



A HEALTH NEEDS ASSESSMENT OF MILITARY VETERANS / EX- ARMED FORCES

Prepared by Durham County Council's Public Health Team on behalf of County
Durham Armed Forces Forum



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Abstract

PURPOSE: The aim of this Health Needs Assessment (HNA) was to identify the health and wellbeing needs of people who live in County Durham who have ever served in the armed forces. The HNA was also to identify whether any of their needs are unmet as well as ascertaining any barriers or facilitators to engaging with services to improve or maintain their health and wellbeing.

METHODS: A literature review of UK based research in relation to veterans' health was undertaken. Semi structured face to face interviews were conducted with veterans' organisations who offer support and services to ex-armed forces across County Durham. A survey of ex-service personnel was also undertaken.

FINDINGS: Approximately 5.2% of the population in County Durham has served in the armed forces. Most people who transition out of the armed forces make the transition into civilian life without issue and report good health and wellbeing. Military veterans perceive barriers to accessing help meaning help is only sought or accepted in a crisis. There are a significant number of veteran specific organisations operating in County Durham, but support is not well known about, co-ordinated or accessed early enough.

Keywords: Health, wellbeing, needs, veterans, ex-armed forces, service leavers, physical health, mental health, social determinants

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1. Executive summary

A military veteran is defined as anyone who has served in the British Armed Forces for at least a day. This includes reservists. The British Armed Forces are made up of the Royal Navy, the Royal Marines, the British Army and the Royal Air Force. There are estimated to be 18,000 people across the country who transition back to civilian life each year.

Veterans are a culturally specific group, many (especially females) of whom do not identify as veterans but as ex-Armed Forces (Burdett, et al., 2012).

Many service leavers make the transition into civilian life without issue and report good health and wellbeing. A very small number of service leavers struggle to reintegrate back into civilian life usually due to compounding factors including adverse childhood experiences, experience in the armed forces and circumstances in which they left the armed forces. As a result, a minority find themselves unemployed, homeless and potentially part of the criminal justice system.

“Service leavers as a whole begin new careers, enjoy good health and are no more likely to suffer PTSD, become homeless, commit suicide or go to prison than the rest of the population”.

(Lord Ashcroft, 2014)

The estimated population of the ex-armed forces population in County Durham, according to the 2021 Census is 22,615, 5.2% of the population of County Durham. This is slightly above the North-East average of 5.0% and above the England average of 3.8%. More detailed information obtained by the census is not yet available and is due to be published in Spring 2023.

Most other available data on the ex-armed forces community is only available at North-East regional level. Very little data is collected in relation to ex-armed forces at a County Durham geography. Where data is collected it is often not analysed to identify common issues or utilised to direct any service improvements.

Veterans can experience a variety of physical health, mental health and social issues which affect their overall sense of wellbeing. Some physical and mental health issues are apparent at discharge and are documented in Ministry of Defence records, however, many issues are not apparent and can take years to manifest or are as a result of poor transition out of the armed forces. Health issues which appear after discharge may be perceived as military related by those who are ex-services but diagnosis and causation by health care professionals can be more difficult to determine.

The mapping of support available for ex-armed forces shows extensive support, mainly through military based charities and community interest companies, is available, however, many people are unaware of any support. Many people only look for and access support when they are in crisis. People do not access universal

services citing the lack of understanding of the armed forces way of life as a barrier and some do not feel they are for them.

Some veterans in County Durham do have unmet need, and this is for several reasons:

- Poor data: veterans are not routinely identified by most organisations. Where data is collected it is not analysed for common themes or service improvements.
- Health issues: it can be difficult to link physical and mental health issues to military service. Perception of either a physical or mental health issue being military related but determination of diagnosis and causation to be military related can be more difficult, this leads to unmet expectation.
- Access to health care: veterans experience the same difficulties as the general population in accessing health care, however, expectations raised through the Armed Forces Covenant mean that there is unmet expectation.
- Support for individuals: there is a lot of support available for veterans which can lead to duplication and disjointed support. Female veterans, however, are less likely to access the support already available. Information on support is not readily available in one easy to access place which can make it difficult to find. There is a lack of visible and appropriately marketed information for veterans about help and support available, including through universal services.
- Support for the armed forces community: the armed forces community in County Durham is largely hidden and there is an over-reliance on charitable funding to properly support veterans and people leaving the armed forces. The implementation of the Armed Forces Covenant is mainly based on relationships rather than policy, meaning inconsistencies in the way people receive services.
- Emerging themes: Specific professional support for veterans with dementia and their carers is not available.

Data: identification, capture and extraction

Recommendation 1:

All services provided or commissioned by the public sector related to health and wellbeing, especially public health, general practice and other NHS services, should ask whether people have ever served in the UK Armed Forces and this information should be accurately recorded and able to be extracted from recording systems for future analysis of needs. This information should be back dated to support identification of need in the future.

Recommendation 2:

Data Protection Impact Assessments (DPIAs) should be updated to cover the sharing of data for analysis purposes including Health Needs Assessments.

Recommendation 3:

A Health Needs Assessment of family and dependents of military veterans should be considered.

Recommendation 4:

Partnerships for veterans should be data informed and should work together to improve data sharing and analysis of data to inform action.

Recommendation 5:

Develop a mechanism for veteran support charities/agencies and other organisations to effectively share information on individuals they are working with to reduce the duplication of resource.

Health issues**Recommendation 6:**

Health and social care professionals, including commissioners, should undertake training on the health and wellbeing needs of people who have served in the armed forces.

Recommendation 7:

The Now You're Talking Campaign should be extended to include a veteran/service leaver focus.

Recommendation 8:

Public health commissioned services such as drug and alcohol recovery, should have veteran specific forums.

Access to healthcare**Recommendation 9:**

Health professionals should undertake training on the culture of the armed forces and the health and wellbeing needs of people who have served in the armed forces.

Recommendation 10:

Produce communication tools to support veterans to better understand and manage expectations about what the "priority" access to NHS services means to them.

Recommendation 11:

Display material in GP surgeries and on digital platforms which encourages veterans to self-identify.

Access to support for individuals

Recommendation 12:

Work should be undertaken with the Ministry of Defence (MOD) to ensure a consistent process for identification of people being discharged to County Durham, irrespective of length of service, and share the information with a single point of contact to ensure that they are seamlessly transferred to support in the area.

Recommendation 13:

A single point of access to holistic support for veterans within the County should be established for people who are in the process of leaving the armed forces to make transition into the area easier. This could also serve as an access point for support for veterans who have left the military more historically. This access point to support should be widely advertised and promoted.

Recommendation 14:

Develop a network of face-to-face drop-in centres where people can have their individual needs assessed and tailored support packages developed.

Recommendation 15:

Develop and market “social” groups/networks for people who are ex-armed forces where their support need is around social isolation and loneliness.

Recommendation 16:

Link with the developments of the County Durham Together “Community Book” to develop a veteran specific section on available socials and support for ex-armed forces and ensure it is widely promoted/marketed, including through the MOD, to ensure veterans transitioning to County Durham are able to access up to date information and support where needed.

Recommendation 17:

Use a peer support model to market “others like me” who have accessed support to encourage veterans to seek support before they reach crisis point as well as those who have successfully transitioned back to County Durham.

Recommendation 18:

Consider an annual or bi-annual event where all armed forces charities and other support for veterans could market what is available to people who are in the process of being discharged or who have been recently discharged.

Support for ex-armed forces population

Recommendation 19:

Increase knowledge, through training and education, of public sector staff and people who are or have been discharged from the armed forces to better understand the responsibilities and better manage expectations of the armed forces covenant. Including working with the MOD for people prior to discharge.

Recommendation 20:

Consider how the County Durham Armed Forces Forum can take a stronger role in both funding and coordination of central celebratory events for the armed forces.

Recommendation 21:

Use Durham County News to promote positive stories about veterans who have successfully reintegrated as well as to highlight support available for people who are ex-armed forces.

Emerging Issues

Recommendation 22:

Specific needs of the veteran population should be considered within any future developments in dementia care across the County.

2. Definition and scope

A military veteran is defined as anyone who has served in the British Armed Forces for at least a day. This includes reservists. The British armed forces are made up of the Royal Navy, the Royal Marines, the British Army and the Royal Air Force. There are estimated to be 18,000 people across the country who transition back to civilian life each year.

Having a better understanding of veterans who reside in the area and the potential implications of their military service on their health and wellbeing is crucial for ensuring those who have ever served in the UK armed forces are at no disadvantage compared to non-veterans.

The purpose of this Veterans Health Needs Assessment is to:

- Estimate the prevalence of the veteran population living in County Durham, including those from vulnerable groups (including but not limited to homelessness, drug and alcohol misuse, female veterans, mental health, social care needs, black and minority ethnic)
- Establish the health and wellbeing needs of veterans living in County Durham across all aspects that impact on health including physical, emotional, and welfare needs, as well as those relating to the wider determinants of health (i.e. housing, education and employment, criminal justice)
- Examine local resources that are currently available to support the health and wellbeing needs of veterans
- Identify areas of unmet need, health inequalities and inequities veterans experience
- Work with veterans to make recommendations for change to address the unmet needs and reduce the inequalities experienced by veterans

The scope of the project includes:

- Veterans living in County Durham
- Health, wellbeing and wider determinants (physical, mental and social)

The scope of the project does not include:

- The health and wellbeing need of dependants, families or carers of veterans

A health and wellbeing needs' assessment including that of significant others and dependents of veterans would make the scope of this Health Needs Assessment too large in the timescales and due to the importance of the subject should be examined independently.

3. Introduction

A Health Needs Assessment (HNA) is a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities. The population being examined in this HNA is military veterans who live in County Durham.

The definition of health used in this HNA is that of the World Health Organisation:

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

Methodology

The methodology used in this Health Needs Assessment includes a:

- literature review of published and grey material
- quantitative data analysis of available data
- quantitative and qualitative analysis of a survey of military veterans
- qualitative analysis of stakeholder feedback
- identification of key themes
- recommendations, formed with the Armed Forces Forum taking into account all of the evidence presented

Strategic drivers

There are several reasons why we are undertaking this Health Needs Assessment. The Armed Forces Covenant, now statutory under the Armed Forces Act 2021, and the desire to improve experience of veterans is the primary strategic driver for this work.

National

Armed Forces Act 2021 enshrines the Armed Forces Covenant into law. The Act will help prevent service personnel and veterans being disadvantaged when accessing public services including certain housing, education or healthcare functions (excluding social care).

