

What Matters to Veterans?

Daniel Potts June 2021



'It was a brotherhood, sisterhood, you were closer than family.'
- Veteran

Who are Healthwatch Essex and what do we do?

Healthwatch Essex is an independent charity formed under the Health and Social Care Act 2012. We undertake high-quality research and engagement that focuses on the lived experiences of patients, social care users and citizens related to health and social care services in the county to inform improvements in commissioning and provision of local services and to help influence positive change.

Acknowledgements

We would like to thank all participants who gave up their time to tell us about their lived experiences. We hope you find it empowering to have your voice listened to and that reading the report is meaningful. All images used in this report are for illustrative purposes.

Glossary

Veteran | defined as anyone who has served for at least one day in Her Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations.

Civilian life / Civvie street | a person who is not in the armed forces or police force.

Transition | the process or a period of changing from one state or condition to another.

Work card | Military Identification Card.

Resettlement course | the resettlement programme is designed to help personnel leaving the armed forces to prepare for entering the civilian job market and to make a successful transition to employment or achieve the wider vocational outcome they seek.

Tanky | soldier from a tank regiment.

Sniper | a person who shoots from a hiding place, especially accurately and at long range.

Infantry | an army specialisation whose personnel engage in military combat on foot.

Squaddie | a private soldier.

PTSD | Post Traumatic Stress Disorder.

Army Regular | regular soldiers are full-time soldiers, who usually live and work on military bases.

Army Reserve | a volunteer force that provides a reserve of trained and disciplined military personnel for use in an emergency.

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INTRODUCTION

In 2017, there were an estimated 2.4 million UK Armed Forces Veterans residing in Great Britain¹.

Research suggests that although serving military personnel have accessible support through the armed forces, it is portrayed that military veterans feel they are sometimes 'forgotten'. Colchester in Essex is a military town and therefore a primary focus in relation to engaging with veterans. The engagement carried out within this report captures the voice of military veterans in their own words.

Previous research carried out by Healthwatch Essex looked at the mental health support on the frontline within emergency services personnel². This steered the concept to consider the support for military veterans leading to the enquiry 'What Matters to Veterans?'

In 2017 the Transition, Intervention and Liaison Service (TILS) carried out research around support for veterans. It was apparent that there were issues around trust and that there was a lack of understanding when it came to receiving support. 'There is also a fear by many NHS staff that they are not skilled enough to work with veterans. Veterans often think of civilian staff as "pink and fluffy tree huggers". They worry that NHS staff could never understand what they have been through³.

During a time where loneliness and isolation is more prevalent than ever before, it only feels right that support is put in place to capture lived experience of military veterans, who form a large part of our community.

This report captures the lived experience of military veterans and includes the issues they may face during transition from a military to a civilian life.



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¹ Annual Population Survey: UK Armed Forces Veterans residing in Great Britain 2017 (publishing.service.gov.uk)

² Resources - Healthwatch Essex

³ What is the Veterans' Mental Health Transition, Intervention and Liaison Service (TILS) | *Mental Health Matters* (mhm.org.uk)

ENGAGEMENT

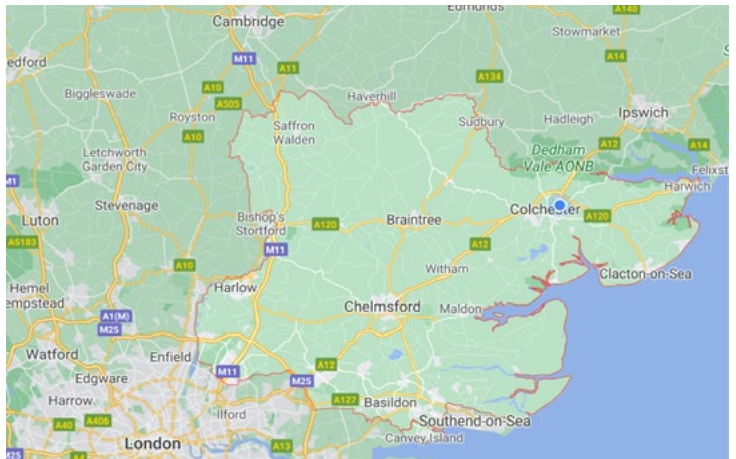
Healthwatch Essex sought to capture the lived experience of military veterans transitioning into civilian life. Of the 28 participants we engaged with, both male and female veterans were included, with experience spanning the British Army, Royal Air Force and Royal Marines.

Healthwatch Essex contacted several military charities and of those who responded, (including BLESMA, Help for Heroes, Blind Veterans UK, TIL's and iCARP), we engaged with veterans via those networks. Healthwatch Essex also developed a strong relationship with the Veteran Breakfast Clubs in Colchester, Maldon, and Basildon, who also took part in the project.

Colchester being a garrison town enabled Healthwatch Essex to form local military links and to offer easy access for participants to express their interest in the study. Participants were recruited via their military charity connections or their networks within the community. Some contacted Healthwatch Essex autonomously to take part in the project.

Healthwatch Essex conducted focus groups and semi-structured interviews which took place over virtual platforms, or by telephone due to social distancing restrictions imposed by COVID-19. Interviews took place between November 2020 and February 2021 and all participants gave their consent to have their interviews recorded. Participants were willing for their experiences to be shared within this report, however, to ensure their anonymity and confidentiality of information they provided, all names used are pseudonyms to protect identities.

All interviews were transcribed, and key themes were identified by three researchers who carried out analysis of these. The key themes were identified according to the frequency at which they reoccurred across participants' experiences. Also included in addition to these key themes are individual case studies, written in their own words, which adds depth to the findings of the report.



Used for illustrative purposes

KEY FINDINGS



TRANSITION

The gates have shut, what next?

Though dependant on how much time had passed since leaving the military, transition into civilian life was reported to seem less daunting when a planning and preparation stage had been put in place upon or before leaving. This was seen by many veterans as something which gave you a 'head start' into the challenges faced during adaptation to a civilian lifestyle. However, there was clear inconsistency shown towards veterans leaving the military in relation to resettlement.

Although some veterans felt they were provided with adequate information once the military gates were shut behind them, many felt there was no real acknowledgement or understanding of how to prepare for leaving what had been your home for most of your adult life.

