

ARMED FORCES COVENANT - WHO ARE THEY?

In short, the Armed Forces Covenant are responsibly for veterans. The covenant is a form of contract (Beal, 2018), that was created between the government and the people who serve or have served in the Armed Forces, along with their families (Ministry of Defence, 2011). Parliament.uk (2019) state that the Armed Forces Act 2011 merge together the fundamental principles of the Covenant. A few of these principles are, to prevent veterans from being disadvantages, to assist veterans to uncover any issues that may arise and to then enable solutions to be attained (Ministry of Defence, 2014).

Where are you located?

With the United Kingdom having devolved governments, each nation delivers their services differently (Armed Forces Covenant, No Date a). More information regarding each location below, links are provided to online resources for the relevant nation.

England
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/653311/Booklet_-_Local_Authority_Guide_-_England.pdf (Armed Forces Covenant, No Date b).

Wales
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/653315/Booklet_-_Local_Authority_Guide_-_Wales.pdf (Armed Forces Covenant, No Date c).

Scotland
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/653314/Booklet_-_Local_Authority_Guide_-_Scotland.pdf (Armed Forces Covenant, No Date d).

Northern Ireland
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/653324/Booklet_-_Local_Authority_Guide_-_Northern_Ireland.pdf (Armed Forces Covenant, No Date e).

Where to get more information and support.

The Armed Forces Covenant (No Date) provide information on many organisations and charities that are able to assist, please follow this link
<https://www.armedforcescovenant.gov.uk/localauthorities/useful-resources/>

Citizens Advice Bureau 0344 411 1444

Veterans UK 0808 1914 218

SSAFA 0800 7314 880 (Armed Forces Covenant, No Date).

Leaflet available in other formats: Please Contact the Publisher

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Coasteroo (No Date).

VETERAN SUPPORT

HOW TO COMBAT POST TRAUMATIC STRESS DISORDER



PICTURE 1: Social Work Helper (2016).

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Who is a Veteran?

A veteran can be defined as a person who has served in the armed forces ((Holmes, Singleton and Jones, 2004). The Ministry of Defence (2017) asserts that one can become a veteran by only serving one day in Her Majesty’s Armed Forces, however The Oxford Dictionary of Phrase and Fable (2006) argue that a veteran would be a person that has served for a long period of time or having been to war.

In today’s society many roles are now inclusive of both men and women, therefore Oxford Essential Dictionary for U.S. Military (2002) extends to note that a veteran could be defined as ‘an ex-serviceman or -servicewoman’. However, research by Burdett *et al.* (2012) has shown that the definition can be variant from general consensus compared to the meaning used by the Ministry of Defence, government and ex-service personnel, with only half of ex-service personnel accepting to be described as a “veteran”.

‘In 2017, there were an estimated 2.4 million UK Armed Forces Veterans in Great Britain’ Ministry of Defence (2019, p.1).

What is Post-Traumatic Stress Disorder (PTSD)?

The Royal College of Psychiatrists (2015) describes PTSD as an experience of feeling anxious or overwhelming after witnessing or being subjected to traumatic events. Stone (1985, cited in Pilgrim, 2017) notes that PTSD was known as “shell shock”, a condition of poor mental health that resulted after the First World War.

The National Institute for Health and Care Excellence (NICE) (2018) assert that people with PTSD show symptoms such as avoidance, anger, irritability, mood swings, re-experiencing traumatic events, emotional numbing, detachment, difficulties with others and negative self-perception. The Royal College of Psychiatrists (2015) note that flashbacks, the feeling of being “on edge” are also symptoms of PTSD.

Oster et al (2017) assert that a few veterans will transition to civilian life having already encountered issues relating to their time in the armed forced that would prevail on their wellbeing and mental health needs. However, Burdett et al. (2014) would argue that ‘mental health problems may not surface until after leaving the service’ with von Hoorn *et al.* (2013) enhancing by stating that a number of veterans can take 2 years between exiting the armed forces to receiving treatment.

How does having PTSD affect a veteran in society?

Mgutshini (2012) asserts that having PTSD makes a person vulnerable in society. They are susceptible to exclusion, discrimination, homelessness, financial difficulties and suicide, whilst also being labelled as “crazy” or “abnormal” (Mgutshini, 2012).

