dros adferiad o afiechyd meddwl difrifol — hafal — for recovery from serious mental illness

Hafal Evidence to the Health, Wellbeing and Local Government Committee
Post Traumatic Stress Disorder (PTSD) Treatment for Services Veterans

This paper outlines the experience of some of Hafal's members and clients who have both served in the armed forces and have experienced serious mental illnesses including PTSD.

About Hafal

Hafal (meaning 'equal') is the principal organisation in Wales working with individuals recovering from serious mental illness and their families. Launched in April 2003, we are a new organisation managed by the people we support - individuals with serious mental illness and their families.

Every day our 150 staff and over 150 volunteers provide help to over 950 people affected by serious mental illness: this includes schizophrenia, manic depression and other diagnoses which typically involve psychosis or high levels of care, and which may require hospital treatment.

Hafal is founded on the belief that people who have direct experience of mental illness know best how services can be delivered. Providing support across all 22 Unitary Authority areas of Wales, Hafal is dedicated to empowering people with serious mental illness and their families to achieve a better quality of life, fulfil their ambitions for recovery, fight discrimination, and enjoy equal access to health and social care, housing, income, education, and employment.

Hafal delivers a range of services to people with serious mental illness including direct support and advice, support in a crisis, contact with others by phone, advocacy, support in a group setting, introductions for befriending, and employment and training projects. We also give patients or social services consumers a much-needed voice in the planning of mental health services.

Overview

Hafal welcomes this inquiry into the mental health and wellbeing of services veterans and while the main focus is on PTSD we believe there are wider issues associated with life in our armed forces which can predispose individuals to mental illness and thus exacerbate the impact that traumatic events can have on a person's life.

The UK's armed forces have not been much out of the news over the last few years because of the conflicts in Iraq and Afghanistan. When the violence ceased in Northern Ireland you might have hoped for a period when British troops would have been out of danger but these other conflicts seemed inexorably to fill the gap. As well as the stark and very public tragedy of deaths in battle there is another legacy of service life which is not much talked about, that is the damage which is evidently done to many servicemen and women's mental health.

Statistics are hard to come by and there seems to be some reluctance on the part of the Ministry of Defence to come up with the figures. An important indicator is the number of veterans who end up in the criminal justice system because their lives have fallen apart after leaving the armed forces. UK armed forces only number 180,000 and yet up to 10% of the 85,000 prisoners in England and Wales are veterans and many more are in the criminal justice system. It is difficult to assess the mental health problems of veterans but one sad statistic is that more Falklands veterans have committed suicide than the number who died in the conflict itself.

It must also be assumed that Wales has a substantially greater problem than elsewhere in the UK: 5% of the UK population lives here but about 11% of the armed forces are recruited from Wales. Elfyn Llwyd MP, chair of the Justice Unions Parliamentary Group, says of veterans "Unfortunately, far too many become completely cut off from society and end up in prison, probation or on parole. Some of these young people have been to hell and back and it is our responsibility to help them. Clearly, we are not spending enough time preparing our soldiers for life when they leave. More help needs to be available as a matter of course both during and immediately after active combat, regardless of whether they ask for this help."

Hafal has experience of assisting veterans with serious mental illness in our services and also employs a high proportion of ex-service personnel. The consensus seems to be that the factors which make service personnel prone to mental health problems are not straightforward. There is certainly evidence that combat itself can traumatise individuals but there are also other important factors including the “work hard play hard” culture (supported by cheap alcohol) and the deliberate encouragement of dependency on teamwork which may be useful for military discipline but means that many veterans find that they cannot manage their lives independently.

Individuals recount events in their training in the armed forces where their dignity and self-esteem were undermined so as to make them compliant and manageable. We accept that training people for combat may require extraordinary pressure but it is clear that there is very little rebuilding of the individual’s coping strategies on their discharge from service. In many cases, the services house, feed, pay, transport and provide structure and social and emotional engagement for personnel but on discharge this is taken away and the individual is left to cope on their own; we have heard from veterans groups of individuals who live rough on discharge because they have no guidance on finding a home, limited resources and very limited skills for living in the wider community.

We also have contact with individuals who experience PTSD which is not related to serving in combat areas but through experiences in training where injuries or deaths sometimes occur but in order to de-humanise, personnel are pushed to move-on without addressing the emotional context of the situation and they have no closure on traumatic experiences. Also, the forces promote camaraderie and the development of life-long friendships but often best friends are separated by postings and barrack room culture can mean the relationships are underpinned by a machismo which prevents the discussion of such matters.
To illustrate the points made above, please see below the experience of one of our clients - Terry:

I joined the army in 1989, the Gulf War started the following year and I went out as a Combat Engineer. I saw some terrible things but what affected me most was six months

of isolation in the Gulf, being stuck with a bullying corporal who could make life difficult. The army can be a good cover-up for anyone who has depressive symptoms as the culture revolves around working hard and being rewarded in beer. Army life is full of "high highs and low lows", it can be a melting pot for people with a mental disorder and drinking covers up a lot of it.

Returning from the Gulf was an anti-climax. I went on big leave from a frenetic job to nothing. To fill the gap I developed an artificial love of the rave scene. I started taking Ecstasy and became hooked on the vibes and the music. The police caught me with amphetamines but I wasn't thrown out of the army because I asked to see a psychiatrist; his report said I had substance misuse disorder due to depression, that it wasn't in the public interest to prosecute me.

