SOLDIER OF HOPE

Valuable lessons from the international community in recovery and growth from battlefield trauma and mental health problems including some missing dimensions

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The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they perceive the Veterans of earlier wars were treated and appreciated by their nation." **General George Washington, November 10th 1781**

Executive Summary

a. Aims & Objectives

i. Examine the international approach to dealing with veteran mental health and to draw lessons for the UK as it faces a long-term PTSD crisis.

ii. Identify and evaluate different approaches to the understanding and treatment of PTSD, moral injury (MI), and other mental health conditions, its root causes and therapies, including the spiritual dimension.

iii. Evaluate the concept of post-traumatic growth and whether there are opportunities to use suffering as a stepping-stone to a more positive future.

iv. Examine the power of group-based approaches.

v. Investigate the challenges of transition from the military to civilian life and how it is managed.

vi. Propose an eco-system within which veterans are transitioned into civilian life.

vii. Propose some areas of learning that might be transposed to the treatment of mental health generally.

b. International Perspective. All nations currently lack efficiency in the way that resources are deployed to support veterans. The overriding point is that veteran transition and PTSD is highly complex which needs all the parts to be brought together to work within an overall strategy to be effective. There is need to build on the Five Eye nation collaboration and consider using the Invictus Games as a focus to bring nations together annually to discuss veteran matters.

c. National Perspective. Around twenty thousand soldiers, sailors and airmen leave the United Kingdom's Armed Forces each year. Many have had their lives enriched by their service, and they transition into civilian life, together with their families, without significant difficulty. For some, however, this transition is brought to the point of failure by mental health issues which range in complexity and severity, and which are caused by factors before, during and after military service.

d. Veteran Mental Health

i. Understanding PTSD Combat is a life-changing experience, imposing long lasting emotional challenges for combatants. When mental health issues occur as a result

of military service, such military stress can be defined as any persistent psychological difficulty arising from operational duties. This includes PTSD, anxiety, hyper-vigilance and depression. It is not only the cumulative trauma from deployment, but also the readjustment process required after return from deployment, which can result in experiences of emotional dissociation, hyper-arousal and vigilance and aggression.

ii. Treatment of PTSD The use of medication is simply treating symptoms rather than addressing the root causes. There is balance to be found between the need for safety and the condemning of individuals to a life of dependency. But more importantly more research is needed on addressing the root causes of mental illness.

iii. Access to Treatment & Stigma The access and availability of treatment clearly varies from nation to nation depending on their intrinsic healthcare systems. In the UK healthcare is available to everyone at the point of need. However there are two challenges: one is around stigma, the second is around timely availability. A growing group of clinicians and academics that believe that there is too much focus on the word 'disorder' and recommend moving towards the Canadian definition of Operational Stress Injury (OSI). Active measures need to be taken to reduce stigma.

iv. The Spiritual Dimension There has long been a recognition that the spiritual dimension is crucial to the morale and well-being of our servicemen and chaplains still deploy on operations. Yet when it comes to dealing with the consequences of combat, this element is almost totally neglected. Just as you would approach a doctor to get assistance with matters affecting the body, and a psychiatrist to assist with matters affecting the mind, maybe it is appropriate that a minister or spiritual guide assist us in dealing with matters affecting the soul.

v. The Spiritual Dimension in Practice Examples demonstrate that we can choose to be proactive within a holistic health programme, we can counter distress, develop resilience, and maintain wellbeing, and look forward in hope. From a philosophical and spiritual perspective, our soul is different to our mind. The soul can provide the vision and inspiration to direct the mind. The mind is a physical place intimately connected with the chemistry of our brain. Our soul is a spiritual reality.

vi. Moral Injury (MI) MI is increasingly being acknowledged as a factor in veteran mental health. It originates at an individual level when a person perpetuates, fails to prevent or bears witness to a serious act that transgresses deeply held moral beliefs and expectations which leads to inner conflict because the experience is at odds with their personal core ethical and moral beliefs.

e. Post-Traumatic Growth (PTG) PTG has 5 elements:

i. Through trauma we discover that we are stronger and more resilient than we thought
ii. Because of what we have overcome we have a deeper appreciation and gratitude for life
iii. Confrontation with aspects of our true nature creates a humility that allows us to have better relationships with others. We become less egoic and more compassionate and empathetic towards others.
iv. Because we have lost something that we took for granted, new possibilities

emerge with new priorities and goals. Often we find a purpose beyond ourselves.

v. A discovery or confirmation of a spiritual connection and change within which provides a more profound understanding of life including the discovery that meaning in life is key

f. The challenge of Transition from the military to civilian life It is clear that in all nations the way that transition is managed is fundamental to the prevention of subsequent problems. There are many lessons to be drawn, and through designing successful transition strategies for veterans, the model can be used for prisoners, post-conflict refugees and post-terrorist incidents. As will be shown later, the key to the success of such a model is the creation of an eco-system.

g. Group-based approaches The power of a group-based approach pioneered by Bion and Foulkes in World War 2 still remains true today. There is value in using the power of the team and peer support to create a safe environment driven by service where post-traumatic growth can take place. Four current examples are highlighted.

h. Peer Support & Mentoring Peer support is a crucial element in the recovery process. A mentor can provide a constant reference point to help the individual make sense of transition.

i. Eco-System It is important to move veteran mental health onto a wider spectrum that includes all aspects of the failures of transition: losing job, home, relationships, meaning and purpose. An eco-system model built around a Local Veteran Transition Trust is proposed.

Dedication

What these men did nothing can alter now. The good and the bad, the greatness and smallness of their story still stand…it rises, as it will always rise, above the mists of ages, a monument to great-hearted men, and, for their nation, a possession for ever

6Charles Bean Australian Official War Historian 1942, ANZAC Memorial Canberra

Acknowledgements

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Dr Harriet Melotte

Sir Anthony Seldon

Dr Larry Culliford

Homfray Vines

Patrick Lyster Todd

Roo Panes – whose song *Soldier of Hope* was an inspiration for the title of this paper

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Countries Visited

US States visited:
California
Arizona
New Mexico
Texas
Louisiana
Georgia
North Carolina
Virginia
DC
West Virginia
Maryland
Pennsylvania
New Jersey
New York

Australian States visited:
Queensland
Australian Capital Territory Canberra
New South Wales

New Zealand
Wellington

Abbreviations

ACSACS - Australian Centre for the Study of Armed Conflict and Society
CA – Combined Arms Houston Texas US
CBT – Cognitive Behavioural Therapy
CIR - Center for Innovation and Research on Veterans and Military Families University of Southern California US
Cobseo – The Confederation of Service Charities UK
CPRT – Community Prison Rehabilitation Trust
CRT – Serve On Community Resilience Team UK
DCMH - Departments of Community Mental Health
DRDC - Defence Research and Development Canada
DVA – Department of Veterans' Affairs
EMDR - Eye Movement Desensitization and Reprocessing
IED – Improvised Explosive Device
IRT – Serve On International Response Team UK
LVST – Local Veteran Support Trust
MJA – Medical Journal of Australia
MI – Moral Injury
MOD – Ministry of Defence UK
NHS – National Health Service UK
NICE – National Institute for Health & Care Excellence UK
NZDF – New Zealand Defence Force
OSI – Operational Stress Injury
PATHH - Progressive and Alternative Therapies for Healing Heroes, Virginia US
PFE – Pathfinder Experience
PTSD – Post-Traumatic Stress Disorder
RAChD - Royal Army Chaplain's Department UK
RSL – Returned & Services League Australia
SPVA - Service Personnel & Veterans' Agency UK
SSAFA – Soldiers, Sailors, Airmen and Families Association UK
TBI – Traumatic Brain Injury
VCAMP - Veteran's Court Advocacy & Mentoring Programme, Houston US
WCMT – Winston Churchill Memorial Trust UK
CPRT – Community Prison Rehabilitation Trust
LVST – Local Veteran Support Trust

1. Introduction

In this paper I will start by setting the scene, essentially the background factors that led to it being written. I will then reiterate the aims and objectives before looking at the existing international and national perspectives relating to veterans' mental health. There then follows a detailed examination of the issues surrounding veteran mental health including Post-Traumatic Stress Disorder (PTSD), understanding it, including the concept of Moral Injury (MI), treating it and accessing treatment. From this will come a detailed examination of the spiritual dimension, largely neglected currently, before addressing the subject of post-traumatic growth (PTG). There follows a detailed examination of some group-based approaches and mentoring before introducing the idea of establishing an eco-system for veteran care.

2. Scene Setting

Every man thinks meanly of himself for not having been a soldier Samuel Johnson

The timing of my Winston Churchill Fellowship to study veteran transition and PTSD seems timely as the whole area of mental health is beginning to emerge from the darkness. Princes William and Harry have spoken movingly about their own mental health issues arising from the death of their mother 20 years ago. Personally I am coming to the end of a prolonged period of depression, which has prevented me from working. It has allowed me to understand depression from the inside; the sense of all hope being sucked out of you while you plummet into a void. The simplest things become impossible and as much as people want to help, they can't. Just being there is enough. But the number of people I had known for years who came forward and said that they had suffered too surprised me. Their wisdom and understanding was invaluable, not least in helping me to understand what I was going through.

Depression is so often seen as a weakness, a personal inadequacy, a failure. As men we are told to get a grip or to 'man up', neither of which are helpful to the 11 men in UK who take their lives every day (ONS 2016). In 2015 seven people known to me committed suicide, from a dentist in his late 50s to a young girl struggling with her sexuality. For me depression was like falling endlessly, not wanting to do anything or be anyone. On some days all I wanted to do was hide away from the world and curl up, motivation and self-belief non-existent. This was difficult for others to take in. I had gone from the laid back extrovert to someone withdrawn into themselves who didn't want to mix with anyone.