Society views individuals with PTSD as “different”, whilst veterans fell that they have lost their identity and status in society (Mgutshini, 2012). Mgutshini (2012) asserts that the media portrayal gives false representations of individuals with PTSD, declaring that “the general public need to be protected from those with mental health problems” (Mgutshini, 2012, p73). However, Graves, Cassisi and Penn (2005) assert that people with severe mental problems are more likely to be victims of violent offences.

How to get help?

Burdett et al (2014) state that veterans mental healthcare is transferred to the National Health Service once they transition from the armed forces.

‘Helping veterans to get back on track with their lives’
Veterans Wales (No Date, p.3).

What treatment is available?

The Royal College of Psychiatrists (2015) assert that it is possible to help oneself, with Smith et al (2019) assert that getting regular exercise and practicing relaxation techniques, such as mindfulness breathing could be strategies for self-help.

Treatment should be discussed by providing accurate information about the available interventions, with the overall aim of how improvement and recovery can be achieved, whilst also being made aware that symptoms could get worse before getting better and that continued engagement of treatment will result in a higher chance of recovery (NICE, 2018).

Cognitive behavioural therapy (CBT) is recommended on an individual basis, with approximately eight to twelve sessions, with the option to extend the number of sessions if required (NICE, 2018). Smith, Robinson and Segal (2019) comments that counselling, a way of discussing one’s thoughts to identify the feelings that the trauma has caused.

Smith, Robinson and Segal (2019) and NICE (2018) both agree that medication, namely antidepressants, could assist to help with negative feelings, however it does not treat PTSD.

Eye Movement Desensitisation and Reprocessing (EDMR) is another form of therapy, which works to desensitise the nervous system to release the remembrance thoughts of the traumatic event (Smith, Robinson and Segal, 2019).

Why is getting help important?

Maslow (1987) materialised a theory of human motivation in 1943, which can be observed in the photo, to the right, this displays the theory in a hierarchical form. Maslow (1987) asserts that one must complete the lower lever, psychological needs, to enable an upward movement safety needs, and so forth, once one has reached the level of self-actualization, the one has achieved full satisfaction of life.

France (2016) notes that a veterans life would be in contracdiction with Maslows hierarchy, discussed above. France (2016) asserts that the three lower levels of the hierarchy for a veteran would be difficult to succeed, due to the fact that they do not feel safe, or have stability and they feel isolated, thus meaning that they would be unable to reach the upper levels.

The Mental Health Foundation (2010) assert that having mental health problems should not been seen as a sign of weakness, and that the veterans need to have the understanding that it is important to ask for help.



IMAGE 2: Hopper, 2019.

RATIONALE.

The produced leaflet is for the target audience of Veterans, which is defined at the beginning, this follows guidance provided by the National Health Service (NHS) (No Date) that state that definitions are required to break down “jargon” to enable easier understanding of terminology. However, due to the assignment brief and to reach the word count the leaflet does not accord to the NHS (No Date) who state that a leaflet should only have short sentences and not to use long paragraphs. NHS (No Date) also advises to describe the condition the leaflet is proposed to support, this is executed under the heading of What is Post-traumatic Stress Disorder (PTSD)?

The leaflet is created as PTSD is a common mental health illness, that is chronic and debilitating (Back & Jones, 2018) with findings from research showing an estimated ‘82% of UK Armed Forces veterans with mental health problems receive no treatment’ Farrand *et al.* (2018, p.391). Arenson *et al.* (2018), in their research, discovered that 49% of veterans with PTSD have thought of suicide, however with veterans displaying higher levels of anger, anxiety or intake of alcohol, it is more likely that the thought would become realised with attempted and completed suicides.

The Armed Forces Covenant (2018) note that there has been a lack of support to Veterans’ Mental Health, however this is not down to unwillingness this is due to the lack of knowledge with regard to the topic of mental health.

Ruddick, F (2013) assert that promoting wellbeing and positive mental health initiatives are key objectives for the government, to enhance a healthier population. Therefore, this leaflet is designed to allow them to access the correct support available to them, with the Armed Forces Covenant (2018) noting that it is most important to continue supporting the most vulnerable veterans.

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IMAGE REFERENCES.

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Image 2: Hopper, E. (2019) *Maslow's Hierarchy of Needs Explained*

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Image 3: Coasteroo (No Date) *UK Military* Available at: <http://coasteroo.co.uk/listing/560920287/uk-military-fridge-magnets-selection> (Accessed on: 20 November 2019).