Public services now have a statutory duty to have due regard to the principles of the Armed Forces Covenant:

- (a) the unique obligations of, and sacrifices made by, the armed forces
 - (b) the principle that it is desirable to remove disadvantages arising for service people from membership, or former membership, of the armed forces
-

(c) the principle that special provision for service people may be justified by the effects on such people of membership, or former membership, of the armed forces.

The Armed Forces Covenant is a pledge that together we acknowledge and understand that those who serve or who have served in the armed forces, and their families, should be treated with fairness and respect in the communities, economy and society they serve with their lives.

Health and Social Care Act 2012 places a responsibility on Durham County Council (DCC) for improving the health of the local population. This includes armed forces personnel, their families and veterans.

NHS Long Term Plan (LTP) (2018) describes the steps required to create an NHS fit for the future. The actions it sets out are intended to deliver better healthcare to the whole population – including the armed forces community of serving personnel, reservists, veterans, and their families and carers. The importance of the LTP for the Armed Forces community is reinforced by the specific commitments it includes to improve the physical and mental health of this population.

NHS: Healthcare for the Armed Forces community: a forward view from serving to civilian life: health and wellbeing for all

Outlines the commitments NHS England and NHS Improvement are making to improve the health and wellbeing of the armed forces community. It identifies nine commitments to supplement the work already underway in regions and through integrated care systems (ICSs):

1. Working in partnership to commission safe, high quality care for serving personnel and their families
2. Supporting families, carers, children and young people in the armed forces community
3. Help the transition from armed forces to civilian life
4. Identifying and supporting armed forces veterans
5. Improving veterans' and their families' mental health
6. Supporting veterans in the criminal justice system
7. Identifying and addressing inequalities in access to healthcare
8. Using data and technology to improve services
9. Driving research and innovation in armed forces healthcare

HM Government: The Strategy for our veterans (November 2018) envisages that those who have served in the UK Armed Forces, and their families, transition smoothly back into civilian life and contribute fully to a society that understands and values what they have done and what they have to offer. The vision is underpinned by 3 Principles:

- Veterans are first and foremost civilians and continue to be of benefit to wider society
 - Veterans are encouraged and enabled to maximise their potential as civilians
 - Veterans are able to access support that meets their needs when necessary, through public and voluntary sectors
-

The strategy identifies six key themes which emerged as affecting Veterans' lives:

- Community and relationships
- Employment, education and skills
- Finance and debt
- Health and wellbeing
- Making a home in civilian society
- Veterans and the law

Local

In 2012 Durham County Council first signed up to the Armed Forces Covenant and re-signed in December 2021. Several other partners and partnerships across County Durham have also signed up to the covenant promising that those who serve and have served, and their families will be treated fairly.

In 2018, DCC was awarded the MOD Employers Recognition Scheme Gold Award, recognising the organisation's positive attitudes and policies towards serving and ex-members of the armed forces and has a desire to continue to make improvements. This is due for reassessment in 2023.

4. Literature review

The vast majority of published literature on military veterans is US based. That which exists around UK veterans is largely focused on mental health and post-traumatic stress disorder. This literature review has had to draw on a significant amount of “grey” literature.

A great majority of military personnel transition from the armed forces to civilian life without any major issues (RBL, 2017; Lord Ashcroft, 2014), however, leaving the armed forces can be a life changing and stressful event and can cause people to feel isolated and lonely (RBL, 2017). The armed forces culture, which trains individuals to be robust and resilient and to cope with intense pressure can lead to difficulties in recognising problems and accessing help and support when needed (SSAFA, 2016; Skelton et al, 2022).

Those leaving the armed forces, bring with them important skills, knowledge and experience. Making them valuable assets to civilian society. (RBL, 2017; Lord Ashcroft, 2014).

There are a minority who struggle to reintegrate and who experience serious difficulties (Lord Ashcroft, 2014) and people’s experience of transitioning into civilian life can depend upon their experience in the armed forces (Bowes et al, 2018); whether they are regular forces or reservist, whether they are deployed or not. Reservists were found to feel more likely unsupported by the military and experience difficulties with social functioning after returning home from deployments (Harvey et al., 2011).

Early Service Leavers (who have served up to 4 years), receive the most basic transition support package (Lord Ashcroft, 2014) and are more likely to be out of work, have unpaid caring responsibilities, report health conditions that affect their daily activities (including hearing, muscular skeletal and depression) (HEE, 2021). They may have different needs to those who have longer service.

The impact of adverse experiences (adverse childhood experiences) in pre-service life may also impact on the ability to transition effectively back into civilian life (Lord Ashcroft, 2014; Burdett et al, 2021). It is important to recognise that not all issues experienced by veterans may be as a result of their time in the armed forces (HM Government, 2018).

Poor transition has an adverse economic impact across society. Entering the criminal justice system, because of poor transition, can make reintegration even more difficult. Veterans in the criminal justice system are the ones who struggle most to adjust to civilian life (Bowes et al, 2018).

There are several reasons why people leave the armed forces, with an estimated 11% of people leaving on medical grounds (HEE, 2021). In 2021/22 there were a total of 1,322 medical discharges across the UK, the equivalent to four medical discharges per day (MOD, 2022). In 2021/22 the following demographic groups were significantly more likely to be medically discharged:

- **“Other” non-officer ranks** in each of the three services (Army, Navy and RAF)
- **Females** in each of the three services
- **Untrained personnel** in the army and RAF
- **Royal Navy/Royal Marines aged 30-34 and 35-39 years**
- **Army aged 20-24 years**
- **Royal Marines compared to the Royal Navy**

The most common reasons for discharge were Musculoskeletal Disorders and Injuries and Mental and Behavioural Disorders in all services.

It is estimated that 8% of people on the average general practice register will be military veterans. The United Kingdom (UK) veteran population is predominantly elderly, with the majority of ex-service personnel aged over 65 (KCMHR, 2018).

A 2018 King’s College for Military Health Research report about Veteran and Occupation Impact Evaluation (VOICE) Study stated that, whilst people in the military are very active, they report difficulties continuing physical activity on leaving the armed forces. The report also highlighted both positive and negative implications that military service can have on the psychological wellbeing of veterans, particularly older veterans. Psychological resilience post service was attributed to experiences encountered during military service. The report highlighted that family members find it challenging and overwhelming providing care to veterans with high levels of self-reported mental ill-health. Poor family cohesiveness was associated with lack of family time during military service and contributed to feelings of isolations of veterans in later life.

Early service leavers, those who have served less than four years of a military career, are more likely to struggle with transition back into civilian life. Inversely, these are the people who are less likely to get the help and support they need (Lord Ashcroft, 2014).

Women who have ever served in the armed forces continue to feel the impact of previous policies and actions in relation to balancing a military career and family life (Veterans and Families Institute for Military Social Research (VFIMSR), 2021). They are less likely than male ex-service personnel to identify with the term veteran. Little is known about the impact of adapting to the masculine culture, inadequate equipment and uniforms and reported misogyny, sexual harassment and assault within military services on female veterans. Most research around health and wellbeing of veterans in the UK is male focussed with little explicit evidence on the particular impact of service life on females. Females are more likely to access formal medical support and more likely to underutilise veteran specific services.

Women, both single and in dual serving relationships, have difficulty in balancing military career and family life and are more likely to leave their military career due to parenthood or family related issues (VFIMSR, 2021).

Until 12th January 2000, there was a blanket ban on homosexuality in HM Armed Forces. Those serving who were or were perceived to be gay, lesbian or trans could

be dismissed or otherwise forced to leave Her Majesty's Armed Forces. The impact of this policy is not well understood or documented. As a result, an independent review has been established to examine the effect that the ban has had on the health and wellbeing of LGBT veterans.

Physical health

According to the Armed Forces Covenant, veterans should receive priority treatment where it relates to a condition that results from their service in the Armed Forces, subject to clinical need.

In July 2022 the Ministry of Defence published the Annual Medical Discharges in the UK Regular Armed Forces official statistics covering 1st April 2017 to 31st March 2022. The main causes of medical discharges from the Army, Royal Navy and Royal Airforce in relation to physical health were Musculoskeletal Disorders and Injuries (MOD, 2022). Main injuries include to the knee, knee pain, back pain, low back pain, ankle and foot. This is not surprising given the physical nature of life in the armed forces.

In a rapid review of the health and wellbeing needs of veterans by Oster, et al., (2017), other physical conditions reported by ex-service personnel were highlighted, including traumatic brain injury comprising of issues such as headaches, pain, disturbed vision, neurological issues, hearing impairment/tinnitus, nausea and appetite issues.

Ovarian and breast cancer are reported to be higher amongst the female veteran population than the general population (Veterans and Families Institute for Military Social Research, 2021).

Evidence suggests that sleep problems occur in people following traumatic brain injury, post-traumatic stress disorder and deployment. Poor sleep has been associated with possible dementia risk (Raza, et al., 2021).

Given medical advances, those who experience physical injury and trauma are living and living longer with injuries and wounds (HM Government, 2018).

Mental health

In July 2022 the Ministry of Defence published the Annual Medical Discharges in the UK Regular Armed Forces official statistics covering 1st April 2017 to 31st March 2022. The main causes of medical discharges from the Army, Royal Navy and Royal Airforce in relation to mental health were Mental and Behavioural Disorders (MOD, 2022).

In much of the literature there is a strong focus on post-traumatic stress disorder (PTSD) (Oster et al, 2017), however, PTSD accounts for only a small number of cases of mental ill-health (LGA, 2017). Information on common mental health disorders such as anxiety and depression, and psychotic disorders are under-represented in the literature. Common mental health issues such as anxiety and

depression are believed to be higher for combat troops and reservists but generally in line with the general population (LGA, 2017).

Female veterans are reported to be at higher risk of common mental health disorders but lower risk of self-harm and suicide than male counterparts. They are, however, reported to be at increased risk of PTSD and suicide/suicidal thoughts than civilian women (VFIMSR, 2021).

Ex-armed forces are reported to be at greater risk of substance use/misuse, high rates of alcohol use disorders and drug use disorders than their civilian counterparts (Oster et al, 2017; Ashwick & Murphy, 2018; LGA, 2017) and can use alcohol as a coping mechanism during transition (RBL, 2017).

The evidence suggests that early service leavers, those people who have served less than four years in their military career, have greater problems with mental health than many of their counterparts who have served for longer periods of time.

