

SHORT REPORT

Iraq and Afghanistan veteran presentations to Combat Stress, since 2003

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Background	Recently, proposals have been made to improve mental health care for UK military veterans. Combat Stress (CS), a veteran's charity, has provided mental health services for veterans since 1919. Since 2003, service users have included veterans from the Iraq and Afghanistan conflicts; however, their pattern of help-seeking has not been evaluated.
Aims	To describe the characteristics of the veteran population of the recent Iraq or Afghanistan conflicts who sought help from CS between 2003 and May 2011.
Methods	CS Iraq and Afghanistan veteran clinical and welfare records were evaluated.
Results	Nine hundred and eighty-eight records were evaluated. The median time for veterans of recent conflicts to seek help from CS since discharge from military service was ~2 years, considerably shorter than the mean time of 14 years previously estimated by CS. Approximately, three-quarters of the veterans receiving a full clinical assessment ($n = 114$), received a diagnosis of post traumatic stress disorder (PTSD) ($n = 87$). Approximately half of the clinically assessed veterans self-referred to CS (51%); their most frequent diagnosis was PTSD.
Conclusions	Veterans who have served in Iraq and Afghanistan are presenting to Combat Stress sooner, and at a younger age, than veterans of previous conflicts and operations.
Key words	Combat Stress; help seeking; UK veterans.

Introduction

The UK armed forces have been carrying out operational duties in Iraq and Afghanistan since 2003. Many of those who have served in either or both theatres have since left the military. These are termed 'veterans', defined as anyone who served at least 1 day in the UK armed forces or merchant navy [1]. Approximately 4.8 million veterans reside in the UK [2].

Alongside National Health Service (NHS) provisions, Combat Stress (CS) is the main third sector charity providing mental health support for veterans. In 2011, 10 565 veterans were seeking help, a 10% increase from previous years. This included 160 veterans of Iraq (Operation TELIC) and or Afghanistan (Operation HERRICK). CS previously estimated that it takes veterans an average of 14 years from discharge to seek help from CS [3].

The aim of this study was to describe the characteristics of Iraq and Afghanistan veterans who have accessed help from Combat Stress from 2003 to 2011.

Methods

CS patient records up to May 2011 were examined. Demographic/operational data were derived from CS regional welfare officer (RWO) interviews termed welfare officer assessed sample (WOAS) records and from records that contained details obtained through a 5 day residential assessment at a CS centre termed the residentially assessed clinical sample (RACS). In addition to clinical diagnoses the Alcohol Use Disorders Identification Test (AUDIT) results were available; scores of ≥ 8 defined hazardous alcohol use [4].

Analyses were conducted using the statistics package for social sciences (SPSS version 15). The distribution

of data within some key variables was uneven; we therefore report medians throughout. Chi-square tests of association examined categorical data, and statistical significance was defined as $P < 0.05$.

This study received ethical approval from the King's College Hospital Psychiatry, Nursing and Midwifery Research Ethics Committee (Reference number PNM-10/11-103).

Results

Nine hundred and eighty-eight records were examined of which 874 were welfare officer assessed (WOAS) and 114 were residentially assessed (RACS).

The WOAS sample consisted of 874 records (852 males and 22 females) with a median age of 32 years (range 20–69 years; SD 7.67). Median length of service was 7 years (range 1–41; SD 6.7) with a median of two tours of duty (range 1–11; SD 1.34). Seventy-four per cent served in Iraq ($n = 644$), 12% ($n = 107$) in Afghanistan and 14% ($n = 123$) in both theatres. Twenty-three per cent ($n = 107$) were early service leavers (ESLs).

One hundred and fourteen RACS records were available (113 males and one female), 7% ($n = 8$) of RACS veterans were ESLs. Median age was 31 years (range 22–63; SD 7.06); median length of service was 8 years (range 1–22; SD 6.93). Median operational tours was two (range 1–4; SD 0.83); 75% ($n = 86$) served in Iraq, 15% ($n = 17$) served in Afghanistan and 11% ($n = 12$) in both. The median number of years to CS referral was one (range 1–6; SD 1.72). Twenty-three per cent ($n = 26$) contacted CS during their first year of discharge and 77% ($n = 88$) after this time (Table 1).

Ninety per cent ($n = 103$) of RACS veterans were in receipt of CS residential treatment, 10% ($n = 14$) through community outreach teams. Seventy-six per cent

($n = 87$) received a primary diagnosis of post-traumatic stress disorder (PTSD), 15% ($n = 17$) were diagnosed with mixed anxiety and depression and 9% with personality disorders, a single case of post traumatic complex migraine was reported. Seventy-eight per cent ($n = 89$) received a single diagnosis and 22% ($n = 25$) had co-morbid disorders including alcohol and substance abuse (Table 2). Seven per cent ($n = 8$) of RACS veterans had a co-morbid diagnosis of PTSD with depression and 2% ($n = 2$) with alcohol misuse. Fifty-one per cent ($n = 58$) of RACS veterans sustained physical trauma during service; 17% ($n = 19$) were in receipt of a war pension. Forty-six per cent ($n = 53$) of RACS veterans self-referred to CS.

