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SAMH

LIFE FORCE

HULL AND EAST RIDING

A PRACTICAL GUIDE FOR WORKING WITH MILITARY VETERANS

CONTENTS

FOREWORD

We are delighted to introduce this guide which will be an invaluable resource for anyone whose work brings them into contact with veterans in Hull and the East Riding.

We owe a significant debt to the men and women of the Armed Forces, who willingly give up the safety and comforts many of us take for granted in order to serve their country. Too often, we see them as "different" and we too easily forget that they are drawn from our communities and will eventually return to them. For most, military service is a positive experience, but there are some for whom the transition back to civilian life presents real challenges.

To many people, the term "veteran" refers to elderly men who have retired from the Armed Forces, and are generally only seen on Remembrance Day. In fact it applies to young and old alike, as well as women who in some cases may have been exposed to exactly the same experiences as their male colleagues. Many veterans have families who have lived all around the world in different circumstances to those we are used to, and are equally affected by the transition back to civilian life.

We must also remember Reservists when thinking about our obligations to ex-Forces personnel. These are the men and women who may be working alongside us in our normal jobs one day, and serving in Afghanistan the next, alongside their regular colleagues and facing exactly the same challenges as them.

After their tour of duty they will return to their civilian jobs, but with a set of experiences many of us will never fully understand.

There are many excellent ex-service charitable organisations and support services specifically for veterans and their families. This guide seeks to help staff working in non-specialist services; employers; fellow workers and anyone else who comes into contact with veterans in the course of their work. We hope it will be useful in supporting veterans using your services now and in the future.

Lastly we have also provided some information on issues veterans may experience in their transition to civilian life, as well as some information about structures, customs and language that can matter greatly to our soldiers sailors and airmen, but be baffling to others.

Christopher Long
Chief Executive
NHS Hull

Billy Watson
Chief Executive
SAMH

GENERAL BACKGROUND AND CONTEXT

Life Force has been written for community-based support agencies including the voluntary sector, services provided by NHS Boards, local authorities and charities. These agencies often work with veterans but until now have had no specialist advice on the issues that veterans may face or the experiences they may have had.

Despite the fact that one in four people will experience a psychological health problem at some point in our lives, many of us, particularly men, still find it difficult to talk about our psychological health. These difficulties equally apply to ex-service personnel, the majority of whom are men, who may perceive asking for help as a sign of weakness and 'letting the side down'.

Some of the characteristics valued in the Services such as 'get on with it', a 'can do' attitude, stoicism and pride can get in the way of help seeking – particularly for psychological problems. The stigma that surrounds mental health adds to this reticence.

Whilst in the armed forces, service men and women have a clear chain of command and welfare support to deal with problems as well as comrades who can provide support or advice. Groups have their own jargon/shared common language which can seem incomprehensible to civilians.

The majority of service leavers make the transition to civilian life without problem; many welcome the change. For all, there is a period of adjustment/re-adjustment to civilian life and some manage this better than others. Problematic transition may be due to a variety of reasons related, or unrelated, to service. This guide aims to help those supporting people and their families who have run into difficulties but also to give an insight into how normal aspects of service life can affect the transition to civilian life for both the individual and their family.

The guide identifies the background as to why it may be difficult for some ex-service personnel/ veterans to engage with health services and community agencies, how this may manifest itself and, perhaps most importantly, some suggestions for interventions and signposting. The content has been written by SAMH in conjunction with Humber Traumatic Stress Service.

THE RIGHT RESPONSE

Civilian agencies provide the majority of support for serving personnel after service. In 2006, The Royal British Legion identified that over half (52%) of the adult ex-service community had received help or advice in a year from state or charitable agencies, including health professionals, Citizens Advice, social workers, housing departments and job centres.

An understanding of an individual's military experience will help any agency in carrying out an assessment and building a relationship with the veteran. Those who are experiencing mental health problems are more likely to trust workers whom they feel understand or at least seek to understand their problems within the context of their military service.

Veterans' experiences are unique. Veterans are a heterogeneous group with many unique skills. All will have individual accounts, both positive and negative, as to how serving their country has affected their lives and the lives of others.

It is important not to generalise or make assumptions about how veterans perceive or engage with support from agencies. The following have been suggested as a 'rough guide' in facilitating positive engagement with veterans.

THE LANGUAGE OF THE ARMED FORCES

Military jargon is an array of colloquial terminology commonly used by service personnel, including slang which is unique to the Armed Forces. It often takes the form of abbreviations/acronyms of formal military concepts and terms.

Exploring this language with veterans may highlight an acknowledgement of a forces life and promote engagement. Important pieces of information about the individual and their service career may be gathered by breaking down some of the jargon in collaboration with the veteran.

GET TO THE POINT

Avoid superficial discussions, keep it simple and give complete attention to the individual to prevent them feeling they are not being taken seriously. Ensure that any agreed actions are carried out promptly; it's an issue of trust.

Acknowledge and apologise if distressing 'off the cuff' remarks are made. Ensure the individual doesn't misinterpret or dwell on something that has been said, which might interfere with the establishment of trust.

Most veterans respect clear and honest communications and want to be treated by competent and credible individuals. If you don't understand, be honest and say so; it will not stop you providing help or the veteran receiving it.

ENVIRONMENT/ BODY LANGUAGE

Be aware of the environment in which an interview, support, etc is being carried out as if a veteran has concerns about their safety, it could affect their relationship with you. Check whether they have any issues in relation to this before commencing an interview. Avoid making quick body movements, quickly approaching the veteran from behind or moving into a veteran's personal space and maintain good eye contact and keep an open posture.

PRACTICAL INFORMATION FOR GPs AND OTHER AGENCIES TO ASK VETERANS

- What was their service number?
- The dates when they joined and left? – How long did they serve?
- What was their job/trade – infantry, logistics etc.? This will give you a clearer picture of the types of experiences they encountered, very few will have been in frontline combat.
- What was their rank on leaving? This will tell you how they fitted in and how others rated them and their abilities.
- What Corps and Regiment did they serve in whilst in the Armed Forces?
- How did they leave the services – end of contract, voluntary retirement (served notice), medical discharge, administrative discharge (disciplinary, compassionate etc.) Circumstances of discharge?
- Were they ill in service? Did they attend a DCMH (Department of Community Mental Health)?
- Do they have a copy of their Medical Documents?
- What Operations were they deployed on?
- What agencies (veterans and Non-veterans) have they engaged with?
- Were they Regular or Reservist?

EXAGGERATION/ FABRICATION

As with any health presentation there is a possibility of exaggeration or fabrication of both experiences and symptoms. This can be difficult to spot in veterans if you don't have a military background. It's therefore important to seek corroboration through accessing a person's service medical records. See page 17 for how to access military medical documents

Signs to be alert to include:

- Person unable to remember service number.
- Saying they 'can't talk' due to the official secrets act or having been in the SAS.
- Vague and/ or changing narrative.
- Non-engagement or non-response to therapy.
- Involvement in the perpetration of atrocities.

'Those who are experiencing mental health problems are more likely to trust workers whom they feel seek to understand their problems within the context of their military service.'

FIND OUT WHAT IS AVAILABLE LOCALLY

Knowledge of what is available both locally and nationally for veterans will assist co-ordinated responses when required. There is a large network of veterans associations and agencies within the UK who provide different types and forms of support, including welfare, social and health. Signposting to these veterans specific supports is a key factor in facilitating accessibility.

Agencies who seek to understand the veteran's experience are much more likely to gain their trust. Veterans need to feel that we have the time and inclination to listen, and the capacity to tolerate what we hear, and still maintain a positive regard for them. Agencies must establish clear information sharing pathways and follow up any referral or signposting onwards.

There are many civilian practitioners who engage successfully with veterans and many veterans who engage wholeheartedly with their GP and health and social work professionals.

www.hullpct.nhs.uk

www.humber.nhs.uk

www.hullcc.gov.uk

www.eastriding.gov.uk

www.eastridingofyorkshire.nhs.uk

THE ARMED FORCES, VETERANS AND THE VETERANS COMMUNITY

The British Armed Forces in order of seniority comprises of the Royal Navy, the Army and the Royal Air Force and constitute one of the largest militaries in Europe. These Forces are made up of regulars and reservists.

The Royal Navy of the United Kingdom is the oldest of HM Armed Forces (and is therefore known as the Senior Service). The Royal Navy is a constituent component of the Naval Service, which also comprises the Royal Marines, Royal Naval Reserve and Royal Marines Reserve. As of April 2008, the Royal Navy numbered approximately 38,720 Regular personnel of whom 7,500 are in the Royal Marines, in addition, there are 2,900 Volunteer Reserve personnel, giving a total of 41,500 personnel. The Royal Navy is also supported by the Royal Fleet Auxiliary, a civilian logistical support fleet which is owned and operated by the Ministry of Defence as part of the British Merchant Navy.

The British Army came into being with the unification of the Kingdoms of England and Scotland into the Kingdom of Great Britain in 1707. The British Army consists of 108,840 regular soldiers (which includes 3,760 Gurkhas plus 35,000 Territorial Army soldiers, giving it a total of 147,600 personnel in October 2008.

The Royal Air Force (RAF) is the oldest independent airforce in the world, having been formed on 1 April 1918. The RAF operates 1,109 aircraft and, as of October 2009, its personnel numbered 44,120 regular and 1,300 volunteer reserve personnel. These 45,420 active personnel make it the largest airforce in the European Union, and the second largest in NATO[1].

REGULAR FORCES

Regular Force personnel are employed full-time, and have usually signed long-term contracts committing them to regular service. After discharge, regular service personnel are usually liable to a 'Regular Reserve' commitment which means they can be called-up/ mobilised for operational deployments for a finite period after leaving.