Deployment in a combat role to either Iraq or Afghanistan is associated with significantly worse mental health outcomes and alcohol misuse in ex-serving regular personnel (Stevellink, et al., 2018).

Moradi, et al. (2021) in their publication “The global prevalence of depression, suicide ideation, and attempts in the military forces: a systematic review and Meta-analysis of cross-sectional studies” identified that prevalence of depression, suicide ideation and suicide attempts within active forces and veterans was high. Drug and alcohol use was seen as compounding depression and ultimately leading to suicide within the military. Experiencing moral injury within the military, actions which violate an individual’s moral and ethical code, are associated with adverse mental health outcomes and suicide ideation (Williamson, et al., 2021).

Raza, et al., 2021 suggest that traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) have a higher prevalence in military veterans than their civilian counterparts. Moderate-to-severe TBI has been found to increase the risk of being diagnosed with Alzheimer’s disease. Whilst a correlation between PTSD and dementia has been established, a causal link has not. Sleep problems have been observed to occur in those following TBI, PTSD and deployment. Poor sleep has been associated with possible dementia risk.

Social determinants

The Veterans’ Fact Sheet (2020) produced by the Office for Veteran Affairs reported that 79% of working age veterans are employed and are as likely to be employed as non-veterans, and 92% have a qualification and are as likely to have a qualification as non-veterans.

Female veterans earned less than expected and are more likely to be unemployed and less likely to claim benefits than male counterparts. Like their male counterparts, barriers to employment have been identified as finding suitable and flexible employment, recognising and articulating transferrable skills, lack of confidence in selling skills obtained in the military to civilian employers (VFIMSR, 2021).

While people are in active service many household costs are subsidised (Kiernan, et al., 2020), this can leave military veterans unprepared for the financial realities of civilian life.

Female veterans are more likely to be divorced than their male counterparts and there is additional strain on dual service partnerships (VFIMSR, 2021).

A recent study conducted by Kings College London (MacManus, et al., 2022) found higher prevalence of intimate partner violence and abuse, both experience and perpetration, in the military compared to the general population cohort. The study highlighted relationship dissatisfaction, military trauma and mental health difficulties as key risks in domestic abuse.

Some elements of forces culture increase vulnerability to social isolation and loneliness (RBL, 2017) and exiting the armed forces is a cause of feeling lonely and isolated. Bereavement is the most common cause of loneliness amongst veterans and moving to a new area is the most common cause of social isolation (NHVMFR, 2019).

According to the Office for Veteran Affairs, Veterans Factsheet 2020, 76% of Veterans own a house or have a mortgage, are as likely as non-veterans to have bought their own home. A small minority of veterans were recorded as homeless though the figures provided were somewhat outdated with 2014 estimates of rough sleepers from the armed forces being between 3% and 6%. According to the same factsheet, those seen sleeping rough in London, the percentage who were UK nationals with experience of serving in the armed forces had dropped from 3% in 2017/2018 to 2% in 2018/2019.

The vast majority of those who serve in the armed forces transition well to civilian life and are less likely than the general population to commit criminal offences. Offenders who have formerly been members of the armed forces have accounted for only 3% of those entering prisons in England and Wales in 2019 (VF, 2020).

Barriers to accessing support

In their report on the “Importance of understanding military veterans’ perspectives of ‘the right support’ provided by an NHS-commissioned military veterans’ mental health service”, Skelton, et al., (2022) highlighted a number of barriers to military veterans accessing support, whilst this was specific for mental health it could be suggested that these barriers are apparent for any form of health and wellbeing support. They include:

- individuals recognising that there is a problem
 - the perceived impact of anticipated public or self-stigma and how they may be perceived by others
 - the process for accessing support
 - negative perceptions of healthcare
 - what treatment they may receive
-

Facilitators to accessing support

Conversely, the same report by Skelton, et al., (2022) identified facilitators in accessing support including:

- knowing where to get support
- observing peers accessing support
- possessing knowledge of interventions
- being in crisis
- motivation
- the role of social media,
- receiving a diagnosis of post-traumatic stress disorder
- veteran-specific services
- maintaining an internal locus of control

In their research, Skelton et al., suggest that the “right” support for ex-armed forces personnel is made up of the following key elements:

- understanding military culture
 - enabling trust
 - the type of support provided
 - collaborative working
 - no pressure
 - tailored support
 - timely access to support and
 - continued support
-

5. Local demographic data

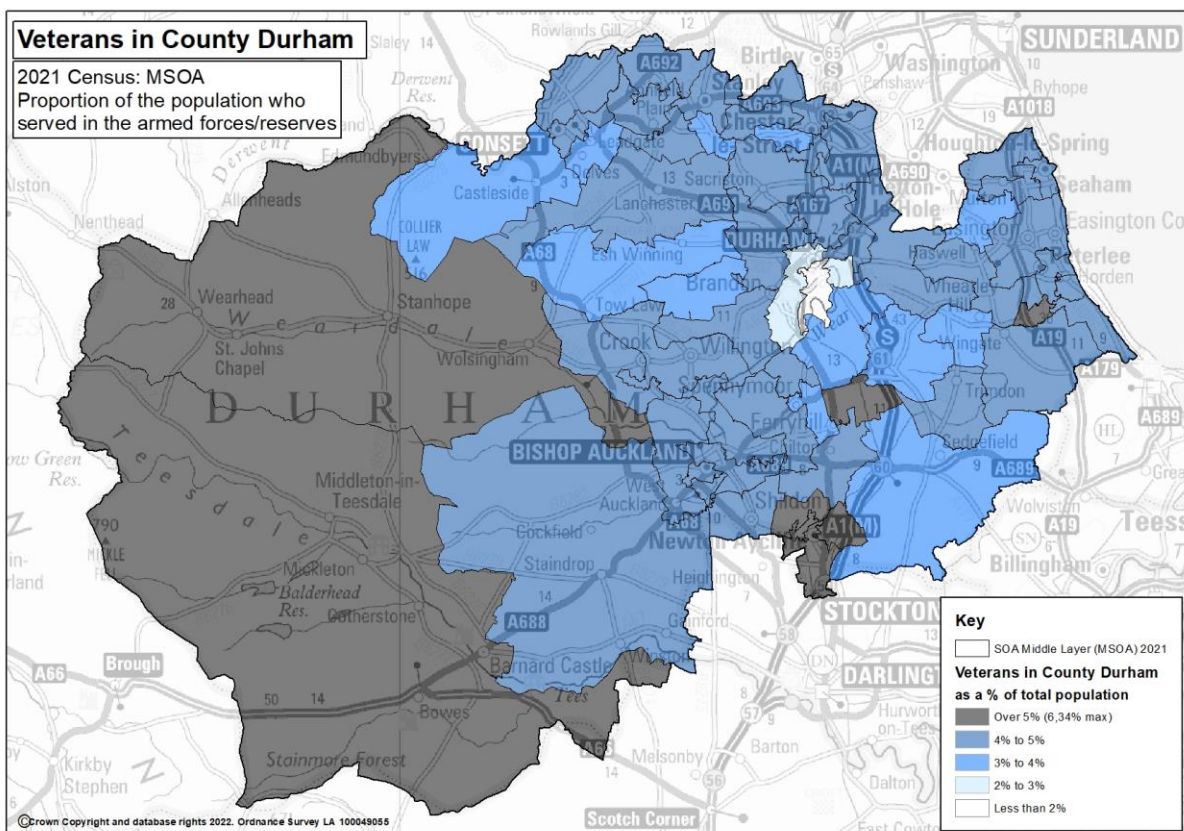
All publicly available data for veterans within County Durham is available in the [Veterans Dashboard](#). Most of the data is only available at the North-East level.

Locally collected data on military veterans who live in County Durham is limited and therefore the analysis of data specific to County Durham has been a challenge.

Census Data

Data from the 2021 Census estimates the veteran population in County Durham to be approximately 22,615 people, 5.2% of the total population. This is higher than the North East average (5.0%) and significantly higher than the rest of England (3.8%). Areas in County Durham where there is a high prevalence of people who have ever served in the armed forces have been identified as:

- Newton Aycliffe East
- Middridge and Woodham Village
- Aycliffe Village Newton Aycliffe South
- Newton Aycliffe Central
- Cornforth and Ferryhill
- Barnard Castle and Middleton in Teesdale
- Stanhope and Wolsingham
- Passfield and Shotton



The Ministry of Defence published an Annual Population Survey: UK Armed Forces Veterans residing in Great Britain, 2017. Using the national age breakdown of veterans in the published MOD report approximately 39% of military veterans are of working age (16-64 years) with the highest proportion (61%) being 65 years or above with a significant proportion of veterans being over 75 years of age.

Applying the national age breakdown of veterans from the MOD Annual Population Survey 2017 to the numbers of veterans in County Durham from the Census 2021, the estimated age breakdown in County Durham is:

Age	MOD (2017) Population Estimate
85+	3596
75-84	6935
65-74	3099
55-64	3382
45-54	2957
35-44	1435
25-34	988
16-24	207

Table 1: MOD Data: Veteran recipients of UK armed forces pension and/or compensation

According to the Ministry of Defence data on people in receipt of UK armed forces pension and/or compensation, as at 31 March 2022, there are between 3750 and 4999 people who reside in County Durham in receipt of compensation/pension.

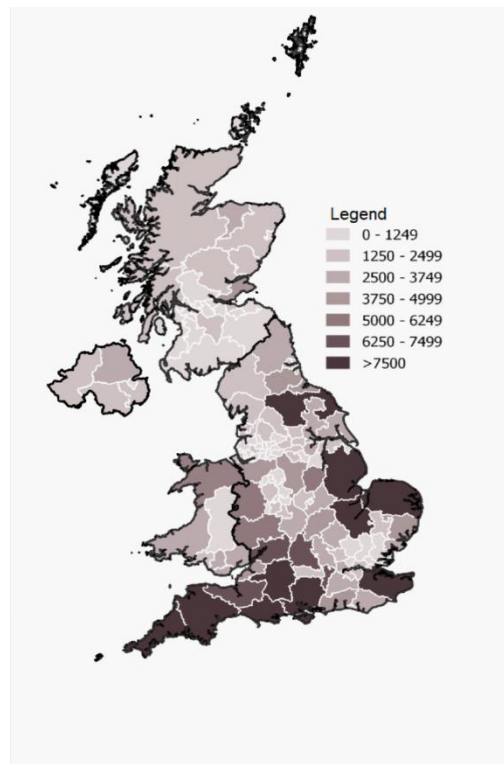


Figure 1: Heat map of the location of veteran recipients of UK armed forces pension and/or compensation in the UK, by Local Health Authority

Veterans registered with a GP

According to the Royal College of General Practitioners, in 2021, there were 65 veteran friendly accredited GP practices in County Durham. More current data on veteran friendly GP practices is not currently available. Since this time there have been several changes in the distribution of GP practices with some mergers having taken place and therefore this information may no longer be accurate.

