

Military Veterans Mental Health In Civilian Life



**SOUTH CENTRAL
VETERANS SERVICE**

An information booklet for
ex-service personnel living
in Oxfordshire and
Buckinghamshire

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Introduction

This booklet has been written by the South Central Veterans Service for military veterans who may be experiencing changes in their mental wellbeing, as well as friends and family members of ex-service personnel and mental health professionals working with veterans.

There are four sections to this booklet:

- Transition from Military Life to Civilian Life
- Depression
- Post-Traumatic Stress Disorder
- Guide to Local Berkshire Services

The aims of the booklet are:

- To provide you with information about the transition from military life to civilian life and the difficulties which may arise
- To provide you with information about Depression and the symptoms you may be experiencing
- To provide you with information about Post-Traumatic Stress Disorder and the symptoms you may be experiencing
- To provide case examples showing how these difficulties may present and influence thinking and behaviour
- To provide you with information about local services that can help

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Transition From Military To Civilian Life



Military Culture

The Armed Forces have a distinct set of cultures, rules, language, codes of conduct, and ways of thinking. These ways of thinking tend to be rigid (black and white) and disciplined. Military training equips service personnel to respond automatically to threat with controlled aggression, and to cope with difficult feelings by 'switching off' emotionally. The values and standards upheld in the Armed Forces include: courage, discipline, respect for others, integrity, loyalty, and selfless commitment. Support and camaraderie is often very strong and lifelong friendships can be made.

Civilian Culture

Civilian cultures can include different rules, belief systems and codes of conduct. These belief systems may be less rigid which can be confusing and frustrating for someone who has previously lived a structured life bound by rules. Responding to threat with controlled aggression is often unhelpful in civilian life. This response can lead to difficulties such as breakdown of relationships or getting into trouble with the law. In addition, civilian life tends to focus on the individual with less emphasis on teamwork.

Transition

Leaving the Armed Forces can lead to a loss of identity and support networks. Starting a new lifestyle in 'civvy street' can be a frightening prospect. Building trusting relationships with civilians who have not experienced conflict can be difficult as they cannot truly understand what military life is like and what you have experienced. This can lead to you feeling isolated, alone, and separated from those around you.

Some ex-service personnel find themselves in financial difficulty after leaving the Armed Forces. Whilst some struggle to find or maintain employment, others find it difficult to work for civilian employers, be tolerant of employment structures and hierarchies, and adapt to new rules of conduct and values. Additionally, the civilian benefit system can be difficult to navigate and ex-service personnel may not be aware of benefits they are entitled to.

Mental Wellbeing

Moving into civilian life can change the way you think about things. Loss of identity, role and support networks can lower mood and lead to feelings of isolation and loneliness. Difficulties coping with unwanted emotions (e.g. through avoidance, 'cutting off' and/or anger) can further reduce mood and negatively impact on relationships.

In the Armed Forces alcohol and nicotine are commonly used as a way of coping with distress and negative emotions. Alcohol may have been used during 'debriefs' after distressing events as a way of 'self-medicating' and 'letting off steam'. In the same way that alcohol is used as a coping strategy in military life it can also be commonly used as a coping strategy upon leaving the Armed Forces. However, excessive alcohol use can increase aggression, as well as further lower mood due to its 'depressant' qualities. In addition, heavy alcohol use can lead to difficulties maintaining employment and relationships.

Case study: Paul

Paul (35) served with the Royal Navy but was medically discharged following an injury. This resulted in the belief that he was letting down the men under his command. Paul felt ashamed that his injuries resulted in him leaving the Armed Forces. Following discharge he moved back to live with his parents and began to work at a local supermarket. Paul became frustrated and felt that his life had gone backwards. The situation began to impact on Paul's self-esteem. He stopped socialising with his Naval friends as he felt ashamed of his situation. He also made little effort to meet new people or socialise with civilians as he felt that they did not understand him or share his values.

Paul began to drink heavily as he only felt confident in himself after a few drinks. Paul began to spend most of his time either at the pub or in his bedroom. He soon lost his job and the relationship with his parents got worse. Paul became financially dependent on his parents and did not know whether he was entitled to any benefits. Any money he did have, he spent on alcohol. Paul's parents threatened to evict him from their home unless he reduced his drinking. Although Paul was ashamed of his behaviour he did not feel that he could stop drinking as alcohol seemed the only possible way of coping. Paul felt as though his life was getting worse but was unsure how to fix it.

Do you identify with any of the difficulties Paul is facing? Perhaps you are feeling frustrated by your job, or have been unable to find meaningful employment since you have left the Forces. Are you struggling financially and unsure whether or not you are entitled to any benefits? Do you feel that your alcohol use is out of control?

If you recognise any of these difficulties in yourself and think it would be helpful to speak to someone about it then we recommend that you contact your GP or one of the specific organisations listed in the 'Guide to services' section.

