repeats a traumatic event day after day, it’s not hard
earlier this year in
this innovative programme. Our results were published
Over two years, we conducted a study on the efficacy of
including trauma-focused cognitive behavioural therapy
consists of a mixture of individual and group sessions,
their recovery and rehabilitation. The programme
which runs over six weeks, is free to veterans as part of
(ITP) for veterans suffering from severe PTSD. The ITP,
provide a specialist Intensive Treatment Programme
In 2011, Combat Stress was commissioned by the NHS to
veterans suffering from mental ill health following a
for ex-servicemen and women, we treat more than 6,000
At Combat Stress, the UK’s leading mental health charity
军工人员离开英国武装部队，并且这一数字正在
69 per cent also present with alcohol difficulties and 62
suffering from a range of other difficulties; for example,
52 per cent
75 per cent of veterans seeking support were experiencing
A recent audit of new referrals to the charity showed that
75 per cent of veterans and veterans seeking support were experiencing the symptoms of PTSD. Of these, 92 per cent reported exposure to multiple traumatic events, and 52 per cent reported childhood trauma.
It is very common for veterans with PTSD to also be suffering from a range of other difficulties; for example, 69 per cent also present with alcohol difficulties and 73 per cent with depression.25,26 As previously discussed, veterans from the Vietnam conflict and onwards have often found it difficult to adjust to civilian life. More recently, research has been conducted with UK veterans from the Iraq and Afghanistan conflicts that showed individuals who reported experiencing mental illness prior to leaving the armed forces were at increased risk of being unemployed and still suffering from mental illness when followed up three years later.27 Importantly, the researchers noted that, while anxiety and depression were the most common mental health problems, individuals with PTSD were more likely to be socially excluded.5
Figures released by the Ministry of Defence demonstrate a disparity between reported rates of PTSD and the rates of those seeking help – while four per cent of the UK armed forces experience PTSD at any one time, only 0.8 per cent are coming forward to ask for support.28 This is supported by research that observed that only 23 per cent of UK veterans suffering from symptoms of PTSD had accessed services for support.
We have adopted a phase-oriented model for the treatment of complex PTSD.42,43 This encompasses three different phases of treatment; though there is some necessary overlap between them.
The first phase is stabilisation and aims to help individuals understand their difficulties and find strategies to more adaptively manage their symptoms. The second phase is trauma therapy, which aims to help individuals process their trauma memories. The final phase goes beyond the trauma to help individuals...
reconnect with their lives, and aims to help individuals work on other life issues such as improving their relationships or engaging in leisure activities. Each phase and how they fit into our clinical pathway will be discussed in more detail delivered in a stepped-care model: this means that the exact pathway a veteran takes is based on clinical need and is decided in partnership with the veteran.

PHASE ONE: STABILISATION

We offer stabilisation interventions at different stepped levels. The first level is a 24-hour helpline, set up in 2011 in partnership with the mental health charity Bethenk and the Department of Health. The aim of this phone line is to provide support and advice to veterans, service personnel and their families, as well as helping veterans access the clinical services at Combat Stress and signposting them to other organisations.

The helpline receives approximately 800 calls a month. An audit over the first year of its use25 reported that, while the majority of calls were from veterans, 687 were made by family members and 504 by mental health professionals working with veterans. Combat Stress has established 15 community and outreach teams across the UK. The teams support veterans to feel comfortable enough to engage in treatment by performing initial assessments, providing welfare support, delivering mental health interventions and, where needed, referring veterans to treatment or high-intensity treatment in addition. The community and outreach teams run monthly support groups for veterans. Those supported by these teams are offered psychiatric outpatient support which aims to stabilise veterans and treat co-morbid mental health difficulties.

The next step up is to offer inpatient stays at one of our psychiatric outpatient support which aims to 


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24  Domnick Murphy  et al. Mental health and functional impairment outcomes following a six-month treatment programme for UK military veterans with post traumatic stress disorder (PTSD): a naturalistic study to explore dropout at six months. (Online) JMIR Open 2019; 2: e10703. (accepted 24 November 2019).


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