Becoming a veteran friendly practice means that GP practices are provided with access to free online training, support to identify and code veteran patients, and supported with advice on referrals. Each accredited practice must have a clinical lead for veterans, however, training should be undertaken by the whole practice to enhance the delivery of health care to veterans.

Since 2018, GP surgeries who are aiming to achieve the Military Veteran Aware Accreditation have asked, when people are newly registering with a GP, whether they have ever served in the UK Armed Forces. Data extracted from the GP systems at the end of 2021 identifies that there were a total of 2422 people known to have served in the UK Armed Forces who are registered as patients at a County Durham GP practice. This can be broken down by gender:

- Male: 2191 (5% of estimated male veteran population)
- Female: 231 (42% of estimated female veteran population)

This falls significantly short of the numbers of veterans who, according to the 2021 Census reside in County Durham. This means that there will be veterans who left the

services more than four years ago who may have military related health and wellbeing needs which remain unmet.

Career Transition

The Career Transition Partnership (CTP) provides resettlement support to leavers of the armed forces as they transition from the military into civilian life. They offer a support around education, training and employment including career transition guidance, skills workshops, vocational training and routes to employment.

As an official partner with the MOD the CTP receives automatic confirmation of service leavers who are hoping to move into the area. The data is only available at North-East level and is unavailable by age but has been included to provide a picture of the volume of people resettling over time.

Between 1 Jan 2017 to 31 Dec 2021, 3,143 service leavers resettled in the North-East of which 92% (2901) are male and 8% (242) are female.

On leaving, the majority of people (69%/2160) had served six years or more in the forces with 24% (744) serving between four and six years. A minority of 8% (239) of people had served under four years.

Armed Forces Outreach Service

The Armed Forces Outreach Service provide help and support to all forces personnel, reservists, veterans and their families around housing, benefits and finance, employment, health and wellbeing and care and support.

Between 2018 and 2022 the service engaged with 437 people. 400 of these people are veterans. Most people accessing AFOS (360) served in the Army. 89% were of working age 16+, with 11% being of retirement age.

In 2021/22 assessed risk from an individual's first assessment with AFOS included mental health, unsafe housing, eviction due to arrears and self-harm. People were supported to find a home, undertake a housing application, obtain items for their home, access mental health support and helped with benefits.

Department for Work and Pensions

From July 2021, the Department for Work and Pensions has been providing more effective tailored support to veterans, service personnel and their families. Currently, there is no meaningful data to analyse from this source.

Criminal Justice - Police

Whilst Durham Constabulary collect veteran status in custody by asking and recording the answer to "are you ex-armed forces", they are unable to produce analysis on veteran status.

Criminal Justice - Probation

The National Probation Service (NPS) collect information on whether someone has previously served in the Armed Forces. Unfortunately, due to the fact that they

collect this data for purposes other than a Health Needs Assessment they were unable to share relevant information to support this Health Needs Assessment.

Across County Durham and Darlington, in September 2022, the NPS had approximately 70 people on their caseload who have disclosed that they have previously served in the armed forces. Most of this cohort are male, of which two-thirds are currently in the community and one-third are in custody. The age of this group ranges from 26-88 years.

Public Health Commissioned Services

Public health commission several universally available services that could be accessed by military veterans including:

- Stop smoking services
- Drug and alcohol recovery services
- NHS Health Checks
- Wellbeing for Life

Data on veterans accessing these services is not currently collected by most of these organisations. Where it is, it was not available for the health needs assessment.

Mental health - Transition, Intervention and Liaison Service (TILS)

From 2019 to June 2022 there were 323 people who have been members of the armed forces community referred into the TILS programme. Of these, 37% were referred in by charities which was the main referral source, followed by self-referral.

Of those who were assessed, most people (28%) were supported by the IAPT services.

Suicide

No data available

County Durham Veterans Survey

Due to the lack of adequate local data on military veterans a survey was developed to better understand the health and wellbeing needs of veterans living in County Durham. The survey was available digitally with availability of paper surveys on request. The survey was available for completion between 28th June 2022 and 31st July 2022. A total of 216 responses to the survey were received with 158 fully complete responses. Analysis is shown only where responses to the answers were received and therefore will not total 216 or 158. Whilst the data is not statistically validated, the themes derived from the local survey correlate with those identified within the literature review.

Demographics

Most respondents were assigned as male gender at birth (84%) with 14% of respondents reported as female. 84% of respondents were between the ages of 16

and 65 years old. Responses were received from all parts of the county, except for Shildon. More responses were received from people who live in Durham, Newton Aycliffe and Bishop Auckland than other areas of the county.

Most responses were from people who had been in the British Army (78%), followed by the Royal Navy (12%), RAF (9%) and Royal Marines (1%).

Most respondents were under 18 (53%) or between 18 and 25 years old (40%) when they joined the armed forces.

Most respondents served for over five years (86%) with the majority serving for over 15 years (41%).

The majority (58%) of the respondents left the armed forces over 15 years ago. 15% of the respondents left the military less than four years ago.

Most respondents (105) wanted to leave the military regardless of whether this was because they had served their time, or they were discharged on medical or other grounds. Some respondents (57) did not want to leave with 20 being discharged on medical grounds and nine being discharged on other grounds. Some respondents identified that their reason to leave the armed forces was predominantly due to marriage, starting a family/pregnancy or a desire for a more stable family life.

Most respondents (98%) are registered with a GP. Those that are not registered cite waiting lists as a barrier.

Only 23% of respondents recall ever being asked by a GP whether they have ever served in the armed forces.

Physical health

Most respondents (53%) describe their physical health as good/very good. Chronic pain (61%) and heart problems (41%) are identified as the most common problems amongst respondents. 67% of those who have physical health conditions believe that they were caused as a result of their military career citing chronic pain, joint problems and chronic fatigue as the main symptoms.

Some have consulted their GP or consultants about the issues, but many (almost 1 in 4) have not because they “just live with it”, “we don’t moan we carry on” or “because [they] assumed it’s age and too late”.

Two thirds (67%) of respondents are satisfied with their life now adays with 69% also feeling like their life is worthwhile.

Mental health

53% of respondents reported their mental health and wellbeing as being good/very good. Depression (32%) and post-traumatic stress disorder (27%) were identified as the main symptoms of mental ill-health amongst the respondents with stress and anxiety also being mentioned.

40% of respondents believe their mental health issues are as a result of their military service with PTSD, depression and bad nerves being the most common. Issues with sleep/dreams were also mentioned.

32% of respondents who reported mental health issues have not sought help from anyone. Some of the reasons for not seeking help are that “it has never been offered to me”, “what’s the point, they don’t care and have no empathy with you”, “don’t want to put a strain on services”, “there are more worthy individuals than me”, “I feel that I burden the system” and that they received support in the army and can now self-manage.

Concerns about their mental health were identified by respondent included:

- the impact on their family,
- not fitting the norm in relation to current society,
- feeling lost
- feeling that it has gone on so long it is non-recoverable
- that they are “fobbed” off and that no-one listens

Other things that can impact on health and wellbeing

Housing

Most respondents own their own home either with a mortgage (44%) or without a mortgage (32%), rent from the private sector (10%) or rent from a social landlord (9%). 10% of respondents are either unhappy/very unhappy with their housing situation currently and 22% of respondents worried about their housing situation.

Themes identified within the worries that respondents identified were:

- Ability to afford mortgage payments
- Interest only mortgage with no ability to pay off the capital
- Age discrimination in accessing housing
- Mobility around the house (stairs etc.)
- More advanced age than the rest of the population of beginning a mortgage on leaving the military
- Cost of living
- Ability to afford repairs
- Other debt
- Cost of rent as move towards pensionable age

People who have sought help have accessed a variety of sources including the local authority, social landlords and charities. However, 78% of those who are worried about their housing situation have not sought help or advice. A number of reasons for not seeking help were identified:

- “don’t know who to reach out to”,
 - “don’t know where to access help”,
 - “there are people worse off than me”,
 - “scared”,
-

- “embarrassment”,
- “not sure what help is available to me”,
- “It’s my job to put it right”
- “I work full-time so will get no help”.

Employment

Respondents to the survey are largely employed full-time (54%), retired (18%) or are self-employed/contract work (10%). 4% of the respondents were unemployed. Others reported being unable to work due to illness/disability.

56% of respondents were satisfied/very satisfied with their job. 20% of respondents highlighted that they are worried about their education, training or employment. Themes of issues identified relating to education, training or employment were:

- Lack of training opportunities due to time and cost
- Lack of opportunity and employer support for career progression
- Discrimination in accessing employment as a veteran
- Lack of formal educational qualifications

Some respondents acknowledged that they feel “stuck in a job” or “stuck in the type of role I am in”.

71% of those respondents who are worried about their education, training or employment have not sought help. Those in work do not have the time to access help, do not know who is available to help and could not afford fees to access education or training.

Finances

When asked about whether they have any financial worries 40% of respondents indicated that they have worries citing:

- Lack of income (particularly private and state pensions)
- Increasing cost of living
- Lack of savings/safety net
- Lack of disposable income
- Debt

Most respondents (74%) have not sought any help for financial worries because they do not know who to ask/turn to, they earn above the threshold for any help and don’t feel they will get any help, it’s an issue which is affecting everyone, and they are “too proud to beg”.

Loneliness and social isolation

Half of the respondents (50%) reported that they lack companionship some of the time or often. 56% of respondents feel left out some of the time or often. 53% of respondents feel isolated from others some of the time or often. 52% of respondents say they feel lonely some of the time or often.

Whilst respondents identified a significant number of organisations who are available to help with social isolation and loneliness, barriers in accessing the support were identified as:

- Lack of self-confidence
- Anxiety
- Hearing loss
- Travel/transport
- Men don't seek help
- Don't have the ability to ask
- Embarrassment

Health Behaviours

Smoking

When people were asked about their smoking status 87% of respondents (144) stated that they do not currently smoke tobacco. This is greater than the resident population of County Durham of whom 14.3% currently smoke. 55% of respondents have ever smoked tobacco of which 38% have sought help to stop smoking. Most respondents reported stopping on their own without any formal help/support. The minority who remains as smokers describe smoking as being the "one pleasure I have".

