The following paragraphs provide therapists with an understanding of the key issues in working with serving, ex-service personnel. The author assumes little or no previous knowledge of working with this client group. It is important first of all to say the majority of service personnel have a rewarding service career, adjust well and contribute much to society on return to "Civvie Street" however it is also acknowledged that a significant minority suffer with mental health difficulties following military service.

Military culture

Military cultural sensitivity is one of the main enablers to effective engagement; this is valued by those contemplating or actively seeking help. Ex -service personnel may ask whether you have served and hold a belief that you will not be able to understand their issues in a military context. It is not necessary to have served or truly understand their experience but it is the quality of the therapeutic/support alliance and the approach employed that is key to their engagement, recovery and continued well being. Some who you encounter may reveal a strong sense of entitlement for having suffered in the service of their country and the help they get is rightly theirs. This can present as frustration or anger directed at those who have "failed" them. Some will believe they have previously had poor support either in or out of the Armed Forces and therefore can be mistrusting or have a lack of faith in support services.

Other services

A number of veterans may have previously received support in the Armed Forces, NHS or charity sector. It's worth mapping this, as some experience relapses or treatment has been less than optimal for a number of reasons. Also it's known some veterans shop around services or are currently open to services.

PTSD

Contrary to popular myths about Armed Forces personnel very few suffer PTSD and they are more likely to have Common Mental Health Disorders (CMD) i.e. depression, anxiety and difficulties transitioning or adjusting from the Armed Forces to civilian life. It is worth noting the PTSD label seems to have become synonymous with serving in the Armed Forces this is partly due to this diagnosis being perceived as more acceptable or palatable than any other more stigmatising labels, this acceptance may be seen as badge of honour or a way to make sense of their problems. PTSD is more likely in frontline combat troops and reservists (Territorial Army) but interestingly half of PTSD cases in veterans are not directly related to operational service but other experiences both in and out of service.

Stigma

Stigma within the military population is known to be a barrier to accessing help with mental illness as they tend to associate seeking care as a weakness. Organisational or self stigmatising beliefs are also apparent. Fear, guilt, anger and shame are often encountered in this group in relation to their military experiences. Avoidance, minimising or denial is also common which they need to avoid feeling vulnerable and they fight to stay in control.

Help seeking

Ex-servicemen often present under duress following an ultimatum from a concerned partner or other family member, employer or judge. They believe they should be able to cope and

it's instilled in service not to go sick or let people down, so they rarely present unless in crisis. Increased risk taking is an issue due to life values often being changed as result of traumatic experiences e.g. excessive spending often resulting in debts, driving fast, dangerously and having frequent sexual relations. We navigate life believing the world is a safe place, people are kind and we can control our futures. Clearly in the case of trauma these can be shattered influencing their thinking and behaviour which is often unhelpful. It is worth mentioning positive post traumatic growth occurs but rarely gets touched upon.

Ask about service

Do ask which Service, Regiment or Corps they served with and what their trade was i.e. infantry, medic, driver etc. and what rank they achieved as they are often very proud of their service and achievements whilst in the Armed Forces. Don't be too eager to get into the detailed "war stories", let them tell you in good time, being voyeuristic and over interested could be damaging or could potentially lead to re-traumatisation. Be curious and take an interest in their service story but don't over do it. Establish if they served on operations and if so which ones.

Reasons for discharge

It is worth establishing when and how they left the services. Early Service Leavers (ESLs) are those who complete less than four years service, evidence reveals that ESLs experience greater mental health difficulties and have the least support in terms of resettlement. This can also be applied to those have given long service but have little notice of leaving i.e. redundancy, disciplinary or medical reasons these are more likely to have problems. If medically discharged on mental health grounds they will have had some form of assessment and treatment in service, knowledge of this may assist you. Being discharged for disciplinary reasons or being unsuited to military service may give you some useful understanding to the genesis of their presenting issues e.g. immaturity or possibly personality traits of impulsivity, emotional dysregulation and anti-social in nature. The relatively sudden and unexpected loss of career places great strain on the individual and family as many live in military rented accommodation, have children at local or military funded boarding schools and partners who are employed locally. Evidence reveals this population has a higher level of violence against the person and sexual offending. Pre-service trauma, childhood adversity and anti-social behaviour are a potential feature in the aforementioned groups.