'The military let you walk out the door and then they close the door behind you. And that is it, you're left on your own and that's a big scary world if you've never been a civilian before.'

'I did a resettlement course. Apart from that, it is pretty much you hand your work card in, you have leaving drinks and you're gone.'

Veterans feel that more could be done before leaving the military to provide support and understanding of how to prepare for life during transition, with one veteran describing the experience as, 'like coming out of prison.'

'I think the army could learn a few tricks in terms of preparing people for life after the army. They maybe send you on a resettlement course thing, maybe point you in the direction of people that might take on veterans as employers.'

'In my first year I was back at the recruiting office twice, I was so unsettled. And that was me with a job, earning money with a car, with a house.'

What is next for my career?

One of the first hurdles to address after leaving the military is securing employment. The growing consensus was that there is a lack of understanding as to what occupation to apply for when leaving the military.

'It was almost like I'm at school, what do you want to be when you grow up?'

Many found that by joining a uniformed service, there was a familiarity to the military, in terms of discipline and camaraderie. In fact, almost 50% of participants who took part in this study are currently serving as police officers in Essex.

This uncertainty does not come from being unsure of what role to undertake, but as a sense of having skills that are seen by veterans as non-transferable. Veterans felt that because they are trained to fight and kill, these skills and attributes are not something you can carry over into the civilian lifestyle. There seemed little recognition for other skills they had developed such as leadership, communication, or teamwork.

'I was just a sniper, or I was just a tanky, or I was just whatever. Veterans do not see their own self-worth.'

'But if you're infantry, it's either going to be... go completely off the rails, drugs, crime, anything that makes you money, or you will use your talents of hurting people.'

Some participants found it difficult to leave the military and found employment that they deemed a demotion from their high-ranking military career. In some cases, it had taken veterans up to 20 years to work their way up through the ranks within the military and the thought of having this taken away from them caused stress and anxiety.

'Having to start at the bottom of another pecking order and go back to a training environment. Sucking eggs as I call it, learning and becoming a newbie again, I found that hard.'

Several participants considered both employing and working with veterans presented many benefits. Veterans are generally punctual, smart, respectable, resilient, good communicators and reliable when it comes to employment because of their training in the military. There was also however, a concern that their language and terminology may not always be seen as appropriate when in the company of civilian workers.

'The appropriateness of the behaviour that is in the barracks might not be quite as appropriate when you're in Tesco's.'

'Terminology, acronyms, and things like that. It's just ingrained in us, sometimes that can be hard to shake off.'

How do I pay these bills?



Once employment was secured, the next obstacle is how to manage your finances. This was seen by most veterans as something of an issue, due to not having any previous need to budget. There appeared to be an acceptance within the military to spend money freely without any concern of saving money and that sudden change of responsibility was alien to veterans. Whilst serving in the military all expenses were automatically removed from their wages, therefore anything remaining was used as beer money.

'You're not really taught about what finance is and borrowing because you're just always guaranteed a next pay cheque. And I think money is a big thing from the military.'

'As a squaddie you go out and get drunk, you blow your money, you don't really care.'

Having to learn to budget was one thing but understanding how to ensure completion of long-term payments such as a mortgage, or how to set up

regular council tax and energy bills was another concern. Veterans found this new responsibility difficult as there was a lack of training and support to help them prepare for this.

'That's one of the biggest hurdles, it's even learning how to pay a bill, you know, and your council tax. Haven't got a clue about paying the mortgage or water bills and all that.'

Why is healthcare so different?

Several veterans raised concerns around visiting a GP surgery for the first time. There is general agreement that there is a strong need for further training throughout GP surgeries in relation to engaging with veterans. The terminology used, the understanding and the lack of empathy were all issues raised by participants.

'Asking somebody if they are a veteran... you'll get a very different response from asking someone have you ever served in the military?'

Lack of understanding of the process when visiting a doctor was clear throughout, with many veterans claiming they had no handover when leaving the military in relation to prescriptions.

'She looked at me like I was an idiot when she asked if I was paying. I said, "I don't know", I was honest with her. She said, "what do you mean you don't know?" I said, "this is the first prescription since leaving the army" so she said I would have to pay.'

'That's maybe something that needs to go into the pack when people are leaving the army, to understand using a GP and waiting for an outpatient appointment.'





One participant shared his first experience of visiting his GP surgery, describing his first encounter with his doctor upon leaving the military. It provides an insight into how he was left feeling, the issues he faced throughout and what could be improved through the understanding of how to engage with a veteran.

'Well, I'd say my first ever experience of visiting a GP post-service was absolutely awful. I was nervous, anxious and frightened of civvy street when I first got medically discharged. I went to my GP surgery and there was a banner saying the patient's name and what room to go to and it beeped. So, it said my name (Alan Smith) and room 24. And this GP just looked into the waiting room, had never met me before and shouted, "SMITH!" I thought, who the hell are you calling SMITH? I distrusted him immediately. I thought to myself, I'm a Mr now, the most important rank in the world, don't call me 'SMITH', that was something I had when I was in training as a new recruit or as a private soldier. So he walked in, I followed him into his practice and then sat down and I noticed a clock above my head. He didn't look at me, didn't give me any eye contact at all, just said, "so what can I do for you?" My head went straight down, I crossed my arms and I said, "I don't know, you're the professional, you tell me." I thought 'you're rude', there was hate towards me. His body language was completely off. We as veterans are really distrusting and we read people's body language instantly, their smile, their eyebrows, everything. He said, "well, I cannot help you if you don't tell me."

So I said, "well, have you read my notes?" He said, "no", so I said, "well, you are wasting my time then." I walked out and my face must have been an absolute picture. My wife said, "what's the matter?" I said, "I'm not seeing that absolute idiot again, what an oxygen thief!" I called him a few other words in the car on the way home; I was absolutely furious.

The next day I'd calmed down slightly and phoned the practice manager and asked if I could see a different GP, explaining my circumstances. They said, "that's no problem come in tomorrow because you've just been medically discharged so, this is your new practice you can have your medical." So I went in and I saw this new doctor, an excellent guy. He said, "come in Sir, come and sit down, how can I help you? What can I do?"