Alcohol

Some respondents recognised the role that alcohol played in their military life:

"[I] know it's a problem unfortunately military life revolved completely around alcohol"

60% (97) of the respondents to the questions on alcohol drink alcohol 2-4 times a month or less, or never.

55% of the respondents drink less than 4 units on a typical day when they are drinking. 27% of respondents stated that they drink 7 units or more on a typical day when they are drinking. Some respondents reported their alcohol use as a coping mechanism or release from everyday pressures.

"It's a coping mechanism"

"Don't smoke don't gamble work hard drink hard."

5% of respondents reported drinking 6+ units of alcohol daily or almost daily, this is in line with the estimates of the general population.

9% of respondents have thought about seeking or have sought help for their drinking. Where people haven't thought about or sought help for their drinking the main theme was around them not having a problem or that they stopped themselves due to medication, however other respondents recognised barriers to accessing help:

"The thought of any form of counselling makes me shiver, I never open up to unknown people."

People had sought help for their alcohol through a variety of mechanisms including:

- The Army when they were in service
- GP
- Alcohol service/Humankind
- Alcoholics Anonymous
- Humankind via courts
- Apps
- Hope Programme

Other substances

The numbers for the use of other substances have been suppressed due to low numbers.

Weight

Over three-quarters (76%) of respondents to the survey are at least a little concerned about their weight. 46% report exercising on a daily or almost daily basis. Only 15% of respondents reported eating 3+ portions of fruit or vegetables a day. 85% of respondents have never accessed any support for food or exercise. Of the 15% who had, they had accessed support from:

- NHS services including diabetic nurses and dieticians
- Local gyms
- Rugby clubs
- Sporting Forces
- Slimming World/Weight Watchers
- Help for Heroes
- Set for Life
- Running clubs
- Family and friends
- Wellbeing for Life
- Employer

There were some barriers to accessing support identified including free programmes that once completed require payment and waiting lists:

“My doctor referred me to a weight loss program, but I don’t have the money to pay for a membership monthly so when my course finished, I had to stop going”.

“I responded to a request from my GP in 2021 asking if I was interested in being referred to a weight loss program, I responded YES, and was apparently put on a waiting list, I’m still waiting.”

For those who hadn’t accessed support, personal responsibility, injury/chronic pain, time and money formed significant themes as to why people had not accessed support, some reported that they weren’t aware of any help available:

“Too patronising, it’s me who needs to lose a few stone so I need to take responsibility”.

“Due to back and knee injury”

Work commitments, family commitments, services costs

Sleep

55% of veterans who responded say they get enough sleep, on a daily basis. 17%, however, report that they never get between 6 and 9 hours of sleep.

Available support

A significant majority of respondents (71%) said they do not feel there is enough support for veterans in County Durham. Respondents did, however, specifically mentioned that they received good support from:

- Employability Durham
 - Armed Forces Outreach Service
 - SSAFA groups
-

6. Stakeholder insight

Interviews were carried out with a range of stakeholders including, but not limited to, Armed Forces Outreach Service, SSAFA case workers, Social Prescribing Link Workers, Sporting Force, Veterans' Community Hub, East Durham Veterans, Alzheimer's Society and Durham County Council Community Arts. Comprehensive notes were taken during the interviews and thematic analysis was undertaken of the interview notes.

All stakeholders spoke about the complexity of cases they were seeing with people presenting, usually at a time of crisis, with multiple needs. Some services highlighted a change in the type of personnel seeking support from their services with more senior ranks presenting. This is believed to be from a change in policy from the MOD by transitioning medically non-deployable people out of the services. Several stakeholders also spoke about a minority of veterans "charity hopping" and expressed a desire to be more joined up to better support the veterans and prevent this from happening.

All stakeholders identified that language is very important which is why peer-led services are seen as essential to enable the right support for veterans. They highlighted that ex-service people speak the same language and have a clear understanding of military life which cannot be taught.

Many stakeholders identified that people present to their service for support with rent arrears. This has been exacerbated following the revocation of the COVID eviction ban which protected social and private tenants by delaying when landlords could evict tenants. From 1 October 2021, all notice periods returned to the pre-pandemic position which reduced the minimum period of notice back to two months. Stakeholders also spoke about the variability in accommodation and the shortage of supported accommodation for veterans. Partners spoke about the lack of short-term accommodation for veterans with many being placed in hotels and B&Bs as a stop gap and variability of supported accommodation. They also spoke about rehoming policies contributing to social-isolation and loneliness for the veteran population – veterans need "the right housing, not just to be rehoused".

Stakeholders identified a gap in mental health provision between self-help and specialist services for veterans. They also expressed concern at seemingly lengthy waiting lists for veterans to access specialist services. One charity, at least, has developed its own service in response to this issue.

The perception of veterans by the general population was identified as a significant barrier to integration and recovery for veterans by a number of stakeholders. The portrayal of veterans in the media as being "sad, mad or bad" was highlighted with a desire to do more locally to promote the strengths ex-service personnel bring to the County as well as making the armed forces community more visible to each other and the wider community.

Stakeholders thought it was important for veterans to feel comfortable accessing non-veteran specific services. It was felt that more could be done to encourage veterans into leisure services to enable people to remain physically active on leaving the services which was identified as an issue. Suggestions to make universal services more inclusive included training for staff, veteran specific pathways into services and targeted marketing.

Partnership working and good relationships between all veteran specific services are seen as the glue to providing the best holistic support for veterans. There was a feeling that some organisations were trying to do everything themselves and not fully engaging with the network of organisations and charities that are available to help. Several organisations spoke about the desire to have a more joined up approach.

Professional support for veterans with dementia and their carers was identified as a gap.

7. System mapping

Durham County Council

As part of the implementation of the Armed Forces Covenant, Durham County Council offer:

- a guaranteed interview scheme for people who have left the armed forces within three years
- concessionary rate discounts at all council owned leisure centres for serving personnel, reservists and veterans
- For employees who may be veterans: Reserve Forces Policy & Cadet Force Adult Volunteers Policy. Armed Forces Staff Network

They also contribute to the funding of the [Armed Forces Outreach Service](#) (AFOS) in County Durham which is staffed by people who have themselves served in the armed forces and are trained to help people from the armed forces to find a home and settle into the community. They can also give general housing advice and help with any other housing matters or problems such as moving home, homelessness, and rent arrears and work in partnership with other organisations to ensure advice and guidance on benefits and finances, employment and training and health and wellbeing needs.

NHS: General Practice

There are 65 GP Practices signed up to be Armed Forces Friendly GPs. By being a Veteran Friendly GP practice, they can better identify, treat, and refer veterans, where appropriate, to dedicated NHS services

They will have an identified clinical lead for veterans in the practice.

If ex-armed forces have a health problem caused by their time in the armed forces, they may be able to receive NHS care quicker than normal through priority treatment for veterans. Priority treatment is not guaranteed. Receiving priority treatment depends on their situation and the nature of the treatment required.

NHS: Social Prescribing Link Worker

The Veterans' Social Prescribing Link Worker is ex-armed forces and, following a referral through a GP, will be able to support people on a 1-2-1 basis to access help around what is important to them. The role of Veterans' SPLW in County Durham is, however, dependent upon short term funding.

NHS: Mental Health Support: Op Courage

Op COURAGE: The Veterans Mental Health and Wellbeing Service is an NHS mental health specialist service designed to help serving personnel due to leave the military, reservists, armed forces veterans and their families.

It encompasses the following veterans' mental health services:

- the Veterans' Mental Health Transition, Intervention and Liaison Service (TILS)
- the Veterans' Mental Health Complex Treatment Service (CTS)
- the Veterans' Mental Health High Intensity Service (HIS)

Op Courage partners with Walking With The Wounded who deliver employment support, mental health support, support care coordination and volunteering programmes to get those who served, and their families, whether mentally, socially or physically wounded, back on their feet and making a positive contribution.

Criminal Justice System: Project Nova

Project Nova provides Care Coordination to ex-servicemen and women who have been arrested or are at risk of arrest. They work with a large network of organisations providing veterans with specialist support, including health, housing and employment

Department for Work and Pensions

The DWP has employed an Armed Forces Champion who covers Durham Tees Valley area.

Charity: Aycliffe Veterans Community Hub



Aycliffe Veterans Community Hub is an on-site cafe with a range of food and beverages.

They also offer:

- welfare and physiological services,
- woodworking courses,
- art, theatrical and creative writing groups.
- vehicle maintenance and blacksmithing

Charity: [East Durham Veterans Trust](#)



East Durham Trust is primarily a Mental Health Charity providing counselling and peer support groups. They have monthly trips, coffee mornings, a breakfast club and a sensory garden.

They provide help with practical issues including, fuel and food poverty, financial issues, housing, employment and have an in-house substance misuse practitioner who also offers holistic therapies.

Charity: [SSAFA](#)



SSAFA volunteers provide personalised, face-to-face, direct support to individuals in need of physical or emotional care. They have trained welfare advisors and volunteers who work with each person to find out exactly what they need and help the individual or family access the support they need. This can range from:

- someone to listen
- financial assistance from statutory and military benevolent funds or foundations
- signposting to other partners

There are also support groups which meet weekly in the Bishop Auckland and Consett areas.

Durham Veterans Contact Point meet monthly at various venues throughout County Durham first point of contact for veterans to meet delivery partners on a face-to-face basis, to gain help or assistance, or merely to meet other veterans in a friendly and non-judgemental context.

Charity: [Royal British Legion](#)



The Royal British Legion provide expert advice and guidance, recovery and rehabilitation and support to transition to civilian life for armed forces and their families. There are branches in Crook/Willington and Bishop Auckland which meet weekly.

Charity: [Help for Heroes](#)



Help for Heroes help the Armed Forces community live well after service by supporting people with their physical and mental health and a range of welfare issues.

MOD: [Career Transition Partnership](#)



The Career Transition Partnership (CTP) is a partnering agreement between the Ministry of Defence and Right Management. Ltd.

CTP provide resettlement services for those leaving the Royal Navy, Army, Royal Air Force and Royal Marines regardless of time served and operate as an intermediary service for employers wishing to hire from the Service leavers and veterans pool of talent.