Transition

Those who have served a long time may struggle on leaving the Forces, as they transition to civilian life. From an institutionalised life where everything is provided by the military, they suddenly have to become independent. Many struggle to come to terms with civilian life, as do some military families. Some clearly over identify with their military and struggle to let go of such a special part of their life story. It not unheard of for some service leavers to go into denial about leaving, making little or no preparations, putting things off until too late then reality strikes. For some a grieving/adjustment process begins which will differ from individual to individual. The Armed Forces are recruited from some of the most deprived areas of the UK and have vulnerabilities related to these i.e. broken homes, poverty, failed attachments, brushes with the law and poor educational attainment.

Elaboration and Fabrication

Certainly not all but some veteran's narratives of service do contain elaboration, don't worry about this just go with clients narrative. Some can get caught up in an almost like celebrity status being put on a pedestal for their service which isn't helpful. It is worth mentioning fabrication is known in this group and may link with the masculine ideal or esteem issues. Some veterans claim to be a certain rank, or in an elite unit e.g. SAS, saying they have been on operations when they have not, wearing medals and badges to which they are not entitled sometimes referred to as stolen valour.

Compensation

Personnel, who have health conditions that are exacerbated or caused by service are entitled to compensation, be it a lump sum or a monthly pension. The awards are based on service attribution, severity and degree of disability, it has been known for some of those who are seeking a compensation to seek a favourable diagnosis or seemingly want to remain unwell or indeed worse until a final decision regarding their award has been made. It's often mooted that those with physical and therefore tangible injuries get a quick resolution and reasonable lump sums or pensions, whereas those seeking an award on mental health grounds is seemingly subjective and a protracted affair usually involving appeals. This situation seems to fit with historical negative attitudes to mental health in the Armed Forces. Those working in support of veterans need to be mindful of these dynamics as they could have a bearing on clinical and support outcomes.

Substance misuse

Rates of alcohol misuse is much higher than in the aged matched general population and is something to watch for as co-morbidity is likely. Some self-medicate with alcohol or drugs in order to cope with their symptoms and distress. There is correlation between alcohol misuse, mental health issues and violence.

Social issues

Being caught up in the criminal justice system, having no housing, unemployment, indebtedness and relationship difficulties are often part of their presentation. So some cases are more complex, and their mental health is not always a priority. A wealth of charities is able to support social needs depending on need. These can be found on the Veteran's Gateway.

About you

How you appear, respond and engage with them is important, they will judge you! And make a swift assessment as to whether they will trust you. Also be consistent and reliable, they value such qualities. As with any therapeutic relationship your aim is to get them to engage and keep them coming back. Be on time they dislike lateness, dress casually but smart.

Three Letter Abbreviations (TLAs) and acronyms

They will inevitably use a lot of abbreviations do ask what they mean, it shows you are interested but if it gets too much and interrupts the flow make a note of them and either ask later or look them up:

- OP (Operation) TELIC relates to service in Iraq
- OP HERRICK to service in Afghanistan.

OPs are often numbered for every 6 months of the deployment e.g. OP TELIC 04 (the fourth tour) and OP HERRICK 10 (the tenth tour). Service personnel will serve on repeated or many different OPs, some will have not deployed at all. Northern Ireland (NI) is the deployment from which the most requests for assistance are received. Peace keeping, United Nations (UN) and peace enforcing missions most recently North Atlantic Treaty Organisation (NATO) missions are equally as challenging i.e. Bosnia, Rwanda and Kosovo to name but a few. These missions often have challenging rules of engagement and involve mistreatment, injury and death of non legitimate combatants (women, children and the elderly etc.) this is difficult for the service personnel to get their heads around. See our WWTW abbreviations and acronyms for a glossary of TLAs.

Humour

They will often use black or gallows humour for which the Armed Forces are famed; this is seen as coping mechanism, but might seem incongruent to the unwitting listener. Be ready for this as it could offend you.

Therapy

If you have firm ideas about the military that are at odds with the clients experience it's advisable to not work with them. Receiving therapy for most will be alien to them and they are used to getting answers and quickly. They will be eager to know what's wrong with them in clear terms and how it can "fixed", often with an unrealistic expectation that issues can be resolved quickly, you need to be ready for this and manage it. Do explain the nature of therapy i.e. sessions last for approximately an hour, are usually weekly and can last for several months. The work is often challenging and demanding but is there ultimately to help them move forward and sustain their mental wellbeing. We would suggest you discuss client's expectations to ensure that they are engaged in their treatment. Please offer choice of appointment times and where possible offer reminders to increase engagement.

Take care of yourself and be mindful of vicarious trauma (secondary traumatisation) and make use of clinical supervision.