So, of course it is natural to seek the answer to the question 'Why?' I had probably been struggling for a number of years simply because of the very unconventional life I had carved out for myself. Since leaving the Army, I had a successful restaurant business, ran a national restaurant chain, started 3 charities, never allowing considerations like money to get in my way. Creation is far too important for that! But it did come at a price, placing me under a huge amount of pressure financially, as I struggled to bring up 4 daughters with my hugely supportive wife. But most immediately I had since 2012 been establishing two things: a charity called Serve On and a rehabilitation programme for wounded, injured and sick veterans with Help for Heroes. The pressure of trying to launch one charity while simultaneously working very regularly with veterans with a range of physical and mental injuries, listening to stories that sometimes defied human survival, began to take its toll.

To start at the beginning, three events conspired to set me on the course that has led to this report. The first was the retirement of my first Sergeant Major when I was a young officer in the 15th/19th King's Royal Hussars (now The Light Dragoons). He was first class leader and man manager commanding the right balance of love, discipline and respect. His 22-year career came to an end and he was discharged to live out the rest of his working life as a security guard at Newcastle Airport. I reflected on the waste of talent in which the taxpayer had already made a significant investment. The second was being tasked with creating the security plans for some 30 prisons as a contingency against a Prison Officers' strike. I will never forget the day I walked in to my first Young Offenders' Institution and saw hundreds of hopeless traumatized young men whose lives had been consigned to society's dustbin before they had even started. The third was walking away from the role that I had created running the Pierre Victoire chain of restaurants after a political battle over securing funding. It came at a point in my life, as happens to all those who suffer loss or trauma, where you

are confronted with the questions: 'Who am I?' 'What is my life all about? What is my purpose?' It was at this point that I remembered those hopeless young men in prison. What struck me at the time was that each was a unique human being with endless potential. Society was quite happy to see that potential rot and pay the price for it. I have always been very struck by the words of Jimmy Reid, the late Glaswegian trade union leader who talked of walking through the tenements of his city,

Behind every one of these windows is somebody who might be a horse-jumping champion, a Formula One racing champion, a yachtsman of great degree, but he'll never know because he'll never step on a yacht or Formula One car - he'll never get the chance.

If we view people as beings of potential, then that potential is there in everyone. Through my experience I have witnessed this potential and have great faith in it. Because of the tough reality they have faced, those who have struggled with life have a gift for those who have not. But we need to believe in this collectively and create the means of drawing it out, because it's from trauma and the margins of society that social transformation can be achieved. The words aspiration and opportunity do not generally feature in the vocabulary of those at the bottom of the pile, widening the divisions in our society.

Winston Churchill famously said when speaking about the prison system when he was Home Secretary in 1910 *There is a treasure in the heart of everyman if only you seek to find it.* For me this report is the culmination of a voyage of discovery, both through experience and internal reflection, to try and understand how we measure up today. It is a journey about human behaviour and why we are the way we are. It has taken me from schools to prisons, from boardrooms to the Arabian desert and from the challenges of entrepreneurship to the human casualties of modern warfare. It is a universal journey where I discovered that we are all, to some extent, locked into prisons of our own making. Prisons primarily determined by fear.

From prisons I co-founded the Mowgli Foundation, a charity, still going strong, which encourages entrepreneurship in the Middle East & Africa through mentoring. Thereafter I was invited by Help for Heroes to set up a transition management programme for veterans, the Pathfinder Experience (PFE). In designing and delivering PFE this work has made me confront the brutality of the casualties of combat. Young men and women, who have had limbs and minds ripped away, struggling to confront the scars of war, the night terrors, the failed relationships, the loss of identity and self-esteem. Even as an ex soldier I can only conclude that war is a failure of humanity. Yet even through the trauma of war, I saw the huge potential to grow into a more profound way of living and an even greater sense of service that our ex servicemen can bring to our society. Our servicemen have extraordinary qualities, integrity, loyalty, resilience, confidence, courage, inspiration and the sheer ability to get things done. They have natural leadership and aren't afraid to take responsibility. Allied with some amazing transferable skills and experience, they provide the perfect foundation for leadership.

And so I come full circle to the point that I started to see how what I have learned could be applied to some of the challenges facing those, who have served their nation. It is why I applied to complete a WCMT Fellowship in the US and Australia to look at how some of the challenges facing veterans are dealt with. This is not an academic study, although some of the input is from academics and I will endeavour to back up my experiential view of the world with theory. But I am of the view that if all you do is understand things on an intellectual level, without ever actually applying the things you know experientially, your life will remain very much like the seed that does not bear fruit. As Siddhartha says in the same novel by Herman Hesse, *Knowledge can be communicated but not wisdom*. And in the words of a wiser man than me, *wisdom is not the gathering of more facts and information as*

if that would eventually coalesce into the truth. Wisdom is a way of seeing and knowing the same old ten thousand things but in a new way.

This paper and its recommendations aim to change the conversation around veterans and indeed mental health more widely. Soldiers, sailors and airmen came from the community in the two World Wars and the community ended up becoming involved too. In victory the community welcomed our servicemen home and took ownership of the challenges they faced. Because the community had participated there was a sense of facing the challenges together. This model broke in the US and Australia with Vietnam. In both nations the challenges faced by veterans are devolved to the Departments for Veterans, independent government bodies that have been established as a single point of ownership and contact for all issues relating to this group. In UK the unpopularity of recent conflicts drove a wedge between the community and its servicemen. Fortunately this has been restored in recent years, but there is still an overriding sense of the veteran as victim, who needs to be remembered and helped. While this remains important, the challenge is to change the perception of our veterans as huge assets to our communities, as local leaders, those who get things done and those who can turn the worst personal circumstance around to become contributors again.

3. Aims and Objectives

The spotlight on mental health has accelerated the need to understand its causes and treatment. PTSD is but one of many mental health conditions experienced by our servicemen. Indeed it may well have become a catch all description for a variety of mental conditions. While PTSD is not a new phenomenon, its roots and long-term treatment remain subject to debate. Equally, symptoms and treatments can be very individual. While military training is generic, the profound experience of combat is not. It is predicted that instances of PTSD will increase substantially over the next 20 years and will remain a factor in the future deployment of our military in the future. As I will highlight later the nature of war has changed, particularly for those who have served in Iraq and Afghanistan.

I had the opportunity to meet a range of academics, practitioners and veterans in the US and Australia with the bonus of a meeting with the Deputy Director of Veteran Affairs in New Zealand. I was able to understand how veterans are supported generally in these three countries compared to the UK. My aim was to study the transition of servicemen to civilian life including the most current understanding and treatment of mental health (including PTSD). This report will be disseminated to the MOD, academics, practitioners and service charities to review the lessons to be learned in order to:

a. Examine the international approach to dealing with veteran mental health and to draw lessons for the UK as it faces a long-term PTSD crisis.

b. Identify and evaluate different approaches to the understanding and treatment of PTSD, moral injury (MI), and other mental health conditions, its root causes and therapies, including the spiritual dimension.

c. Evaluate the concept of post-traumatic growth and whether there are opportunities to use suffering as a stepping-stone to a more positive future.

d. Examine the power of group-based approaches.

e. investigate the challenges of transition from military to civilian life and how it is managed.

f. Propose an eco-system within which veterans are transitioned into civilian life.

g. Propose some areas of learning that might be transposed to the treatment of mental health generally.

I believe it is significant that the UK's national mental health charity is called Mind and that Princes William and Harry have set up a campaign called Heads Together, as though the root causes and treatment of mental health lie solely in the mind. It is my intention to provide sufficient evidence and motivation to begin the shift away from this one-dimensional approach and to see individuals holistically as human beings combining mind, body and soul, all of which play their part in diagnosis and treatment. In terms of how we deliver support for our veterans I will propose a shift away from the somewhat inefficient paternalistic model that sees sufferers of mental health as victims moving towards an eco-system of rehabilitation and recovery in which the individual is empowered to take responsibility and treated as a resource with potential. By doing so it may be possible to move the emphasis towards the importance of the individual in a way that places them at the centre of their own recovery, rehabilitation and future.

4. International Perspective

One of the key benefits of the Winston Churchill Fellowship is the realisation that challenges faced in one country are shared in others. Too often though, we try and deal with these challenges in isolation of others. A reminder of this came in Houston where I met a young retired Danish Army Officer on a 6 months attachment to a US organization in Houston, Combined Arms, who I was visiting. He made an interesting observation:

I served alongside Brits, Estonians and Americans in Afghanistan, where we collaborated closely and shared information. But we don't collaborate over veterans despite the fact that we are all facing the same challenges. Knowledge sharing is the key.

It is true that the nations who deployed to Iraq and Afghanistan spent trillions of dollars on the deployments, but also collaborated closely operationally. This close level of investment and collaboration hasn't been reflected since the conflicts ceased. Without getting involved in the issue of money, it is sufficient to reflect that nations found no difficulty in finding the resources for operations, while veteran organisations dealing with the individual legacies of war remain largely underfunded. By linking nations together it is possible to see what others are doing, replicate best practice, create integrated pathways that are far more efficient and save money. There needs to be a mechanism within which dialogue can take place. It was a key recommendation of the UK's Ashcroft Veteran's Transition Review to maintain and broaden dialogue with close international allies. An aspiration of this report is that it can contribute to this process of collaboration.