I said, "that clock makes me nervous, so why have you got to sit me where a door's not by my side? Why can't I sit in the corner so I can see my entries and exits?" He asked me to give a little bit of history about myself. I went through my time in Northern Ireland, Bosnia, Croatia, my last tour in Afghan, before I got medically discharged. He smiled at me, listened, showed understanding and I learned an awful lot from him.'

Why do I have to wait so long for an appointment?



If there is one fundamental frustration veterans face during transition, it is the difference in waiting times when dealing with medical appointments. Accepting that an appointment for either the hospital or dentist could take up to 6 - 8 weeks is not something which veterans found easy to get used to. This has since become significantly worse due to the pandemic. In military hospital settings, where on most occasions you are seen within 24 hours, this can be a difficult change for veterans to understand and accept.

'In the civvie world, you might have to wait or chase for it and you're just not used to that.'

'I remember I had a dodgy wisdom tooth, they referred me to the military dentist and they took it out pretty much the next day, which I thought was amazing.'

How are my family feeling?

There is a lot of focus on the veteran during their transition, but an area often forgotten, is the impact this can have on family. Quite often transition faced by veterans is experienced by family members simultaneously and this raises issues that might not be anticipated when leaving the military.

One participant explained how the transition into civilian life presented difficulty because of their experience of growing up in a warzone, whilst serving in the military.



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'My son used to play looking for bombs under cars; how has that impacted him in later life? Because obviously when we lived in Germany it was the IRA bombings all the time.'

Veterans shared experiences of being separated from family throughout their military career and how that can influence children and families moving forward. A common thread throughout, was that veterans felt that, 'if you're a veteran, your family should be classed as veterans as well.'

'It absolutely has an impact on your family. The amount of time we spend away from home with young children and stuff like that, it has an effect on that relationship and your children. I'm in no doubt about that.'

The impact on family members in relation to veterans experiencing PTSD or other mental health issues can be distressing. Living with a veteran who at times can be volatile, angry, upset, or unpredictable can be difficult for loved ones to experience. Veterans feel responsible for the

effect it can have on their family but are also upset that their behaviour, which is at times uncontrollable, can lead to family breakdowns and relationship problems.

'When you're having these flashbacks and having these problems and meltdowns, you feel in yourself that you just want to leave so that you can give your wife and kids a better life without you being there.'

'I attacked her and if it hadn't been for my eight-year-old son coming down the stairs, because of all the screaming... He found me on top of my wife with a pair of scissors, going to stab her. I've woken up with my hands around my wife's throat, before trying to kill her.'

Though families can be subject to distressing experiences, charities are starting to consider and include families within their community events, such as weekend trips away. BLESMA, for example, has launched a regular trip away for veterans and their families.

'A camping weekend with BLESMA a few years ago [was arranged]. So a family glamping weekend; they're for the families. The members weekend BLESMA put on, the family members go along because it's about that shared experience.'



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IDENTITY

**“IT WAS A BROTHERHOOD, SISTERHOOD,
YOU WERE CLOSER THAN FAMILY.”**



What is a veteran?

When participants offered their perceptions of what a veteran is, descriptors included: hero, world wars, elderly, medals, and berets. It was interesting that many veterans, who had previously served in world wars, considered a veteran only to be someone who had served in combat. The younger generations understood a veteran to be classed more widely, as anyone who served at least one day in the armed forces. This mirrors the Armed Forces Covenant definition of a UK military veteran which states, 'Veterans are defined as anyone who has served for at least one day in Her Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations'⁴.

'I personally still feel that people see a veteran as one of the old World War II vets that you see on Remembrance Day, with these medals and his beret.'

'Someone who's a bit old... that is what most people would say is a veteran. I think people are now starting to associate it with youth.'

Some participants believed there was difference in the role you played when serving in the military. The attitude was very much that if you served on the battlefield, then that commanded a certain respect, and you were worthy of being classed "a veteran". This appeared more prevalent with female veterans, who served as nurses or other medical professions in the armed forces.

'There are a lot of jobs in the army that maybe aren't frontline, that people maybe don't consider at the same level and maybe don't view veterans in the same way.'

'To be honest, a lot of people that you speak to don't think of women as veterans. It's as if you have to be a hero to be a veteran.'

Although many participants felt veterans generally received respect and were held in high regard, there were also conflicting opinions. Several participants

were unsure whether the United Kingdom saw veterans in the same light as of those living in the United States of America. In America, the public would approach veterans and thank them. This was not something that was always seen as appreciated so much in the UK. One veteran described being approached by some American teenagers:

'As soon as they saw my army badge and all that sort of stuff, they stood up and they said, thank you for your service. Every day we go to school, we sing the national anthem, and we thank veterans for their service.'

There were some participants who felt that respect was lacking generally, and that most of the time veterans were only thought about during certain times of the year.

'We get it one day a year, November 11th. Everybody runs out, rolls out the carpet and wears a poppy and pretends they think we're gorgeous. The rest of the time we're just completely forgotten about.'

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⁴ Veterans: Key Facts (armedforcescovenant.gov.uk)

Why I feel proud

There is a strong sense of pride from having served in the military and many veterans disclosed that their families shared this view.

The phrase, 'doing your bit and fighting for your country' was used frequently and was one reason why veterans felt so proud. This pride was carried through their lives as a veteran, many admitting that they would always wear their veterans' badge on their uniform or for special occasions.

Appearance was a huge factor when it comes to being a veteran. Several participants were very vocal about the appreciation of smart dress, polished boots, clean attire and looking respectable. This was particularly common with veterans who are now serving police officers.

'I will go into an office and people will comment on how smart my suit is, how polished my shoes are; it's just how I am. That is my way of life. I'm not pulling up in a car with mud up the side, it's the perception and pride.'

'Young probationers at work, I keep telling them to clean their boots all the time. It's silly stuff like that which your troop skipper drummed into you for all of them years. I don't even have to think about it.'

I felt I belonged to a family

'It was a brotherhood, sisterhood, you were closer than family.'

Many of the people we spoke to that had served in the armed forces automatically labelled themselves as "a family" regardless of whether they served together or not. There is a clear understanding that runs far deeper than just sharing similar experiences. It is the camaraderie, the terminology, acronyms used and most important of all, trust.

