Research Focus
Profile: KCMHR—dispelling myths about military health

King’s Centre for Military Health Research (KCMHR) was established in 1996. Initially known as the Gulf War Illnesses Research Centre, it was tasked with undertaking an independent, large-scale study, the first of its kind, into the health of the UK Armed Forces. The aim was to investigate so-called Gulf War Syndrome. The US Department of Defence provided funding for the research, which concluded that although British soldiers returning from the first Gulf War were particularly prone to ill-health, their symptoms did not constitute a unique syndrome. However, it proved impossible to define exactly why Gulf War veterans fared so badly.

“Our unit really became formalised with the coming of the 2003 war in Iraq”, notes Simon Wessely, co-director of KCMHR, which is based at King’s College London. That was when the UK Ministry of Defence commissioned a prospective epidemiological study into the health and wellbeing of the forces that were destined for Iraq and Afghanistan; KCMHR’s ongoing flagship study, in which around 16 000 soldiers have taken part. In 2004, due to its expanded remit, the centre switched to its current title.

“Two of our greatest strengths internationally are in war studies and psychiatry”, explains Wessely. KCMHR unites the two schools. Wessely’s specialty is psychiatry; his co-director—Christopher Dandeker—is professor of sociology in the war studies department. The cross-disciplinary approach may be unique; certainly no other such institution exists in the UK. Among others, experts in public health, anthropology, and epidemiology have helped produce the 300 or so research papers issued by KCMHR. For example, the centre’s historian, Edgar Jones, recently co-authored a paper entitled The neurological manifestations of trauma: lessons from World War I. “There are all sorts of historical issues that are relevant to the contemporary military”, adds Wessely.

“Our research is relevant to military policy, but that is not the most important thing for us—we want research that solves interesting questions and is published in quality journals”, emphasises Dandeker. The Ministry of Defence provides around half the funding. It only stipulates that Special Forces are not to be studied. KCMHR has complete academic independence. “We’ve developed a reputation as a trusted source for the military, charities, and the media”, affirms Wessely. Moreover, this is work that the Armed Forces, which seconds officers to KCMHR, simply does not have the capacity to undertake.

Take post-traumatic stress disorder (PTSD). Research by KCMHR found that, contrary to public belief, the proportion of returning soldiers who suffer from PTSD is roughly similar to that of the general population (although certain groups, such as reservists or those in direct combat, are more at risk). The picture contrasts with the USA, which has considerably higher rates of PTSD in veterans and where, unlike the UK, the rates seem to be getting worse over time. Data sharing initiatives between American institutions and KCMHR should help explain disparities between the two nations.

KCMHR is currently doing a randomised-controlled trial of post-deployment mental health screening. Such screening has already been implemented at great cost in the USA, but whether the UK will follow suit will depend on KCMHR’s findings. “It is a very important piece of research—screening might work, might not work, or possibly do harm”, says Wessely.

Public communication and dispelling myths about the Armed Forces is an important part of KCMHR’s work. For example, there is the popular misconception that ex-service persons are particularly likely to end up in prison. In fact, given their huge numbers and social background, their rate of incarceration is lower than would be expected.

This kind of in-depth examination helps to identify vulnerable groups. For example, those who leave service after less than 4 years are much more likely to develop drug and alcohol problems, perhaps for reasons that predate their experiences in the military. KCMHR also helps illuminate underexposed issues. The major mental health problem facing the armed forces is not PTSD or depression but alcohol misuse. The military has a culture of drinking, and soldiers tend to be from hard-drinking communities, but when they return from deployment, soldiers tend to reinstate their drinking at higher levels than beforehand. Among those younger than 35 years of age, KCMHR research reveals, both male and female soldiers are twice as likely to binge drink as the general population.

The UK Armed Forces are at a turning point. Drawing to the end of a period of large-scale deployments, they now face serious cutbacks. There will be an increasing reliance upon reservists, and Wessely and Dandeker have cautionary words. “Reservists have greater problems than regulars, probably because they have less support when they get home”, said Wessely. PTSD, alcohol misuse, and family problems are particularly pronounced in reservists—the higher burden of PTSD in the US military compared with the UK military is probably partly down to its higher proportion of reservists. “In future, keeping an eye on reservists’ health is going to be rather important”, concludes Dandeker.

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