Depression



Depression

The word depression is used to describe feeling 'down', low in mood, sad and/or hopeless. 'Ups and downs' in mood are common and all of us will experience periods of low mood from time to time. However, if you find that these feelings are not passing, or you have repeated periods of low mood, it could be that you are experiencing depression. Symptoms of depression can build up gradually over time with mild feelings of low mood and/or irritability spiralling into strong feelings of depression and hopelessness. More severe forms of depression may interfere significantly with day to day living.

Depression can be triggered by a specific event or life stressor (reactive depression) or appear 'out of the blue' (endogenous depression). It is estimated that 8-12% of the population experience depression in any one year. Some examples of life stressors which may lead to symptoms of depression include death of a loved one, financial worries, employment difficulties, housing troubles, and relationship difficulties.

Research indicates that those who were in the army and of a junior rank and young at discharge are most likely to experience depression. However, anyone can experience depression: it is not your fault, and you are not weak.

Symptoms of Depression

- Low mood
- Loss of pleasure
- Significant appetite change and a loss/gain of at least 5% normal body weight
- Sleep disturbance (difficulty sleeping, waking early or sleeping more)
- Agitation, unrest, or feelings of being slowed down
- Loss of energy or feeling fatigued tired or 'worn out' nearly every day
- Feelings of worthlessness, low self-esteem, tendency to feel guilty
- Loss of concentration
- Thoughts of death and suicide

There are also a number of other experiences related to depression. These include:

- Reduced motivation or desire
- Increased negative emotions (e.g. hopelessness, irritability, anger, anxiety, sadness, shame, jealousy)
- Memory difficulties
- Reduced self-confidence and self-esteem
- Negative thoughts about ourselves, the world and other people.
- Depressive images
- Withdrawal from friends and family
- Physical aches and pains with no physical cause
- Loss of sexual desire and sex drive

What Causes Depression?

There are a number of different theories as to why depression occurs and it is thought that depression often results from a number of factors:

Biology

Research suggests that there is a family tendency, or sensitivity, to depression. This means that there may be a genetic risk to developing depression if a close family member also has depression.

Early Life Experiences

Early childhood experiences can influence the likelihood of depression occurring in later years, with increased sensitivity in people who have experienced negative events in childhood. Past experiences can also affect the way that we feel about ourselves in the present. If we developed negative beliefs about ourselves in childhood (e.g. I am a failure, I am stupid) these may be activated following an event in the present which strengthens them (e.g. losing your job) and lead to feeling more depressed.

Military services often recruit in areas of social deprivation, where there are higher levels of poverty and unemployment, poorer education and fewer social opportunities. This may mean that those recruited are more likely to have experienced negative life events in childhood.

Current Life Events

Our mood may become depressed following a significant negative life event or 'loss'. Losses include bereavements, major life changes (e.g. a traumatic experience, losing a job, divorce), changes in role (e.g. becoming unemployed, relationship breakdown) or moving from one

phase of life into another (e.g. leaving the Armed Forces). Although it is hard, it is important to allow ourselves to feel emotions and thoughts relating to losses. If we don't grieve for what is lost it can lead to a build up of negative thoughts and emotions, resulting in depression.

Leaving the Armed Forces is a major life event (transition) and can result in a number of changes and perceived losses such as: loss of employment, loss of identity, roles and responsibilities, and loss of social support and friendship. These multiple losses, combined with difficulties connecting with related difficult thoughts and emotions and increased social isolation (loneliness), may increase veterans' risk of developing depression.

Stress Arousal

Depression can be linked to long-term stress arousal. When we experience a stressful event our body interprets the event as a threat and reacts accordingly (e.g. fight/flight/freeze response). Stressful events can include those that threaten our physical safety (e.g. being assaulted, being injured) or our psychological integrity (e.g. relationship breaking down, loss of employment).

'One-off' stressful events are dealt with by the brain quite quickly. We detect threat (e.g. road rage), have an emotional response (e.g. anger) and react (e.g. shout, swear and raise the finger). Our threat system then detects that the threat has passed and it calms down, reducing arousal. However, active service personnel work in arenas of extreme stress and experience prolonged periods of threat. This means that their threat system has to remain on high alert and does not calm down, resulting in being physically and mentally aroused for long periods of time. Prolonged arousal impacts the brain and body and may increase risk of developing depression in the future.

Stressors which are seen as uncontrollable or inescapable are more likely to lead to depression. Experiencing prolonged stress during your military career may leave you less able to cope with further stressors including those often experienced whilst moving into civilian life. For example, it may be that you have coped with extremely stressful and distressing events during military operations but find yourself unable to cope with the additional stress of finding employment or applying for benefits. This can lead you to feel out of control, more stressed and low in mood.

Difficulties Accessing Support

Research indicates that men typically find it difficult to ask for help and that the Armed Forces culture of courage and acceptance can make this worse. It may be that you attempt to push difficulties out of your mind or try to ignore feelings of distress. You may attempt to turn off your emotions so that you can't be hurt. Turning off emotions may be a helpful coping strategy in the military but can be unhelpful in civilian life, and may have unintended consequences which affect you and those around you.

