff
- 13 Addictions nurses
- 6 Research clinical psychologists and assistants
Accessing Clinical Services: Pathways

Access
- Helpline
- Self referral
- Other referral

Triage Nurse

MDT Case management

Community
- Welfare
- Community clinics and groups
- Outreach
- Outpatients
- Substance misuse case management service

Residential Treatment Programs

Rehabilitation Wellbeing Break centre programs
Community vs Outreach: Mapping Exercise; Social Deprivation Study; Needs Study

42 TRBL Pop In Centres Hub and Spoke Services
Community Clinics vs Outreach Services
(42 TRBL ‘Pop In’ Centre sites)
Community Services (Upgrade in progress)

- Outpatient clinics – assessment, individual therapy, stabilisation – MDT consolidation; electronic records; 42 clinic premises via TRBL
- OT Workshop programme – resilience and recovery
- Psychoeducation groups - CPN led
- Preparation for Therapy Groups
- Modular Intensive PTSD Programme
- CPT Telemedicine
- Families & Carers Project
- 1:1 TF-CBT

**Peer support:** Canadian OSISS Model – operational stress injury social service
Stabilisation: Substance Misuse Case Management

Alcohol and PTSD treatment Pathway

Referrals from
- Combat Stress
- MoD
- NHS incl addictions services

CPN (Addictions specialist) case management

Welfare assessment

Statutory Detox services NHS
Community Residential & Medication eg antabuse

Depending on clinical need

NHS Statutory Mental Health services

Combat Stress Clinical Services

Combat Stress/NHS Consultant Psychiatrist Review
Substance Misuse Case Management Programme for those who are addicted to alcohol or illicit substances

- Addiction specialist nurses case manage veterans
- 10 pilot services.
- Work with statutory substance misuse services.
- Ensure access and care within addictions services
- Case management into mental health clinics
- Variety of settings including A&E, primary care and statutory addiction services
- 13 staff in 8 locations;
- high conversion rate from referral to assessment of 90% in 2016
- 650 veterans accessed service.
- 50% of veterans have required treatment for underlying mental health services.
- Awareness training sessions have reached over 4800 mental health workers so far.
Combat Stress Residential Treatment Centres (87 beds)

Audley Court is in Newport, Shropshire. 27 beds, including a small number of rooms for carers.

Hollybush House, Ayrshire, Scotland. 25 beds and can accommodate a small number of accompanying carers.

Tyrwhitt House, Leatherhead, Surrey. It has 33 beds – 4 of which can also accommodate a partner or carer.
Combat Stress Phasic Treatment Pathways
(Herman, 1992)

Chronic Disease Management
(2005 NICE Guidelines for treatment of Veterans with PTSD)

Interventions along a clinical pathway:

1. Initial preparation
2. Stabilisation and safety
3. Disclosure and working through of the traumatic material and psychotherapy on an individual basis
4. Rehabilitation and reintegration within society; normalising activities of daily living and maintenance within the chronic disease model
5. Relapse Prevention / Maintenance
Medication: symptomatic/comorbidity:

**Medication**

- Antidepressant (SSRIs; Mirtazepine; *Trazodone*)
- Neuroleptics (major tranquillizers)
- Mood Stabilizers/ Antiepileptic (Carbamazepine; valproate)
- Anxiolytic (Pregabalin)
- Anti-impulse (clonidine/ prazocin / propranolol)
  
**Indication**

- PTSD & Depressive symptoms  
  *(hyperarousal, re experiencing; *sleep)*  
- Pseudo-psychotic presentations; Dissociation; Tranquilization; co-morbid psychotic depression
- PTSD Symptoms, dissociation & Mood stabilizing properties / anger  
  *(nightmares, flbks, hyperarousal)*  
- Severe anxiety/hyperarousal /anger  
  *(Mood stabilizer, hyperarousal, re – experiencing)*  
- Impulse control - self- harm (*clonidine*)  
  *(also nmares; prazocin, sleep sleep)*
### Residential programmes (as at 2016/7)