RESERVISTS

Reservists may be either Regular or Volunteer. Regular reservists will have served in the regulars unlike Volunteer reservists who have mainly joined directly from the civilian community and have jobs and careers outside the military. Both groups of reservists train regularly (for which they are paid) and may be called up for training and operational service when necessary. A reservist can vary in contracts such as Full Time Reserve Service (FTRS) broken down further into Home Commitment (HC), Full commitment (FC), Mobilised (Compulsory called up under the reserve forces act 96).

1. www.dasa.mod.uk/modintranet/UKDS/UKDS2008/c2/table207.html
www.dasa.mod.uk/modintranet/UKDS/UKDS2008/c2/table217.html
www.dasa.mod.uk/modintranet/UKDS/UKDS2009/c2/table226.html

'Many veterans have had experiences in the course of service that will be very different to the majority of the community.'

VOLUNTEER RESERVE FORCE: TA, RNR, RMR AND RAVR/RAFR

Being a member of the volunteer reserve requires training two to three weekends per year. In addition these personnel are required to attend fifteen continuous training days every year and therefore require support and commitment from employers to achieve this. They are liable to be compulsorily 'called up' for operational tours when necessary. They complete a series of Military Annual Training Tests throughout the year to enable them to stay up to the standard set.

VETERANS

Currently the term 'veteran' applies to all ex-servicemen and women. This 'all encompassing' use of the term veteran means that some of the issues people present with may relate as much to pre-existing difficulties as to military service[2]. Most veterans dislike the term and prefer ex-serviceman or woman as it has less ageist associations.

A veteran has spent a proportion of their life serving their country in the Armed Forces as a regular, or reserve or as part of the Territorial Army. This includes Prisoners of War from World War II, the Korean War, National Servicemen, former Polish forces under British command and Merchant Mariners who have seen duty in military operations (e.g. the Falklands Conflict and Northern Ireland). More recently, it also includes veterans who have seen service in both Gulf Wars, the Balkans and those recently returning from Afghanistan.

VETERANS COMMUNITY

Veterans together with their widows/ widowers and their dependants make up the veterans community.

Many veterans join the Armed Forces as young adults, an important time in life for shaping values, beliefs and attitudes. Figures for the UK Regular Forces for 2007/2008 show that of the 21,325 new recruits, 53% were aged between 16 and 19. Joining the highly military social culture at such a time means that many serving sailors, soldiers and airmen and women are likely to have adopted military values and ideals as their own. This process is known as 'acculturation' a term which refers to a person acquiring the culture of the society that he/she inhabits.

2. Veteran's World 8

SOME OF THE REASONS FOR JOINING THE ARMED FORCES

There are many social and economic reasons for joining the Armed Forces including personal improvement by learning new skills and job security by gaining full time employment. There are opportunities to see different parts of the world and the chance for people to do something different with their life.

For many personnel, military life is 'a great leveller'; it is a positive experience (especially for disadvantaged youths who enter service early) allowing them to enjoy a more favourable life pathway. Many recruits do not possess high levels of academic qualifications when they join; however the military offers them a career and progressive education not matched by any other employers. For Officers, the challenge of leading a group of men and women in arduous and difficult circumstances offers them an exciting and challenging career that is difficult to replicate in civilian life.

It is not uncommon for people to join the forces to escape difficult home environments. Whilst TV advertising and poster campaigns play their part, many new recruits are influenced by their peer group or will have a life in the Armed Forces recommended to them by a family member or friend who is a serving or ex-service member of Her Majesty's Forces (HMF)

COMRADESHIP

Comradeship is very important for most veterans. While there are differences in the ways that comradeship is perceived by different individuals, it is often seen as something that cannot be destroyed by time. Comradeship is seen as deeper than ordinary friendship, because of the shared hardships, shared lives, and the sense of dependency for one's life on others. This is especially so for group relationships forged under threat or danger such as combat.

During conflicts intimate relationships and bonds are formed with colleagues in order that they can rely on each other in times of crisis. These bonds can even be closer than normal family relationships. The deep bond that develops over time has been described as the 'band of brothers' throughout history, particularly by soldiers.

For some veterans, continued service provides comradeship, and in fact may be the reason many individuals continue to serve in the Forces. All who leave HMF (and everyone does leave) will need to re-adjust to once more being a civilian – some have more difficulty than others in managing this transition.

The legacy of military service may reveal itself in a veteran's strong identification with other veterans, which brings with it a sense of personal identity and value, as well as affording a degree of 'belonging' and 'doing your bit'.

Surviving combat and shared hardship are at the root of veterans' pride in service, of having 'taken part... being there... being 'part of the family'. The other side of this coin can be a mistrust of others who are not part of this 'group'.

It should be remembered that both veterans and civilians stereotype each other. There is a potential for mutual suspicion and lack of trust especially if assumptions made by support agencies are uninformed. Incorrect assumptions may interfere with a veteran's smooth transition return to the community.

Veterans organisations themselves have identified a 'dependency culture' in the Armed Forces. Some veterans can become institutionalised and less self reliant, others remain proud and defiant, of 'sorting themselves out... not accepting charity' which can lead to difficulties in resettlement and acceptance of the need for appropriate support.

JOCK'S STORY

Joined infantry in 1970 and saw service in different theatres including Northern Ireland was later transferred to the Logistics Corp, and saw service again in different theatres, Europe, Africa and NI in particular the Bomb Disposal. Retired in 1993 as an Regimental Sergeant Major (RSM).

The main difference between military and civilians is that the value sets for both are different. In the military the mindset is structured through training and discipline and depends a lot on being part of and working in a team with the attitude that you will not let your comrades down. The team is more important than the individual. In civilian life although there is training and team work it is not as disciplined nor structured and the individual, is the most important part and letting the team down doesn't seem to matter as much, the emphasis being more on I'm alright Jack.

Another difference is that in the military you have a common goal which is the objective for all to achieve and as part of the "family" you want it for yourself and the rest of the family equally. Whereas in civilian life although you have a common objectives the over-riding factor is what it brings you personally.

I feel that because of the values which are bred through being in the military it is extremely difficult to accept that it is not considered being a failure if you cannot cope with every day events. In my own case I was being overwhelmed with work because I refused to say no and allowed the bosses to keep piling work on me and because I didn't want to let anybody down (the team) nor be seen like a failure I just tried to carry on until I eventually realized (through the help I received) that it was okay to admit that I was under pressure not because I couldn't do the job but it was by refusing to say no and allowing others to pile on the pressure my life was being taken over by work which resulted in no time for anything other than work. This culminated in me being extremely uptight and agitated and constantly worried.

I think that over the last 16 months or so there are a couple of things which stand out and should help in expelling the thought that most ex-serviceman think:

a. welfare and health services are not a waste of time: I have learnt that there are professionals out there who may not have had the experiences that we (the ex-military) have had but they do understand the effects of what we may have seen/done or been part of and can give sound solid advice and assistance to help overcome even the most unfortunate experiences in a professionally sympathetic way.

b. It is not a weakness to seek help but a strength: if there is a need to recount experiences or discuss what is being felt then by accessing these professionals we can do this without worrying that we will be prejudged and that the help on offer is neutral, understanding and will be tailored to the individual's needs.

'Because of the values which are bred through being in the military it is extremely difficult to accept that it is not considered a failure if you cannot cope with every day events.'

JOCK'S STORY, P30

THE REGIME

Military training promotes strict conformity to values and high standards of behaviour in terms of defined discipline, selfless commitment, courage, integrity, loyalty, respect for others, punctuality, orderliness, cleanliness and obedience. They are valued so highly because the lives of friends and comrades may depend on them, especially in combat such as Afghanistan.

Pride in the job, not wanting to let others down, responsibility for subordinates, and development of specialist skills etc. require a flexibility of mind and action which can be attributed to a service career.

Some veterans can find the transition back into society difficult when those around them demonstrate different values and attitudes and do not exhibit attributes learned in the forces. For example, some veterans can find it stressful when they are kept waiting or when things do not run according to plan. They may find aspects of civilian life frustrating and have a sense that everyone is only out for themselves

HOW DO VETERANS SEE SOCIETY?

Many veterans have had experiences in the course of service that will be very different to the majority of the community. These experiences may relate to their exposure to people's capacity to behave inhumanely towards others as well as the heights of human co-operation and unselfishness.

During conflict service personnel are required to respond rapidly in dangerous circumstances; to make split second decisions which may save or take a life. Decisions made at the time may be hard but they are made as part of a group. Usually only later, when out of danger or out of service, individuals may question themselves about their decisions and actions. Everyone will be changed by their military service; such change is usually positive. Going to war or war-torn areas can serve to help soldiers recognise what they have at home, what is important in life but they may struggle to listen to civilians complaining about what seem to them as trivial matters.

DISCHARGE, RESETTLEMENT AND THE TRANSITION TO CIVILIAN LIFE

People leaving the Armed Forces (service leavers) can be grouped into 3 categories:

1. Normal Service Leavers
2. Medically Discharged Service Leavers
3. Early Service Leavers

1 NORMAL SERVICE LEAVERS

Normal service leavers are discharged on completion of their Engagement or commission, having submitted their notice to leave, having been given notice of discharge under redundancy or reaching the end of their terms of service.

For normal service leavers entitlement to a resettlement process can be sought anytime up to two years before the date of discharge.

2 MEDICALLY DISCHARGED SERVICE LEAVERS

This group of leavers will have developed physical or mental health problems attributed or aggravated by their service to the extent they are unable to become fully fit to fight. There may be an expectation that exit from service will improve their health. Medical discharge does not always mean the individual has a long-term serious and incapacitating disease or disorder. All service leavers within this group will have had intervention in service and attended an occupational medical board which makes the decision about their remaining or leaving the service. Some Service Leavers will be happy with the decision taken, others will not. Some may feel they have been 'let them down' by their unit, the service, medical services, the government, politicians and demonstrate marked resentment towards the service.