The next tour was to Cyprus. Signs I had bipolar disorder (which runs in the family) were lurking through my army career but they hit home there. The weather became warmer (people with bipolar can get high when the weather warms up) and feelings of a religious nature welled up inside me. I was raised a Christian and though I never fully bought into it I felt that God was talking to me. I lost all my friends by the tour's end, I was too much to handle: when I'm high I can be extremely talkative and intense.

I got hit by a low when I returned from Cyprus. I was not receiving any treatment then but fortunately, at least for me, Bosnia came up; if it hadn't I don't think I'd be here now. I was in Bosnia for six months. Although the work was very hard I was promoted and the camaraderie was great. At the tour's end I was very high, we had a long leave and I needed something to do so I went to Ireland for an adventure on a motorbike.

I made it safely back to camp from Ireland though I was behaving strangely. Army officials should have realised I was ill then because I was wandering round the camp in the middle of the night cleaning things. Eventually I went to the town's cathedral thinking I was going to get married. I bought a £400 ring for a bride I was convinced was going to come. Eventually I sat at the back of the church and collapsed, crying. A priest found me, called the police and I was sent to Catterick Military Hospital. The hospital's psychiatrist told me I had bipolar disorder, I was hyper-manic and that on a scale of one to ten I was 15. The staff tried to give me medication but because of my memories of the rave scene, I thought taking pills was wrong, so I refused.

After a few days five nurses waited until I was unaware and jumped me. Four held my limbs down, the fifth injected me. That was the worst moment of my life. They gave me a massive dose of Haloperidol which did not agree with me; this meant that one second I was conversing with angels the next I was suffering the worse depression imaginable. Since then, when medics have tried to give me Haloperidol, I've tried to run away. During my last episode (in 2008) I tried to tell those treating me how bad it was but they wouldn't listen and tried to force it on me, so I ran away from a hospital in North Wales and ended up being beaten up in Cheltenham.

The army accepted some responsibility for my illness and agreed the job made it worse. I was awarded £5,000 at a hearing. The army wanted me to stay but I left in 1997. Leaving was difficult as I missed the camaraderie. Since then, among other things, I've worked at an electrical company, backpacked around the US and I began an engineering apprenticeship.

In all I've had six major psychotic episodes. I've noticed that in the media the word 'psychosis' is rarely mentioned. It's as if it has become a bogey word used only on the rare occasions when somebody with a mental illness has hurt someone. Not using the word propagates fear and mistrust.

In terms of my recovery I'm building myself up after last year's episode. For a 45 year-old I'm in good shape physically but mentally I can feel vulnerable and shaky. Playing sport has helped counter this, while visiting Hafal has eased my fears of becoming socially isolated. Playing my guitar has helped a lot, too; the discipline of playing music has been a huge help to me many times. I'm now involved in a community film project as a volunteer workshop leader helping people with learning difficulties, mental health issues and probation service users.

Responses to Annex B

1. *In your view, how effective are the arrangements for raising awareness of PTSD? How effective is the signposting of treatment and support services for veterans, their families and carers?*

   Specific services for this client group are limited; adult mental health services provide care and treatment but this is not particularly focussed on the causes of or impact of the condition in relation to a career in the services. Hafal is the largest provider of support to carers and families of people recovering from a serious mental illness across Wales and we generally find limited signposting opportunities to specialist services but address such matters through an individualised approach.

2. *In your view, how effective and robust are the methods for identifying: veterans suffering from PTSD; the collection of data on the prevalence of the condition; and the need for services to address it?*

   While there is research ongoing into these matters we believe it is too limited to PTSD in relation to a traumatic event rather than encompassing the broader context of mental illness in forces personnel.

3. *What is your view on the adequacy and suitability of treatment and support services for veterans suffering from PTSD (including providing access in all areas of Wales; NHS provision in primary and secondary care; and specialist provision for ex-services personnel in the NHS and the third sector)?*

   We believe strongly that treatment for such conditions needs to be predominately focussed on a psychotherapeutic approach which addresses the long-standing issues mentioned above. We have grave concerns that the one-size-fits-all approach of the NHS in providing Cognitive Behavioural Therapy is a cheap fix which does not address the deep-seated issues and this will not prevent further episodes of ill-health. There is a dearth of such specialist therapeutic engagement in any sector.

4. *What is your view on the adequacy and suitability of treatment and support services to address additional needs of veterans with PTSD such as depression and alcohol and drug misuse?*

   Unfortunately many services see a substance dependency as an opportunity to disengage with clients with serious mental illness blaming the client and their

dependency for the disengagement. We believe that there should be a joint approach with a coordinator from either mental health or substance misuse keeping accountability for the client during joint therapy but with the responsibility for maintain engagement if problems occur during treatment.

5. *What is your view on the funding arrangements for services providing care and treatment to veterans with PTSD including partnership arrangements with, for example, the Ministry of Defence and the voluntary sector?*

   There are limited opportunities for Wales-specific funding from the Ministry of Defence and engagement with the armed forces tends to be at Regimental level rather than a strategic one.

6. *If you could draw the Committee's attention to one problem, what would it be? What would be your solution?*

   The main issue here is the unpreparedness of forces personnel for life in the wider community. There should be better assessment prior to discharge and a holistic approach to supporting all personnel; some may need next to nothing, others may need significant support and such support could be best provided while they are still under the protection of the armed forces. Also, there appears to be a practice where local veteran support groups are prohibited from receiving information on personnel who are leaving the forces due to Data Protection Act restrictions. We recommend that on discharge personnel are asked if they are happy for their details to be passed on to organisations who might be able to get in touch to offer support; if this was agreed then there would be no problem with passing on the data.

Key Hafal contacts on these issues (also available to give evidence in person if required)

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