Charity: [Fighting with Pride](#)



Fighting with Pride support LGBT+ Veterans, serving personnel and their families, particularly those who were affected by the 'gay ban', ultimately lifted on 12th January 2000.

They work with Veteran supporting organisations to build capacity for LGBT+ Veteran support, to recognise their service and help resolve the challenges they face in their lives beyond military service.

FWP is a 'lived experience' LGBT+ charity, supporting those seeking help and a resource for those who seek to help them.

Charity: [The Veterans' Gateway](#)



The Veterans' Gateway is a nationally available a point of contact for all Tri-Service veterans, and their families. Its covers issues such as: housing, employment, finances, living independently, mental wellbeing, families and communities, and physical health. It can provide links with other

8. Results

Theme 1: Data

Available data on veterans residing in County Durham is poor. Further census data will be published in 2023 which will help to provide a more accurate picture of the veteran population residing in County Durham.

As a result of the lack of information, we do not have an accurate picture of the health and wellbeing needs of ex-armed forces personnel.

We also do not have an accurate picture of the age range etc. The estimates suggest that most people who have served in the armed forces and now reside in County Durham are older.

Data on whether people have ever served in the armed forces is not routinely collected by services. Those who collect data, are unable to extract, or share for analysis at a population level.

Theme 2: Health issues

Veterans can experience a variety physical and mental health issues. It can be difficult to determine whether they are as a result of their military career especially where the issues were not apparent at the time of discharge.

Health issues which appear after discharge may be perceived as military related by those who are ex-services but diagnosis and causation by health care professionals can be more difficult to determine. This difficulty can lead to unmet expectations as veterans consider themselves to warrant priority service under the Armed Forces Covenant where health care professionals view differs.

People who responded to the survey reported chronic pain and heart problems as the main physical health issues they experience and the literature evidences muscular skeletal issues amongst veterans. Chronic pain and MSK are possibly not surprising given the physical nature of the work in the armed forces, but it can be difficult to ascertain whether these issues are military or ageing related.

Whilst lower-level mental health issues such as bad nerves and depression as well as sleep disturbance are apparent within the veteran community in County Durham, veterans commented that there has not been a specific marketing campaign aimed at veterans around mental wellbeing.

Theme 3: Access to health care

People who are ex-armed forces residing in County Durham report having the same difficulties in accessing GP and NHS Dentist appointments as the wider population. There is a feeling amongst veterans that they should have better and easier access than the general population. There is some evidence of the Armed Forces Covenant setting unrealistic expectations amongst military veterans.

There were reports that some GPs are unaware of the person's veteran status, an unwillingness to accept people as veterans and therefore, when they need to access healthcare services they feel as though health care professionals are "fobbing you off". This was attributed to a lack of understanding of:

- the types of health needs experienced by veterans because of their previous military lifestyle; and
- obligations under the Armed Forces Covenant by healthcare professionals.

Ensuring Ministry of Defence records are obtained by civilian GPs was identified as a priority in discussions with stakeholders and from the survey.

Where there are mental health issues that veterans believe are linked to their service, they feel there should be priority access to treatment. Veterans feel that they are not listened to and their beliefs that their issues are military related are dismissed.

Theme 4: Access to support for individuals

Support with transition while people are still within the armed forces is exemplary, however, those who leave abruptly receive very little or no support. Once people leave the armed forces there is seemingly no support, especially for older veterans.

The mapping of support available for ex-armed forces shows extensive support, mainly through military based charities and community interest companies, is available, however, many people are unaware of any support available and female veterans particularly do not feel the support is inclusive. Many people only look for and access support when they are in crisis. People do not access universal services citing the lack of understanding of the armed forces way of life as a barrier and some do not feel they are for them.

There is clearly a lack of visible and appropriately marketed information for veterans about help and support available, including through universal services. Communication with veterans about available support needs to be improved.

Due to the number of services available to support veterans it can be confusing for people to know where to turn to for help. There is a feeling that services for veterans are not properly coordinated and therefore there is fragmentation, duplication and "mission creep". It was felt that some groups for veterans work in isolation and support would be stronger if everyone worked together.

Isolation and loneliness after leaving the armed forces was highlighted, but it was also acknowledged that groups do not always need to be "support groups", some people do not need or want support, but groups where people can go and socialise, be active, and have regular get-togethers. Many veterans are in employment and also miss the camaraderie of the armed forces, many social/support groups take place whilst people are at work, and this is seen as a barrier to accessing activities to improve wellbeing.

There is perceived to be a lack of employment support on leaving the armed forces and also to undertake additional training or change jobs outside of the timescales for support from the Career Transition Service.

Housing is an issue especially for those people who leave the army in an unplanned way, relying on family to house them. Short-term provision and supported accommodation for veterans in transition to help them to more easily adapt to civilian life is inadequate and variable in standard.

Theme 5: Support for the armed forces community

There is a misperception about ex-armed forces personnel, perpetuated by the media, which leaves veterans feeling marginalised from wider society.

Stakeholders and service leavers view the Armed Forces Covenant as a “tick box exercise” as people see a disparity on what public services say they will do and what they deliver, much of this is due to support for veterans being implicit rather than explicit in policies and based on relationships rather than agreed policy.

At the same time, stakeholders highlighted that the management of expectations around accessing services needs to be addressed both within the military and locally, detailing what exactly the armed forces covenant means in reality!

There is a feeling of over-reliance on charitable funding for support groups and celebratory events with limited contribution or support from public sector organisations.

Support by public sector organisations for celebratory events, such as Armed Forces Day is minimal both through funding and coordination. It was identified that more could be done to celebrate the armed forces, perhaps an annual social event where ex-armed forces and prospective ex-armed forces moving to the area could network and find out more about the help and support available to them.

Theme 6: Emerging issues

Unsurprisingly, given the believed age demographic of the veteran population in County Durham, dementia is seen as an emerging issue identified through both stakeholders and the survey, though not within the literature.

A wider issue, identified by some older veterans was that of loneliness and social isolation due to living alone and feeling as though they are in a “benefits trap” which would mean losing military pension and thus independence if they were to live with another person.

9. **Limitations**

The information presented in this Health Needs Assessment is from a variety of sources. Where possible data specifically related to veterans living in County Durham has been used however, this has not been consistently or widely available. This is reflected as a recommendation from the Health Needs Assessment.

The survey was open for completion for 5 weeks over summer 2022. Whilst widely promoted through Durham County Councils communications promotion of the survey was reliant on existing armed forces networks which could bias the responses to those who have already sought support.

10. Conclusions and recommendations

A military veteran is defined as anyone who has served in the British Armed Forces for at least a day. This includes reservists. The British Armed Forces are made up of the Royal Navy, the Royal Marines, the British Army and the Royal Air Force. There are estimated to be 18,000 people across the country who transition back to civilian life each year.

Veterans are a culturally specific group, many (especially females) of whom do not identify as veterans but as ex-armed forces (Burdett et al, 2012).

Many ex-armed forces make the transition into civilian life without issue and report good health and wellbeing. A very small number of ex-armed forces struggle to reintegrate back into civilian life usually due to compounding factors including adverse childhood experiences, experience in the armed forces and circumstances in which they left the armed forces. As a result, a minority find themselves unemployed, homeless and potentially part of the criminal justice system.

“Service leavers as a whole begin new careers, enjoy good health and are no more likely to suffer PTSD, become homeless, commit suicide or go to prison than the rest of the population”

(Lord Ashcroft, 2014)

The estimated population of the ex-armed forces population in County Durham, according to the 2021 Census is 22,615, 5.2% of the population of County Durham. This is slightly above the North-East average of 5.0% and above the England average of 3.8%. More detailed information obtained by the census is not yet available and is due to be published in Spring 2023.

Most other available data on the ex-armed forces community is only available at North-East regional level. Very little data is collected in relation to ex-armed forces at a County Durham geography. Where data is collected it is often not analysed to identify common issues or utilised to direct any service improvements.

Veterans experience a variety physical health, mental health and social issues which affect their overall sense of wellbeing. Some physical and mental health issues are apparent at discharge and are documented in Ministry of Defence records, however, many issues are not apparent and can take years to manifest or are as a result of poor transition out of the armed forces. Health issues which appear after discharge may be perceived as military related by those who are ex-services but diagnosis and causation by health care professionals can be more difficult to determine.

The mapping of support available for ex-armed forces shows extensive support, mainly through military based charities and community interest companies, is available, however, many people are unaware of any support. Many people only look for and access support when they are in crisis. People do not access universal services citing the lack of understanding of the armed forces way of life as a barrier and some do not feel they are for them.

Veterans in County Durham do have unmet need, and this is for several reasons:

- Poor data: veterans are not routinely identified by most organisations. Where data is collected it is not analysed for common themes or service improvements.
- Health issues: it can be difficult to link physical and mental health issues to military service. Perception of either a physical or mental health issue being military related but determination of diagnosis and causation to be military related can be more difficult, this leads to unmet expectation.
- Access to health care: veterans experience the same difficulties as the general population in accessing health care, however, expectations raised through the Armed Forces Covenant mean that there is unmet expectation.
- Support for individuals: there is a lot of support available for veterans which can lead to duplication and disjointed support. Female veterans, however, are less likely to access the support already available. Information on support is not readily available in one easy to access place which can make it difficult to find. There is a lack of visible and appropriately marketed information for veterans about help and support available, including through universal services.
- Support for the armed forces community: the armed forces community in County Durham is largely hidden and there is an over-reliance on charitable funding to properly support veterans and people leaving the armed forces. The implementation of the Armed Forces Covenant is mainly based on relationships rather than policy meaning inconsistencies in the way people receive services.
- Emerging themes: Specific professional support for veterans with dementia and their carers is not available.

Data: identification, capture and extraction

Recommendation 1:

All services provided or commissioned by the public sector related to health and wellbeing, especially public health, general practice and other NHS services, should ask whether people have ever served in the UK Armed Forces and this information should be accurately recorded and able to be extracted from recording systems for future analysis of needs. This information should be back dated to support identification of need in the future.

Recommendation 2:

Data Protection Impact Assessments (DPIAs) should be updated to cover the sharing of data for analysis purposes including Health Needs Assessments.

Recommendation 3:

A Health Needs Assessment of family and dependents of military veterans should be considered.

Recommendation 4:

Partnerships for veterans should be data informed and should work together to improve data sharing and analysis of data to inform action.