Case study: Simon

Simon (25) served as a private in the British Army and toured Afghanistan twice. He left the Army as he didn't think it was the right career for him and settled back in his hometown with his girlfriend and baby son. Simon began working in the family business and felt as though he was moving on well with his life. However, over time Simon noticed that his mood began to lower. He began to have negative thoughts that he should not have left the army and that he had messed up his life. He felt that he had let his family down and proved right all those people who had thought he would fail. Simon stopped enjoying his job and found it increasingly difficult to get up in the mornings. He began to miss days at work and found himself withdrawing from his friends and family. Simon found it difficult to connect emotionally with his girlfriend and son and was irritable. When Simon socialised he found that he wasn't enjoying himself and stopped doing things that he once enjoyed. He frequently felt tired and 'worn out' and would sleep most of the day. However, he found it difficult to sleep at night and would lie awake worrying about the future and his past choices.

Simon's family started to comment on the worsening of his mood and urged him to get support. This increased Simon's feelings of failure and shame. He felt unable to ask for help for fear of ridicule and judgement. Simon started to have thoughts about ending his life. He knew deep down that he didn't want to die but thought it might be a way out of his current difficulties. Simon's relationship began to suffer as his girlfriend found it difficult to cope. Simon knew that things needed to change but felt helpless to do anything about it. He didn't know where to turn.

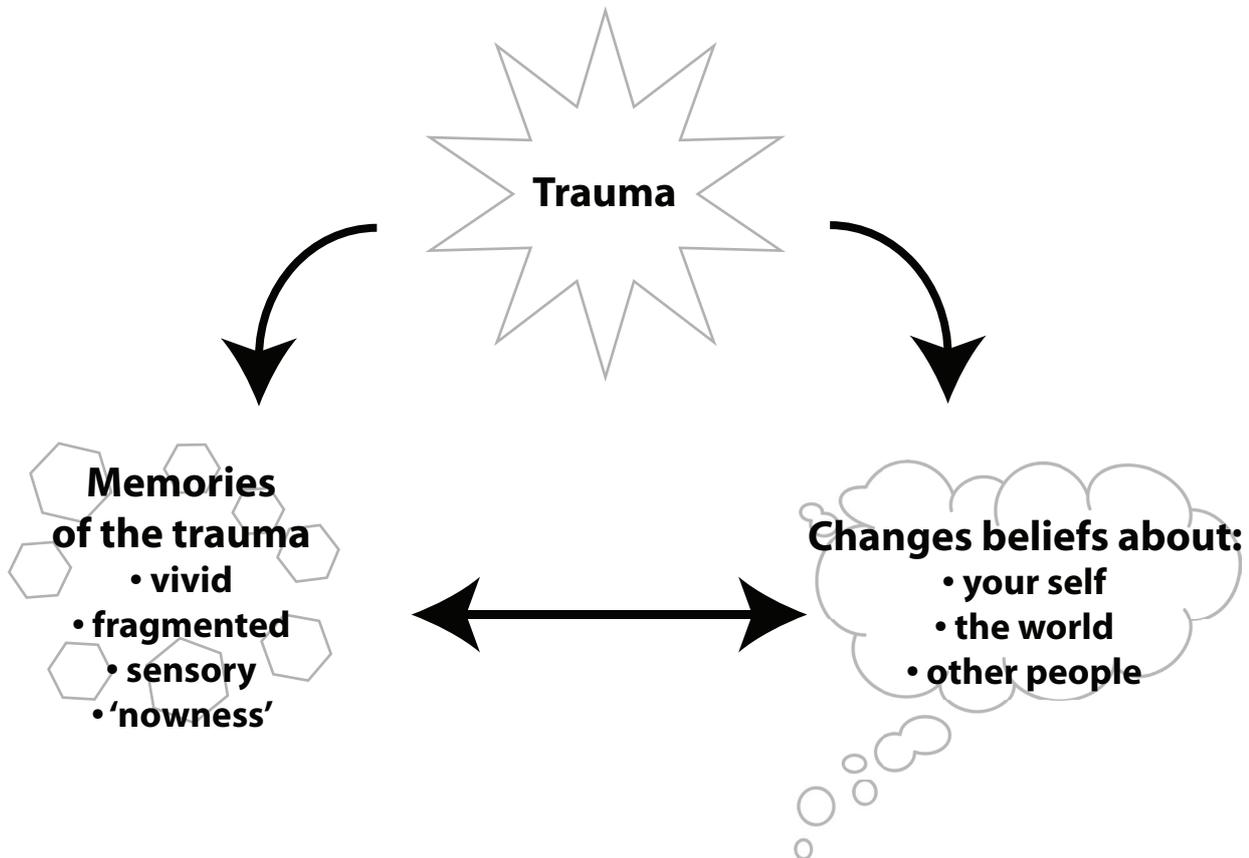
Do you identify with any of the difficulties Simon is facing? Perhaps you are feeling low and/or irritable. Have you noticed an increase in negative thoughts and feelings of hopelessness and/or despair? Perhaps you have noticed not enjoying the things you used to enjoy and find it difficult to motivate yourself. Do you isolate yourself from others or have others commented that you seem distant?