Discussion

This first evaluation of recent Iraq and Afghanistan conflict veterans seeking help from Combat Stress found that time to first contact with CS was 2 years, shorter than the previous estimate of 14 years [5]. Approximately, three-quarters of veterans clinically assessed by CS received a diagnosis of PTSD and half had self-referred.

Strengths of the study are that it utilized pre-existing clinical evaluations rather than self-reported questionnaires [6] and clinical evaluations were conducted by consultant psychiatrists. Unfortunately, it was not possible to determine if the CS sample was reflective of other veteran help seekers. Finally alcohol misuse data were incomplete; therefore, caution is urged when interpreting alcohol misuse results.

The previous estimated age of CS veterans was 44 years [6] therefore the current sample at 32 years is younger. We propose that the shorter help seeking period of 2 years may have resulted from the efforts of the armed forces to de-stigmatize mental health help and also through robust CS advertising [4,7]. We note, however, that similar patterns of early help seeking may have been seen if we had undertaken this evaluation while previous campaigns were active, such as the Falkland's War.

Three-quarters of CS veterans were diagnosed with PTSD, a figure consistent with previous internal audits (K. Fletcher, personal communication, 2011) and other NHS veteran services [8]. Further research is needed to clarify the reasons for the high rate of PTSD diagnosis among CS veterans given that the background prevalence of PTSD amongst serving personnel is around 4% and 6% in a serving clinical sample [7]. This may indicate that veterans are more likely to suffer from PTSD or may consider CS as a service solely for PTSD sufferers. Perhaps CS diagnostic procedures may be different from those within the UK armed forces.

Only 5% of CS referrals came via a GP. This suggests that veterans are unwilling to tell their GPs about their mental health problems or that GPs may not be sufficiently aware of the CS services. The recent National

Table 1. Demographic data of the WOAS and RACS samples

Characteristic	Median	Range (min–max)	Standard deviation
Age			
WOAS ($n = 874$)	32 years	20–69 years	7.76
RACS ($n = 114$)	31 years	22–63 years	7.06
Length of service			
WOAS ($n = 874$)	7 years	1–41 years	6.64
RACS ($n = 114$)	8 years	1–42 years	6.93
Number of tours			
WOAS ($n = 874$)	2 tours	1–11 tours	1.34
RACS ($n = 114$)	2 tours	1–4 tours	0.831

Table 2. Mental health characteristics and tests of association between the WOAS and RACS

Characteristics (<i>n</i> = 988)	WOAS (<i>n</i> = 874) <i>n</i> (%)	RACS (<i>n</i> = 114) <i>n</i> (%)	<i>P</i> -value
Male (965)	852 (97)	113 (99)	NS
Female (23)	22 (3)	1 (1)	
Royal Marines (37)	35 (4)	2 (2)	NS
Royal Navy (20)	19 (2)	1 (1)	
Army (875)	770 (88)	105 (92)	
RAF (56)	50 (6)	6 (5)	
Officers (30)	26 (3)	4 (4)	NS
Other ranks (958)	848 (97)	110 (96)	
Iraq (729)	644 (74)	85 (75)	NS
Afghanistan (124)	107 (12)	17 (15)	
Iraq/Afghanistan (135)	123 (14)	12 (11)	
Self (465)	412 (47)	53 (46)	NS
GP/Consultant (50)	41 (5)	9 (8)	
Voluntary organizations (113)	95 (11)	18 (2)	
Other (360) ^a	326 (37)	34 (4)	
Alcohol problems (988)			
Case (99)	47 (47)	52 (53)	NS
Non case (101) ^b	39 (39)	62 (61)	
PTSD (114)			
Case (87)	–	87 (76)	
No case (27)	–	27 (23)	
Anxiety and depression (114)			
Case (17)	–	17 (15)	
No case (97)	–	97 (85)	
Co-morbid diagnoses (114)			
Case (25)	–	25 (22)	
Non case (89)	–	89 (78)	
Physical trauma relating to service (114)			
Case (58)	–	58 (51)	
Non case (56)	–	56 (49)	

Examines the difference between the RACS sample and the WOAS sample.

NS = not statistically significant (i.e. $P > 0.05$).

^aOther categories of referral include Royal British Legion, other service users, Defence Medical Services and employers.

^bFigures may not add up to column totals due to missing data.

Institute for Clinical Excellence Guideline on common mental health disorders supports the use of the self referral route [9] and it may be that veterans' preference for self referral is actually not dissimilar to that of the general population.

Key points

- Veterans of the recent Afghanistan and Iraq conflicts presented to Combat Stress for help on average 2 years after discharge and were ~10 years younger than veterans of previous conflicts.
- Three-quarters of veterans who received a clinical diagnosis from Combat Stress were diagnosed with post-traumatic stress disorder.
- Approximately half of the veterans seen by Combat Stress had self-referred, only 5% of the sample had been referred by a general practitioner.

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Conflicts of interest

Professor Simon Wessely is also a trustee at Combat Stress.

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