In the view of Generals Craig Orme and Mark Kelly at the Department of Veterans Affairs (DVA) in Canberra there is room for improvement amongst Five Eyes nations (an intelligence alliance consisting of UK, US, Australia, Canada, and New Zealand) in the areas of cooperation and collaboration. The experience of cooperation on operations of our militaries in recent years is not reflected to the same extent by the collaboration of our respective agencies responsible for veterans. They highlighted the fact that while different countries face the same issues, they play out differently from nation to nation. While all nations appear to have common issues such as homeless and veteran suicide the magnitude of each issue plays out differently in each. In the US both homelessness and suicide amongst veterans is seen to be a very big issue. In Australia those issues are present but not to the same extent. One area of good collaboration between nations is in the area of research, which is increasingly strong. But there is poor sharing of practices, procedures and process, partly because issues play out differently but largely because there is no formal body convened to share best practice at policy level. In Australia there isn't even shared best practice between States but that is changing.

In Brisbane I met General Pat McIntosh, the CEO of Bolton Clarke a non-profit health company specializing, amongst other things, in the treatment of veterans. They founded the Australasian Services Care Network 4 years ago. It is about identifying common issues concerning veterans and first responders and bringing together global experts to share their findings and experiencing and creating networks. The Australian and New Zealand Department of Veterans' Affairs will probably fund it going forward and will widen the net to any veteran care or research entity provided they are willing to share their experience and research. It holds an annual symposium and webinars etc with the next one to coincide with the Invictus Games 2018 in Australia which provides a great opportunity to bring together nations for some serious collaboration on veteran issues, lending real weight to an event that currently benefits only a few, many of whom, it is reported, suffer real lows after the adrenaline of the Games is over. Indeed it has seemed to reflect a bias towards those who are physically injured with more visible scars. So many of those who have mental injuries say, *I wish I'd lost a leg, then they would know I was injured.*

International collaboration has begun to happen. The Five Eye Nations Veterans Ministerial Conference took place in London in July 2017. The five countries identified many overlapping themes and mutual challenges, including the treatment of PTSD, rates of suicide and homelessness among veterans, barriers to mental health care, alternative therapies, veteran-centric approaches to the provision of services, and early intervention.

It was agreed to establish a network between the five nations to share research and analyse emerging data, confirming their continuing commitment to collaborate on strategies that recognise, support, and care for the defence and veteran communities across the five countries. It is encouraging that this international co-operation is beginning, but it is crucial that this is widened, that the momentum is maintained and that policy and implementation are connected up effectively. The annual Invictus Games can be used as an opportunity to firmly establish this international collaboration and that high profile members of the Royal Family such as Prince Harry, can be encouraged to continue to drive forward this agenda.

Recommendations

a. Create an international umbrella organization within which dialogue can take place including a framework of international collaboration and cooperation that is nimble and not bureaucratic.

b. Establish best practice in each nation and identify the best lead for each area.

c. Guide research to ensure that it is needs led and that it fills the gaps to create solutions.

d. Identify a small group of committed individuals from collaborating nations who can take ownership of the issues confronting veterans.

e. Create international webinars to share information.

5. National Perspective

There are approximately 2.8 million veterans living in the UK. The fact that I use the word approximately reflects the fact that the system doesn't have precise figures, a fact that will be addressed in the next census. In the UK responsibility for veterans is held at the Ministry of Defence (MOD) by the Parliamentary Under Secretary of State and Minister for Defence People and Veterans. He is responsible for veterans' policy including resettlement, transition, charities and the Veterans Board. The key department for veterans is the Service Personnel & Veterans' Agency (SPVA). The MOD has a unique remit as an employer to fulfil the principles of the Armed Forces Covenant. This is a pledge, on behalf of the nation, that our serving personnel, their families and our veterans <u>are not disadvantaged in comparison to other citizens</u> (my underlining) in the provision of public and commercial services. This includes healthcare. Those injured in service, whether physically or mentally, should be cared for throughout their lives in a way which reflects the nation's moral obligation.

A significant minority experience mental health difficulties. Lord Dannatt reports in a recent article in the Mail on Sunday that 400 veterans have committed suicide since 1995 and that cases of PTSD have doubled in the last 10 years. Professor Neil Greenberg, an expert on PTSD, states that the provision of mental health services is on its knees because of government cuts.

The Defence Mental Health Services has extensive experience in the psychological treatment of mental health problems and psychological injury. Specialist mental health services are primarily delivered through 16 military Departments of Community Mental Health (DCMHs) located in large military centres across the UK, as well as centres overseas. The main focus of the treatment of mental illness is on recovery and rehabilitation. Priority is placed on increasing awareness of stress-related disorders, and diagnosing and treating them. The National Health Service (NHS) is responsible for providing health care to veterans supported by a number of charitable and commercial organisations. Evidence suggests that UK veterans often under-use these services with only around 50% of veterans seeking help for mental health problems.

Whilst the MOD does not provide social or health services to the majority of veterans and de-mobilised Reserves, it recognises a requirement for through-career training, a high level of support during the transition period, and communication with partner organisations to ensure that the longer term needs of ex-serving personnel are understood; "*The need to keep tomorrow's veterans healthy today*. Defence People Mental Health & Well-being Strategy 2017 - 2022

I believe that our veterans are our nation's greatest untapped resource. The taxpayer has already invested heavily in their recruitment, training, maintenance and deployment. Yet much of that investment is lost when they leave. Around twenty thousand soldiers, sailors and airmen leave the United Kingdom's Armed Forces each year. Many have had their lives enriched by their service, and they transition into civilian life, together with their families, without significant difficulty. For some, however, this transition is brought to the point of failure by mental health issues which vary in complexity and severity, and which are caused by factors before, during and after military service.

The reality is that no serviceman goes into harm's way of his own volition. They are deployed by the government, democratically elected by the citizens of the nation. It is therefore the nation's ongoing responsibility to care for those men and women when they are injured as a result of their service. It is relatively easy to treat the physical injuries. It is much more difficult to identify and treat the hidden wounds that are deeply felt and long-lasting. Every year we remember those who have lost their lives in service to the nation.

The hundred-year anniversary of World War 1 is being marked in many different ways. Yet it is those living now with the trauma of war that deserves the nation's real attention. The best way of honouring those who have served their country and put themselves in harm's way on our behalf is to ensure that those who struggle with the effects of their sacrifice are looked after properly for the rest of their lives.

6. Veteran Mental Health

You need 4 hugs a day to survive and 12 to thrive. Royal Marine saying

Combat is a life-changing experience, imposing long lasting emotional challenges for combatants. When mental health issues occur as a result of military service, such military stress can be defined as any persistent psychological difficulty arising from operational duties. It is not only the cumulative trauma from deployment into risk and danger, but also the readjustment process required after return, which can result in experiences of emotional dissociation, hyper-arousal and vigilance and aggression. Typical symptoms of PTSD include episodes of repeated reliving of the trauma in flashbacks or dreams accompanied by a sense of numbness, emotional blunting, detachment from other people, unresponsiveness and an avoidance of any activity that might be reminiscent of the trauma. There can be fear, panic and aggression often triggered by memories of the traumatic event. There is usually a state of hyper arousal and vigilance, insomnia, anxiety and depression often with suicidal thoughts. Excessive use of alcohol and/or drugs may be a complicating factor.

Because there has been a lot of research on PTSD, I will focus particularly on two dimensions that are beginning to gain more attention, both of which resonate with my own experience of the subject: moral injury and post-traumatic growth (PTG). However, since I did meet some experts on PTSD, it would be wrong not to report back on my findings.

a. Understanding PTSD

We treat the cough without realizing the patient has pneumonia. A US veteran

On a 36-hour train journey across the US I fell into a conversation with a 30-year-old infantry veteran who had damaged his spine and suffered from PTSD as a result of two incidents involving a shooting and Improvised Explosive Device (IED) in Afghanistan. He was intelligent and eloquent and we got into a deep conversation about the nature of PTSD and his anxiety attacks. He found himself on patrol through a village. As he turned a corner he found himself confronted by a boy no older than 12 aiming a Kalashnikov at him. He had a split second to make a decision: him or me. The fact that he is able to tell the story demonstrates the outcome of that decision, but as the father of a son himself, he will live with the look of terror on that 12-year-old boy's face forever. Subsequently he was injured in an IED explosion, which has increased his levels of hyper-vigilance. (It is interesting to note that there is evidence from the Dutch Army that the significant proliferation in the use of IEDs alone has affected the functioning of the brain).

He had left the Army on full pension, and hadn't been medically discharged. He told me about his background when we began to explore the roots of PTSD and he admitted that for him it probably began when he was five and his mother was murdered. He had been brought up in a series of homes and only began to find himself when he joined the Army. On discharge he found the separation from his mates the toughest thing he had to deal with. *I knew that I had a responsibility for my buddy on the right and my buddy on the left*. He had since attempted suicide a number of times but ultimately had rejected that course because he had a five-year-old son - who he has not seen for 2 years because the courts had deemed him too dangerous to have access. His relationship had broken down when he returned from Afghanistan for the familiar reason of communication breakdown. He talked about the familiar shortcomings in the system – no leadership, very little support, no signposting to support, a feeling of being let down, even betrayed.

In New Orleans I met Dr Charles Figley, the Paul Henry Kurzweg MD Distinguished Chair in Disaster Mental Health, Associate Dean for Research for the Tulane University School of Social Work and Director of the award-winning Traumatology Institute. His life has been about collaboration, cooperation, and innovation with a firm grounding as a US Marine in the Vietnam War. He has led research in the US on combat stress injuries, PTSD, selection criteria for recruitment and the value of frontline psychiatric medical support.