3 EARLY SERVICE LEAVERS

Early service leavers are either discharged compulsorily (e.g. as a result of alcohol/drug misuse, criminal acts, inefficiency, temperamental unsuitability – not 'fitting-in'), losing eligibility/ entitlement to resettlement provision or leave at their own request having completed less than 4 years service.

Early service leavers leaving at their own request have the same discharge procedures as normal service leavers but will not have served long enough usually to qualify for any resettlement.

Whilst few regular personnel are discharged at extremely short notice it is true they have less time to plan their transition to civilian life. Reservists who are demobilised after operations may find re-adjustment difficult which may impact on them and their families. They are returning to civilian life and are surrounded by a peer group who have not shared their operational experiences; this can increase feelings of social isolation. Research has shown that Reservists can be most at risk of combat related psychological injury (Browne et al, 2007) but some of their problems pre-date call-up or volunteering to serve which may be added to if there were problems in theatre.

'I firmly believe that depression, anxiety can be overcome, with the right support, patience, realistic goals and guidance, a positive and happy future is possible'

PAUL'S STORY, P24

WHAT ARE MEDICAL BOARDS?

Before leaving service every soldier has a Discharge Medical by their Medical Officer at which they are encouraged to note any physical or psychological problems they may have had during service. Those with problems are likely to be seen by a Medical Board.

Medical boards are groups of military health professionals who conduct formal medical assessments in order to ascertain whether someone is fit enough, or likely to become so, to continue serving in the Armed Forces. Where a decision is be taken to medically discharge or retire a person, the board will provide advice on how to find further treatment after leaving as well as support from ex-service charities and provide forms of consent to assist with this process.

Consent forms are used to record a preference for passing personal contact details to a service or ex-service charity of their choice. The information on this form is used solely to enable the charity to make contact for the purposes of providing help or advice.

When an individual is medically discharged, a resettlement officer will have been contacted to plan resettlement actions. All individuals who are medically discharged are entitled to resettlement provision.

TA injured on operational tour may be medically boarded after treatment options have been exhausted and, if not fit for role within TA, are provided with appropriate compensation. They may also be maintained on mobilised service until their medical board. This can be a particularly stressful time for both the individual and their family who may not be used to the demands of full time service life and may live away from the support networks accessible to regular service personnel's families.

MEDICAL DOCUMENTS

All those leaving the Armed Forces have a Discharge Medical, usually by their regular Medical Officer (GP). They are provided with documentation (FMed 133) on which any illnesses, injuries and vaccinations are noted. They are encouraged to register with a GP as soon as they leave and are entitled to a full copy of their service medical record. The address for such a request is on the FMed 133.

This system requires the individual to present their FMed 133 to their GP. This may be problematic if veterans do not register with a GP on leaving and leave it until there is a problem by which time the documents are likely to have gone astray.

Anyone seeking a War Pension/ Armed Forces Compensation (AFCS) will have their case considered by the Service Personnel and Veterans Agency (SPVA) which examine the service medical records and determine eligibility for the type of pension/ compensation claimed.

GPs seeking advice on how to request medical records can contact the records departments via these numbers: providing the individual's Service Number will speed the process greatly.

RAF
Telephone: 01494 497 410

Royal Navy & Marines
Telephone: 02392 768 063

Army
Telephone: 08456 009 663

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DEPARTMENTS OF COMMUNITY MENTAL HEALTH (DCMHS)

The Defence Medical Service is responsible for the health of 195,000 Armed Forces personnel and approximately 40,000 MoD civilians and families abroad. The Defence Medical Service runs 15 DCMHs in the UK and several abroad.

Departments of community mental health are multidisciplinary teams which carry out clinical, educational and advisory services to both primary care and the chain of command.

Their aim is to provide timely assessment and treatment for serving personnel and for those who cannot be rehabilitated, to ensure they receive a smooth transition to civilian life. DCMHs are located in areas with a strong military population. Standards of care are generally extremely high with fast tracking for urgent cases and very short waiting times for routine referrals.

DEFENCE MENTAL HEALTH SOCIAL WORK SERVICE (DMHSWS)

Service personnel likely to be medically discharged with a mental health related problem are referred to the Defence Mental Health Social Work Service (DMHSWS). This tri-Service provision is accessed through the 15 DCMHs. Mental health social workers support service personnel and their families, throughout the medical discharge process and for a period afterwards.

Assistance may take the form of advice regarding housing, resettlement, benefits, pensions and other entitlements. For those with more serious mental health difficulties or patients who are particularly vulnerable, a more comprehensive needs assessment is undertaken which focuses on the development of a care plan. Particular attention is paid to establishing care pathways into appropriate health, social and veterans' services that can assist with the transition into civilian life.

The two DCMHs covering Hull and East Riding are DCMH Catterick Telephone: 01748 873058 and DCMH Cranwell Telephone: 01400 267369. For national issues the Head of DMHSWS can be contacted at DCMH Tidworth Telephone: 01980 602236.

'Ex-serviceman under 24 were at greatest risk of suicide and the suicide risk for this group is nearly three times that of the general population.'

HARRY'S STORY

Harry served in the Armed Forces from 1997 to 2008. He began experiencing problems on return from Iraq in 2003. Harry was referred to DCMH Catterick and gradually it was identified that he had symptoms of post traumatic stress disorder in relation to an incident in Iraq and also due to having witnessed the death of a friend in Germany.

Harry attended regular sessions at Catterick DCMH and was making progress using eye movement desensitization reprocessing (EMDR). However he was travelling from Hull every week for sessions as he was awaiting a medical discharge from the Army and had to be accompanied which was proving quite cumbersome.

DCMH Catterick therefore contacted Humber Traumatic Stress Service and agreed that Harry's care would be transferred via his GP to the local Hull trauma service. This enabled Harry to continue therapeutic intervention closer to home and allowed a smoother transition of services on discharge.

Harry is now beginning to feel more settled within his life, he has regained his driving licence and is re-starting EMDR after a break to complete his treatment. Harry is planning to begin a college course soon initially part time but hopes to complete a full time trade focused course in the future.

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THE RESETTLEMENT PROCESS

The Resettlement Process refers to making the successful transition from military life to the civilian world. It is a phased process including advice, information and training. This includes decisions about housing, education (their own and that of their children), finances and employment.

Resettlement services assist with providing advice, information, guidance and training to prepare and find suitable civilian employment for service leavers. However the package is generally not adequate enough to fully train a person for a career, the resettlement options are short training packages with a limited budget available – therefore you can only obtain a limited course. A prospective lorry driver can acquire a HGV license. However if you want to be an electrician your options are limited.

THE CAREER TRANSITION PARTNERSHIP (CTP)

The Career Transition Partnership (CTP) delivers free resettlement services to all ranks of the British Armed Forces, to make the transition from military to civilian life as smooth and successful as possible. They teach service leavers the skills they need to produce a CV, learn interview techniques, research the employment market and apply for jobs.

Web: www.ctp.org.uk/ctp/

THE REGULAR FORCES EMPLOYMENT ASSOCIATION (RFEA)

The RFEA provides extra support in assisting servicemen and women of all ranks leaving the Armed Forces to find employment from the day of discharge without restriction of time thereafter. It supports servicemen and women in the career planning process by providing advice, and guidance, which enables them to develop their capacities to determine and execute immediate and later career decisions.

Web: www.rfea.org.uk

JOBCENTRE PLUS

Jobcentre Plus is a government agency supporting people of working age from welfare into work, and helping employers to fill their vacancies. They are part of the Department for Work and Pensions (DWP) and play a major role in supporting the Department's aim to 'promote opportunity and independence for all through modern, customer-focused services'.

Web: www.jobcentreplus.gov.uk

SaBRE

SaBRE – Supporting Britain's Reservists and Employers – Is an impartial body created by the MOD to provide employers with all the information they need, from Reservists' training obligations to employers' legal rights and responsibilities.

Telephone: 0800 389 5459
Web: www.sabre.mod.uk

MANAGING FINANCES

The move to civilian life away from the more structured forces community may prove difficult for some veterans now managing new finances within different and often complicated structures.

On discharge veterans may face a situation where they need to deal with issues like accommodation and utility costs, and perhaps applying for benefits for the first time.

The wait for financial support post discharge is a potentially vulnerable time for some veterans and their families. Proud veterans trained not to show weakness may not be assertive in highlighting financial problems, thus lengthening the scale and impact of the problem.

Veterans may encounter significant difficulty with budgeting and money management. Some veterans may be at risk of being seriously affected by debt, thus highlighting a need for targeted and ongoing support in this area.

THE SERVICE PERSONNEL AND VETERANS AGENCY (SPVA)

The Service Personnel and Veterans Agency is aimed at improving personnel, pensions, welfare and support services to members of the Armed Forces and veterans. The responsibility for all pension provision, whether a war pension or an Armed Forces pension now falls under the direct control of SPVA.

As part of the resettlement process service leavers will have received a service leavers pack from the SPVA nine months before they were scheduled to leave. This pack contains information about service pensions and supporting charities.

SPVA has a national network of welfare offices across the UK and Ireland. Welfare Managers are available to provide one to one assistance in the home, offering practical welfare advice such as liaising with local authorities, completion of forms and claiming benefits.

Free veterans helpline: 0800 169 22
Email:
veterans.help@spva.gsi.gov.uk

HOUSING

The military are required to provide suitable accommodation for serving personnel to allow its members to move as and when required to do so. The Ministry of Defence provides accommodation to many of its personnel. Service Family Accommodation (SFA) accounts for 47,000 family homes and Single Living Accommodation (SLA) provides 112,000 single living spaces.