A number of services are available in Berkshire to support people who are experiencing low mood and depression. NHS Services offer a range of support including computerised support, guided self-help and 1:1 therapy. Berkshire NHS Services have experience of working with ex-service personnel experiencing symptoms of anxiety and depression and have an understanding of the unique needs of veterans.

If you recognise any of these difficulties in yourself and think it would be helpful to speak with someone about it then we recommend that you speak with your GP or contact one of the specific organisations listed in the 'guide to services' section

You may also like to complete the questionnaire on page 36. It measures common symptoms of low mood and depression. If you score more than five (5-9 = mild depression, >10 = moderate depression) on this questionnaire it may indicate that you are experiencing symptoms of depression and we recommend that you speak with your GP.

Post-Traumatic Stress Disorder (PTSD)



Post-Traumatic Stress Disorder (PTSD)

PTSD is an anxiety disorder which can develop following exposure to traumatic events. The traumatic event may be something that happened to you directly, or something that you witnessed.

It is perfectly natural to suffer distress following a traumatic event. Common consequences include having bad dreams or nightmares about the event or persistent thoughts about what happened. People may also feel more emotionally 'on edge' following a traumatic event including agitation, irritability, and tearfulness. Some may want to avoid thinking about or talking about the event and others may try to use distraction, alcohol use and engage in excessive work and/or exercise as a way of coping.

Over time these experiences are likely to reduce, as people are able to emotionally process the traumatic event. However, for some, these experiences intensify and they start to feel worse. Depression, anxiety, and/or PTSD may develop. Research shows that exposure to particular traumatic events, including military conflict, results in higher levels of PTSD.

PTSD symptoms can be grouped into four core clusters: intrusive symptoms, avoidance symptoms, negative changes in thoughts and mood, and changes in arousal and reactivity. Not everybody experiences all of these symptoms but people with PTSD will experience at least one symptom from each of the symptom clusters.

Intrusion Symptoms

- Unwanted and distressing memories of the event which pop into your mind when you don't want them to (including images, smells, sounds, tastes)
- Flashbacks (memories that are so strong it feels as if the traumatic event is happening all over again)
- Nightmares or bad dreams
- Strong physical and emotional reactions to reminders of the traumatic event

Avoidance Symptoms

- Avoiding reminders of the traumatic event
- Avoiding thinking about the traumatic event
- Avoiding talking about the traumatic event

Negative Changes in Thoughts and Mood

- Feeling emotionally 'numb'
- Feeling disconnected from other people and your surroundings
- Difficulties recalling key parts of the traumatic event
- Persistent & strong negative beliefs about yourself, others, the world
- Persistent feelings of blame of self or others
- Strong feelings of fear, horror, anger, guilt or shame

Changes in Arousal and Reactivity

- Increased irritability or outbursts of anger
- Self-destructive or reckless behaviour
- Difficulty concentrating
- Constantly 'on-edge' & alert for danger or threat
- Exaggerated startle response
- Difficulty falling or staying asleep
- Reduced interest in activities you once enjoyed

There are a number of other common difficulties associated with experiencing a traumatic event. These include low mood and depression, substance misuse (e.g alcohol), anger (towards self and others), withdrawal from friends and family, physical ill-health (e.g. increase in aches and pains, headaches, dizziness, gastrointestinal [gut] problems), feelings of guilt, shame and/or self-blame.

PTSD following Military Combat

Research indicates that the prevalence rate of PTSD following military combat is higher than following other types of trauma. Some possible reasons for this are:

Trauma 'Dose'

The higher the 'dose' of trauma, the more likely it is that PTSD will develop. This means that someone who experiences multiple traumatic events is more likely to develop PTSD than someone who experiences a one-off relatively short traumatic event. Serving personnel are likely to experience a number of traumatic events during a single tour of operation and therefore are more likely to experience multiple traumas over their military career.

Predictability of Traumatic Event

We know that exposure to traumatic events where threat is predictable (and uncontrollable) is more likely to lead to the development of PTSD. Many ex-service personnel comment upon the experience of prolonged anxiety, a constant state of feeling 'on guard' and associated fear for their safety. Those on peacekeeping tours comment on witnessing traumatic events and being unable to intervene.

Feelings of Shame, Guilt and Anger

These emotions can intensify PTSD symptoms and may relate to the

traumatic event itself, something you did (or didn't do), the symptoms you are experiencing, current behaviour or your current situation. Some military veterans express a feeling of shame relating to aspects of their service. A sense of 'moral confusion' may arise where actions made sense during the conflict but are harder to make sense of when in civilian life. The belief that civilians will not understand makes it difficult for many veterans to share their feelings with others. Stigma of mental health issues may also increase feelings of shame, specifically relating to the belief that asking for help makes an individual weak.

