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Why is this issue important?

In 2008 a cross-government paper was produced recognising the demands and obligations of those serving in the armed forces and the support needed for members of the armed forces, their families, and veterans.¹

The Ministry of Defence (MoD) defines a veteran as *“anyone who has served in Her Majesty’s Armed Forces at any time, irrespective of length of service...”* They are a diverse group with differing needs and experiences, including World War II or National Service veterans; others not engaged in combat; younger veterans from more recent deployments; and Reserve personnel. Nationally, an estimated 8% of adults are veterans.²

It is estimated that in total there are between 6.1 million and 6.2 million members of the ex-Service community living in the UK. Of these, around 2.8 million are veterans, 2.1 million are dependent adults (including spouses and widows) and 1 million are dependent children. The remaining 190,000-290,000 represents the estimated size of the ‘hidden’ ex-Service community e.g. those residing in communal establishments such as care homes. The UK’s ex-Service community is largely elderly: almost half are over 75 and 64% are over the age of 65. This reflects the large numbers of men and women who served during the Second World War, or who undertook post-War National Service.³

The health of military populations is generally comparatively good compared to the wider population due to a combination of factors including the required physical fitness, social support networks, and access to healthcare and employment.^{4,5} However, self-reported long term illness or disability has been found to be much higher amongst veterans (52%) than the general

population (35%), with younger veterans today surviving more severe and complex injuries than before and being more likely to report long term health problems.²

Physical risks include being wounded in action, including loss of limbs. Medical discharges account for 11% of people who leave the Services each year, mostly due to injuries and musculoskeletal disorders (e.g. knee and back pain).⁶ The most common mental health problems in veterans are depression and anxiety. Post-traumatic Stress Disorder (PTSD) is often a concern, but the prevalence among Iraq and Afghanistan veterans (4%) is only slightly higher than in the general population (3%).⁷ Younger male veterans in particular are at increased risk nationally of mental health problems and suicide.

The rate of alcohol misuse among veterans (13%) is much higher than in the general population (4%).⁸ However, veterans are less likely to be heavy drinkers than those still serving.⁹ Those deployed in combat, particularly reservists, are at greater risk of PTSD and alcohol misuse. World War II and National Service veterans generally have similar health needs to others of their generation.

Military veterans have been found to face difficulties relating to housing support and adapted housing. In the past this included difficulties establishing a “local connection” in order to be accepted onto the local housing register or to receive homelessness relief. Since resettlement support has improved the number of homeless veterans has markedly decreased, although research suggests that military veterans are still over-represented in the homeless population.¹⁰ However, a more recent estimate is 3% of those sleeping rough in London at least once in 2013/14

¹ Ministry of Defence (2008) The Nation’s Commitment: Cross-Government Support to our Armed Forces, their Families, and Veterans CM 7424

² Royal British Legion. Profile and Needs of the Ex-Service Community 2005-2020. Royal British Legion; 2006.

³ Royal British Legion. UK Household survey of the ex-service community. 2014. Available at

<http://www.britishlegion.org.uk/media/2275/2014householdsurveyreport.pdf> [Accessed 03/09/2015]

⁴ Pinder RJ, Iversen A, Kapur N, Wessely S, Fear NT. Self-harm and attempted suicide among UK Armed Forces personnel: Results of a cross-sectional survey. *Int J Soc Psychiatry* 0020764011408534.

⁵ Smith TC, Zamorski M, Smith B, Riddle JR, Leardmann CA, Wells TS and the Millenium Cohort Study Team. The physical and mental health of a large military cohort: Baseline functional health status of the millennium cohort. *BMC Public Health* 2007;7:340.

⁶ Defence Analytical Services and Advice. Medical Discharges in the UK Regular Armed Forces 2006/07- 2010/11. 14th September 2011. <http://www.dasa.mod.uk/applications/newWeb/www/index.php?page=66&pubType=0> [Accessed 03/09/2015].

⁷ Fear NT et al. What are the consequences of deployment to Iraq and Afghanistan on the mental health of the UK armed forces? A Cohort study. *Lancet* 2010;375:1783-97.

⁸ Greenberg N, Jones E, Jones N, Fear NT, Wessely S. The injured mind in the UK Armed Forces. *Phil Trans R Soc B* 2011;366:261-267.

⁹ Iversen A, Waterdrinker A, Fear N, Greenberg N, Barker C, Hotopf M, Hull L, Wessely S. Factors associated with heavy alcohol consumption in the UK Armed Forces: Data from a health survey of Gulf, Bosnia, and Era veterans. *Military Medicine*. 2007 Sep;172(9):956-61.