JOINT SERVICE HOUSING ADVICE OFFICE (JSHAO)

The JSHAO is set up to provide service personnel and their families with information and advice on the increasingly complex range of civilian housing options.
The JSHAO provides a focal point for housing information and advice to all service personnel and their families in particular those about to return to civilian life, and to ex-service personnel who are still in Service Families Accommodation.

Telephone: 01722 436575
Web: www.mod.uk/DefenceInternet/DefenceFor/ServiceCommunity/Housing/

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SPACES (SINGLE PERSONS ACCOMMODATION CENTRE FOR EX-SERVICES)

The SPACES project, based within the Resettlement/Welfare complex at Catterick Garrison, North Yorkshire provides accommodation placements across the country for single personnel being discharged from all three services.

The overall aims and objectives of the project are to assist single service leavers to secure appropriate accommodation as they leave the Armed Forces, attempting to reduce the likelihood of them becoming homeless or rough sleepers. SPACES work with all single service leavers regardless of Rank and length of service, especially those with less than 4 years service. SPACES can refer you to The Galleries in Richmond, North Yorkshire, and Mike Jackson House, Aldershot both of which provide temporary accommodation for single service leavers in modern, fully-furnished, self-contained flats with support staff on site. In addition there is a new scheme presently under construction in North Yorkshire called The Beacon which should be ready to take tenants in the spring of 2011. For further details please contact the SPACES office.

Telephone: 01748 833797
01748 872940
(9) 4731 2940
Fax: 01748 835774
Email: spaces@echg.org.uk

LOCAL AUTHORITIES

Local Authorities provide an advice service both for council tenants and people living in private sector accommodation. They can deal with general housing enquiries, information and advice on how to apply for a council home or on other housing options, advice for chronically sick or disabled people on adaptations to their home, and advice on benefits and homelessness.

Web: www.hullcc.gov.uk
www.eastriding.gov.uk

HOMELESSNESS & VULNERABILITY

Single service personnel may be vulnerable on discharge from HMF if they have nowhere to go. Staying with relatives or friends is seldom a satisfactory arrangement and they can easily fall into the cycle of no job and no house. These difficulties can be compounded if the veteran is returning to an area of high unemployment.

Service personnel experiencing homelessness may consider themselves better equipped to endure, and are less fearful of, the hardships of street life. They may be less inclined to seek or accept help given their tendency to elevate the perceived 'shame' of their situation. These factors, together with their greater propensity to drink heavily – which many claim was initiated or exacerbated by the military lifestyle – combine to make them more susceptible to sustained or repeat homelessness.

An important area of ongoing concern articulated by a significant number of formerly homeless ex-service personnel is social isolation. For some, loneliness is a defining feature of everyday life. In the military population those who failed to fit in well or developed mental health problems are more likely to leave the service prematurely and are more at risk of being socially excluded e.g. becoming homeless.

'Those who have had problematic or unsuccessful military careers are more likely to be vulnerable at their transition to civilian life'

A report commissioned by Veterans Aid identifying the London homeless population in 2008 suggested that there were an estimated 1100 non statutory (single) homeless veterans in London on any one night, mainly hostel residents but including some rough sleepers. Those homeless veterans who remained on the streets were more likely to have alcohol misuse, physical and/or mental health problems than other homeless persons. It was noted that only a small minority of homeless veterans 'reported' vulnerabilities unique to people with a military history (e.g. combat related PTSD). However it was found that veterans are more susceptible to sustained or repeated homelessness than other homeless people (Johnsen et al, 2008).

VETERANS AID

The leading charity for homeless veterans in the UK. Can provide direct and immediate help to vulnerable veterans with: Hostel accommodation, financial assistance, meal vouchers & clothing, advice and advocacy.

Freephone: 0800 012 68 67
Web: www.veterans-aid.net

HULL HOMELESSNESS STRATEGY

Homelessness is one of the city's most important issues. Hull City Council has the principal role in addressing this problem but also recognises the very important contributions made by other agencies in developing and delivering this Strategy. Key agencies and the Council have established close working partnerships, extensive joint training programmes, and shared protocols.

The principal focus of the Homelessness Strategy is, therefore, based on a partnership approach to prevention and towards an overall reduction in the incidence of homelessness, and responding to its occurrence when it is unavoidable. It has been developed as a result of extensive consultation with a variety of individuals, agencies and organisations at local, regional and national level.

Web: www.hullcc.gov.uk/portal/page?_pageid=221,106882&_dad=portal&_schema=PORTAL

PAUL'S STORY

Paul served for 12 years in the RAF as an Air Traffic Controller both in the UK and Germany. As his 12-year point was approaching, the Civil Aviation Authority was recruiting so he left the Forces. Sadly his life soon started to deteriorate and he drifted into a life of crime.

"...The crimes went on for too long. I deserved prison, deserved for the punishment to fit the crimes. It was never about the "buzz" or adrenaline rush; more about me and anxiety, what I used to describe as desperation or depression. I always needed a means to escape and have peace and tranquillity, despite always thinking of it as wrong.

After a while the conscience became too much for me to bear and I handed myself in to the police. I have to admit that it was a relief to finally tell all. The police were very good, thorough and constructive and they clearly appreciated my honesty. Being on remand in HMP Hull was a bit hard but I felt I should be there, and that I warranted a custodial sentence after remand.

During one meeting with my solicitor I learned about IAC (Intensive Alternative to Custody). I was beginning to feel different than the last few years; I was becoming more relaxed and positive. Some structure was returning to my life and inside me I felt more comfortable, in control and less anxious.

After prison I had nowhere to live and had to spend four nights at the Dock House homeless hostel in Hull. The support staff at Dock House were very good, and referred me to the Salvation Army William Booth hostel.

William Booth is a good place. The staff there are friendly and I felt safe and secure for the first time in a long time. Within one month I was on the 6th floor, reserved for those committed to a resettlement programme. Housing applications were completed and I helped the staff a little bit. One day the Centre Manager approached me and asked if I would run the Residents Forum Committee. I felt comfortable enough to do it.

'I thought my recollections of Kosovo were just unpleasant memories I had to live with and that no one would be interested or be bothered to listen to me. Even now after being diagnosed with PTSD I initially refused to accept it because I felt that I was weak and a coward since a nurse and an officer is supposed to be able to cope.'

ROSIE'S STORY, P30

Since August 2009 things have moved on more. I started an NVQ Level 2 in Business & Administration with the Goodwin Trust. The Centre Manager needed someone to go to the Homelessness Service Improvement Group (SIG) at the City Council. I attend usually with one of the WB management team. From that beginning I now liaise with the Council Participation Team. Through them I have done various training courses. I am now the contact between WB and the City Council Participation Team and homelessness issues and Strategy Group. Suddenly I am being trusted again, working hard, slowly gaining some self respect.

The Royal British Legion has also been good for me, talking through things, making sure I stay focused. The support team always listen, and put me in the right direction, being there for when I move into my own place. It is reassuring to have the Legion around, it helps beyond words. I now liaise with WB support staff and the Legion on behalf of any veterans in the hostel, there are presently 9, including me.

I joined the Council panel on Enhanced Housing Options, which is about the new hostels to be built, and worklessness / homelessness issues and social enterprise. Council Officers come to see me now at WB and vice versa.

The Royal British Legion have also given guidance and acted as a supporter to my future home.

Now I am in employment as a support worker, shortly moving into my own place. I have a girl friend. It has not been easy. In actual fact sometimes very hard. But the main difference being that I now have the confidence to be part of, and in my small way, contribute to society. It is a very good feeling. I firmly believe that depression, anxiety can be overcome. With the right support, patience, realistic goals and guidance, a positive and happy future is possible."

HEALTH ISSUES AND SERVICES

Within civilian health services, clinicians will not automatically have any way of knowing that their patient has served in the Armed Forces, or that his or her condition may be related to their period of service. This can be problematic as some conditions show symptoms months or years after the person has left the Armed Forces (particularly in relation to psychological health).

Specific vulnerabilities linked to life in the Forces may include:

- Issues from childhood and adolescence including attachment problems, chaotic family life and problematic backgrounds which were carried into Forces life and later into civilian life.
- Difficulties that originated during service, such as the onset of substance or psychological health problems.
- Problems in coping with the transition back into civilian life.
- Experiences which occurred following return to civilian life, including relationship difficulties, financial problems and unemployment.

PSYCHOLOGICAL HEALTH

The military take a number of steps to ensure the welfare of their personnel, for example, briefings on stress and trauma-related problems are provided before and after deployment. These briefings are also designed to address barriers to care, such as the stigma of mental health problems, which is a significant issue for the military.

Service personnel's concerns include how they will be perceived by their peers, subordinates and the chain of command. Thoughts of shame, guilt, weakness and failure are common in service personnel with mental health problems. They are thus less likely to talk to a Military Medical Officer (GP) about such problems for fear of damaging their credibility and career.

Psychological health problems following operational deployment are not inevitable outcomes of operational exposure - only a minority of those on operations are for example directly involved in combat. Psychological injuries post operational deployment and during service mimic the civilian population in that they include depression, anxiety, alcohol problems, adjustment disorders, post traumatic stress disorder, medically unexplained symptoms. It is important to remember PTSD is only one outcome and that military service should not preclude a diagnosis of PTSD. The interventions are the same for civilians and veterans, only the context differs.

There are a number of more recent comprehensive studies (mainly by Iverson, et al at KCL) that show that depression is the most common mental health problem faced by the veterans community (as well as issues related to substance misuse). Veterans with psychological health problems identified during service may be at higher risk of social exclusion after leaving the Forces and therefore these individuals represent a potentially vulnerable group of the veteran population

Concerns about stigma, including 'self-stigma', may prevent those most in need of help from seeking support. Issues of pride, guilt, shame, memorialisation, stoicism and self sufficiency may lead veterans to use avoidance as a primary coping strategy, specifically by using alcohol and keeping busy, which delays the process of requesting support and increases the risk of the development of secondary problems.