Many veterans report feelings of guilt for things they did (or did not do) during tours of operation. This may relate to harm inflicted on others or an inability to protect others. You may be struggling with "what if" questions and thinking that "I should have known and should have behaved differently". In addition, some veterans report feeling 'survivor guilt' where they have survived when others have been killed or seriously injured. Feelings of shame/guilt can cause avoidance of others so that they do not "find out what I have done".

Some veterans experience feelings of anger and frustration. This anger can be directed externally (e.g. towards the military, civilian society, friends and family) or internally (e.g. towards self). Veterans may feel that they have been let down by the military. Some report feeling as though they have been "brainwashed" and "programmed" by the military but not "de-programmed" on discharge and therefore left ill-equipped to cope with civilian life. Others feel that civilian society has failed to support them and that sacrifices made when serving have not been given full recognition. Some veterans feel frustrated within themselves, angry with decisions they have made, feeling unable to cope and believing that their life is not moving forward.

Case study: Nick

Nick (45 years old) had served in the Army for 15 years. His last tour of duty was in Northern Ireland. He had enjoyed his Army career and was proud that he had served his country. Whilst in Northern Ireland, Nick felt a sense of constant threat. He felt that he had been unprepared for the levels of aggression and animosity that he faced there. On numerous occasions Nick feared for his life. On one occasion, Nick failed to see a child who had been caught in cross-fire. Nick later discovered that the child died and felt guilty that he had not protected the child.

Nick is married with a wife and two children and worked for a telecommunications company. He found the transition into civilian life difficult and felt very isolated. He believed that other people did not really understand what he had been through and that they tended to romanticise war experiences. Nick had begun to notice deterioration in his mental well-being about 5 years ago. However, he tried to ignore his symptoms and turned to alcohol as a way of managing his distress.

Nick suffers intrusive memories relating to his final tour in Northern Ireland. He experiences images of specific scenes when he feared for his life. Nick also experiences images of the child's face and wounds. These images make Nick feel disgusted and guilty. He suffers nightmares most nights, dreaming that he is being chased, captured and tortured. He wakes disorientated, frightened and dripping with sweat. Nick feels on edge frequently. He checks his environment for threat (e.g. will scan a room to identify escape routes) and is always aware of who is around him. Nick also has an exaggerated startle response and

will respond aggressively if anyone invades his personal space. Nick has begun to isolate himself from his friends and family. He tries not to talk about his experiences in Northern Ireland and has never told his wife about what happened there. He has started to avoid his Army friends as he thinks they will think badly of him for “cracking up”. Nick’s alcohol use has increased significantly. He uses alcohol as a way of numbing his distress and blocking out intrusive memories. Nick has become increasingly irritable and has become aggressive at home. His relationship is deteriorating and his wife has said that if things don’t improve she will leave him. Nick is finding it difficult to work and is in danger of losing his job due to poor attendance. This has left Nick feeling low and frustrated at him self for not doing the things he once enjoyed.

Do you identify with any of the difficulties Nick is facing? Perhaps you suffer distressing memories that occurred whilst on active service which feel like they are happening again in the 'here and now'. Are you tormented by nightmares? Perhaps you are aware of feeling in a constant state of alertness. Do you always pay attention to potential threats? Do you experience feelings of fear or panic triggered by certain stimuli or that just appear 'out of the blue'? Do you avoid certain things, people and/or places or have you cut yourself off from others? Perhaps you have started to drink more alcohol than usual to cope with distressing images and increased anxiety?

There are a number of Services available in Berkshire to support people who are experiencing symptoms of PTSD. Berkshire NHS Services have experience in treating PTSD in ex-service personnel and are aware of veterans' needs. There is a specialist Traumatic Stress Service in Berkshire with considerable experience in treating traumatised ex-service personnel. In addition, Combat Stress has a residential treatment programme for veterans with PTSD.

If you recognise any of these difficulties in yourself and think it would be helpful to speak with someone about it then we recommend that you speak with your GP or contact one of the specific organisations listed in the 'guide to services' section.