<table>
<thead>
<tr>
<th>Programme</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stabilisation programme</td>
<td>Emotional dysregulation counteracted through anxiety management and Dialectic Behavioural Therapy techniques,</td>
</tr>
<tr>
<td>Trans-diagnostic and Recovery programme</td>
<td>Skills Training and Resilience through structured skill based interventions</td>
</tr>
<tr>
<td>Anger management programme</td>
<td>Aims at reducing anger in the context of having been in Combat,</td>
</tr>
<tr>
<td>Intensive treatment PTSD treatment (ITP) programme</td>
<td>Six week programme specifically aimed at new veterans presenting with complex psychiatric needs: chronic, moderate to severe PTSD with significant psychiatric co-morbidity (anxiety, depression and/or substance misuse); and who may have also suffered severe family/social breakdown.</td>
</tr>
<tr>
<td>Individualised Trauma focused programmes</td>
<td>Developed for those veterans who have complex and multiple traumas and who require additional treatment on completion of the intensive treatment programme. – trialling telemedicine</td>
</tr>
<tr>
<td>Recovery &amp; Social Re-integration programme</td>
<td>Aids re-integration into the local community promoting social inclusion and continues to build on the veteran’s resilience and motivation to recover.</td>
</tr>
</tbody>
</table>
Salami Sandwich: Essential components:

1. Group Psycho-Education;
2. Individual TF-CBT;
3. Group Skills Training
   (55 Group sessions and 20x90 minute TFCBT sessions)

• Good uptake – close to 1400 have completed this programme
• High Completion rate - Low drop out rate (mean 3-4%)
• Audit data and Psychometric Subjective and Objective measures much improved clinically and functionally.
• Six week and six month follow-up
• High engagement and high completion rate (94%) – (US studies drop out rates 22-46%)
• No evidence of differences in baseline outcomes completers and non completers
• Over 80% responders at 6 months - no evidence of differences between those we were able to follow up at six months and those lost to follow up.
• Highly significant reductions in PTSD scores following treatment on both clinician completed measures (87% reduction in PTSD symptoms maintained over six month follow-up period– US study 49% reduction in PTSD symptoms).
• Similar improvements in Anxiety, depression, alcohol misuse, anger.
• Highly significant improvements in functional impairment – continued to improve between six week and six month follow-up.
• Similar outcomes for those with very chronic vs relatively low chronicity.
BMJ Open  Long-term responses to treatment in UK veterans with military-related PTSD: an observational study

Dominic Murphy,¹,² Lucy Spencer-Harper,¹ Carron Carson,¹ Emily Palmer,¹ Kate Hill,¹ Nicola Sorfleet,¹ Simon Wessely,² Walter Busuttil¹


ABSTRACT
Objectives: Military-related trauma can be difficult to treat. Evaluating longer term responses to treatment and identifying which individuals may need additional support could inform clinical practice. We assessed 1-year outcomes in UK veterans treated for post-traumatic stress disorder (PTSD).

Design: Within-participant design.
Setting: The intervention was offered by Combat Stress, a mental health charity for veterans in the UK.
Participants: The sample included 401 veterans who completed a standardised 6-week residential treatment. Of these, 268 (67%) were successfully followed up a year after the end of treatment.
Methods: A range of health outcomes were collected pretreatment and repeated at standard intervals post-treatment. The primary outcome was severity of PTSD symptoms, and secondary outcomes included

Strengths and limitations of this study

- This study reports treatment response a year after the completion of treatment.
- The study sampled from a national treatment programme offered by the largest provider of interventions for veterans with post-traumatic stress disorder in the UK.
- Of the participants, 67% were successfully contacted a year after treatment.
- The study did not employ a randomised controlled trial design, so there are limitations about the conclusions that can be drawn.
- Little was known about the treatment experiences of participants prior to them enrolling for treatment.
How outcomes compare internationally.