'Generally, [veterans] they have lived it, they have had those experiences, they can relate to it. I do not tell my wife; I don't tell anybody any of my experiences.'

'You've got civilians that are empathetic and then want to try and fix you. Veterans I don't think see themselves as broken in most cases. They just want a sounding board and someone who can relate.'

When asked why participants joined the armed forces, this question generated a range of different reasons and responses. Many saw it as an opportunity for an escape route, while some felt they were already struggling with mental health issues. Some join to 'escape from their lifestyle' and others join to 'feel like they belong'.

'I never belonged, it was only when I joined up, aged 19, that I felt I belonged again.'

'These people are already struggling with their own demons to a certain extent. And the army is a way, to get away from that.'

The one significant key reason appeared to be joining because a family member had previously done so. There was a sense of continuing where your relative had left off, and this was again linked to making your loved one proud.

'I come from a military background. My dad was in the air force, my grandfather was as well in the second world war.'





ABANDONMENT

Why do I feel so lost?

When the military gates shut veterans are faced with many emotions which can leave them feeling alone, isolated and forgotten. The sudden change in lifestyle impacts greatly on veterans who have become 'over the years' used to the company of military personnel. This transition can be difficult to adjust to and many veterans described feelings of abandonment.

'It's a load of emotions... you're happy, you're frightened, you're scared, you're missing your mates already. It is, probably the weirdest day you'll ever have in your life.'

'I no longer had that network, the security, the family, the connection with other people. It was just there you go, you're on your own.'

Veterans used terms such as, 'not fitting in', 'unable to adjust' and 'civilians don't understand me' to describe their feelings of being out of place. This was highlighted when discussing employment, support services, speaking to professionals and understanding civilian lifestyle.

'A lot of people I know have drifted from jobs or drifted from place to place because they just can't find themselves again.'

'You're on a good salary, you're doing alright for yourself and then suddenly it all stops.'

Veterans also acknowledged that joining the military is, for some, decided at a young age, which can mean that many years have passed since living in the civilian world. Some found they were quickly reminded of the reasons why they had wished to join the armed forces at their young age.

'I left the society that I didn't fit into and now I'm back in that society.'

Why has everyone forgotten about me?

Many veterans felt they went long periods of time after leaving the military without hearing from anybody. The planning and resettlement preparation appears to have improved in recent

times, however once you have left there seems a lack of communication. Veterans felt forgotten about and many believed there should be more welfare checks completed by the military once you have left, even if it is just during the first few months.

'It's just like, you walk out the gates, or leave the married quarter and then you are just deserted after that.'

'For the first six months that someone leaves service there should be a welfare system set up just to contact these families and the individuals, to check they are coping.'

I miss the camaraderie!

The comradeship within the military is unique. The togetherness and understanding of each other is strong where you feel 'surrounded by your buddies 24/7'. The sudden change upon leaving the armed forces can be difficult for veterans, particularly the thought of not seeing your military family for a long period of time, after being used to spending time together every day for many years. The realisation and acceptance of no more tours of duty to different countries together, the loss of drinking and socialising together and the sharing stories and experiences side by side can be an emotional struggle for veterans.

'The friends that you have in the army you haven't got access to anymore, because they're all on base which you can't get onto because you're not a soldier anymore.'

Veterans expressed how missing friends impacted and described the importance of socialising with your 'family and comrades'. When the time came to reignite those friendships, it felt as if nothing had changed, the instant connection and level of understanding seems effortless.

'Mates that I've got from the army who I'd see tomorrow, I haven't seen them for years, but you pick up from where you left off.'

'I've actually got in contact with some of my old friends, and I miss them, and I miss the camaraderie so much because I'm really lonely.'



Why are so many of us homeless?

In 2018 The British Legion estimated there to be around 6,000 homeless veterans in the UK⁵.

Homelessness brings feelings of abandonment, loneliness, and isolation. Pride for some can become so overwhelming that the only option for a veteran is to continue their journey alone. There is a feeling of independent responsibility, because of the culture learned within the military in terms of resilience, working under pressure and problem solving. There is a concern amongst veterans that 'soldiers end up on the streets, because there is no follow-up.'

'I mean the number of times that people that are homeless, people that are in shelters and that kind of thing are ex-military, it breaks my heart.'

'There needs to be hostels and halfway houses for veterans and organisations that work with them to get them life skills, to get them into work, to help them manage money and move them on.'

'I jokingly say sometimes I visit people in prison - they probably have a better lifestyle than some soldiers.'

⁵ Thousands of armed forces veterans homeless or in prison (inews.co.uk)



STEPHEN

While I was on exercise with the Royal Engineers, I had two Royal Engineers tamper with the lorry brakes on all the vehicles. This was because, as punishment, they had to clean down all the bridges which were on top of our vehicles. Then, after a two-week exercise, whilst we were all having breakfast with the engineers, we went back to the vehicles and I was lead vehicle driving along with my lorry with the bridge on top. We went through some country roads and a pedestrian pulled out in front of me and, because we were doing convoy driving, we were really close to each other. I tried to stop, had no brakes because they'd tampered with the air brakes and I had a choice of either hitting the car, or heading towards a house. So, I head towards the house, but I see a young girl with a push chair so it was either, kill her or hit the house, so I hit the house. The second vehicle went into the back of me, pushed me through into the front room, the third vehicle hit the second vehicle which then hit me again, which pushed me further into the house. Then the fourth vehicle hit the third vehicle which hit the second vehicle which hit me again and then the house collapsed around me. It took them four hours to dig us out.

I spent nine months in a coma and was taken back to Queen Elizabeth's Hospital in Woolwich. I spent near enough two and a half years being rehabilitated after I came out of the coma. I was told I had an officer waiting for me in London, when I was discharged, to help me. I went to London, but there was no officer. I then spent six months on the streets with nowhere to go. I was a type 1 diabetic through the accident and basically, two police officers one day found me on the streets under a load of cardboard, almost dead. I got rushed to hospital in London; they tried to put lines in me and everything to give me fluids but they couldn't, so in the end they opened up my heart to do a direct feed. I was later told that, at this time, I had the highest sugar level ever seen in nine and a half years. The hospital then kept me for about five months but they wouldn't let me leave unless I had somewhere to live, because I was a type 1 diabetic and needed insulin. Having no fixed abode, I could not get hold of any insulin, so in the end, the district council put me in a B&B. I spent nine months there and then I was told I would have to leave. They were waiting on letters from the army and the army hadn't provided the letters so they were going to kick me out of the B&B. I then got a phone call from the council housing officer stating that he'd received the letters from the military and asked if I could go down and see them. So, I went down to see them and they gave me a disabled flat. Because of my experiences of living on the streets, I used my medical pension from the army to get a mortgage after three years and I bought the flat because I never wanted to be homeless again.