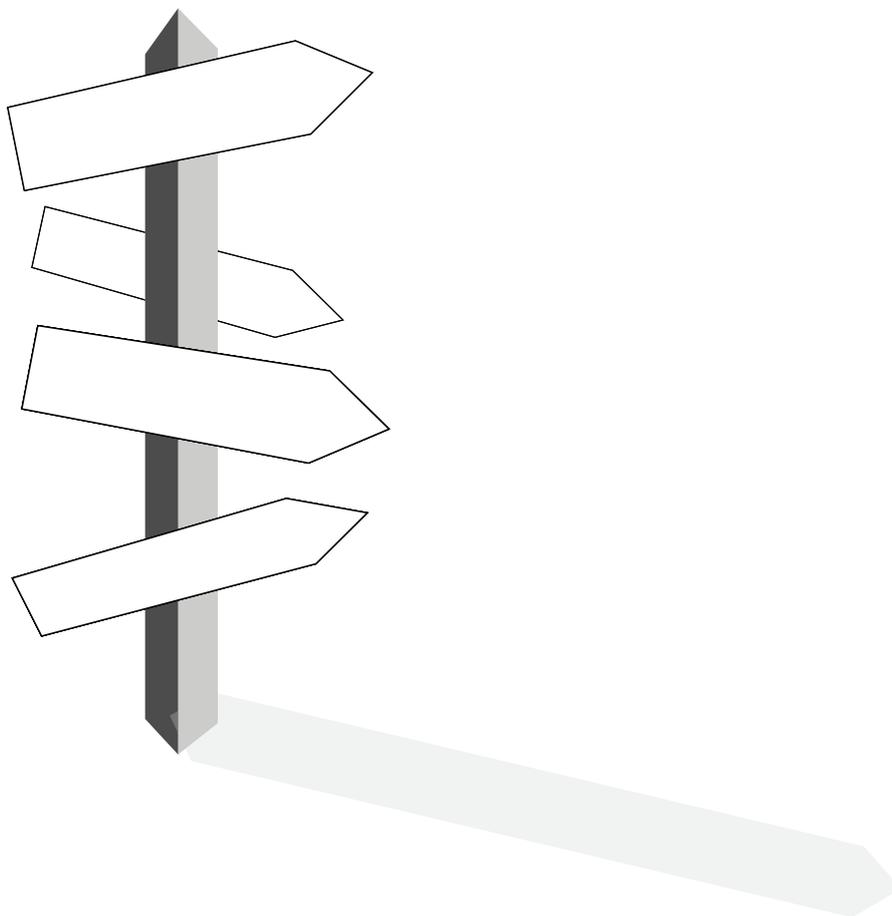
You may also like to complete the questionnaire on page 37. It is a questionnaire which measures common symptoms of PTSD. If you score six or more on this questionnaire it may indicate that you are experiencing symptoms of PTSD and we recommend that you speak with your GP.

Guide To Services

Local Services List for Oxfordshire and Buckinghamshire

Sometimes it can be difficult to acknowledge difficulties and ask for help. Some ex-service personnel worry that asking for help suggests ‘weakness’ or that civilian services won’t understand.

There are a number of local services with experience and expertise in working with people who have served in the armed forces. However, it can be difficult to know how to access local services or even to work out which may be the most appropriate for you. The aim of this section is to provide you with information about some of the local NHS service, military charities, drug and alcohol services, and employment and general advice services to help you make an informed decision.



NHS Services

Recommended first options if you believe that you are suffering with psychological/mental health difficulties (for physical health difficulties please contact your GP):

- Your GP
- South Central Veterans Service
- Your Local IAPT service

Please find details of these options below:

GP

Your GP will have good knowledge of local NHS services that will best meet your needs. Your GP will be able to refer you into the most appropriate service.

The South Central Veterans Service (SCVS)

Tel: 01189 296 426 (for enquiries)

Tel: 0300 365 0300 (to self-refer)

Website: <http://www.berkshirehealthcare.nhs.uk/scvs>

This is a new mental health service staffed by a clinical team with expertise and experience of working with ex-service men and women. It covers the entire South Central Region (Buckinghamshire, Berkshire, Oxfordshire, Hampshire, Portsmouth, Southampton and the Isle of Wight).

The SCVS offers an assessment of your mental/psychological health and welfare needs and will develop a care package to make sure that all your needs are met. The SCVS liaise with local agencies and services on your behalf to support you in accessing the support you need.

To self-refer to the SCVS please contact the Berkshire Common Point of Entry Service below. It does not matter if you don't live in Berkshire – you can call the number below and your details will be passed to SCVS.

Healthy Minds (IAPT Buckinghamshire)

Address: Buckinghamshire Primary Care Wellbeing Service, Floor 2, Prospect House, Crendon Street, High Wycombe, HP13 6LA

Telephone Number: 0844 2252 400

E-mail: healthy.minds@oxfordhealth.nhs.uk

Further Information: Healthy Minds is a primary care NHS service for any person experiencing common mental health problems including depression, anxiety and post-traumatic stress disorder. Healthy Minds offer talking therapies, practical support and employment advice to anyone registered with an NHS Buckinghamshire GP. You can self-refer to Healthy Minds or request a referral through your GP. If Healthy Minds believe that your psychological needs would be better treated within a secondary care NHS service they will make an onward referral.

Talking Space (IAPT Oxfordshire)

Address: TalkingSpace, Oxbridge Court, Osney Mead, Oxford, OX2 0ES

Telephone Number: 01865 325 777

Email: talkingspace@nhs.net

Further Information: The service is provided by Oxford Health NHS Foundation Trust in Partnership with Oxfordshire Mind for anyone over 18 years old registered with a GP in Oxfordshire. TalkingSpace offers a range of therapies that have been approved by the National Institute for Health and Clinical Excellence (NICE) for the treatment of common problems such as depression and anxiety. TalkingSpace offers a stepped-care approach which means we aim to offer you the treatment that best suits you and is least demanding for you to complete. . You can self-refer to TalkingSpace or request a referral through your GP.