¹⁰ Royal British Legion Literature review: UK veterans and homelessness. Available at:

http://www.britishlegion.org.uk/media/2283/litrev_ukvetshomelessness.pdf [Accessed 03/09/2015]

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had ever served in the UK military which is much lower than previous estimates.¹¹

A large 2014 survey of veterans in the UK in 2014 found that:

- Four in ten of the adult ex-Service community has some difficulty with health or wellbeing, equivalent to 2,090,000 people.
- These are most likely to be health issues (physical or mental) reflecting the self-care and mobility problems affecting older members of the community.
- Isolation and mental health issues particularly affect those aged 35-54.
- One in five has unpaid caring responsibilities, which is higher than the national average, particularly among those aged 16-24.
- One in 20 reports some unmet need for support, rising to one in four among the unemployed.³

In terms of how healthy the ex-service community is the survey found that:

- Half of the ex-Service community have some long-term illness or disability, most often a physical condition. Prevalence of many conditions has increased since 2005 because of the ageing population, especially musculoskeletal conditions, cardiovascular and respiratory problems, and sensory problems.
- Those in the ex-Service community of working age are more likely than the general population to report having musculoskeletal problems, hearing difficulties or depression, or some condition that limits their activity.
- Reported mental health problems have doubled since 2005. Only one in twenty have sought help for mental health problems. Even among those reporting psychological problems, only 16% have accessed help.
- One in five veterans with a long-term illness attributes it to military Service; particularly musculoskeletal problems, hearing problems and mental illness. Over half of veterans aged

25-44 with a long-term illness attribute it to their Service.

- There are some clear priority groups:
 - The oldest and most infirm, particularly widow(er)s living alone. They have clear support needs (physical and emotional) to live independently and avoid isolation.
 - The divorced and separated. This younger age group (typically 35-54) may be less visible, but they can be at risk of isolation and psychological problems.
 - Those aged 16-54 with health problems relating to their military Service, and
 - The youngest and most recently discharged from military Service. They can face problems with the transition to civilian life, with a potential for psychological and alcohol problems, and may be unwilling to seek help.³

Key outcomes

None of the indicators in the Public Health, NHS or Adult Social Care Outcomes Frameworks are specifically focused on veterans.

However the NHS Commissioning Board states that Clinical Commissioning Groups (CCGs) should be supported to deliver the Government's requirement related to the Armed Forces covenant; in particular for Veterans, Reservists and their families (and serving families not covered by Defence Medical Centres), including: commissioning for prosthetics, mental health and establishing a base line for activity, finance and performance.¹²

The 2015/16 GP contract specifically includes the terms of extended temporary registration for Armed Forces personnel and NHS England is responsible for commissioning IVF for Armed forces couples.¹³

¹¹ St Mungo's Broadway, CHAIN Annual Report, From Street to Home. 2013/14. Available at: http://www.mungosbroadway.org.uk/chain/street_home_annual_reports [Accessed 03/09/2015]

¹² NHS Commissioning Board (2013) Supporting planning for 2013/14 for Direct Commissioning. First published: 24 January 2013 <http://www.england.nhs.uk/wp-content/uploads/2013/01/direct-commissioning.pdf>

¹³ NHS England. Health and Justice and Armed Forces service specific policies. <http://www.england.nhs.uk/commissioning/policies/ssp/> [Accessed 03/09/2015]

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Impact in Brighton & Hove

A Sussex Military Veterans needs assessment was conducted in 2012. It noted that identifying the number of veterans, at national or local level, is difficult. Applying national estimates suggests around 17,400 military veterans in the city. Of these veterans the vast majority are men (estimated at 87%) and 66% aged 65 years or over.¹⁴

Discharge numbers show there were 43 veterans registered by the MoD as resettling in Brighton & Hove in 2010/11.

In 2011/12 there were 580 Armed Forces Pension Scheme recipients and 290 Disablement Pension recipients in Brighton & Hove (veterans receiving compensation for injuries sustained during service, but doesn't include all disabled or injured veterans).¹⁵

As at March 2015 there was a slight increase to 610 veterans receiving a pension or compensation under the Armed Forces Pension Scheme in Brighton & Hove. This is a rate of 26.6 per 10,000 people aged 16+, much lower than the South East (93.0) or England (71.8).¹⁶

Where we are doing well

The City Council leads the Brighton & Hove Civil Partnership Board which brings together organisations from across the city to improve the understanding and services for the armed forces community

Brighton & Hove is part of the Award winning Sussex Armed Forces Network, working to address the needs for Sussex armed forces community.