Recommendation 5:

Develop a mechanism for veteran support charities/agencies and other organisations to effectively share information on individuals they are working with to reduce the duplication of resource.

Health issues**Recommendation 6:**

Health and social care professionals, including commissioners, should undertake training on the health and wellbeing needs of people who have served in the armed forces.

Recommendation 7:

The Now You're Talking Campaign should be extended to include a veteran/service leaver focus.

Recommendation 8:

Public health commissioned services such as drug and alcohol recovery, should have veteran specific forums.

Access to healthcare**Recommendation 9:**

Health professionals should undertake training on the culture of the armed forces and the health and wellbeing needs of people who have served in the armed forces.

Recommendation 10:

Produce communication tools to support veterans to better understand and manage expectations about what the "priority" access to NHS services means to them.

Recommendation 11:

Display material in GP surgeries and on digital platforms which encourages veterans to self-identify.

Access to support for individuals**Recommendation 12:**

Work should be undertaken with the Ministry of Defence (MOD) to ensure a consistent process for identification of people being discharged to County

Durham, irrespective of length of service, and share the information with a single point of contact to ensure that they are seamlessly transferred to support in the area.

Recommendation 13:

A single point of access to holistic support for veterans within the County should be established for people who are in the process of leaving the armed forces to make transition into the area easier. This could also serve as an access point for support for veterans who have left the military more historically. This access point to support should be widely advertised and promoted.

Recommendation 14:

Develop a network of face-to-face drop-in centres where people can have their individual needs assessed and tailored support packages developed.

Recommendation 15:

Develop and market “social” groups/networks for people who are ex-armed forces where their support need is around social isolation and loneliness.

Recommendation 16:

Link with the developments of the County Durham Together “Community Book” to develop a veteran specific section on available socials and support for ex-armed forces and ensure it is widely promoted/marketed, including through the MOD, to ensure veterans transitioning to County Durham are able to access up to date information and support where needed.

Recommendation 17:

Use a peer support model to market “others like me” who have accessed support to encourage veterans to seek support before they reach crisis point as well as those who have successfully transitioned back to County Durham.

Recommendation 18:

Consider an annual or bi-annual event where all armed forces charities and other support for veterans could market what is available to people who are in the process of being discharged or who have been recently discharged.

Support for ex-armed forces population

Recommendation 19:

Increase knowledge, through training and education, of public sector staff and people who are or have been discharged from the armed forces to better understand the responsibilities and better manage expectations of the armed forces covenant. Including working with the MOD for people prior to discharge.

Recommendation 20:

Consider how the County Durham Armed Forces Forum can take a stronger role in both funding and coordination of central celebratory events for the armed forces.

Recommendation 21:

Use Durham County News to promote positive stories about veterans who have successfully reintegrated as well as to highlight support available for people who are ex-armed forces.

Emerging Issues

Recommendation 22:

Specific needs of the veteran population should be considered within any future developments in dementia care across the County.

No.	Recommendation	Who should implement?	Lead Partnership	Priority
1	All services provided or commissioned by the public sector related to health and wellbeing, especially public health, general practice and other NHS services, should ask whether people have ever served in the UK Armed Forces and this information should be accurately recorded and able to be extracted from recording systems for future analysis of needs. This information should be back dated to support identification of need in the future.	GP Practices NHS Foundation Trusts Public Health	Health and Wellbeing Board County Durham Care Partnership	High
2	Data Protection Impact Assessments (DPIAs) should be updated to cover the sharing of data for analysis purposes including Health Needs Assessments.	All partners	Health and Wellbeing Board	High
3	A Health Needs Assessment of family and dependents of military veterans should be considered.	Armed Forces Forum	Armed Forces Forum	Low
4	Partnerships for veterans should be data informed and should work together to improve data sharing and analysis of data to inform action.	Armed Forces Forum	Armed Forces Forum	Medium
5	Develop a mechanism for veteran support charities/agencies and other organisations to effectively share information on individuals they are working with to reduce the duplication of resource.	Armed Forces Forum	Armed Forces Forum	High
6	Health and social care professionals, including commissioners, should undertake training on the health and wellbeing needs of people who have served in the armed forces.	GP Practices NHS Foundation Trusts Public Health Adult Social Care	Health and Wellbeing Board County Durham Care Partnership	Medium
7	The Now You're Talking Campaign should be extended to include a veteran/service leaver focus.	Mental Health Alliance	Armed Forces Forum	Medium

8	Public health commissioned services such as drug and alcohol recovery, should have veteran specific forums.	Public Health	Health and Wellbeing Board	Medium
9	Health professionals should undertake training on the culture of the armed forces and the health and wellbeing needs of people who have served in the armed forces.	GP Practices NHS Foundation Trusts	Health and Wellbeing Board County Durham Care Partnership	Medium
10	Produce communication tools to support veterans to better understand and manage expectations about what the “priority” access to NHS services means to them.	Integrated Care Board	Integrated Care Board	High
11	Display material in GP surgeries and on digital platforms which encourages veterans to self-identify.	GP Practices	Health and Wellbeing Board County Durham Care Partnership	High
12	Work should be undertaken with the Ministry of Defence (MOD) to ensure a consistent process for identification of people being discharged to County Durham, irrespective of length of service, and share the information with a single point of contact to ensure that they are seamlessly transferred to support in the area.	Armed Forces Forum	Armed Forces Forum	High
13	A single point of access to holistic support for veterans within the County should be established for people who are in the process of leaving the armed forces to make transition into the area easier. This could also serve as an access point for support for veterans who have left the military more	Armed Forces Forum	Armed Forces Forum	High

	historically. This access point to support should be widely advertised and promoted.			
14	Develop a network of face-to-face drop-in centres where people can have their individual needs assessed and tailored support packages developed.	Armed Forces Charities	Armed Forces Forum	High
15	Develop and market “social” groups/networks for people who are ex-armed forces where their support need is around social isolation and loneliness.	Armed Forces Charities	Armed Forces Forum	High
16	Link with the developments of the County Durham Together “Community Book” to develop a veteran specific section on available socials and support for ex-armed forces and ensure it is widely promoted/ marketed, including through the MOD, to ensure veterans transitioning to County Durham are able to access up to date information and support where needed.	County Durham Together Partnership	County Durham Together Partnership	Medium
17	Use a peer support model to market “others like me” who have accessed support to encourage veterans to seek support before they reach crisis point as well as those who have successfully transitioned back to County Durham.	Armed Forces Forum	Armed Forces Forum	Medium
18	Consider an annual or bi-annual event where all armed forces charities and other support for veterans could market what is available to people who are in the process of being discharged or who have been recently discharged.	Armed Forces Forum	Armed Forces Forum	Medium
19	Increase knowledge, through training and education, of public sector staff and people who are or have been discharged from the armed forces to better understand the responsibilities and better	Durham County Council	Armed Forces Forum	Medium

	manage expectations of the armed forces covenant. Including working with the MOD for people prior to discharge.			
20	Consider how the County Durham Armed Forces Forum can take a stronger role in both funding and coordination of central celebratory events for the armed forces.	Armed Forces Forum	Armed Forces Forum	Medium
21	Use Durham County News to promote positive stories about veterans who have successfully reintegrated as well as to highlight support available for people who are ex-armed forces.	Durham County Council	Armed Forces Forum	Medium
22	Specific needs of the veteran population should be considered within any future developments in dementia care across the County.	Adults and Health Services – Commissioning	Health and Wellbeing Board County Durham Care Partnership	Medium

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Appendix 2: Survey of Military Veterans

A survey of military veterans/ex-service people

The Public Health team at Durham County Council is undertaking a Health Needs Assessment of military veterans/ex-service people who live in County Durham. We want to find out:

- The main health and wellbeing concerns of people who have served in the military
- What affects the health and wellbeing of veterans/ex-service people (i.e. money and housing)
- What support is available to help with health and wellbeing issues
- What support should be available to help veterans to live well in County Durham

This survey will take no more than **20 minutes** to complete. The answers you give will be confidential and any results that are reported will be anonymous, and will not be able to identify any individual. The results of this survey will be included in the Health Needs Assessment. The report will include recommendations for change and will be published on Durham County Council's website.

Completing this survey might trigger thoughts, feelings or other issues that you might feel you need further advice or support around. If this happens, please contact Chris Cowley, Armed Forces Social Prescribing Link Worker on telephone number 07485346219 or by emailing chris.cowley2@nhs.net alternatively, you could contact the Armed Forces Outreach Service on telephone number 03000 268000 or by emailing armedforcesoutreachworker@durham.gov.uk

About your military service

- | | | | | | | |
|---|--------------------|------------|----------|---------------|-------------|----------|
| 1. Which branch of the military did you serve in? | Army | Royal Navy | RAF | Royal Marines | | |
| 2. How long did you serve in the military for? | Less than 6 months | 6-12months | 1-4years | 5-9 years | 10-14 years | 15+years |
-

3. How old were you when you joined the military?

Under 18 18-25 26-35 36-45 45+

4. What was your rank upon discharge?

.....

5. How old were you when you left the military?

Under 18 18-25 26-35 36-45 46-55 56-65 65+

6. Why did you leave military service?

I left the military because I had served my time. I wanted to leave.

I left the military because I had served my time. I did not want to leave.

I left the military early and was discharged on medical grounds. I wanted to leave.

I left the military early and was discharged on medical grounds. I did not want to leave.

I left the military early and was discharged on other grounds. I wanted to leave.

I left the military early and was discharged on other grounds. I did not want to leave.

Other (tell us how you would describe how you left military service).....

About your health and wellbeing

7. Are you registered with a GP?



Yes (Go to Question 7)

No (Go to Question 6)

8. Please tell us why you are not registered with a GP.

.....

9. Did you tell them you were a veteran or served in the military?

Yes

No

Can't remember

Physical health

10. How would you describe your physical health?

Very Poor

Poor

OK

Good

Very Good

11. Do you currently have any physical health conditions (tick all that apply)

Chronic pain (i.e. Arthritis, Bad back, neck etc)

Diabetes

Epilepsy

Heart problems (e.g. High Blood Pressure, Angina)

Chest problems (e.g. Asthma, Chronic Obstructive Pulmonary Disease (COPD))

Chronic Neurological (e.g. Multiple Sclerosis)

Skin conditions

Sensory issues (hearing, sight etc)

Stomach, liver, kidney, digestion problems

Other Long Term Conditions (e.g. Chronic Fatigue Syndrome, Irritable Bowel Syndrome (IBS), Cancer) etc.