Military Charities

There are many military charities who offer psychological and/or practical support. A number of these charities are outlined below:

The Big White Wall

<http://www.bigwhitewall.com>

The Big White Wall is an online community of people who are experiencing psychological distress. It combines social networking with clinically informed interventions to improve mental wellbeing. It can be accessed 24/7 and is supported by staff ('wall guides') to ensure safety of all members. Members of the online community are anonymous, allowing members to freely express themselves. The Big White Wall is free to military veterans.

The Royal British Legion (RBL)

Legionline: 08457 725 725

Web: <http://www.britishlegion.org.uk>

Address: Northwood House, 117 Leigh Road, Eastleigh, Hampshire, SO50 9DS (covers whole county of Hampshire including Southampton, Portsmouth, and Isle of Wight)

RBL provides practical care, advice and support to serving members of the Armed Forces, veterans of all ages and their families. Whether it's families coping with the loss of a loved one, help at home to adapt to independent living, recovery centres for injured personnel, money and careers advice or residential care RBL may offer support.

Combat Stress (CS)

Address: Tyrwhitt House, Oaklawn Road, Leatherhead, Surrey, KT22 0BX

Tel: 01372 841600
© SCVS

24 Hour Helpline: 0800 138 1619

Web: <http://www.combatstress.org.uk>

Combat Stress is the UK's leading charity that specialises in the treatment and support of British Armed Forces Veterans who have mental health problems. Combat Stress operates an inpatient programme and outreach programme alongside a 24 hour helpline for military veterans.

Soldiers, Sailors, Airmen and Families Association (SSAFA)

Address: Blighmont TA Centre, Milbrook Road West, Southampton, SO15 0JA

Tel:

Hampshire (including Southampton and Portsmouth) 02380 704978

Isle of Wight 01983 615379

Forcesline: 0800 731 4880

Web: <http://www.ssafa.org.uk>

SSAFA is an Armed Forces charity that provides welfare support for financial, housing, employment, and family difficulties to military veterans and their families. SSAFA also operate Forcesline – a free and confidential helpline that is completely independent of the military chain of command.

Service Personnel and Veterans Agency

Tel: 0800 085 3600

Website: www.gov.uk/government/organisations/service-personnel-and-veterans-agency

They provide pay, pension and support services to military personnel and the veterans' community, directly serving around 900,000 members of

the armed forces community.

Army Benevolent Fund

Address: Wellington House, St Omer Barracks, Aldershot, Hampshire, GU11 2BG

Tel: 01252 348270

Web: www.soldierscharity.org

ABF provide financial assistance to all soldiers and their families when in need. Even when a soldier leaves the Army they are still eligible for help. Half of their money is given directly to individuals to help in areas such as debt relief, mobility assistance, education bursaries, care home fees and respite breaks. The other half is given as grants to other charities.

Services Personnel and Veterans Agency

Tel: 0800 085 3600

Website: www.gov.uk/governments/organisations/service-personnel-and-veterans-agency

They provide pay, pension and support services to military personnel and the veterans' community, directly serving around 900,000 members of the armed forces community.

Veterans: UK

Address: Norcross, Thornton Cleveleys, Lancashire, FY5 3WP

Telephone Helpline: 0800 169 2277

Website Address: www.veterans-uk.info

E-mail: veterans.help@spva.gsi.gov.uk

Further Information: In 2007, the Ministry of Defence created a new brand for services to veterans – Veterans-UK. There are many

organisations that provide help and support to UK veterans, from Government, Local Authorities, independent bodies and the charity sector. The website www.veterans-uk.info, e-mail advice point veterans. help@spva.gsi.gov.uk and helpline 0800 169 2277 provide information on services from lots of different organisations – all in one place.

Civvy Street

Address: PO Box 61257, London, N17 1BR

Telephone: 0800 169 4973

Website Address: www.civvystreet.org

E-mail: info@civvystreet.org

Further Information: Civvy Street is a website for serving and former members of the UK Armed Services and their dependents. It offers free information and advice about resettlement into civilian life, learning, and employment opportunities.

Regular Forces Employment Agency

Telephone: 01189 573178

Website Address: www.rfea.org.uk

Further Information: The RFEA aims to help those leaving the Armed Forces to find and to remain in employment throughout their working lives. This is done as part of the Career Transition Partnership (CTP) for up to two years after discharge and thereafter is done on behalf of the Service Benevolence Funds. Their employment consultants have the ability to ‘connect-the-dots’ between military skills and the job market and have a unique understanding of what you are looking for. You may contact the RFEA or Officers’ Association (OA) for job finding support and access to Right Job, the on-line vacancy database, at any point.