<table>
<thead>
<tr>
<th>Veterans with chronic co morbid PTSD</th>
<th>Intervention</th>
<th>Country</th>
<th>Effect Size</th>
<th>Time Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murphy et al 2015</td>
<td>Treatment Programme ITP</td>
<td>United Kingdom</td>
<td>1.04</td>
<td>6 months</td>
</tr>
<tr>
<td>Murphy et al 2016</td>
<td>Treatment Programme ITP</td>
<td>United Kingdom</td>
<td>1.03</td>
<td>12 months</td>
</tr>
<tr>
<td>Forbes/ Creamer 1999-current</td>
<td>Treatment Programme</td>
<td>Australia</td>
<td>0.9</td>
<td>2 years</td>
</tr>
<tr>
<td>Monson et al 2006</td>
<td>Cognitive Processing Therapy</td>
<td>USA</td>
<td>0.7-0.9</td>
<td>1 month post treatment</td>
</tr>
<tr>
<td>Turek et al, 2011</td>
<td>Exposure Therapy</td>
<td>USA</td>
<td>1.2-2.1</td>
<td>Immediately post treatment</td>
</tr>
</tbody>
</table>
ITP – Treatment predictors
(Murphy & Busuttil, 2015)

• Pre-treatment outcomes that predict worse treatment response
  - PTSD severity
  - Anxiety
  - Dissociation
  - Depression
  - Alcohol misuse
  - Anger
  - Chronicity of PTSD

• Post treatment – 6mth outcome predicts 12 mth outcomes
  - Functional impairment
  - Alcohol misuse
Post-traumatic growth among the UK veterans following treatment for post-traumatic stress disorder

Dominic Murphy,1,2 E Palmer,1 R Lock,1 W Busuttil1

ABSTRACT

Introduction The aim of this paper was to examine levels of post-traumatic growth (PTG) in a sample of the UK veterans who had received treatment for post-traumatic stress disorder (PTSD).

Methods The study followed-up 149 UK veterans after they had completed standardised treatment for PTSD provided by Combat Stress. Data had previously been collected on a range of mental health outcomes before treatment, and then repeated 6 months after the end of treatment. For the current study, participants completed the post-traumatic growth inventory (PTGI) measure. Analysis was conducted to explore levels of PTG and whether there were any relationships between pretreatment and post-treatment ratings of mental health and PTG.

Results The mean score on the PTGI was 32.6. Evidence of a treatment effect on levels of PTG was observed. There appeared to be a relationship between improvements in symptoms of PTSD and depression and PTG.

Experience of post-traumatic growth in UK veterans with PTSD: a qualitative study

Emily Palmer,1 D Murphy,1,2 L Spencer-Harper1

ABSTRACT

Little is known about the experience of post-traumatic growth (PTG) within UK veterans. To address this, our study aims to understand the lived experience of PTG from the perspective of UK veterans who have received treatment for post-traumatic stress disorder. The study uses Interpretative Phenomenological Analysis to explore qualitative interviews conducted with a sample of veterans who reported experiences of PTG in a quantitative measure. The themes drawn from the interviews describe the veterans’ lived experiences of growth following trauma and their understanding of how it occurred. Similarities and differences with the dimensions of a widely used PTG quantitative measure are outlined, and a possible veteran experience of growth and how it develops is described. The conclusions provide a basis for further investigation into the experience, acceptability and clinical application of PTG within a UK veteran-specific population.

Key messages

- Post-traumatic growth is an experience that resonates to an extent with this sample of UK veterans who have experienced military trauma.
- Post-traumatic growth in this setting is partially aligned with the extant literature, though themes suggest a more subtle experience with some differences in dimensions.
- Participants understood growth to have occurred following treatment for post-traumatic stress disorder symptoms accompanied with a commitment to change and social support.
- Further study is needed to explore psychological processes and clinical application of the post-traumatic growth with those who have experienced military trauma.
Mental Health Difficulties and Help-Seeking Beliefs within a Sample of Female Partners of UK Veterans Diagnosed with Post-Traumatic Stress Disorder

Dominic Murphy 1,2,*, Emily Palmer 2 and Walter Busuttil 1

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2 King’s Centre for Military Health Research, King’s College London, London SE5 9RJ, UK; emily.palmer@combatstress.org.uk
* Correspondence: dominic.murphy@combatstress.org.uk; Tel.: +44-1372-587017