I had a lot of experiences with my mental health, having issues with the police, having meltdowns. I was going to a place called Combat Stress where I spent thirteen and a half years attending, for six weeks every year getting convalescence care. I was diagnosed in 1991 with severe PTSD. I then spent ten years with the RBL (Royal British Legion), Combat Stress and solicitors to fight to get PTSD recognised in the British Army. In 2001, I set a landmark precedent where I was the first soldier to actually be officially diagnosed and compensated for having PTSD in the British Army. At the time, I helped 9000 soldiers with finally getting their right diagnosis.



I got 100% disability pension from the armed forces and war pension and medical pension. I then met a woman and had two children, but Combat Stress notified social services to say that they felt it was dangerous for me to look after my children. So I wasn't allowed to then look after the kids on my own. It was mainly because of the violent outbursts with the aggression, with the PTSD and the fact that I have what they call uncontrolled diabetes. My sugar levels would spike through adrenalin rushes and I would either go hypo- or hyper- all the time. So, having two very young children, they didn't think it was safe, which, if I'm honest, broke my heart, because I don't think I would ever have hurt my kids. After about nine years, the army relaxed their opinion and, from the age of about ten, I could look after my children. It gave me a new lease of life; I put my whole life into looking after my kids and trying to be the best dad I possibly could.

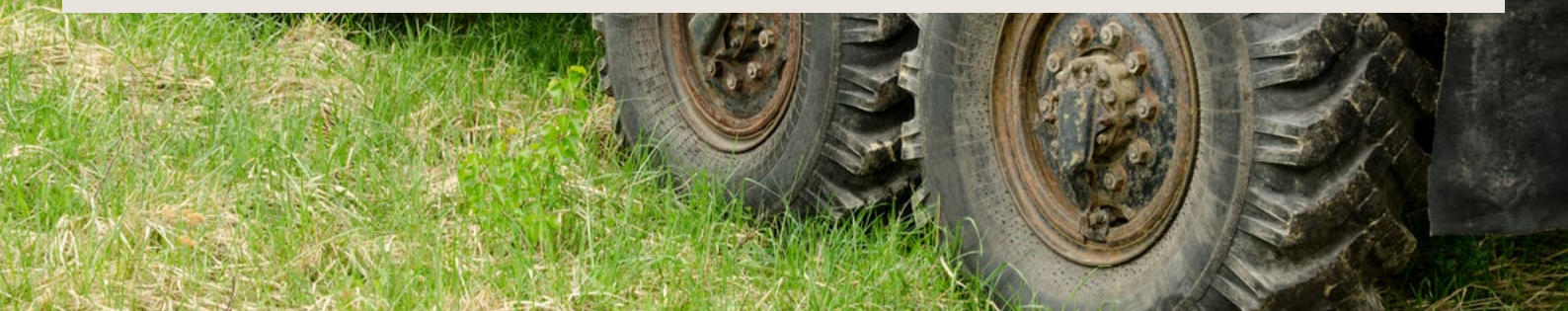
I had [knew] a lot of old guys in their 60s and 70s, and you've got to remember at the time I was probably in my 30s. These gentlemen were wingmen for me and looked after me and gave me a purpose. I am now 51 years of age and those same guys that looked after me in my 30s, I am now their welfare officer, their care officer, and I go and see them. Sometimes, I am the only person they see all week. I spend a lot of my time helping veterans. I know some who have been in bad places and the classic thing is, "oh, you've fallen through the net". Well, to be honest with you, none of us have really fallen through the net - we were ignored, abandoned, and forgotten about.

A guy that I'm dealing with at the moment, William, [had] 18 years' service. He is basically an alcoholic, he's been through three failed marriages, he's got PTSD, he's been abusing the bottle as a way of trying to numb the pain. He's living in a caravan at the moment and I went to see him. He was in bed with 23 bottles of whiskey, empty by the side of the bed - that's in nine days. I had to call an ambulance and they took him away. They kept him in hospital for three or four days and eventually he gets discharged. He'll end up going back to his caravan and, if I'm honest, I don't think he'll survive the next time. There's no safety net at all for soldiers anymore. They spout on about what they do, the military covenant and everything, but I have lived it, I've seen it and it don't work. I do not know where the money goes that they tend to use for this sort of stuff. It's quite... obvious in my opinion that it doesn't work.

I think the Breakfast Clubs are an amazing thing though if I am honest. Because that has really helped soldiers reconnect with each other. You have got some amazing guys doing these Breakfast Clubs and helping soldiers. Again, the army organisations, the core charities, infantry charities, they do amazing jobs. But it should not be up to them to do the jobs, it should really be government-led.'

In the time that followed....

Tragically, on 1st January 2021, William was found in his caravan alone, having passed away. After being advised to leave William in the hands of the authorities, Stephen felt with great sadness that they had let William down. The lack of pro-active support from the hospital through repeated discharge, minimal safeguarding put in place and other services who had failed to provide adequate support, Stephen felt had resulted in the death of a veteran with whom he had become very close friends.



An aerial photograph of a large-scale military parade in London. The parade route is lined with a massive crowd of spectators. In the center of the route is the Cenotaph, a large white stone monument with the inscription "THE GLORIOUS DEAD". The monument is surrounded by a large number of red poppy wreaths. Various military units are marching, including a band in purple uniforms and a unit in dark uniforms with white hats. The scene is set on a wide street with trees and buildings in the background.

MOVING ON...

What charity do I turn to for help?

In 2014 there were reported to be approximately 2,200 Armed Forces charities in the UK.⁶ Although there is support available, its abundance appears to create difficulty in deciding which charity to turn to. It can create confusion after leaving the military, and there appears to be a lack of direction to help guide veterans towards the most suitable support to meet their needs.