He has written a series of papers together with Mark C Russell, including *Do the Military's Frontline Psychiatry/Combat and Operational Stress Control Doctrine Help or Harm Veterans?* Without apology, I quote him at length here to illustrate the complexity of what we rather simplistically describe as PTSD. He cites the empirical literature on *the nature and long-term health effects of wartime stressors which clearly show that acute and chronic breakdown will occur when the human resistance threshold is exceeded by duration, intensity, and nature of cumulative, interrelated effects of*

a. Deployment-related stressors (i.e., prolonged family separation, chronic boredom, worrying about family, climate change, excessive noise, chemo-bio warning drills, disruption in stress-buffers, financial concerns, overcrowding, sexual harassment, dietary change, sleep deprivation, inescapable duty, anticipation anxiety, fear for buddy's safety)

b. War-related stressors from exposure to persistent, multiple invisible or unpredictable threats (i.e., ambush, chemo-bio weapons, mines, IEDS, torpedoes, mortars, long-range missiles, indistinguishable enemy), devastation and injury (i.e., high explosive munitions, armoured vehicles, rapid-fire, automatic weapons), and comparative lack of safety or controllability (i.e., armour piercing munitions, long-range weapons, real-time surveillance and communications, bunker busters, night vision, precision guided weapons, guerilla swarming tactics)

c. Potential exposure to combat-related stressors [i.e., killing, being wounded, buddy killed, collateral damage, war atrocities, survivor guilt, prisoner of war (POW), death of children, handling human remains]; all potentially resulting in long-term health, social, and spiritual problems.

Figley argues that reducing the levels of PTSD is dependent upon careful selection at the recruiting stage and an understanding that individuals are most vulnerable either side of R&R (Rest and Recuperation) mid tour. Within the British military units on operations are supported by non-medical personnel who can signpost personnel to medical services. This includes chaplains (more of which later) and Trauma Risk Management (TRiM) practitioners, who are trained in assessing the risk of problems after traumatic events. Proper decompression at the end of a tour is vital and needs to be more than the short stopover in Cyprus that UK troops received en route back from Afghanistan. Coming home from the experiences described by Figley (above) can be very hard and even harder to communicate to those who have not been part of it. This adds to the feeling of separation and directly contributes to the high divorce rate of troops returning from Iraq and Afghanistan (an increase of 42% according to a 2012 report in the US), which leads to the fragmentation of their immediate support system (the issue of the effects on families is noted but not included in this paper).

b. Treatment of PTSD

The multiplicity of different stressors, unique to each sufferer, clearly steer us towards individual treatment. There are those that would argue that this is too expensive – it maybe,

but so was the sacrifice by the individual – or that it overlooks the fact that the root cause of the trauma may have preceded military service. While it is true that pre-existing risk factors to vulnerability for stress-related problems have been identified, everyone is at risk and no one is immune. At RSL Queensland preliminary findings in a recent study indicate that some people are more biologically inclined towards PTSD, which could be established through blood tests at the recruitment stage. However, studies of the causes of combat-related PTSD have shown again and again that the degree and frequency of exposure to combat and other intense stressors are a much more powerful determinant of outcome than maturity level, early life experience, or personality style. Interestingly the UK has the lowest instance of PTSD due to a policy called Harmony Guidelines, which strictly limit deployment length and cumulative exposure in the war zone to ensure that the stressors described above do not become overwhelming. It is a policy cited in the US, where tours are longer, as best practice.

Many of the veterans I have worked with suffering from PTSD and associated mental health conditions expressed their unhappiness with their treatment. More often that not, it was limited to evidence based treatments and medication, which can lead to the individual becoming numb and out of control. While both have their place (and I can testify to short-term value of anti-depressants), they rarely 'cure' the problem, potentially leading to long-term dependency issues. It is a reality of the modern world that the processes and systems that have been designed to make treatment efficient and evidence based, can consume the human spirit. It is an issue in all the countries I visited. The spiritual dimension, to be discussed later, is deemed too difficult to evaluate.

While accepting that there has to be a level of control, which in UK is usually exercised by NICE, especially where it involves taxpayer's money, it has the effect of disempowering the individual in their choice of treatment as more non-clinical interventions become available. It fails to take into account what people want on the basis that every individual is unique and can't be wedged into an evidence-based box.

I was given an example of how inefficient the evidence-based system can be at RSL Defence Care in Australia. A female veteran with back injuries was offered an evidence-based chiropractic treatment at $200/hour funded by the taxpayer, which didn't work for her. She sought out massage treatment at $50/hour, with the agreement of her doctor, which worked, but didn't have the evidence base, so had to be funded by her personally. A small example of how limiting the evidence-based approach can be, but very common.

Smaller organizations, providing effective non-clinical interventions, can't afford the research needed to get the evidence, while the 'big boys' have a commercial interest in research and evidence and therefore invest heavily in it. This weighs heavily in the interests of the pharmaceutical companies, ensuring that overwhelmingly the intervention most commonly used for mental illness is chemically based, although treatments such as EMDR (Eye Movement Desensitization and Reprocessing) are becoming more mainstream. What is becoming clear is that the use of medication is simply treating symptoms rather than addressing the root causes. There is balance to be found between the need for safety and the condemning of individuals to a life of dependency. But more importantly more research is needed on addressing the root causes of mental illness, an attempt at which will be made later in this paper.

The main focus of the DVAs in Australia and New Zealand is on well-being. The first challenge is to prevent problems arising during service by advocating healthy service. Secondly it is meeting the challenge of creating healthy living after service, a crucial part of which is to ensure the effective management of transition. Thirdly it is about encouraging healthy ageing in the context of a continued productive life. There is an acknowledgement

that there is a fine line between provision and personal responsibility. There was a fear that too much of the current model was around entitlement and incentivizing illness without personal responsibility. There can be too much advocacy and not enough leadership, which creates a victim culture and learned helplessness. Some of the veteran community has degraded the veteran brand by becoming 'professional victims'. This is universally true but must not be used as an excuse to limit provision for those genuinely in need.

c. Access to Treatment & Stigma

The access and availability of treatment clearly varies from nation to nation depending on their intrinsic healthcare systems. In the UK healthcare is available to everyone at the point of need. However there are two challenges: one is around stigma, which will be addressed later, the second is around timely availability. Typically someone with suicidal thoughts needs to see a medical professional immediately, but this rarely happens because of the difficulties of securing a GP appointment. During a visit to the DVA in Canberra I learned that this issue has been overcome by providing veterans with a card dependent on the type of service. All personnel who have served in an operational environment are issued with a gold card, which entitles them to immediate access the healthcare. Furthermore, to acknowledge the increase in mental health illness, all non-operational personnel are issued with a white card for non-liability healthcare with no diagnosis available, to treat specific symptoms for mental health conditions including PTSD, depression, anxiety and drug and alcohol addiction (for those with a minimum of 3 days service). The white card is issued on discharge and ensures the early treatment for mental health conditions creating a saving on public health costs further downstream.

With regard to the stigma of coming forward with mental illness, throughout his review, Charles Figley found that, in theatre, combatants most in need of mental health services were least likely to seek help and did not want to be forced to do so out of concern for appearing weak or fear of career reprisal. Because their needs are unmet, they carry them through their subsequent transition, where resistance to treatment can be equally strong for similar reasons. I am grateful to Dr Harriet Melotte for her recently published report on stigma in which she identified the following four areas where improvements could be made in the UK:

i. Greater education during military resettlement procedures. (I would add that a simple test could be designed to measure the vulnerability to a mental health condition).

ii. A campaign of education for health professionals about the military context. This is taking place in Australia where an education package for all GPs as part of their professional development has been designed.

iii. An increasing public awareness about veterans' mental health and available specialist services through advertising. The current highlighting of mental health in the media is doing much to reduce stigma.

iv. Employing and training veterans to support other veterans with mental health difficulties to seek professional help. This could be linked with mentoring, which will be discussed in a later section.