Abstract: In the UK there is a paucity of research about the needs of partners who are supporting ex-service personnel with mental health difficulties. In this study, we surveyed the mental health needs and barriers to help-seeking within a sample of partners of UK veterans who had been diagnosed with PTSD. Our sample included 100 participants. Forty-five percent met criteria for alcohol problems, 39% for depression, 37% for generalised anxiety disorder and 17% for symptoms of probable PTSD. Participants who met case criteria for depression, anxiety and problems with alcohol were more likely to report a greater number of help-seeking barriers. Participants who were experiencing mental health difficulties were more likely to endorse barriers connected to stigmatising beliefs than those associated with practical issues around accessing mental health services. The evidence presented suggests there may be a considerable burden of mental illness within this population. It would seem prudent to conduct further work to understand how best to address this clinical need.

Keywords: veterans; ex-service personnel; partners; spouses; carers; mental health; PTSD
### Partners’ Mental health profile

#### Mental Health Profile of Veterans’ Partners (n=100)

<table>
<thead>
<tr>
<th></th>
<th>Percentage meeting criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>39%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>37%</td>
</tr>
<tr>
<td>PTSD</td>
<td>17%</td>
</tr>
<tr>
<td>Alcohol Disorder</td>
<td>45%</td>
</tr>
</tbody>
</table>

**Significant/severe Functional Impairment 62%** (Scale measures five areas: work, home management, social leisure, private leisure and family & relationships).

**53% have never tried to access help**

### Comparison with female population within the Adult Psychiatric Morbidity Survey England

<table>
<thead>
<tr>
<th></th>
<th>Percentage meeting criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common mental health disorders</td>
<td>20%</td>
</tr>
<tr>
<td>PTSD</td>
<td>3%</td>
</tr>
<tr>
<td>Hazardous drinking</td>
<td>16%</td>
</tr>
</tbody>
</table>
Research Article

Exploring the Efficacy of an Anger Management Programme for Veterans with Post-Traumatic Stress Disorder

Dominic Murphy, B Parry, W Busuttil

1 Combat Stress, Leatherhead, UK

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AMP

2 week residential – 8 on closed group
25 hours of groups – 20 hours CBT/DBT
OT X2hours – promote wellness and engagement
Art Therapy x 3hours; Individual sessions x 5hours

• N=172
• Health measures before and after treatment (DAR5; WR4; PHQ9; GAD7; IESR; AUDIT).
• Significant reductions in anger and aggression on completing program and 3 month follow-up.
• Mean levels of anger post program reduced to below threshold
• Reductions also seen in symptoms of PTSD, depression and anxiety
• Veterans who were unemployed, not in a relationship or who had left the military early had poorer treatment outcomes
Do Alcohol Misuse, Service Utilisation, and Demographic Characteristics Differ between UK Veterans and Members of the General Public Attending an NHS General Hospital?

Dominic Murphy 1,2,*, Emily Palmer 1, Greta Westwood 3, Walter Busuttil 1 and Neil Greenberg 2

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2 King’s Centre for Military Health Research, King’s College London, London SE5 9RP, UK
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* Correspondence: dominic.murphy@combatstress.org.uk; Tel: +44-1372-587017

Abstract: The aim of this paper was to provide insights into alcohol misuse within UK veterans to inform as to whether their presentations differ from the general public. This was done by exploring differences in the severity of alcohol misuse between UK veterans and the general public admitted to a general NHS hospital over an 18 month period using retrospective data. All patients admitted to the hospital were screened for alcohol misuse. Those deemed as experiencing problems were referred for specialist nurse-led support. A total of 2331 individuals were referred for this support and administered with a standardised assessment that included measures of the severity of alcohol difficulties (AUDIT), dependency levels (LDQ), and assessed for the presence of withdrawal symptoms (CIWA-Ar). In addition, information was collected on service utilisation, referral category (medical or mental health), other substance misuse, and demographic characteristics. No differences were found between the severity of reported alcohol difficulties between veterans and non-veterans. Evidence was found to suggest that veterans were more likely to be referred for support with alcohol difficulties at an older age and to be admitted to hospital for longer periods of time. This could have considerable cost implications for the NHS. It was more common for veterans to present at hospital with physical health difficulties prior to being referred for support for alcohol.