We do not know how many veterans with psychological health problems seek help. Individuals may only seek support when they are struggling and lack appropriate resources.

Veterans with psychological injuries may display:

- Poorer family adjustment
- Relationship problems
- Problems with intimacy
- Parenting problems
- Lower family cohesiveness
- Difficulties communicating with partners
- Problems controlling their anger

Those who have had problematic or unsuccessful military careers are more likely to be vulnerable at their transition to civilian life. The psychological effects of operational deployments are the product of the interaction between the individual, the event(s), the environment and civilian/military culture. Remember not every serviceman or woman sees combat. As with any psychological problem, there is likely to be a major impact on family members.

SINGLE POINT OF ACCESS SERVICE (HULL)

Single Point of Access to psychological support, based at Miranda House. This is an NHS resource, intended to act as the first point of contact for individuals needing mental health support. Anyone can refer themselves, or someone they are worried about. SPA are able refer to a wide range of mental health services including counselling, psychological therapies, psychiatric support and social care depending on the need of the individual on assessment.

Telephone: 01482 617560
Email: singlepointofaccess@humber.nhs.uk

IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES (IAPT)

IAPT Aims to improve access to evidence based talking therapies in the NHS to support the implementation of NICE guidelines for people suffering from anxiety and depression disorders.

A Special Interest Group has produced a positive practice guide for working with veterans which can be viewed through the IAPT website

Web: www.iapt.nhs.uk/special-interests/

SUICIDE RISK

In 2009 Nav Kapur (Centre for Suicide Prevention, University of Manchester, UK) and colleagues conducted a cohort study, in which they linked data on everyone who left the UK Armed Forces between 1996 and 2005 with information on suicides collected by the National Confidential Inquiry into Suicide and Homicide. During the study period 233,803 individuals left the Armed Forces and 224 died by suicide. The study, funded by the Veterans Policy Unit in the UK Ministry of Defence, found that ex-servicemen under 24 years old were at greatest risk of suicide, and that the suicide risk for this group is nearly three times that of the general population, with those of lower ranks proving most vulnerable. It is not possible to say whether this relates to traumatic or other military related events or pre-enlistment vulnerabilities and experiences. The overall suicide risk was no greater for ex-military personnel than for civilians when all age groups were considered – 16 to 49 years. Men aged 30-49 years had a lower rate of suicide than the general population.

The research also found that veterans had a low rate of contact with mental health professionals in the year before death – just 14% for those under 20 years of age and 20% for those under 24 years.

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SUICIDE PREVENTION IN HULL AND THE EAST RIDING

There is a Hull and East Riding Suicide Prevention Strategy Group who have developed a local suicide prevention strategy. The local programme undertakes a regular audit of local deaths by suicide and in recent years no deaths of forces personnel or veterans have featured in the audit.

Locally there is a strong focus on training; the internationally recognised ASIST (Applied Suicide Intervention Skills Training) has been delivered regularly. Mental Health First Aid and Safetalk training is also delivered. Safetalk teaches people to become alert to suicide intention and how to intervene appropriately to enable people to get to the help they need.

Helpline cards have been widely distributed and in Hull there is shortly to be a men's mental health campaign which will aim to encourage men to be more aware of their mental health needs and to seek help when necessary.

Hull: 01482 344808

East Riding of Yorkshire
01482 672026

Crisis resolution service
01482 335790

Web: www.hullpublichealth.org/mental_health.htm

ADDICTION PROBLEMS

Misuse of alcohol is common in some Armed Forces personnel and recognised as a general issue for the services in a culture of "work hard, play hard". Alcohol plays an important part in military social life and allows those in a rigid hierarchical organisation to let off steam, it aids morale. It is easily available throughout all three services. Alcohol and drugs can be potent self-medication for those suffering from psychological health problems, whatever their cause, and habits formed within the Armed Forces may reinforce this.

Combat Stress identify alcohol misuse as more typical than illicit drug misuse, this may be an artefact of age and the availability and social acceptability of alcohol in society. Younger veterans are more likely to use illicit drugs in addition to alcohol

ADDICTIONS SERVICES

Telephone: 0800 77 66 00
Web: www.talktofrank.com

Hull and East Riding Services
Web: www.humber.nhs.uk/templates/Page.aspx?id=1765

'In October 2007 NHS Hull extended priority access to the NHS to all military veterans for service-related conditions.'

VETERANS IN CUSTODY SUPPORT (VICS)

Veterans in Custody Support aims to identify veterans in prison at the earliest opportunity in the custodial setting, obtain the necessary assessments and help from in-reach services and then refer or signpost them into community ex-service organisations for resettlement assistance.

VICS works alongside and contributes to Offender Management and can facilitate access to numerous resettlement resources available to ex-service offenders by having an identified point of contact or veterans in Custody Support Officer (VICSO) in each establishment. VICS as a service is available, and can be offered to all ex-British Armed Forces offenders or veterans, regardless of length of service in the British Armed Forces in line with the guidelines of the community support organisations procedures.

In the custodial setting the ex-armed forces offender is 'Asked the Question' on induction by C.I.A.S. or induction staff and, once identified, issued a comprehensive pack of support information that has been produced to assist with the veteran's resettlement and return into the community on release.

VICS was created and pioneered by Nick Wood, Offender Management Unit, HMP Everthorpe, East Yorkshire.

EXPOSURE TO 'TRAUMATIC' EVENTS – 'PSYCHOLOGICAL' TRAUMA

Psychological trauma involves a perceived threat to survival. Post-traumatic responses may develop in a situation of an exceptionally threatening or catastrophic nature, but depend on the particular experience and meaning of this event for the individual. All veterans, irrespective of rank or profession, are vulnerable to PTSD.

During a traumatic experience a survivor's response may have been marked by intense fear or helplessness. Feelings of shame or guilt may be experienced after the event. This can lead to the emergence of a variety of difficulties which may feel overwhelming to the individual. These can include:

Re-experiencing of the trauma e.g. distressing recollections/recurrent dreams; flashbacks or intense psychological or physiological distress/reactivity to any reminders of the event.

Avoidance of thoughts/feelings/places/people associated with the trauma; loss of interest in previously enjoyed activities; feeling detached from others; restricted range of emotions; having a sense of a foreshortened future.

Increased arousal including sleep difficulties; irritability or anger outbursts; difficulty concentrating; hyper vigilance (being on your guard all the time); and/or an exaggerated startle response (being very 'jumpy').

ROSIE'S STORY

I joined the army in 1992 as a Nursing Officer after having first worked as nurse and a midwife in the NHS. During my army career, I served in Germany, Gibraltar, and various locations in England. I completed back-to-back operational tours in Bosnia and Kosovo in 1999 and was one of the first nurses entering Kosovo following the NATO bombings of Serbia. I left in 2000 but immediately transferred to the Territorial Army to maintain my link with the military and was promoted to the rank of Major in 2004.

In Bosnia, I saw fields of unexploded land mines, which even to this day makes me shiver whenever I walk on grass. However, it was in Kosovo that I encountered much worse scenes. As an officer and the most senior medic of a section of twelve men and women, the juniors looked up to me for leadership and guidance. I felt such responsibility was a privilege but also a burden. After a while, this mentally exhausted me, as I often had to make split-second decisions that could have affected someone for the rest of their life.

Initially, I felt exhilarated when giving care and treatment in Kosovo; the adrenaline flowed from me. However, after a while whilst on the outside I appeared to be calm in the middle of the storm, even after encountering grotesque injuries and when my personal safety was at risk, on the inside I felt different. I felt sheer panic because of the hopelessness of the situations. I felt despair when trying to save someone's life without the appropriate medical equipment and sometimes the skills and knowledge to do so correctly. Eventually I started to become unemotional and felt nothing.

Sometimes I think about my operational experiences but, more often than not, disturbing thoughts, sights, and smells 'just come into my head'. I feel detached from people. The symptoms are worse if I drink too much alcohol. These thoughts and feelings came back intensely a couple of years ago that made me feel that I was reliving my Kosovo experiences. I felt I could not control them. It badly affected my work relationships. I had nightmares and was very 'jumpy'. I could not concentrate and forgot things easily. I felt I was becoming a schizophrenic and was frightened. I became intensely frustrated and angry with those around me and myself.

I thought that my recollections of Kosovo were just unpleasant memories that I had to live with and that no one would be interested or be bothered to listen to me. I always thought that if I told someone they would think I was odd. Even now after being diagnosed with PTSD, though initially I refused to accept it because I felt it was proof that I was weak and a coward since a nurse and an officer is supposed to be able to cope, I felt relieved that there was not something seriously wrong with me.

I feel proud and privileged to have served my country in such circumstances but frustrated working with civilians who have no knowledge of the military or appreciate your unique life experiences. I think professionals require more of a working knowledge of what life in the forces means in terms of military rank structure, selfless commitment and discipline, loyalty to comrades and superiors, the importance of time management, obeying orders without question and that a veteran will often respond differently to stressful situations. A veteran wishes to be understood; therefore, more familiarity with military culture would enhance greater understanding and help remove any misconceptions of ex-military personnel.

'I get really nervous if someone I don't know knocks on the front door... imagine being terrified that in the next 20 seconds your world is going to implode only to find its a charity collector or a political campaign door knocker.'

A WIFE'S STORY, P35

TRAUMA RISK MANAGEMENT (TRIM)

TRiM is a proactive, post traumatic peer group delivered management strategy that aims to keep employees of hierarchical organizations functioning after traumatic events, to provide support and education to those who require it and to identify those with difficulties that require more specialist input (Greenberg, 2005). This is delivered to serving personnel both regular and reserve but is not available to those who have left military service.