In Brisbane I met Tony Dell an ex Australian test level fast bowler and Vietnam War veteran PTSD sufferer. He has established Stand Tall, a charity to develop awareness and knowledge around PTSD to pre-warn people and remove the stigma that prevented him coming forward with his condition for 30 years. While it is important to reduce the stigma around mental health, maybe now it is also time to adjust our thinking around PTSD and related

conditions. Charles Figley is part of a growing group of clinicians and academics that believe that there is too much focus on the word 'disorder'. It follows that the emphasis of treatment generally has been through management and mitigation using therapy and medication. The word trauma is rooted in the Greek word for wounding. Once we accept that PTSD is a wound rather than a disorder we can then focus on healing and what can happen afterwards. The Canadian Forces and Veterans Affairs Canada use the term Operational Stress Injury (OSI) to describe what they are seeing in veterans on return from operational deployment. OSI includes the range of other stress related conditions that veterans suffer from. This includes PTSD and depression but also other things including sleeplessness, anger, violence, substance abuse and those things, which can be described as spiritual wounds including guilt, grief, a loss of hopefulness and meaning in life. A veteran doesn't need to be suffering a diagnosable mental condition to be treated for OSI; treatment is based upon observed symptoms. *If a soldier loses a leg as a result of an IED on operations we don't say that they have missing leg disorder. We call it what it is, an injury.*

Furthermore it would seem that PTSD is not in isolation a mental injury alone. In a report commissioned by RSL Queensland carried out by the Gallipoli Medical Research Foundation and published in the Medical Journal of Australia (MJA) it was discovered that the mean total number of physical co-morbidities was higher among those with PTSD including conditions of the gastrointestinal, hepatic, cardiovascular, and respiratory systems and sleep disorders. In short you are more likely to suffer a heart attack or a liver condition if you have PTSD. A multi-generational study has discovered that children of PTSD fathers have identifiable DNA characteristics passed on through sperm. These are early findings and the implications have not yet been examined. Most relevantly to this paper in another study published in the MJA they challenge the notion that PTSD is confined to the mind. *Descartes' notion of dualism, which argues for the distinction between the mind and the body, has underpinned and subtly driven much of the confused thinking in medicine about psychiatric disorders. A substantial and still accumulating body of evidence about the extensive psycho physiological and somatic co-morbidities of PTSD, however, now challenges this notion, suggesting the need to re-conceptualise PTSD as a systemic disorder rather than one confined to the mind.*

d. The Spiritual Dimension

Treat a man as he is and he will remain as he is. Treat a man as he could and should be and he will become as he could and should be Goethe

My experience of working across different faiths and cultures in the Middle East and Africa has clearly highlighted the fact that despite religious labels, all acknowledge the presence of a spiritual dimension in their lives. One of the joys of bringing a diverse group of people together is the discovery that as human beings we are uniquely the same and a spiritual reference point is one all can share. Sperry (2001) proposes that spirituality is one's search for meaning and belonging and represents the core values that influence one's behaviour, while religion is about a shared belief system and communal religious practices. In practice I have found that the use of coaching and mentoring can bring a spiritual dimension without it being explicit and potentially divisive.

I am grateful to Sir Anthony Seldon for introducing me to Dr Larry Culliford a psychiatrist and author, who has recognized the importance of a spiritual dimension in human psychiatry. He has written extensively on the subject in a way that I can't do justice to in this paper and is about to launch his Spiritual Manifesto for the nation ('*Seeking Wisdom - A Spiritual Manifesto*', University of Buckingham Press, 30 March 2018). Amongst other things he has developed a new, holistic theory of emotion and personal growth for the treatment of mental health. He states:

The relevance for health care professionals and especially for psychiatric personnel is that, there is a depth at which human beings confront the great issues of life that lies far beneath the formal separation of the sciences, and of the sciences from the humanities. It is that these 'great issues' come to the fore at times of emotional stress, physical and mental illness, loss, bereavement and death.

'Healing', derived from Saxon and high German words for 'whole', is more than ridding a person of particular symptoms or difficulties. It relates to that aspect of care, which attends to the deep inner structures of meaning, value and purpose that form the infrastructure to all human experience.

This was underlined during a visit to the Veterans Affairs New Zealand. There the New Zealand Defence Force (NZDF) has a simple approach to well-being, which underpins all that they do. It defines 4 cornerstones:

i. Physical health – Eat well, sleep well, exercise
ii. Spiritual health – Acknowledge who you are, what you believe in and where you have come from
iii. Psychological health – Understand how mental health can shift over time – recognize the signs. Use resilience tools
iv. Family health – nurture and build your relationships. Keep an eye out for others

While 3 of those cornerstones are universally acknowledged and are usually explicit when discussing treatment, it is the spiritual element that we seem to shy away from, maybe due to the confusion between religion and spirituality. Spiritual health appears to involve healthy self-esteem, a positive worldview, healthy relationships, a positive sense of purpose, a positive understanding of the universe and eternity and a positive relationship with God (or higher power or meaning making structure). Spiritual injury occurs when one or more of these relationships are damaged. Spiritual wounds are felt internally as guilt, grief, betrayal, abandonment, hopelessness, worthlessness, depression and more. Such wounds are outwardly expressed by violence, anger, self-harm, relationship breakdown, the loss of motivation to work, and by depression or suicide. Spiritual factors can be both the cause of the wound or source of resilience and healing when another factor is damaged.

Ruth Murray and Judith Zentner, still cited in health promotion today, wrote in 1989:

In every human being there seems to be a spiritual dimension, a quality that goes beyond religious affiliation, that strives for inspiration, reverence, awe, meaning and purpose, even in those who do not believe in God. The spiritual dimension tries to be in harmony with the universe, strives for answers about the infinite, and comes essentially into focus in times of emotional stress, physical (and mental) illness, loss, bereavement and death.

This suggests that the spiritual side of our being seeks a higher purpose and meaning to our lives. It shapes our personality in a way that integrates our behaviour, our feelings, our relationships and our physical and mental well-being. *Spirituality is an integrating force for, the other hierarchically-arranged dimensions of human life: physical, biological, psychological and psycho-social* (Larry Culliford (2002) 'Spiritual care and psychiatric treatment: an introduction', *Advances in Psychiatric Treatment*, **8;** 249-261.
Larry Culliford (2007) How to Take a Spiritual History, in *Advances in Psychiatric Treatment* **13**: 212 – 219).

Since it is an integrative force to physical and mental health, it is surprising that it is not at the forefront of treatment. It confirms the suspicion that in the age of reason in which we now live, the spiritual dimension of human understanding and experience has all but been abandoned. Yet I keep returning to the simple fact, which anyone who has served will acknowledge, that spirituality is the basic foundation upon which service is built. There has long been recognition that morale, a state of individual psychological well being based upon a sense of confidence and usefulness and purpose, is key to military effectiveness. We are emotional beings, a fact that for too long we have failed to acknowledge.

In 2012 I ran a seminar in London with a limbless Afghan veteran for a group of business people to look, amongst other things on the nature of courage. What was it that allowed a young man to climb out of a trench in the First World War in the certain knowledge that he would be injured or killed? What allowed a young 19 year old to lead a patrol in Afghanistan in the knowledge that the next step might blow him apart? These are highly irrational acts and cut right across our instinct for self-survival. Our discussion led us to a single word: love. In other words the love that a soldier feels for those alongside him outweighs the fear of injury or death. There are many instances of soldiers who have been seriously injured expressing concern for their mates before any thought for themselves. This attitude is shaped in basic military training but then embedded through the camaraderie that shared purpose generates. The love is that deep spiritual love described by the Greeks as Agape as opposed to the more common preconception of erotic love deriving from Eros. This therefore provides a clue as to both the root cause and the solution of the types of mental health injuries sustained by those who have served.

As I have discovered when mental illness forces you to stop it does give you an opportunity to process this thing called life. It is a time for reflection, when we begin to understand what life actually means. I talked of the prisons that we create for ourselves which so often affect our mental health. I began to understand that true liberation is letting go of our small self, letting go of our cultural biases, and letting go of our fear of loss and death. Freedom is letting go of wanting more and better things, and it is letting go of our need to control and manipulate others. It is even letting go of our need to know and our need to be right—which we only discover with maturity. We become free as we let go of our three primary energy centres: our need for power and control, our need for safety and security, and our need for affection and esteem. Furthermore many of us live lives that are false to our true selves. Life can be a dance between the loneliness and desperation of the false self and the fullness of the true self, which is re-discovered and experienced anew as an ultimate homecoming.

The spiritual dimension has been the subject of study by Suzette Brémault-Phillips at the University of Alberta. In her 2017 report commissioned by Defence Canada and Veterans Affairs Canada titled *Spiritual dimension of wellbeing, health and moral injury: Findings of a literature review and expert consultation* she defines spirituality as *The aspect of humanity that refers to the way individuals seek and express meaning and purpose and the ways they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred.* Her report has some key findings:

Evidence demonstrates improvement in mental health conditions (e.g. PTSD, depression, suicide, anxiety) through the use of positive spiritual coping, with negative spiritual coping producing the inverse. Spirituality has also been shown to influence behavioural health (e.g. exercise, diet, substance use, sexual behaviour), physical health (e.g. cardiac, cancer, mortality), and social health (e.g. identity, community, culture, connection). Spirituality can play a significant role in wellbeing, health and resilience, and be utilized in prevention, promotion and recovery across the military life course. She reports that including the spiritual dimension in any intervention helps the individual:

i. Discover and (re) connect with self, others, nature and the sacred
ii. Reach their potential, thrive and experience overall well-being
iii. Find meaning and purpose
iv. Cope, self-regulate, work with struggles and trauma including moral injury, accept reality, grieve, forgive, mitigate psychological problems (eg PTSD)
v. Persevere, hope, grow from adversity
vi. Make meaning of life experiences and reconcile worldviews
vii. Re-imagine themselves, their world and transition successfully

I would add that this allows the individual to face the future with greater equanimity, courage and hope and even prepares oneself emotionally for death in a way that is beneficial to self, family and friends.