Other (please describe)

12. Do you have any physical health conditions (diagnosed by a medical professional or not) that you think are the result of your military service?

Yes (go to question 13)

No (go to question 15)

13. Which of your physical health conditions do you think are the result of (or related to) your military service?

Chronic pain (i.e. Arthritis, Bad back, neck etc)

Diabetes

Epilepsy

Heart problems (e.g. High Blood Pressure, Angina)

Chest problems (e.g. Asthma, Chronic Obstructive Pulmonary Disease (COPD))

Chronic Neurological (e.g. Multiple Sclerosis)

Skin conditions

Sensory issues (hearing, sight etc)

Stomach, liver, kidney, digestion problems

Other Long Term Conditions (e.g. Chronic Fatigue Syndrome, Irritable Bowel Syndrome (IBS), Cancer) etc.

Other (please describe)

14. Who have you spoken to about your military related physical health conditions?

Doctor/GP

Pharmacist

Consultant

Nurse

Physiotherapist

Social Prescribing Link Worker

Wellbeing 4 Life

Veteran Charity

Veteran Support Group

No-one

Not applicable

15. If you answered no-one to question 12, please tell us why.

.....
.....

Mental health

16. How would you describe your mental health and wellbeing?

Very Poor Poor OK Good Very Good

17. Do you currently have any mental health conditions (tick all that apply)

- Depression
- Bad nerves
- PTSD
- Learning difficulties
- Mental illness (i.e. Bipolar, Schizophrenia)
- Phobia
- Panic Attacks
- Other (please describe)

18. Do you have any mental health conditions that you think are the result of (or related to) your military service?

Yes (go to question 19) No (go to question 21)

19. Which of your mental health conditions do you think are the result of your military service?

- Depression
- Bad nerves
- PTSD
- Learning difficulties
- Mental illness (i.e. Bipolar, Schizophrenia)
- Phobia
- Panic Attacks
- Other (please describe)

20. Who have you spoken to about your military related mental health conditions?

- | | | | | |
|--------------------------------|------------|------------------|----------------|-----------------|
| Doctor/GP | Pharmacist | Consultant | Nurse | Counsellor |
| Social Prescribing Link Worker | | Wellbeing 4 Life | IAPT Services | Veteran Charity |
| Veteran Support Group | | No-one | Not applicable | |

21. If you answered no-one to question 18, please tell us why.

.....
.....

22. Do you have any worries about your health? If so, please describe these concerns in a few words.

.....

.....
.....

About other things that can affect your health and wellbeing

Housing

23. How would you describe your housing situation?

I own my own house and I have no mortgage

I own my own house and I have a mortgage

I rent my house from a private landlord

I rent my house from a social landlord) (i.e. Believe, Livin, Karbon etc.)

I do not own my own house I live with family or friends (i.e. mam/dad)

I do not have a fixed address

24. How happy are you with your housing situation?

Very unhappy

Unhappy

Satisfied

Happy

Very Happy

25. Do you have any worries about your housing situation?

Yes (go to question 26)

No (go to question 30)

26. Tell us what your worries are in relation to your housing

.....
.....
.....

27. Have you sought help for your housing worries?

Yes (Go to Q.29)

No (Go to Q.28)

28. If no, why not?

.....

29. If yes, who have you sought help from?

.....

Employment, education or training

30. What is your current employment status?

Employed Full Time

Employed Part Time
Career Break etc)

Economically Inactive (Caring for children, Full-Time Education,

Unemployed

Contract Work/Self-employed

Volunteer

Retired

31. If you are in employment or self-employed, how satisfied are you with your job?

Very dissatisfied dissatisfied neither satisfied/not dissatisfied satisfied very satisfied
not applicable

32. If you are in education or training, how satisfied are you with your education/training?

Very dissatisfied dissatisfied neither satisfied/not dissatisfied satisfied very satisfied
not applicable

33. Do you have any worries about your job/employment?

Yes (Go to question 34) No (Go to question 38)

34. Tell us what your worries are in relation to your education, training or employment?

.....
.....

35. Have you sought help for your worries in relation to your education, training or employment?

Yes (Go to Q.37) No (Go to Q.36)

36. If no, why not?

.....

37. If yes, who have you sought help from?

.....

Finances/money

38. Do you have any worries about your finances/money?

Yes (Go to question 39)

No (Go to question 43)

39. Tell us what your worries are in relation to your finances/money

.....
.....
.....

40. Have you sought help for your worries about finance/money?

Yes (Go to Q.40)

No (Go to Q.39)

41. If no, why not?

.....

42. If yes, who have you sought help from?

.....



Relationships

43. Are you:

Single

Civil partnership/married

Living with a partner

Widowed

Divorced

Other (please describe)

Loneliness and social isolation

44. How often do you feel that you lack companionship?

Hardly ever or never

Some of the time

Often

45. How often do you feel left out?

Hardly ever or never

Some of the time

Often

46. How often do you feel isolated from others?

Hardly ever or never

Some of the time

Often

47. How often do you feel lonely?

Often/always

Some of the time

Occasionally

Hardly ever

Never

48. Do you know of any organisations or groups that can help you to feel less lonely?

Yes

No

49. If yes, please tell us who

50. Have you accessed any organisations that can help you to feel less lonely?

51. If no, can you tell us why not?

Lifestyle

Smoking

52. Do you smoke tobacco products? Yes No

53. Have you ever smoked tobacco products? Yes No

54. Have you sought help to stop smoking tobacco?

Yes No

55. If no, why not?

56. If yes, tell us who did you seek help from?

Alcohol

57. How often do you have a drink containing alcohol?

Never Monthly or less 2-4 times a month 2-3 times a week 4 or more times a week



58. How many units of alcohol do you drink on a typical day when you are drinking?

0-2 3-4 5-6 7-9 10 or more

59. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?

Never Less than monthly Monthly Weekly Daily or almost daily

60. Have you ever thought about, or sought help for your drinking?

Yes (Go to Q.62) No (Go to Q.61) Not applicable (Go to Q63)

61. If no, why not?

62. If yes, tell us who did you seek help from?

Physical Activity and Healthy Eating

63. Are you concerned about your weight?

Not concerned

A little concerned

Moderately concerned

Very concerned

64. How often do you eat a portion of fruit and/or vegetables?

Never/very rarely

Once a week or less

2-4 times a week

5-6 times a week

1-2 times a day

3 or more times a day

65. How often do you exercise?

Never

Less than monthly

Monthly

Weekly

Daily or almost daily

66. Have you ever accessed any services to help with food/exercise?

67. If so, who?

68. If not, why not?

Drugs that have not been prescribed to you

69. How often do you take drugs that have not been prescribed to you?

Never

Less than monthly

Monthly

Weekly

Daily or almost daily

70. Have you ever thought about getting, or sought help, for taking drugs that are not prescribed to you?

Yes (Go to Q.72)

No (Go to Q.71)

Not applicable (Go to Q73)

71. If no, why not?

72. If yes, tell us who did you seek help from?

Sexual health

73. How would you describe your sexual health?

Very Poor Poor OK Good Very Good

74. Have you ever accessed any services to help with sexual health?

Yes (Go to Q.75) No (Go to Q.76) Not applicable (Go to 77)

75. If no, why not?

76. If yes, tell us who did you seek help from?

Sleep

77. How often do you get between 6 and 9 hours of sleep?

Never Less than monthly Monthly Weekly Daily or almost daily

Support for Veterans

78. Do you think there is enough support for Veterans who live in County Durham?

Yes No

79. What do you think could be done to better support veterans health and wellbeing in County Durham?

Demographics

Optional

What sex were you assigned at birth, as shown on your original birth certificate?

- a. Male
- b. Female
- c. Decline to answer

What is your current gender identity?

- a. Male
- b. Female
- c. Female-to-male/transgender male/trans man
- d. Male-to-female/transgender female/ trans woman
- e. Neither exclusively male nor female (e.g., genderqueer)
- f. Other (please specify)
- g. Decline to answer

What do you consider yourself to be?

- a. Heterosexual/Straight
 - b. Gay Woman/lesbian
 - c. Gay man
 - d. Bisexual
-

- e. Other
- f. Prefer not to say

How old are you? 16-25 26-35 36-45 46-55 56-65 66-75 76-85 Over 85

Which town do you currently live closest to?

Barnard Castle

Bishop Auckland

Sildon

Consett

Stanley

Chester-le-Street

Peterlee

Durham

Seaham

Thank you for taking the time to complete this survey.

If you are completing this survey in hard copy please [free post envelope]

Appendix 3: Veterans' stakeholder Interview Schedule

**Project Title: A Health and Wellbeing Needs
Assessment of Veterans/ex-military service personnel**



Veterans' stakeholder Interview Schedule

Introduction

- This discussion will take between 45 minutes and 1 hour. How long depends on how long it takes to get the answers in enough depth. I want to make sure that you feel as though you've given me as much information as you can about:
 - the health and wellbeing needs of veterans who live in County Durham,
 - any services you are aware of to help improve veterans' health and wellbeing,
 - whether you are aware of any problems or good experiences of veterans' getting help; and
 - whether you are aware of any gaps in services to help veterans'.
- This interview will be analysed alongside other interviews to see whether there are any themes relating to health and wellbeing needs and will go on to make recommendations to the Armed Forces Forum and the Health and Wellbeing Board for change.
- My role is to listen – encourage open, honest discussion
- I will be audio recording and taking notes – don't have to have it taped but it does make it easier for me to make sure that what is analysed is what is actually said.
- Your input will be totally anonymous – so no one other than you will know it is you, the transcripts of this interview will only be seen by me and no one else.

Questions

1. Tell me about your role in supporting veterans.
2. Tell me about any health and wellbeing needs you see in the veterans you support.

Prompt:

- a. Physical?
 - b. Emotional?
 - c. Mental health?
 - d. Social?
 - e. Financial/welfare?
 - f. Drugs/Alcohol?
-

- g. Relationships?
- h. Social Networks?
- i. Employment/transferrable skills?
- j. Housing

3. Tell me about any additional support that you have sought for the health and wellbeing needs of the veterans you work with.

Prompt:

- a. What was it?
- b. How did you find out about it?
- c. How did it support you?
- d. Where was it?
- e. Who provides it?

4. Tell me about any barriers that you are aware of in veterans accessing services.

Prompt:

- a. Was there something they needed that was not there?
 - b. Were there waiting lists?
-