Veterans are generally very proud and are not always forthcoming when asking for help, particularly with the added confusion of not knowing where to go for support or advice. Participants felt there was a need for a focal point which provides access to one point of contact who can in turn signpost you to the required support. Several veterans felt there was a need for someone with military experience to be dedicated to each veteran within each county of the UK. This point of contact would act as their advocate should they require any assistance, support or guidance.

'Yeah I mean, I wouldn't know which ones would be best to get in touch with, [there's] over a hundred, where do you start? I know that they probably would be there for me, but I wouldn't even know which charity to go to.'



'There needs to be one central point and then they put you in touch with everybody else. If you had that one point of contact, you could reach out to it.' The main concern throughout was that there are too many military charities and that veterans are keen that no more are created, but instead would like to see partnership working. The charities available provide similar support and there is a lack of understanding as to why there is a need for so many, if the majority are all providing a similar service.



'There's about 2000 military charities out there. They're all working against each other for the same funding.'

'I'm too severe for here, but I'm not bad enough for here, we have TILs and they do an incredibly good job with limited resources, but they are really, truly a signposting service more than anything.'

Some participants currently working for military charities felt that the collaboration had improved and that working in partnership, particularly in this case Help for Heroes and BLESMA, had formed a strong bond.

**“IF I CAN HELP BRILLIANT,
BUT IF WE CANT, THEN
WE'LL FIND ANOTHER
CHARITY LIKE BLESMA.
SO WE ALL WORK IN
PARTNERSHIP AND THAT
GOES FOR THE FAMILIES
AS WELL.”**



⁶ 5046_MOD_Military_Charity_Report_v3_webNH.PDF (publishing.service.gov.uk)



TOM

'I can give you an example of when I was a young soldier, I was based in Northampton. I was a young private soldier in the Royal Pioneer Corps before I transferred to the military police. We were clearing out the old barracks and, unfortunately, the fire service had attended as they were draining these old emergency water supply tanks. Well, this one was below ground level, so it was similar to a concrete swimming pool with a chicken wire-type fence around it. The fire service had come along, opened the chicken wire fence and the camp was basically empty. We were just moving the last few bits from Northampton to Oxfordshire, but the married quarter patch was still being used by a lot of military people that were coming out of the army. So, the fire brigade had come along, cut the fence open and they were starting to drain the tank. Unfortunately, they got called out on a blue light job, so they packed up everything and disappeared. Unfortunately, what we think happened was somebody's cat got into the actual pond or into the water supply. Two children followed to try and get the cat out and both fell into the water and drowned. I was in there fishing them out basically, and we had absolutely no support whatsoever back in them days; it was the early nineties. I went to the hospital with these two children who were clearly not alive and stood outside of the emergency room where they were being worked on. When the parents were brought in, obviously I witnessed the whole lot and for a young lad it was not pleasant. I got virtually no support at that time, but I have been involved in lots of other stuff more recently. In the latter years I was in situations in Afghanistan, Iraq, working for the British Embassy on various jobs, but it is a world apart, it really is. There are mental health people assigned to work with the military now. You go through a completely different process whenever you deploy and then especially when you return from an operation. You go through what is called a decompression process where everybody gets the opportunity to talk about things, and you're signposted to the relevant authority. However as military, we tend to bottle it all up until something goes bang, which by that stage it is too late or the problem's an awful lot worse.'

Why should I trust this support?

There appears little concern about the accessibility of support available to veterans, however the main issue raised was the lack of trust, which was regularly highlighted throughout conversations with veterans. Every single participant was asked, 'who do veterans trust?' The reply was unanimous, 'other veterans.'

As important as trust is to veterans, so too is distrust. This appears to be especially significant when it comes to using civilian services when the skills they have developed over the years, makes them sensitive to perceived suspicious activity.

'I was frightened to open up because I knew they would use it against me. So, when I reached out and did go to Combat Stress, they then went to the court and said I'm not going to be fit enough to have the children.'

'It's because very often in the civilian world, people say that they're going to do something, and they don't carry through with that. In the military, if somebody says they are going to do something, it gets done or you are in trouble.'

There is a perception that support for veterans is provided without any thought for what veterans actually need. Many participants expressed their frustration at the lack of veteran-led support charities, expressing concerns over lack of engagement with veterans over what they feel would be best suited to address their needs. There are many military charities, but many participants felt that if their voices were heard and they were allowed an opinion on where they felt gaps were, then there would be a more effective way of supporting each other.

'They need to be listening to people and then making changes on what veterans need, rather than what they think veterans need, because the easiest person to ask is a veteran.'

One strong positive which was voiced by several veterans was the introduction of 'Veteran Breakfast Clubs' in Essex. Many participants used the meetings at these venues regularly, describing the club as a

place to converse with other veterans, who share that similar understanding. It was also seen as a way of replacing the lack of camaraderie that has been missed since leaving the military.

'I think the Breakfast Clubs are an amazing thing if I'm honest. Because that's really helped soldiers reconnect with each other. You've got some amazing guys doing these Breakfast Clubs and helping soldiers.'

There was a general sense of improvement over the years when it came to availability of support. As we have learned, the realisation that you are entitled to support as a veteran is not always understood, which can be influenced by issues around identity. However, the opportunities for accessibility are available not just for the veteran, but for families as well.

'They don't just help the ex-service person or the veteran now, they help the family, which is nice. It's good to see, because a lot of marriages and families can be saved if they got the help that they needed.'

'Oh, my goodness, there's so much that happens for the military wives now. We used to have a families officer and that was it.'

Investigating Countryside and Angling Research Projects (iCARP) are engaging with military veterans by using outdoor activities to help support those living with PTSD. This comprises three elements - green exercise (particularly fishing), encouragement for veterans to share their experiences, rather than bottling up their feelings and on-going peer support.⁷

Healthwatch Essex is working in collaboration with Essex County Council and the Local Medical Committee to launch Veteran Friendly Training throughout all GP surgeries in Essex. This will provide practitioners with an understanding of how to help a veteran and promote awareness in relation to the use of terminology when dealing with veterans.