The neglect of the spiritual dimension in treating mental health can largely be ascribed to the secularisation of the culture in which the mainly science-based clinical disciplines have developed. Yet this is in contrast to the culture of the military that is unique in the public sector as recognizing the importance of the spiritual side of the human condition. Why else would it invest so heavily in a chaplaincy that has existed within the military since the 11th Century? Since 1066 every fighting unit has deployed on operations with a chaplain. The military is exclusive in public services in understanding the importance of the soul. Every unit still has a chaplain and all major acts of Remembrance and rituals are conducted within a spiritual context. Chaplains still deploy on operations. Yet when it comes to dealing with the consequences of combat, this element is almost totally neglected. Just as you would approach a doctor to get assistance with matters affecting the body, and a psychiatrist to assist with matters affecting the mind, maybe it is appropriate that a minister or spiritual guide more actively and openly assist us in dealing with matters affecting the soul.

e. The Spiritual Dimension in Practice

Some would argue that PTSD is a lack of alignment of mind, body and soul. During my time in Australia I was introduced to Veteran's Care Australia established by former Infantry Commanding Officer, Gary Stone, who subsequently became an Army chaplain and would certainly agree with this. He believes that if we can choose to be proactive within a holistic health programme, we can counter distress, develop resilience, and maintain wellbeing, and look forward in hope. He argues that from a philosophical and spiritual perspective, our soul is different to our mind. The soul can provide the vision and inspiration to direct the mind. The mind is a physical place intimately connected with the chemistry of our brain. Our soul is a spiritual reality. It is that aspect of our existence where we find true identity and purpose. Clinical tests have proven that persons being nurtured in "love", experience additional hormonal releases of endorphins and dopamine which lift the human spirit. Love also improves our immune response. This was reinforced recently in a study at Nottingham University, which has shown how rapidly an improved mood can influence the body's immune system. Improvements in emotions have a positive effect on the body and show how powerfully linked the mind, body and spirit are. Put simply our chances of recovery or survival may be affected by how we feel. Yet systems can't take into account the spiritual element that governs our mood.

In the US I was introduced to the Welcome Home Initiative established by a British ex Marine, Nigel Mumford, now also a chaplain. The format is designed to bring about awareness of the hidden impact of combat service upon veterans, assuring them of a welcoming and safe place to accomplish essential spiritual and emotional healing. The programme is geared to help every participant know and experience that they are "welcomed home" in every sense. Again there is an emphasis on bringing people together

in groups (more of which later), the importance of telling your story, the healing of memories, impact upon family and other close relationships. The esprit de corps, deep connections, and friendships that are formed during these retreats are outstanding providing an ongoing community of healing after the retreats are over.

It is worth reminding ourselves of probably the most significant definition of leadership by one of our greatest generals, Field Marshall Sir William Slim who commanded our troops in Burma during World War 2, when addressing the Australian Institute of Management on 4 April 1957:

There is a difference between leadership and management. The leader and the men who follow him represent one of the oldest, most natural and most effective of all human relationships. The manager and those he manages are a later product, with neither so romantic nor so inspiring a history. Leadership is of the spirit, compounded of personality and vision: its practice is an art. Management is of the mind, more a matter of accurate calculation, of statistics, of methods, timetables and routine; its practice is a science. Managers are necessary; leaders are essential.

This insight reinforces the importance of the spiritual dimension not only in terms of leadership but in how we treat those who are suffering from mental health issues. Maybe too much emphasis is placed on the management of illness rather than embracing the possibility of healing and growth. Before looking at the concept of post-traumatic growth, it is important to focus on another angle of mental health that is beginning to receive more attention.

f. Moral Injury

Children are typically brought up to hold certain values….there's a paramount lesson: do not kill. Yet then, in war, we renege on the agreement. And what follows? Guilt and shame are hard to avoid for many. Far from a sense of anything heroic, PTSD has been linked to the conundrum of jarring emotions. Might the expectation of bravery versus the reality cause such a clash? Captain James Jeffrey Queen's Lancashire Regiment

Earlier I reported the story of the US infantry veteran I met on the train. An experienced infantry sergeant major in the British Army, one of the participants on the PFE, had a very similar experience. He too has been diagnosed and treated for PTSD, but as I am beginning to demonstrate, it is more complex than that. While not as established as a concept as PTSD, Moral Injury (MI) is becoming an area of increasing study and was a subject that came up in a number of my meetings. In Australia Robert Lippiatt, a leading national thought leader on veteran health and well-being matters, was able to report on some current studies in Canada. Defence Research and Development Canada (DRDC) report emerging empirical evidence that confirms that servicemen confront a range of moral challenges in the course of military operations. How these operational moral challenges are processed can lead to moral injuries, which in turn, are associated with a wide range of damaging psychological, interpersonal, occupational and life threatening outcomes.

Warfare involves a descent into spiritual darkness and in war people do and see things that are a betrayal of what they believe is right, even despite it being seen as just, based on just war theory. Just war theory is defined as being an act of last resort once all other options have been exhausted, it is waged by a legitimate authority, it is fought to redress a wrong suffered, it has a reasonable chance of success, its aim is to re-establish peace and the force deployed is proportional. Furthermore war used to be symmetric and the enemy was clear and usually distinguishable. Consider the new reality in what is described as asymmetric warfare:

... troops now fight against an enemy that could be anyone and anywhere. Even a child or a pregnant woman can present a lethal danger, hiding a bomb or a grenade. No one is safe, but killing a civilian violates the code of conduct for war. (Brock & Lettini, 2012).

In a paper Moral Injury, Spiritual Care and the Role of Chaplains published in Australia in 2016 MI is defined as follows: *MI originates at an individual level when a person perpetuates, fails to prevent or bears witness to a serious act that transgresses deeply held moral beliefs and expectations which leads to inner conflict because the experience is at odds with their personal core ethical and moral beliefs, and/or at an organisational level, when serious acts of transgression have been caused by or resulted in a betrayal of what is culturally held to be morally right in a 'high-stakes' situation by those who hold legitimate authority.*

Without getting diverted into the politics of the Second Iraq War and Afghanistan, it can certainly be said that there was significant public debate about the legitimacy of both conflicts. Major General Patrick Cordingley, who commanded a brigade in the first Gulf War, has said that the full support of the nation in the rightness of the cause when embarking on war is as important to a soldier as ammunition and rations. This has not been the case in either campaign and until 2007 the public confused the politics with the soldier with the latter often being abused for serving the nation. Fortunately this has now changed, but it doesn't detract from the nature of asymmetric warfare as described above, which has led to our servicemen having to take snap decisions in a moral vacuum and then live with the consequences. It is not surprising that the concept of moral injury has begun to take hold.

I realized that so much of what they are experiencing inside is a terrible, terrible guilt and shame and fear that if they share with any of us what they have participated in that we will condemn them. So they feel exiled to a whole separate realm from the rest of us. Leila Levinson on World War 2 Veterans.

A common expression of this moral injury among veterans is the notion of "survivor guilt". A person who has avoided death or injury when someone else has taken their place on patrol and then has been killed or injured, can frequently be heavily burdened by their perception that they are responsible for their buddy's demise. Unresolved guilt can play havoc with a person's body, mind and soul.

A new study, published in the *Academy of Management Journal*, finds that the context through which war is experienced – based on a person's cultural, professional and organisational background – may be equally important in determining how warfare can be traumatic for some and not for others. The research focused on military doctors in Afghanistan, and found that the "dissonance" between what the medics experienced on the ground and their values as dedicated professionals resulted in "senselessness, futility and surreality" – factors that can lead to PTSD and other mental health problems.
This understanding of the connection between PTSD and the context of those who suffer from it could change the way mental health experts analyse, prevent and manage psychological injury from warfare, said Mark de Rond of the University of Cambridge Judge Business School, who co-authored the study with Jaco Lok of the University of New South Wales Business School.

In Australia I was introduced to the work of Professor Tom Frame, the director of the Australian Centre for the Study of Armed Conflict and Society (ACSACS), who contends that servicemen, whether consciously or not, have been brought up and are trained within a Judaeo-Christian meta-narrative which has shaped the values by which they live. Experiences of combat can remove them from the ordered world that has conditioned them,

demanding decisions that are governed by *an environment containing toxic ideas and poisonous imperatives.* Indeed it could be argued that the conduct of war would be impossible, constrained as it is by international law and the Geneva convention, without the values that underpin military service: the defence of good against evil, democracy and the freedom of belief and the protection of those who can't defend themselves. The military is ultimately an honourable profession with a deeply ingrained sense of right and wrong committed to making the best of whatever awful situation it confronts. When this sense of honour is compromised, moral injury can take place. In treating the whole person, this element gives context to culture within which healing can take place.

This leads us to a crucial area of my study.

Recommendations

a. PTSD should be viewed as a systemic disorder rather than a purely psychological disorder. Integrated health care strategies for improving psychological and physical health, as well as controlling risk factors, could improve the quality of life and survival of patients.

b. Start to shift the paradigm within which we treat mental health generally. In understanding this we open the door to understanding the interaction between mind, body and spirit and thereby more holistic solutions, which can be extended into all areas of mental health treatment.

c. Train service providers to address the spiritual element in all programmes, and utilise the Royal Army Chaplain's Department (RAChD) to become more involved in transition and treatment.

d. Develop and make accessible existing spiritually based toolkits, resources and practices

e. Raise awareness of the importance of the spiritual dimension with veterans so that they are more aware of their needs and services to support them

f. Establish an umbrella group with a network of military, civilian, and community-based spiritual services

g. Consider issuing every serviceman with a campaign medal (demonstrating active service) with a Veteran card providing them with priority access to NHS services

h. Issue all with a simple mental health pocket book along the lines issued by the New Zealand Defence Force on discharge including a simple Personal Development Plan structure

i. Follow up the research on MI, particularly in Canada, to ensure that it is integrated into understanding mental health and rehabilitation in UK

7. Post-traumatic Growth

This is the one best thing that has happened to me. I wouldn't have wanted it not to happen to me A double amputee

Winston Churchill, when visiting New York in 1931, was run over on 5th Avenue by a taxi and seriously injured. Subsequently he was told by a psychologist to give up leadership and to concentrate on his creative side. As a result he became a good painter and bricklayer. This gave him the space to reflect so that when he was called back to leadership in 1940, he was better prepared. This was an example of how we can use trauma as a time of reflection from which it is possible to rewrite our life story and create a new destiny.