TRiM is designed to identify service personnel at risk after traumatic incidents. Soldiers are often reluctant to talk to strangers when they are in difficulty, and often it is their mates whom they turn to for help. For this reason, TRiM is delivered by trained people already in the affected soldier's unit. TRiM-trained personnel undergo specific training in the management of people after traumatic incidents. Those who are identified as being at risk after an event are invited to take part in an informal interview which establishes how they are coping. The process is repeated after a month and a comparison of the outcomes is made, allowing early identification of those who may be having problems so that help can be given early. Most people will feel much better after 4-6 weeks, but the small minority who are not doing well should have been identified by the TRiM process and directed to help.

TRiM is a process that has already been used on operations in Iraq and Afghanistan for the last two years. It has developed credibility among those it is intended for and increased awareness of operational stress and detection of its effects. It has also led to a reduction in stigma that is often associated with mental health problems.

HUMBER TRAUMATIC STRESS SERVICE (HTSS)

HTSS was developed initially as a pilot project from 1996-1998 in response to local requests for a trauma service for ex-military personnel. The service has been established and expanded since 1998 and currently provides psychological assessment and intervention to ex-military personnel experiencing psychological reactions to trauma. The service includes dual diagnosis work to address co-morbid alcohol and drug problems and also provides an occupational therapy service to assist in functional transition to civilian life.

All NHS referrals can be made through a GP or other health professionals. Self referrals are not currently accepted.

Web: www.humber.nhs.uk/htss

THE 1990/1991 GULF CONFLICT

In some cases the illness experienced by veterans can be unrelated to their period of service. Others have injuries or recognised medical conditions such as PTSD, where service links are accepted. A third group report the multi-system, multi-organ, non-specific, medically unexplained symptoms and illnesses which epidemiological evidence shows are not specific to, but are more common in, those who served in the Gulf in 1990/91.

The consensus of the medical and scientific community is that the ill health reported by some veterans of the 1990/1991 Gulf Conflict cannot be characterised as a discrete syndrome as similar symptoms are seen in non-Gulf veterans. The difference is that these symptoms are more common and more severe in those who served in the 1990/1991 Gulf Conflict. 1990/1991 Gulf veterans who are concerned about their health are invited to contact the MoD's Medical Assessment Programme (MAP) for advice.

A considerable amount of information about the Ministry of Defence's approach to Gulf veterans' illnesses is available at: www.mod.uk

THE MEDICAL ASSESSMENT PROGRAMME (MAP) MINISTRY OF DEFENCE UK

The Medical Assessment Programme (MAP) provides general medical examinations for those who believe their physical health has been damaged by service in/on:

– The first Gulf War

– Porton Down Volunteers

– The current operations in Afghanistan

The MAP also provides mental health assessments for veterans concerned that their mental health may have been damaged by operational service from 1982 (the Falklands conflict) onwards. Assessment aims to understand veterans' difficulties, provide advice to veterans and health professionals to better understand their condition and, where possible, provide diagnosis and appropriate management strategies. The MAP does not provide therapy. The service is free and located at St Thomas' Hospital, London.
In order for this to be as complete as possible all NHS and service medical records are always obtained and read before the individual is seen. Referrals to the MAP are made via GPs.

Costs for veterans and, if required, carers are covered by the service including overnight accommodation and travel.

Helpline: 0800 169 5401
Telephone: 020 7202 8323
Email: map@gstt.nhs.uk
Web: www.mod.uk/DefenceInternet/FactSheets/MedicalAssessmentProgramme.htm

RESERVES MENTAL HEALTH PROGRAMME (RMHP)

Britain relies heavily on the contribution made by Reserves to the Armed Forces.

Reserve Forces have served in all the major conflicts and crises that we have faced in recent times, including current operations, with 18,000 deployed to Iraq and Afghanistan since 2003.

In 2007 the MoD established a programme for members of the Reserve Forces with mental health problems associated with operational deployment. The Reserves Mental Health Programme (RMHP) offers services to current reserve personnel and those demobilised since January 2003, following overseas deployment. Referrals to the RMHP are through GPs or by direct self referral.

An initial mental health assessment is carried out at the Reserve Training and Mobilisation Centre (RTMC) at Chilwell in Nottingham and if required referrals are made for continuing out-patient treatment at the DCMH closest to the individual's home. A recent evaluation of the RMHP found it to be a not well used but highly effective service.

For more RMHP information on eligibility, referral, assessment and treatment:

Telephone: 0800 0326 258
Web: www.army.mod.uk/documents/general/dms_leaflet_for_health_profs_and_individuals.pdf

PRIORITY HEALTH TREATMENT

Under long-standing arrangements, war pensioners are given priority NHS treatment for the conditions for which they receive a war pension, subject to clinical need. Current guidance on this is HSG(97)31. This guidance states that NHS hospitals should give priority to war pensioners, both as out-patients and in-patients, for examination or treatment which relates to the condition or conditions for which they receive a pension or received a gratuity, unless there is an emergency case or another case which demands clinical priority.

In October 2007 NHS Hull (formerly known as Hull Teaching PCT) extended priority access to the NHS to all military veterans, for service-related conditions, where a healthcare professional suspects that a veteran's condition may be associated with their military service. It is for clinicians to determine whether it is likely that a condition is related to service. The extension of priority treatment to veterans is a national policy and applies to new GP referrals from 1 January 2008.

Web: www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_111883

PHYSICAL HEALTH

Physical Health Problems (During and After Discharge).

Seriously injured casualties are generally given initial treatment and stabilised by medical personnel in the theatre of war then returned to the UK when fit to travel for subsequent treatment in Birmingham.

Over half (52%) of the ex-service community have a long-term illness or disability, and over one fifth (20%) have multiple conditions. This rate is much higher than that of the general population, 35% of whom report a long-term health problem. The younger ex-service community, aged 25–64 years, are much more likely to report poor health than their peers.

ROYAL CENTRE FOR DEFENCE MEDICINE (RCDM)

The RCDM is based at Selly Oak Hospital, but defence personnel are fully integrated throughout both sites and treat both military and civilian patients. The University Hospitals Birmingham NHS Foundation Trust also holds the contract for providing medical services to military personnel evacuated from overseas via the "Aeromed service".

Web: www.uhb.nhs.uk/Services/Rcdm/Home.aspx

DEFENCE MEDICAL REHABILITATION CENTRE (DMRC) - HEADLEY COURT

A rehabilitation centre for members of the British Armed Forces

Web:
www.headleysurrey.org.uk/hc.htm
www.pmrafns.org/HC.HTM

IMPACT ON FAMILIES AND RELATIONSHIPS

During service, military life encourages families to support one another by building a network with those sharing similar experiences. For most serving personnel and families, it is easy to make friends within the military community. This network will have been vital in providing support throughout good times and bad.

Family members may have no idea of what to expect upon the return of loved ones from active service. For many, fear of the unknown may be uncomfortable and stressful. Normal military life and its cessation can include a number of factors that may lead to marital problems, such as;

– The disruption of the life cycle which military service brings (in terms of family, education, and career);

– Frequent moves which can be stressful (even for people who did not serve abroad);

– Long periods of separation, which can take their toll and may have a direct negative effect on marital health.

Leaving the Armed Forces requires adjustment not only on the part of the veteran but also on the part of their spouse/partner. They will have built up support networks whilst within the military community and these can be hard to maintain once their spouse/partner has left the service. Partners may have had associated status within the community because of their spouse's rank and with the move from the military lost part of their sense of self. Making new friends as an adult can be difficult without the common ground and innate proximity of the military community.

Many veterans encounter relationship difficulties and marriage breakdowns on leaving the forces. Relationship breakdowns can create complications due to challenges in finding housing, access to children and the isolation this can create for someone already struggling to adjust to civilian life. Several studies have found that the most common reason for veterans becoming homeless is relationship breakdown.

In some cases there may also be an increased risk of domestic violence in relationships.

When intense relationships with comrades are broken as a result of service ending, the ex-service person may feel alienated from those who have not shared a similar experience. This can make it difficult for veterans to establish relationships with non-veterans after discharge, and may explain why veterans tend not to discuss their experiences with their families.

Increased media coverage can also make family life more difficult. Theatres of war are widely covered in the news and other media, families can no longer disengage themselves from the potential realities of what may be or have been part of their spouse's active service. This can increase the family's need to know/discuss the veteran's experience but can also put pressure on the serving or ex-service personnel when they are bombarded with questions and worries from their well meaning family.

In cases in which younger people are deployed parents can be adversely affected by the experience of their children being in military service. Anxiety about their safety, lack of contact for periods of time and readjusting as a family when their offspring return home can all create difficulties for families.

A WIFE'S STORY

My husband is a regular soldier and has done 6 x 6 month tours around the world (Northern Ireland, Kosovo, Bosnia) and now for the first time, Afghanistan.

The run up to deployment is extremely stressful and tense as you don't want to argue, but you have to get all your ducks in a row with regard to life insurance, admin, passwords, bank accounts, seeing family. I have a post it note on my fridge that my husband left for me saying "I love you, don't cry" – every time I see that, guess what - it makes me cry, but I won't take it down!

Once they have departed it is a real rollercoaster, some good days, some bad. You can burst into tears (there have been a lot of tears) at the slightest thing, like a memory or seeing happy couples in Tesco!

'I had a nightmare I was at Daniel's funeral being given the Union Jack flag, never to see my son again.'

A MOTHER'S STORY, P36

You try really hard not to sit by the phone, as telephoning home, due to the time delay and the fact that they are working really long hours, means that their opportunity to call is very limited. You hate coming home and finding a voicemail message, and you feel guilty that you went out. You get to speak to them and try to sound chippy and happy, but when you hang up your world can crumble and you think "is that the last time I am going to hear his voice?" You have to have a routine and something to look forward to achieving yourself, otherwise you can end up sitting in by the phone or getting really anxious.