⁷ iCarp - Website



In 1982, we were out when the pilot did something to the aircraft which he shouldn't have done, and we crashed. I suffered life-threatening injuries; I won't go into detail but I was admitted into civilian hospital. They gave me great service, looked after me well and after a period of time being there, I was then transferred to a military hospital. I was left in a corridor, freezing cold, in winter with just a blanket on me. Nobody cared who I was, I was just left in the corridor for what seemed like, forever and a day. I then remember getting moved into a ward and I was in hospital for several weeks.

I was discharged from hospital and basically, was reassessed medically for flying. I was told I was okay to fly but during that period, we are now in 1983-1985, I had lots of questions, what happened in the crash? Why did it crash? Medically, I needed help, but nobody was helping me. I was having problems physically and mentally which I now recognise, I didn't recognise it then. I didn't know; I just thought it was all normal. I spoke to my medical officer a couple of years after, I said, "look, I can't do this anymore, I'm frightened, I'm disoriented when I'm flying. I'm just anxious".

I now see that I was withdrawn. I lost a lot of friends in that time. I hadn't realised it, but I was drinking a lot. Now I see it. I was then married but my wife left me. I had a child but I became violent and I didn't realise it. I was reaching out; I was asking people for help and nobody was helping me. We were due to go flying down to the Spanish Alps with a load of aircrafts and I was to be the lead aircraft. I was good at my job - I say that now because I was the lead

navigator, co-pilot for the whole squadron. So, we had 12 aircrafts and if we were flying anywhere, I was in the lead all the time. Everybody followed me, if you know what I mean? I said, "look, I can't do this anymore".

I was then moved to another unit within Germany and given the job of what they call 'POL' (Petrol, Oil and Lubricants Operator). I was responsible for ensuring that the unit had its daily sufficient supply of fuel for all its vehicles. It was just doing my head in. I was highly qualified in my previous job in the Artillery, highly qualified as navigator, gunner, pilot, all these things. My medical health wasn't very good, so I had to reinvent myself within that unit that I was then stationed at, so I reverted back to one of my old qualifications, radio communications.

Then, towards the mid-80s, I decided that I couldn't cope with the service anymore. My career, as far as I was concerned, wasn't going where I wanted it to go, I was finished. I had no friends; people didn't like me, a lot of people didn't like me because I expected too much of them, I had very high standards, which I now see was perhaps part of this horrible thing called PTSD which I didn't know about at the time. When I asked for help, nobody helped me, but I experienced mood changes, anxiety, aggression, it was unreal.

I couldn't tolerate people; I couldn't tolerate their poor standards which I never used to be like. Nobody's perfect but I expected perfection of everybody. So, I left the services early. Towards the end of my career, I didn't used to get good reviews.

Comments such as, outspoken, highly critical, those sorts of things, whereas before my accident, I used to get raving reviews and I was offered more training to pursue. At the end, it was quite the opposite, the Commanding Officer called when I was leaving and just said, "Right. Cheerio. Thanks a lot." Job done, that was basically it. My army career was over after 17 and a half, 18 years.

It's been a huge lightbulb moment for me about the events that have happened to me injury-wise and to how I behave, what I'm suffering with on a daily basis and why I'm behaving the way I do. What would have helped me would have been a medical officer sitting down and talking to me, assessing me for what is going in my head. There are two parts, what's going on in my head and then physically what's going wrong with my body.

As highlighted in 'Mental Health on the Frontline' report there is a clear link between physical health and mental health. Often this is ignored, and consequently physical symptoms such as migraines, stomach pains and chest pains relating to stress or anxiety are mistaken for poor physical health.



“LOOK, I CAN’T DO THIS ANYMORE...”





I am struggling, yet nobody understands!

Crown copyright 2008

The Healthwatch Essex report 'Mental Health on the Frontline' raised awareness of the well-being support for emergency service staff and looked at some of the barriers to seeking that support. The stigma attached to mental health was raised as an issue in this report and it appears there is a running trend, carried over within the military. Similarly, to emergency service personnel, the generations are ever changing and talking about your mental health is not something everyone feels comfortable with. The term 'man up and get on with it' is something which many relate to, particularly when discussing attending incidents or witnessing trauma.

'Its always the same thing, they feel ashamed because of the stigma, as though they are weak. You tend to bottle it all up until something goes bang and, by that stage, it's too late.'

'You're supposed to be this big, brave squaddie, and I think if you do mention that you're broken and you need a bit of help, I think a lot of squaddies won't go and get that help.'

Several veterans who participated in this study were open about their mental health, some disclosing their Post Traumatic Stress Disorder (PTSD). The main attributor to veteran's poor mental health was their exposure to traumatic incidents, which is 'a struggle for any civilian to understand'.

In 2018 the rate of suicide among veterans was at 17.6 a day. Numerous public figures and public awareness campaigns in recent years have quoted the figure of "20 a day" in reference to veteran's suicide.⁸

'I don't need to tell you the number of suicides this year, it has been horrific. And that can only be exacerbated by things like COVID. But there is a completely disproportionate level of ex-serviceman taking their lives, which is tragic.'

The main attributors in relation to suicidal thoughts as a military veteran do not only include the stigma that is attached to poor mental health, but also both the pride and realisation that it might be time to accept help.

'A veteran is too proud to ask for help they've got to be in pretty dire straits. Because they're so used to not having help and having to do everything themselves.'

'When I was at my lowest, I couldn't even open a letter because the thought of what was inside the letter would scare me, even if it was just a bill.'

It is important to point out that not all military veterans are living with mental health conditions or encountering issues with drugs or alcohol. The stereotypical perception that a veteran may have been left scarred, or severely distressed or injured through their experiences in combat, needs to be considered since this is not always the case, as the Lord Ashcroft report 2017 reveals.⁹

'Not all veterans are mad, bad or sad. I think that is really important. Not everybody, that served in the military has got PTSD. Not every veteran with mental health issues has got PTSD.'

⁸ Suicide rate among veterans up again slightly, despite focus on prevention efforts (militarytimes.com)

⁹ Armed Forces and Veterans Mental Health (parliament.uk)



The real question here is what can be improved to support veterans before it becomes a crisis? The support currently available is deemed by veterans as unsuitable, due to the lack of understanding by healthcare professionals or mental health specialists. There is a strong sense that the mental health services are not fit for purpose due to professionals having insufficient experience of dealing with military veterans.