There are over 90 armed forces champions trained in Sussex, who take advantage of the information, eLearning, events, peer support and pathways to provide personalise support to individuals. Teams network together linking charities, statutory organisations and different sectors to provide the integrated care (health and social)

¹⁴ NHS Sussex and Brighton & Hove City Council, West Sussex and East Sussex County Council. Military Veterans JSNA. 2012. Available at: <http://www.bhconnected.org.uk/content/needs-assessments> [Accessed 03/09/2015]

¹⁵ Armed Forces Compensation Scheme data provided by the Ministry of Defence. 2011/12 data.

¹⁶ Ministry of Defence. Taken from Brighton & Hove DRAFT equalities report 2015.

All local authorities in England are now signed up to a community covenant but it has been noted by NHS England that very few JSNA reports even reference the presence or needs of military veterans in their local area. Brighton & Hove was involved in the 2012 Sussex needs assessment for military veterans, has this summary and questions about veterans are included in the City Council's standard equalities monitoring forms.

Local inequalities

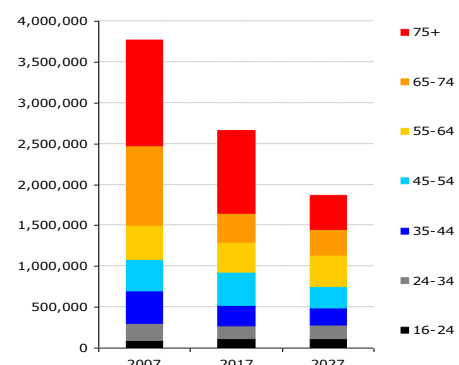
We don't have detailed local data for military veterans including estimates of the number of veterans in the city and information on inequalities including age, gender, sexual orientation, ethnicity, religion, marital status, carers or disability.

The City Council equalities monitoring forms do include a question about veterans but this information has not been collated across different services in the city. In the main surveys in the city the question has also been included but the small number of responses identifying veterans means that results cannot be published.

Predicted future need

The number of veterans in the city is projected to fall considerably from approximately 17,400 in 2010 to around 8,700 by 2027.¹⁷ In the medium term, the profile of veterans will change. There will be more very elderly (85+) veterans, people who served in WWII and National Service, an increase in the proportion of younger veterans and a large reduction of veterans aged 65-74 years. Figure 2 shows the national shift in age profile of the veteran population to a younger average age.

Figure 1: Projected change in numbers and age profile of veteran population of England 2007 - 2027



¹⁷ Estimates extrapolated from Woodhead et al figures (2007) applied to ONS 2010 based population projections

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Source: Woodhead, C. et al. (2009) An estimate of the veteran population in England: based on data from the 2007 Adult Psychiatric Morbidity Survey. Office for National Statistics 2010 based subnational population projections

For younger veterans long term illness or disability and mental health issues are expected to remain the most prevalent health concerns.²

What we don't know

We don't have good estimates of the number of veterans in the city, and little information on inequalities and population groups.

It is estimated that over half a million veterans in the UK are carers.¹⁸

Additionally, health services generally don't record military service, so we don't have local information on health outcomes in veterans.

Nationally, the majority of veterans are World War II or National Service veterans, with 66% aged 65 years or over. However, evidence suggests that the prevalence of mental health disorders among younger veterans (aged 16-44 years) may be three times that of the UK population of the same age.²

An estimated 87% of military veterans are men.¹⁸ The proportion of female veterans (13%) is higher than for serving personnel which reflects the World War II conscription of single women in their 20s. There is no specific local data on ethnicity, but at national level an estimated 99% of veterans are White.

Key evidence and policy

The government has committed, through the Armed Forces Covenant,¹⁹ to end any disadvantage military service imposes on people. Veterans are entitled to priority access to treatment for any conditions considered likely to be service related, subject to the clinical needs of all patients.

Recommended future local priorities

1. Continue joint working across Sussex through the Sussex Armed Forces Network.

2. Where possible, implement recommendations from the Sussex needs assessment.

Key links to other sections

- Mental health
- Ageing well
- Care of the elderly
- Adults with physical disabilities and sensory impairments
- Alcohol

Further information

Sussex Armed Forces Network

www.sussexarmedforcesnetwork.nhs.uk

Sussex Military Veterans needs assessment

<http://www.bhconnected.org.uk/content/needs-assessments>

To add equalities profile link when published

Last updated

September 2015

¹⁸ The Royal British Legion. Profile of the Ex-service community in the UK (revised copy). 2005

¹⁹ Ministry of Defence. The Armed Forces Covenant. 2011. <http://www.mod.uk/DefenceInternet/AboutDefence/WhatWeDo/Personnel/Welfare/ArmedForcesCovenant/> [Accessed 03/09/2015].