Support for families is mixed. Some military units provide wonderful wrap around support, I am quite independent, and people think that means "she is coping well" – behind closed doors it is like living on a knife edge. Watching the nightly news can bring really sad news, and other times it's like the civilian population are going about their business oblivious to the fact that soldiers are being blown up and injured every day – injuries aren't seen as newsworthy. The 24 hour news cycle means there is relentless and often graphic film of soldiers in Afghanistan, it's good to hear Afghan mentioned, but a 3 minute piece on the news every now and then is not a fair representation of the work that British soldiers are doing.

With them being away you have to carry on running a household without him, taking the bins out, shopping for one, it's amazing how much tidier the house is!! But at the same time I would give anything to have him come through the door and dump his dirty kit in my clean kitchen and give me a big bear hug.

I get really nervous if someone I don't know knocks on my front door, I have to bury bad thoughts really deep and open the door. Imagine being terrified that in the next 20 seconds your world is going to implode, only to find it's a charity collector or a political campaign door knocker!

Living in an army community – all my neighbours are army – if their husbands are away they can be a great source of comfort, lots of girly nights with wine, but if their husbands are not deployed you hear them talking about what they are going to do on Saturday morning with their family and you have to smile nicely and not be upset that they too have busy lives. Seeing the "welcome home Daddy" banners is really touching. But for some, those banners will never be put up.

The army has posted our family 7 hours drive away from my parents and in laws – that means I don't get the day to day support that I might if I lived down the road from them if I was a civilian or could choose where I live.

I get frustrated that the general population doesn't seem to care, or ask, or show support from local businesses that our soldiers are away at the behest of the government. They should be more involved with their military community and it shouldn't be us that have to dig into our own pockets to put money in charities to support our own injured and bereaved.

6 months is a really long time to be away from your loved one, when he comes home usually the simple things like a beer, a shower and a comfy bed are gratefully received. But, something like going round the supermarket can be extremely overwhelming – a soldier who has been in a hot dusty military environment to be surrounded by bright lights, choice on the shelves and busy people can be too much in the early days. Family want to see the soldier but they often want some time to readjust slowly and they have to pick their way around the fact that the house, and his wife, might look a bit different. New haircuts, weight loss (or gain for those who are pregnant). You try not to change too much so their routine isn't affected, but tasks that I have taken on during the 6 months (car repairs, bank accounts) have to be negotiated and handed back.

Often the soldier will return home really tired, worn out emotionally, exhausted from the journey, dusty and leaner from the extreme fitness that is required to work in the heat and carrying heavy equipment. They have eaten off paper plates with plastic spoons and knives, and aren't used to driving on British roads, or having a choice of television programmes. Their mental readjustment takes a lot longer than simply arriving back in Blighty and going home. The readjustment also takes place for a wife too. Often people have grown up, become more independent, don't want to go through another deployment, their husband returns home and either party can be a different person, and some marriages simply don't survive.

A MOTHER'S STORY

Daniel joined the army at the age of 16, it was his dream, what he had always dreamed of doing. I wasn't too sure at the time but as a parent went with what he wanted.

Daniel loved the army life he loved visiting different places and generally had a good time. It was good to see my son doing what he had always dreamt of.

Then the bomb shell hit home. Daniel was going to Iraq, my heart sank, I remember feeling so sad and scared but Daniel kept telling me that everything would be ok.

The night before he was due back to camp, the last time I would see him before he went to Iraq, we played songs and hugged each other. I didn't want my baby to go to war. That night I hoped and wished he would get a call telling him that it had been cancelled, that call never came and Daniel left the next morning on his way to a war zone. That day I played the music I had played with Daniel.

It was over a week before I heard from Daniel; he telephoned to say he had arrived and was safe and not to worry. I didn't cry, I held back the tears, I knew I had to be strong for Daniel. I wanted to know what he had been doing what it was like but he wasn't allowed to say much over the phone. Daniel's job was to drive a Snatch vehicle I would be sick with worry, was he safe what about the landmines. I tried not to watch the TV but then I wanted to, I wanted to know what was going on over there. Days and weeks went by, still not hearing anything from him, still playing those songs thinking I would get a knock on the door or a phone call telling me he had died. You cannot imagine how sick I felt inside, finding it hard to concentrate. I had a nightmare I was at Daniel's funeral being given the Union Jack flag, never to see my son again.

Daniel would ring when I was out shopping! It was hard to understand him as the reception was bad. It was hard to keep cheerful when I felt like crying and all this going on in the middle of a busy supermarket! I felt I could hear the war going on around Daniel and then all of a sudden the phone call ended. 'What was going on? Oh my God'

I ran home crying, and was comforted by Lauren (Daniel's sister) she was asking what was wrong; I explained that Daniel had rang and the phone had gone dead. I couldn't tell her my fears of his safety it would not be right to tell her. I tried to ring him back but there was nothing then suddenly the house phone rang, it was my baby… my Daniel, hearing his voice I knew he was OK. Daniel was upset he didn't want to be there but who did? He said he was scared of what he was seeing, every phone call was precious, Christmas was approaching and it would not be the same without Daniel here safe and well at home with his family. We made up shoe boxes his brothers and sister chose Christmas presents to send to their brother, even a little Christmas tree. Daniel's friends were asking if he had been in touch, asking if he was OK, I couldn't tell them much I didn't know anything. The next time I heard from Daniel he told me he had received his parcels, you could hear the tears in his voice, this was not like Daniel as he always sounded brave.

'Their mental readjustment takes a lot longer than simply arriving back... The readjustment also takes place for a wife too. Often people have grown up, become more independent, don't want to go through another deployment, their husband returns home and either party can be a different person, and some marriages simply don't survive.'

A WIFE'S STORY, P35

Daniel always spoke of being tired and how he wasn't getting much sleep with all the noise going on around him. He made me laugh telling me stories that he had to go for a shower and to the loo with his gun, but I think he was just trying to cheer me up.

My partner (Kev) had spoken to Daniel and Daniel had told Kev that he would be coming home early, I was delighted, words could not express how happy I was, my baby was coming home, he would be safe here with me again. I need so much to hold him in my arms and give him a big hug. All the worry, stress and nightmares were going to go.

The day had arrived for him to return, I didn't know what time just that he was coming home, the day dragged hour after hour but I knew he would be home.

Daniel walked through the door, my son was home safe with me and his family, I had my baby back. I held Daniel so tight I never wanted to let him go, we both cried in pure relief that he was home safe.

I found it hard while Daniel was in Iraq and I know he has found it hard both in Iraq and now that he is at home, Daniel is out of the Army now he has made a new life for himself, he has his children and takes care of them but he does find it hard. He enjoyed his time in the Army but he didn't like it in Iraq, not only the war, he didn't like what he saw.

COMMUNITY BASED SUPPORT

ORGANISATIONS TARGETED AT FAMILIES

Army Families Federation (AFF)
Web: www.aff.org.uk

Naval Families Federation (NFF)
Web: www.nff.org.uk

Royal Air Force Families Federation
Web:
www.raf-families-federation.org.uk

Relate
Relate offers advice, relationship counselling, sex therapy, workshops, mediation, consultations and support face-to-face, by phone and through its website.

Hull and East Riding Office
Telephone: 01482 329621

Strength to Change Project
The Strength to Change service is for men who are concerned about violence and abuse in their intimate relationships. This initiative is led by NHS Hull and is aimed primarily at enhancing the safety of women and children while giving men an opportunity to change their behaviour.

Strength To Change offer professionals advice and best practice about working with clients who disclose domestic violence and offers individual men help in understanding their behaviour and initial assessment.

Telephone: 01482 613403
Web: www.strengthtochange.org

Hull Domestic Abuse Partnership (DAP)
The Hull DAP team is a group of highly skilled professionals who work together to provide support for victims of domestic violence. They aim to ensure that domestic violence offenders are held accountable for their behaviour. The team is made up of support workers, a housing advisor, a social worker, a health practitioner and police officers.

Telephone: 01482 318759

Domestic Violence Accommodation Project (DVAP) East Riding
Provides refuge provision and a comprehensive support service to allow individuals to talk through their situation with a designated Support worker who will help them to design a support plan.

Hedon: 01482 896248

Beverley: 01482 396396

Bridlington: 01482 396161

Goole: 01482 396375

Military Information Point
150 (Yorkshire) Transport Regiment RLC (V) is part of a Civilian/Military Partnership which facilitates the passage of information via it's 2 TA centres (TACs) based in Hull to support the Humber Traumatic Stress Service. This facility provides serving and retired service personnel with the ability to establish contact through locally accessible and approachable information points. The TACs have permanent military members of staff of varying seniority who possess the knowledge to signpost people to the correct agencies.

If you are working with a veteran and would like general military advice or more information, please contact one of the TA centres list below:

Regimental Operational Support Officer: Capt Adrian Blanchard,
Londesborough Barracks,
Londesborough St, Hull, HU3 1DS
Telephone: 01482 223571
Mobile: 07771944388

Permanent Staff Admin Officer 523 (Head Quarters) Squadron:

Capt Peter Grainger,
Londesborough Barracks,
Londesborough St, Hull HU3 1DS.
Telephone: 01482 223571

Permanent Staff Admin Officer 218 (East Riding) Transport Squadron:

Capt Martin Bendall, Middleton Barracks, Calvert Lane, Hull,
HU4 6BN.
Telephone: 01482 569950

VETERANS SUPPORT AGENCIES

'The legacy of military service can often be seen in a veteran's strong identification with other veterans, which brings with it a sense of personal identity and value, as well as affording a degree of security or protection'.

For many veterans, Regimental Associations are an important part of their lives. Veterans Associations play a variety of roles; other veterans may be the only people a veteran can talk to because of the special relationship forged through shared wartime experiences. For older veterans they are places they can make friends after the loss of work-related social relationships following retirement. They provide practical help with advice on pensions, monetary support and other matters.