Officers Association

Address: The Officers' Association, 1st Floor Mountbarrow House, 6-20 Elizabeth Street, London SW1W 9RB

Telephone: 0207 808 4160 / 0845 873 7153

Website Address: www.officersassociation.org.uk

E-mail: info@officersassociation.org.uk

Further Information: During the mid-1990s the MoD decided that it wished to contract out much of its resettlement support. The Officers Association will help anyone who holds (or has ever held) a commission in the British Armed Forces to find employment. In order to do this it provides a service to Employers (at no cost) which not only offers them the best possible access to officers in the process of leaving the Services, but to ex-officers (many with significant commercial experience) looking for employment as well. The OA and RFEA jointly provide the job-finding element of the resettlement package for Service Leavers, utilising the Career Transition Pathway job-finding website, Right Job.

Drug and Alcohol Services

Drinkline

Tel: 0800 917 8282

Drinkline is a national service providing information and support about alcohol use and related issues. They offer self-help materials and advice to callers concerned about their own drinking. Drinkline also support the family and friends of people who are drinking and can signpost to local services.

Alcoholics Anonymous (AA)

Tel: 0845 769 7555

Webpage: www.alcoholics-anonymous.org.uk

Email: help@alcoholics-anonymous.org.uk

AA is a fellowship of men and women who share their experiences with each other in the hope that they may solve their own problems and also help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. AA offer telephone/email support, as well as local group meetings.

LASARS

Telephone Number: 01865 403261

Website Address: www.oxfordshiredaat.org

Further Information: LASARS is the single point of contact for drug and alcohol services in Oxfordshire. Offering assessment and referral for anyone wanting to access drug and alcohol treatment services, LASARS also undertake assessments for residential treatment including Howard House and out of county residential detoxification and rehab.

SMART

Telephone Number: Aylesbury: 01296 337717, High Wycombe: 01494 474804

Website Address: www.smartcjs.org.uk

Further Information: SMART are the Single Point of Entry into drug and alcohol services for anyone living in Buckinghamshire. They offer drop in sessions, advice and support, support groups, care co-ordination.

General Advice

Citizens Advice Bureau (CAB)

Tel: 08444 111 444

Web: www.adviceguide.org.uk/england.htm

CAB provides free, independent, confidential, and impartial advice to everyone about their rights and responsibilities including issues relating to employment, finances, debt, benefits, housing, discrimination, legal issues, mental health difficulties, and social difficulties. CAB offers local branches across Hampshire, Southampton, Isle of Wight, and Portsmouth. Call the above number or visit their website for your local branch.

MIND

Address Oxfordshire MIND: 2 Kings Meadow Osney Mead Oxford OX2 0DP

Telephone Number: 01865 263730

Website: www.oxfordshire-mind.org.uk

Address Buckinghamshire MIND: Ashton House, 14 Granville Street, Aylesbury, Buckinghamshire, HP20 2JR.

Telephone Number: 01296 437328

Website: www.bucksmind.org.uk/

Further information: MIND provides information, advice, representation and support to anyone with a mental health problem.

Advocacy

Telephone Number: Oxfordshire: 01865 728981 or Buckinghamshire: 0300 3435705

Website Address: www.seap.org.uk/

Further Information: Advocacy services provide independent advocacy services to help resolve issues or concerns you may have about your health and well-being or your health and social care services

Military Advocacy

Telephone Number: 01865 728981

Website Address: www.seap.org.uk/services/military-advocacy/

Further Information: Military advocacy is a service provided by SEAP Advocacy which is a charity specializing in all fields of advocacy. Their aim is to support service leavers, their families and veterans to gain access to the services they are entitled to. The Military Covenant was introduced to help ex service personnel and leavers integrate back into civilian life, many people are not aware of, or, are not taking notice of the support which ex service personnel should have access to. The service can support you with many different issues.

Patient Health Questionnaire (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

0 1 2 3
 Not at all Several days More than half the days Nearly every day

1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

= Total Score _____

Score interpretation:

0-4 None

5-9 Mild depression

10-14 Moderate depression

15-19 Moderately severe depression

20-27 Severe depression

From the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues. For research information, contact Dr. Spitzer at rls8@columbia.edu. PRIME-MD® is a trademark of Pfizer Inc. Copyright© 1999 Pfizer Inc. All rights reserved. Reproduced with permission.

Trauma Screening Questionnaire

The first step in coping with PTSD is to understand how it affects you.

Look at the symptoms below, and tick any that have affected you *at least twice in the last week*.

-] Upsetting thoughts or memories about the event that have come into your mind against your will
-] Upsetting dreams about the event
-] Acting or feeling as though the event were happening again
-] Feeling upset by reminders of the event
-] Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event
-] Difficulty falling or staying asleep
-] Irritability or outbursts of anger
-] Difficulty concentrating
-] Heightened awareness of potential dangers to yourself and others
-] Being jumpy or being startled at something unexpected

Trauma Screening Questionnaire:

Brewin, C. R., Rose, S., Andrews, B., Green, J., Tata, P., McEvedy, C., Turner, S., and Foa, E. B. (2002). Brief screening instrument for post-traumatic stress disorder. *The British Journal of Psychiatry*, 181, 158-162.