During my time in San Francisco I met Claudia McMurray, an Under Secretary of State to Condoleezza Rice in the George W Bush Administration. She has remained close to Bush and reported that, after a somewhat traumatic presidency, he now spends a lot of his time and money supporting veterans of Iraq and Afghanistan through the George W Bush Presidential Center. He has become, rather like Churchill, a painter of some talent and has an exhibition in Dallas of his paintings of veterans. He wants to highlight the importance of art therapy in the recovery from PTSD, again something that is being widely acknowledged as very helpful for many individuals. But most importantly he has initiated the Stand To Leadership initiative, a programme designed to develop leadership skills of individuals who are serving US veterans and help scale their impact - another unexpected story of PTG worth replication in the UK.

I am grateful to Combat Stress for encouraging me to investigate PTG in greater depth. As the leading services mental health charity they are constantly seeking new approaches to the challenge. Through my experience I have witnessed the potential that can come from the worst circumstance and have great faith in it. Because of the tough reality they have faced, those who have struggled with life have a gift for those who have not. It is often only at the bottom of the pit that we confront that stranger: our true selves. But we need to believe in this collectively and create the means of drawing it out. Trauma can give us the opportunity of a second chance. In other words there is nothing so bad that we can't grow from the experience. The future value of the individual is not contingent upon their adjudged usefulness in the present but in the values that have been realized in the past. We live in a world that judges success by material gain or status. Yet it is often those who have failed in worldly terms or through age, illness or circumstance beyond their control, that can offer the most to society, but only if there exists a culture within which this potential can be realized. A society that judges itself by comparison with others finds it easy to judge those that conform to their perception of worldly success. And so it is that those who have discovered meaning through struggle find dignity in using this knowledge for the benefit of others.

Growth occurs more often through adversity than by avoiding it; through the emotional healing that accompanies grieving and the eventual acceptance of loss, allowing us to set aside both over-ambitious hopes and crippling fears; to release us from previously distorted perceptions, from desire for control and security; enabling us to relinquish the strength of our attachments and aversions to things: to people, possessions, places, activities, ideas, and even beliefs. Perhaps the best proponent of post-traumatic growth, with good reason to be so, is Victor Frankl who offers great hope from the most traumatic of experiences in Nazi concentration camps. In his book 'Man's Search for Meaning', which I read on a 36 hour train journey between Los Angeles and Houston, Frankl stresses the importance of meaning.

In view of the possibility of finding meaning in suffering, life's meaning is an unconditional one, at least potentially. That unconditional meaning, however, is paralleled by the

unconditional value of each and every person. Being human always points, and is directed, to something, or someone, other than oneself - be it a meaning to fulfill or another human being to encounter. The more one forgets himself - by giving himself to a cause to serve or another person to love - the more human he is and the more he actualizes himself.

Frankl addresses mental health head on, both indicating the root cause of poor mental health and its solution: *Thus it can be seen that mental health is based on a certain degree of tension, the tension between what one has already achieved and what one still ought to accomplish, or the gap between what one is and what one should become. Such a tension is inherent in the human being and therefore is indispensable to mental well-being. We should not, then, be hesitant about challenging man with a potential meaning for him to fulfill.*

My experience would indicate that service life overwhelmingly gave the individual meaning and purpose within a cause greater than themselves. All contribute to high levels of good mental health. That they achieve this meaning within an environment of close camaraderie, indeed love as expressed earlier, adds to the sense of loss when it is taken away. It is a sad truth that many ex servicemen hang onto this identity for the rest of their lives. My own experience of depression was marked by my reflections on who I was and what I had achieved, against my sense of lost potential and the gap between who I was and what I could become. Conversations with others who have suffered similarly highlight a common experience, leading to the sense as discussed in the section on spirituality, that by not including this in treatment, we are missing an important element.

Nietzsche's words, "He who has a why to live for can bear with almost any how,"

Frankl again. *Does man have no choice of action in the face of such circumstances?* The inference that however bleak our circumstances seem to be, we always have the freedom to choose our response. *Everything can be taken from a man but one thing: the last of the human freedoms - to choose one's attitude in any given set of circumstances, to choose one's own way. And there were always choices to make. Every day presented the opportunity to take a decision which determined whether you would or would not submit to those powers which threatened to rob you of your very self, your inner freedom. Whenever there was an opportunity for it, one had to give them a why - an aim - for their lives, in order to strengthen them to bear the terrible how of their existence.*

This again highlights the need to take away the 'disorder' from PTSD; it becomes a prison with no hope. It is what can happen in the future that matters. It takes courage to realize that we can be larger than our circumstances. Hope stems from the expectation that new opportunities will appear and that there will be a moment of opportunity for action. Adversity brings the advantage of re-purposing our lives.

As I have discovered with veterans frequently all that is required is a re-framing of experience to put a more positive light on it. For example some were trapped in the moment when they sat in front of a medical discharge board after months of waiting to be told coldly that their career was terminated. They had hung onto that sense of loss. I helped them to re-frame it for them by suggesting that the medical board had been opening up the door to a new and exciting future. In a moment they felt liberated from the prison of the past. *Emotion, which is suffering, ceases to be suffering as soon as we form a clear and precise picture of it.*

The importance of PTG was underlined again during the visit to retired General Pat McIntosh at Bolton Clarke. Bolton Clarke is developing a Families Toolkit for mental/operational stress injuries for veterans and first responders. The education programme will seek to de-stigmatise the injury, encourage early intervention, and promote a PTG mindset. Importantly,

it strongly advocates an investment in full front-end assessments to uncover true symptoms in order to minimise the use of medication, still the most common treatment currently.

Not least this provides hope, so vital to human survival. I am grateful to another Australian study, The Importance of Hope in Coping with Catastrophic Injury conducted by Dr Pat Dorsett at the School of Human Services and Social Work at Griffith University, which underpins the importance of this. In the study 70% of the sample clearly stated that maintaining hope was an essential factor in helping those who had suffered from traumatic injury cope with their injury. Most particularly two relevant foci of hope emerged from the data set: hope for a full and complete recovery, hope for the future life that was satisfying. Snyder's Cognitive Conceptualisation of Hope states that *hopeful thought reflects the belief that one can find pathways to desired goals and become motivated to use those pathways….and serves to drive the emotions and well-being of people* (Snyder, Rand & Sigmon). The study offers a trilogy of hope: goals which anchor hope, pathways which offer the perception that the individual can generate workable plans to reach goals and the agency which gives us the motivation to propel us towards our goals. The latter can so often be provided by mentoring in my experience, more of which later. Those of whom have endured hopelessness and come through the other side bring hope to those who are still struggling – hence the title of the paper.

In summary it is through adversity that we encounter wisdom, learning to articulate our experience in a positive way including establishing the importance of embracing the traumatic event and understanding that we still have the freedom to choose our attitudes and responses.

We must never forget that we may also find meaning in life even when confronted with a hopeless situation, when facing a fate that cannot be changed. For what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph, to turn one's predicament into a human achievement. When we are no longer able to change a situation we are challenged to change ourselves. And by so doing transcend our suffering and find new purpose – the essence of PTG. But it takes courage to be greater than our fears or our circumstance.

My thinking around post-traumatic growth has been shaped and confirmed with more academic rigour by Professor Richard Tedeschi, who I met at the University of North Carolina in Charlotte. He is the joint author of the inclusive framework of Post Traumatic Growth (PTG) (Tedeschi & Calhoun, 1996). PTG has 5 elements:

i. Through trauma we discover that we are stronger and more resilient than we thought
ii. Because of what we have overcome we have a deeper appreciation and gratitude for life
iii. Confrontation with aspects of our true nature creates a humility that allows us to have better relationships with others. We become less egoic and more compassionate and empathetic towards others.
iv. Because we have lost something that we took for granted, new possibilities emerge with new priorities and goals. Often we find a purpose beyond ourselves.
v. A discovery or confirmation of a spiritual connection and change within which provides a more profound understanding of life including the discovery that meaning in life is key

This has become more significant since the Department of the Army in the US in 2009 added the construct of PTG to its frontline psychiatry doctrine. There is significant evidence now of the benefits to veterans of enhancing PTG in various studies from Vietnam, Yom Kippur, and

both Gulf Wars. Veterans reported positive life outcomes following traumatic amputation, traumatic brain injury (TBI), severe PTSD, and being a prisoner of war, including improved social relationships, renewed hope and appreciation of life, a better sense of personal strength, and spiritual development. This has led to an increasing understanding that we can change the paradigm within which we treat those enduring trauma: we don't need to treat them as victims necessarily, but to allow them to understand the importance of embracing the traumatic event and being able to choose the attitudes and responses to it. This can be achieved through the sort of coaching models I have created in the past, all of which are based on facing the challenges of transition.

Recommendations

a. End the concept of veteran as victim and integrate the concept of PTG into all mental interventions and as an underlying value in all providers of services to veterans.

b. Consider replication George W Bush's Stand To Veteran Leadership initiative in the UK to harness the leadership qualities of those serving veterans to broaden their skills, knowledge, and influence across the country.