For many, the companionship afforded through membership of an organisation or club is often the only means of social contact that they experience. Recent research by the Royal British Legion indicates that a significant number of the veterans population over the age of 65 has social contact no more than once or twice a month.

It is important where possible that veterans sustain friendships created during service once they return home, should the veterans wish to do so.

Websites have been developed so that returning veterans have access to email, chat rooms, bulletin boards, and instant messaging to promote communication with other veterans.

Veterans UK will provide information on these and other sites.

Web: www.veterans-uk.info

COBSEO
Confederation of British Service and Ex-Service Organisations
Web: www.cobseo.org.uk

Soldiers, Sailors, Airmen And Families Association (SSAFA) Forces Help
SSAFA help and support those who serve in our Armed Forces, those who used to serve in our Armed Forces and their families.

Support is offered in various forms including a friendly listening and advisory service for serving personnel and former members of the Armed Forces and their families. Where possible, they will provide factual information or signpost to appropriate help.

The SSAFA helpline is open from 10.30am – 10.30pm (UK local time) every day, including Christmas Day.

Freephone: 0800 731 4880

The Royal British Legion
The Royal British Legion helps serving and ex-Service personnel and their families. Not just those who fought in the two World Wars, but also those involved in the many conflicts since 1945 and those still fighting today. The Legion provides a range of welfare services, campaigns on a range of issues affecting Service people, is the national custodian of Remembrance, raises funds through the annual Poppy Appeal and is also a veterans' membership organisation.

Telephone: 08457 7257
Web: www.britishlegion.org.uk

The National Gulf Veterans and Families Association (NGVFA)
The NGVFA is an independent registered charity supporting those affected by Gulf War 1 and Gulf War 2 (Iraq), the ongoing conflict in Afghanistan and all future desert conflicts. This is a national charity based in Hull.

Telephone: 0845 2574853
Web: www.ngvfa.org.uk

CONTACTS

HEALTH

Gulf Veterans Illnesses
Web: www.mod.uk

The Ministry of Defence Medical Assessment Programme (MAP)
Helpline: 0800 169 5401
Telephone: 020 7202 8323
Email: map@gstt.nhs.uk
Web: www.mod.uk/DefenceInternet/FactSheets/MedicalAssessmentProgramme.htm

Reserves Mental Health Programme (RMHP)
Telephone: 0800 0326 258
Web: www.army.mod.uk/rtmc/rmhp.htm

HOMELESSNESS & VULNERABILITY

Single Persons Accommodation Centre for Ex-Services (SPACES)
Telephone: 01748 833797
Fax: 01748 835774
Email: spaces@echg.org.uk

HOUSING

Joint Service Housing Advice Office (JSHAO)
Telephone: 01722 436575
Web: www.mod.uk/DefenceInternet/DefenceFor/ServiceCommunity/Housing/

Soldiers, Sailors, Airmen and Families Association (SSAFA) Housing Advice Service
Telephone: 0207 463 9398
www.ssafa.org.uk/housing.html

MEDICAL RECORDS

RAF
Telephone:01494 497 410

Royal Navy & Marines
Telephone:02392 768 063

Army
Telephone:08456 009 663

POST TRAUMATIC STRESS DISORDER (PTSD)

Humber Traumatic Stress Service
Telephone: 01482 617760
Web: www.humber.nhs.uk/htss

Combat Stress
Previously known as the Ex-Servicemen's Welfare Society and Ex-Services Mental Welfare Society.
Telephone:01292 561 300
Email: contactus@combatstress.org.uk

RESETTLEMENT

The Career Transition Partnership (CTP)
Web: www.ctp.org.uk/ctp/

The Regular Forces Employment Association (RFEA)
Web: www.rfea.org.uk/scotland/18

VETERANS SUPPORT AGENCIES

The National Gulf Veterans and Families Association (NGVFA)
Telephone: 0845 2574853
Web: www.ngvfa.org.uk

Soldiers, Sailors, Airmen and Families Association (SSAFA) Forces Help
Telephone: 0800 731 4880

Veterans UK
Web: www.veterans-uk.info

The Service Personnel and Veterans Agency (SPVA)
Telephone: 0800 169 22 77
Email:
veterans.help@spva.gsi.gov.uk

The Royal British Legion
Telephone: 08457 725 725
Web: www.britishlegion.org.uk

MoD Service Community Internet
www.mod.uk/DefenceInternet/DefenceFor/ServiceCommunity

Army Internet
Web: www.armynet.mod.uk

Naval Personal and Family Service and Royal Marines Welfare
Web: www.rncom.mod.uk/templates/NPFS.cfm?id=1929

Royal Air Force Community Support
Web: www.rafcom.co.uk

HIVE
Web: www.mod.uk/defenceinternet/defencefor/servicecommunity/hive/

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MILITARY ABBREVIATIONS AND TERMINOLOGY

2IC
2nd In Command

AOR
Area of Responsibility

AFF
Army Families Federation

AWIS
Army Welfare Information Service

AWS
Army Welfare Service

Bde
Brigade

BFPO
British Forces Post Office

BFBS
British Forces Broadcasting Service

Bn
Battalion

CNO/CVO
Casualty Notification Officer/
Casualty Visiting Officer

CO
Commanding Officer

CofC
Chain of Command

Coy
Company

CQMS
Company Quartermaster Sergeant

CRL
Catering Retail and Leisure (messes, shops)

CSM
Company Sergeant Major (WO2)

DBE
Department of Border Enforcement

Div
Division

DILFOR
Dangerously Ill Forwarding of Relatives

DWP
Deployment Welfare Package

EFI
Expeditionary Forces Institute (Shop)

EHIC
European Health Insurance Card

EC
Emergency Contact

FFR
Fixed Forces Rate (of exchange)

HIVE
HIVE Forces Information Centre

HR
Staff Human Resources Staff (also known as Regimental staff or pay staff)

JCCC
Joint Casualty & Compassionate Centre

LSA
Longer Separation Allowance

MND
Multi National Division

MOD
Ministry of Defence

MT
Military Transport

MTO
Military Transport Officer

NAAFI
Navy, Army and Air Force Institute

NOK
Next of Kin

OC
Officer Commanding

Ops
Operations

PAX
Forces Life and Personal Injury Insurance

PI
Platoon

POL
Post Operational Leave

PTSD
Post Traumatic Stress Disorder

PTSR
Post Traumatic Stress Reaction

QM
Quartermaster

R&R
Rest & Recuperation

RAO
Regimental Administration Office(r)

Regt
Regiment

RMO
Regimental Medical Officer

ROSO
Regimental Operational Support Officer

RQMS
Regimental Quartermaster Sergeant

RSM
Regimental Sergeant Major (a WO1)

SITREP
Situation Report

SORN
Statutory Off Road Notification

SLI
Service Life Insurance

SSR
Security Sector Reform

SSVC
Services Sound & Vision Corporation

SSAFA-FH
Soldiers, Sailors & Airmen's Families Association – Forces Help

TAOR
Tactical Area of Responsibility/
Theatre Area of Operation

TRiM
Trauma Risk Management

UWO
Unit Welfare Office(r)

VO
Visiting Officer

RANK STRUCTURE

ROYAL NAVY

Admiral
Admiral of the Fleet

Adm
Admiral

V Adm
Vice-Admiral

R Adm
Rear Admiral

Cdre
Commodore

Capt
Captain

Cdr
Commander

Lt Cdr
Lieutenant Commander

Lt
Lieutenant

S-Lt
Sub Lieutenant

WO
Warrant Officer

CPO
Chief Petty Officer

PO
Petty Officer

Ldg Smn
Leading Rate

A/B
Able Seaman

ARMY

FM
Field Marshal

Gen
General

Lt Gen
Lieutenant General

Maj Gen
Major General

Brig
Brigadier

Col
Colonel

Lt Col
Lieutenant Colonel

Maj
Major

Capt
Captain

Lt
Lieutenant

2nd Lt
Second Lientenant

WO1
Warrant Officer I

WO2
Warrant Officer II

SSgt
Staff Sergeant

Sgt
Sergeant

Cpl
Corporal

LCpl
Lance Corporal

Pte
Private

AIR FORCE

MRAF
Marshal of the RAF

Air Chf Mshl
Air Chief Marshal

Air Mshl
Air Marshal

AVM
Air Vice Marshal

Air Cdre
Air Commodore

Gp Capt
Group Captain

Wng Cdr
Wing Commander

Sqn Ldr
Squadron Leader

Flt Lt
Flight Lieutenant

Fg Off
Flying Officer

Plt Off
Pilot Officer

WO
Warrant Officer

FS
Flight Sergeant

Chf Tech
Chief Technician

Sgt
Sergeant

Cpl
Corporal

Jnr Tech
Junior Technician

SAC
Senior Aircraftman

LAC
Leading Aircraftman

AC
Aircraftman

ROYAL MARINES

Gen
General

Lt Gen
Lieutenant General

Maj Gen
Major General

Brig
Brigadier

Col
Colonel

Lt Col
Lieutenant Colonel

Maj
Major

Capt
Captain

Lt
Lieutenant

2nd Lt
Second Lientenant

WO1
Warrant Officer I

WO2
Warrant Officer II

CSgt
Colour Seregant

Sgt
Sergeant

Cpl
Corporal

LCpl
Lance Corporal

Mne
Marine

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Victoria House
Park Street
Hull HU2 8TD
Telephone: 01482 617771

SAMH provides a freephone information service every weekday between 2.00pm-4.30pm. Contact the SAMH Information Service on 0800 917 3466.

We are often able to make our publications available in alternative formats. Please contact us for further information.

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Glasgow G5 9JP

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