Keywords: military; veterans; alcohol; substance misuse; NHS; mental health
Prevalence and Associations Between Traumatic Brain Injury and Mental Health Difficulties Within UK Veterans Accessing Support for Mental Health Difficulties

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Little is known about the rates of traumatic brain injury (TBI) within UK veterans who are experiencing mental health difficulties. We explored rates of brain injury and symptoms of post concussion syndrome (PCS) within a sample of UK veterans who were seeking support from Combat Stress for mental health difficulties. Combat Stress is a national mental health charity that provides clinical services to veterans in the UK. 123 participants were recruited from referrals to Combat Stress over a six month period. At initial assessment participants completed a structured interview and Edinburgh post-traumatic stress disorder scale.
Brain Injury Studies, Some Conclusions

- Audit of 123 new cases
- Brain Injury Screening Index
- Rates of TBI higher than anticipated within help-seeking veterans (68%)
- Veterans with history of TBI more likely to also suffer from symptoms of depression & problems with anger
- Date of TBI
  - 20% before military service, 71% during and 9% after
  - Approx. 50% sports injuries; 50% operations
- More work is needed to understand
  - The impact of TBI on function & mental health treatment outcomes
  - Does TBI result in cognitive impairment and who is most at risk?
  - How best to support veterans with cognitive impairment as result of TBI
mTBI

- UK studies
  - Few studies
  - Inclusion criteria rely on history of blast HI exposure
  - Retrospective history
  - Pre and Post fMRIs would be ideal
  - Distinguish from Post concussional syndrome (PCS);
  - Distinguish from Moderate Head Injury
  - Overlap symptoms with PTSD; alcohol misuse disorders; depression
  - 4.4% combat veterans; 9.4% all deployed UK (Rona et al 2009)
  - Contemporaneous recording / in theatre recording lower rates (of the order of 3% in UK); (Jones et al, 2016)
  - Rates as high as 20% in US studies
Combat Stress Clinical Services Five Years into the Future

- Peer support (Canadian OSISS Model – operational stress injury social service)
- National 24 Hour Help Line – 1200 calls per month
- Telephone Triage – MDT prompt decisions on care planning
- Community
  - Community and Outreach Service (Welfare, CPN & OT assessment, treatment).
  - Hub and Spoke The Royal British Legion (TRBL) Pop In Centres (42 sites)
  - Substance Misuse Case Management Service – subsumed into community teams
  - Outpatient Clinics (Consultant Psychiatrists, CPNs, Psychologists & OTs)
  - OT Workshops
  - Psychoeducation groups
  - Preparation for Therapy Program (PFT)
  - Modular Intensive Treatment Programme
  - Carers and Souses program
  - CPT Telemedicine & individual therapy
- Residential
  - 87 Residential beds ? Decrease numbers across three treatment centres in Scotland (Ayr); Midlands (Shropshire) and South (Leatherhead, Surrey). Retain ITP; anger and stabilisation/Preparation For Treatment (PFT) programs
- Wellbeing, Recovery and Social Reintegration Programme? Transfer to partner charity
- Research Department linked to Kings Centre for Military Health Research (KCMHR).
Joint working

• MOD personnel can be referred in during the six months service before medical discharge

• NHS Referral Pathways to and from Combat Stress

NHS – Devolved governments

• NHS England – Improving access to psychological therapies (IAPT); Transition, Intervention and Liaison Service (TILS) and Intensive community service
• NHS Scotland – Close to Combat Stress
• NHS Northern Ireland – Both sides of the divide
• NHS Wales – all Wales community Veterans service
References (CS publications on Combat Stress and KCMHR websites)


References


- Scheiner, N.S. (2008) Not ‘at ease’: UK Veterans’ perceptions of the level of understanding of their psychological difficulties shown by the National Health Service. Doctoral Thesis. City University London: Department of Psychology.