'She said, "right I've written it all down, I can't help you at all." She said, "I'm not trained for this, I'm really sorry."

There is a growing consensus however that it is becoming a lot easier to talk about your well-being. Several veterans felt that those with fewer years' service or those younger in age, were comfortable with sharing their experiences and talking about their mental health. It appears generational however, as those who were serving before the 1980s were much more of a closed book when speaking in relation to their mental health and well-being.

There is clearly an issue, however, when it comes to waiting times for therapy appointments, which can sometimes take months to undertake. The frustration here is that it can be seen as a huge achievement for a veteran to ask for help, only to be told that they will not be able to receive an appointment for sometimes 8 weeks or more.

'Someone's basically telling you that they're thinking about topping themselves. They reply, we'll get straight back to you... in two and a half months time!'

Overall, there appears to be a clear need for improvements to be made in relation to mental health services, including those within the remit of ex-service personnel. Many participants felt these services were understaffed and not fit for purpose when supporting veterans. There is an anticipation following the recent pandemic that, as a country, we are expecting to see a significant decline in mental health and well-being within the community. Appropriate, affordable, accessible aftercare is something participants would like to see put in place by the government.

**"NOT ALL
VETERANS
ARE MAD,
BAD OR SAD."**

RECOMMENDATIONS

Based upon the findings of the engagement process for this report, and through the voices and lived experiences of the veterans who took part, Healthwatch Essex makes the following recommendations which could offer improved support for military veterans.

- **Preparation & Resettlement:** Although the planning and preparation stage for military leavers appears to have improved, there is still a further need to ensure that all ex-service personnel are provided with the appropriate tools to ensure a more comfortable transition into civilian life. Providing every veteran with a source of clear information which includes signposting to appropriate support charities and an understanding of the necessary changes which they are likely to face when using civilian services, such as what to expect when visiting a GP and several other resettlement options. This would offer reassurance at a time of such uncertainty, before leaving the military gates. This need not be a costly exercise but would ensure that veterans have a clear understanding of who is best for them to liaise with if they require support. It will help prepare for and anticipate, several civilian changes from their previous military upbringing, while ensuring a smoother resettlement period and essentially reduce any stress or anxiety veterans may encounter when leaving the military.
- **Dedicated Welfare Officer:** Upon leaving the military a dedicated welfare officer, with military experience, should be assigned to every veteran residing in that area of the county. Veterans then have access to that point of contact at any time, who can help with any welfare issues or assist with support in relation to housing, health, well-being, or employment. Having this specific point of contact would help prevent the confusion of navigating through the large number of military charities and allow the veteran to build a strong rapport with the welfare officer.
- **Veteran Friendly GP Surgeries:**¹⁰ Veteran friendly training should be provided for all GP surgeries in Essex. Healthwatch Essex is working in collaboration with BLESMA and Help for Heroes alongside The Local Medical Committee to introduce this training. The training can be facilitated by either BLESMA or Help for Heroes and the aim is to launch this throughout all GP Surgeries in Essex. This training will provide practitioners with an understanding of how to liaise with veterans during appointments and overcome some hurdles in relation to terminology and use of language.
- **Veteran Breakfast Clubs:** Armed forces and veteran's breakfast clubs have been very highly valued by all of the veterans we spoke to. The club is seen as a safe place to engage with other ex-service personnel who have shared similar experiences. A local breakfast club set up in each district of Essex would help towards the prevention of loneliness and isolation. This would also promote veteran's well-being by providing talk therapy as well as a venue in which veterans feel comfortable socialising.
- **Further Research:** This report has resulted in the potential for two further research questions in relation to military veterans. The first being exploration into how the military has an impact on families and what support is put in place to assist them. Secondly, a gender issue that females may not be identified by themselves or others as veterans and that, perhaps, there is a need for further improvements to be made in relation to the support they are offered.

¹⁰ Veteran friendly GP practices (rcgp.org.uk)



By listening to the lived experience of participants to formulate this report, we hope to influence positive change in relation to support services through valuing and respecting the voices of military veterans, who have courageously disclosed their life stories to Healthwatch Essex.

There is a clear need for appropriate preparation and resettlement plans and support for someone leaving the military. There is much confusion surrounding the sheer number of military charities available, leading to difficulties with information and signposting for veterans. There is also a need for a dedicated service to take responsibility for veteran's welfare when leaving the military.

Stigma surrounding mental health was highlighted as an ongoing issue. Although there is still much room for improvement, it appears that some progress is being made to make it easier and more 'acceptable' to talk openly about personal well-being.

We hope this report raises awareness of some of the issues faced by veterans and poses questions for military charities, support services and other relevant government-led organisations to consider.

I would like to leave you with this final thought: Thousands went to fight for our country and are now living with the consequence of their experiences. As a country, do we not owe them affordable, accessible, and appropriate support to live the civilian lives they have earned and deserve?

SIGNPOSTING

Below are several useful contacts who provide information & signposting along with support for military veterans and their families:

BLESMA, The Limbless Veterans - 020 8590 1124

Help for Heroes - 0300 303 9888

Transition and Liaison Service (TILs) - 0300 323 0137

Investigating Countryside Angling and Research Projects (iCARP) -
Dr Mark Wheeler - mark@icarp.org.uk

Blind Veterans UK - 0800 389 7979

Armed Forces & Veterans Breakfast Clubs - Colchester: 01206 561227,
Maldon: 07928 307535

British Legion - 0808 802 8080

Combat Stress - 01372 587000

SSAFA (Soldiers, Sailors, Airmen and Families Association) - 01206 764114

Walking with the wounded - 0126 386 3900

RAF Benevolent Fund - 0300 102 1919

Royal Navy & Royal Marines Charity - 023 9387 1568

Civvy Street - 0800 368 9533

Veterans Aid - .Freephone: 0800 012 6867 or: 0207 8282468

Warrior Programme - 0808 801 0898

Veterans Gateway - 0808 802 1212

Soldiers Off The Street - 01745 356622

Correct at the time of publishing (June 2021)

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