8. The challenge of transition from the military to civilian life

Whenever you join you become part of the family until you die. Senior Australian Commander

The camaraderie, sense of joint purpose, adventure, danger, thrill, realization of childhood dreams all contribute to the appeal, says ex-infantry officer Alex Allen, further defining it as *that sense of being part of a broader effort, belief in being on the 'right side.'*

In New York I had the chance to meet Gene Gitelson, a Vietnam War veteran, who over the last 7 years has helped me shape my thinking through his own experience of running recovery programmes for veterans. He highlighted some key lessons in understanding the needs of veterans during transition:

a. Individuals can become isolated and lonely very quickly and feel forgotten about.

b. Individuals need vision when they are in transition; without it they are lost.

c. Do not treat them as victims; they are incredible people with great leadership skills that need to be drawn out and translated.

d. Individuals need to be honoured and have a rite of passage back into civilian life.

e. The criticality of mentoring providing an anchor of trust and a single point of contact through the challenges of transition.

f. Use a decompression/reverse basic training model as part of the transition.

g. The civilian (business) world needs to reach into the military to start the preparation.

h. Importance of translating skills and language – mentors were crucial in this.

i. It needs and integrated and holistic approach working from the bottom up.

j. Needs to be run in a collaborative environment devoid of silos and service rivalries.

Transition is an inevitable aspect to life during which we get the opportunity of going deeper into questions of life. Our lives are full of transitions from primary school to secondary school, from school to work or university, from being single to being married, to becoming a parent, from job to job, from job to retirement and the final transition of all to death. In our fast moving world we tend to rush through transitions without taking the opportunity to reflect on what life might be teaching us. Indeed the natural tendency is to resist change since it takes us into the unknown. This is particularly true of the transition from the military to civilian life, especially when it is forced upon an individual through injury.

Colonel (Retired) Carl Castro is the Director of the Center for Innovation and Research on Veterans and Military Families (CIR) at the University of Southern California. Discussions with him majored on the area of culture, an area that affects military transition significantly, especially those who have suffered a trauma. Castro argues that the military is one of only two socialist institutions in the US, the other being the family. For many soldiers this is the only culture they have experienced, where all their needs are met and where they have identity, camaraderie and a cause greater than themselves. Furthermore it regulates indirectly things like diet and nutrition, which have a direct bearing on well-being. It is a closed system, with its own sense of superiority, since individuality is subsumed to

something greater – service to the nation. You live with the certain knowledge that the man next door to you will lay his life down for you. With this contract it is possible to achieve the impossible. This leads to a strong sense of belonging, an aspect of military service that is used in the British Army's current advertising campaign. The individual serviceman likes this identity. *We are better than civilians because we have subordinated our individuality in service to the nation*. Furthermore the military is one sector where social mobility takes place successfully with individuals being able to aspire to and achieve higher rank.

This contrasts harshly with the capitalist system into which they transition, where it is all about the individual. Most starkly they go from a world where they are paid a fixed sum to one where they have to negotiate for everything and many find this difficult. Nothing arrives on a plate anymore; the individuals have to 'hustle' for themselves, something they are neither conditioned to nor prepared for. Yet there is a growing trend away from self-centred individualism towards a recognition of the fundamental wholeness and inter-connectedness of human beings, something that all who serve would recognise, which makes the transition away from what they deeply feel to be right even more painful. As has been noted many symptoms of mental health are not driven by service but from pre-existing conditions such as childhood abuse. For many the military provided the family, parenting and sense of belonging they never had and the sense of rejection on discharge is magnified and can trigger mental illness. There is often a relationship between the level of dysfunction felt by the individual before they join up and their capacity to transition successfully after service.

The military values subordination rather than individuality. We ask servicemen to be prepared to lay down their lives in a way that surpasses reason, but does happen. The military provides a bargain – we'll give you the love and support to help you find meaning and potential in return for you sacrificing yourself to something greater and obeying the rules. As I described earlier in defining courage, the love that a soldier feels for his fellow trumps the fear that he may be feeling in encountering combat, allowing extraordinary acts of human sacrifice to happen. General Krulak US Marines talks of 'selfless love'. Any combat soldier will talk of the camaraderie they feel, a word that could be better described as love. Again Victor Frankl says, *The truth - that love is the ultimate and the highest goal to which man can aspire: The salvation of man is through love and in love.* Take this away along with their met needs, identity and the sense of belonging that goes with it and you begin to understand why some veterans struggle. Rather than embrace a new future they cling to the past.

I highlighted the importance of leadership earlier. Charles Figley also writes about the importance of leadership, not only as a preventative measure during service, but also as being crucial to the experience of transition. During service he reports the increasing importance of leadership. Since World War I, the positive perception of unit leadership has been recognized as a critical protective factor. When soldiers rate both their NCOs (non-commissioned officers) and officers as being effective, there is a significantly lower rate (5.8%) of psychological problems compared to other combinations of leadership. When soldiers rate both types of leaders as ineffective, there are more psychological problems (22.6%). Increasingly, military researchers and psychiatry scholars have cited research on the importance of maintaining resilience factors, such as unit cohesion, morale, and leadership. Units with good morale and leadership had fewer combat stress casualties than those without these attributes when variables of combat intensity were comparable.

My own experience of the importance of leadership was highlighted on many occasions during PFE. I have noted the importance of belonging. It is a very powerful attraction to young people, but it is important to realize the flip side to this when individuals are discharged. The sense of loss is felt by all servicemen, but very acutely by those who have

belonged to tight knit, well-led units. The reality is that you only remain part of the family as long as it suits the parents. Once you have served your purpose you are discarded with all the sense of rejection that follows from this. It was very apparent when individuals had been discharged without that low level leadership that makes the military so effective. Quite simply those that had been 'signed off' by their immediate officer with an appreciation for their service were able to accept their discharge with grace. Those that did not receive this felt a strong sense of rejection during their transition, which coloured their whole experience of service in a way that was not conducive to their mental health. There is evidence that serotonin levels, which regulate our sense of well-being, may regulate the formation of social order and social role differentiation. When this social identity is dramatically changed it can lead to depression and similar conditions.

Preparation is key to transition. The shift from a 'socialist' culture to a capitalist culture is one of the biggest challenges. Castro likens it to three other categories of transition: prisoners on release, students making the transition from home to university and migrants moving from one country to another. He believes that migrants provide the closest analogy since the individual is losing their job, their home, their friends and family. Many veterans describe themselves as being an immigrant in their own country. In the same way that you wouldn't move to a new country next week without thinking it through and doing all the preparation, those leaving the military need not only to prepare practically, but also to start shifting their mindset to one more appropriate to the civilian world. This takes time, which many are not given especially those who are medically discharged. Research shows that the assimilation process takes up to two years within which the individual has changed jobs at least once, with all the upheaval to them and their family that this can cause, as they seek out what is right for them. Rarely do individuals stay in their first job.

RSL Queensland have conducted a study into how to achieve an effective transition leading to meaningful employment where the individual feels valued and is part of a team, thereby generating high levels of well-being. They have created an employment programme, which engages with serving soldiers 6 months before they leave to begin the assessment of future career options, as an effective way of preventing the trial and error described in the previous paragraph. Interestingly, where there is a choice still, some decide to stay in after this stage with a requisite improvement on retention levels. Partners are included (and provided with scholarships) since it is acknowledged that many have had to sacrifice careers while accompanying their spouse. RSL Queensland also acknowledges that there have been failures in establishing such building blocks in the past, leading to homelessness for some. Their homelessness programme is an interesting model, since it is run in partnership with the Salvation Army which has greater expertise and qualified case-workers. This is just a small example of how an eco-system, referred to later, could be managed, where every organization plays to their individual strengths rather than trying to replicate poorly.

The quality of transitional support can determine the level to which individuals are able to take personal responsibility for themselves and to make decisions. RSL Defence Care in Sydney have a policy based upon the principle "Empower the veteran". Young veterans particularly struggle with taking responsibility for their lives since they have never been prepared for it. They are looking for transitional support. They reported that 50% of young veterans on medical discharge have mental health issues. There is a tension between dependency and personal responsibility, a fine line that I believe can be kept through mentoring, which allows the individual to begin the process alongside advocacy to ensure that they are fully aware of their entitlement and financial counselors to assist with financial planning.

All organizations visited involved in transition agreed that it is very hard to move from being a highly effective operational leader to being unemployed with the psychological effects that

follow. It raises the issue that transition is not just about the veteran adjusting to society, it is society adjusting to them and valuing what they bring. Both the US and UK have volunteer armies. In the US the veteran is more highly valued than in the UK, but still there is a lot of ignorance. Fewer people have had experience of the military and tend to have fixed views on those who have served. This directly affects the experience when the veteran leaves. Civilian organizations neither understand how to support veterans nor do they value what they can bring in terms of their values, leadership and the ability to get things done. This national resource, which the taxpayer has invested heavily in, is often wasted on low-grade jobs. The Ashcroft Review recommended that we need to *be more proactive in changing the narrative about Service Leavers and veterans, promoting a more positive and accurate view of the veteran community, ensuring that problems are seen in their proper context, and being bolder in challenging misleading or partial information in the media and elsewhere*.

There is a huge amount of investment to get people into the services, to train and maintain them, but little investment in their transition. Those who are highly functioning and intelligent have few challenges making the change. This group, from whom the military relies on heavily for leadership, tends to leave early and take up successful civilian careers leaving the military with a leadership deficit. In Australia, counter-intuitively, it was felt that better transition would create higher retention. While highly skilled servicemen like engineers and air force technicians have portability of skills that can be translated in civilian jobs easily, armoured and infantry soldiers don't and tend to leave early to secure a second career while they can. If the system actively helped individuals to have the confidence that they will help them get a second career there wouldn't the rush to leave. Instead of which the system often sees early departure as a betrayal.

In Canberra I met Rear Admiral Brett Wolski, Head of People Capability for the Australian Defence Force. He described the policy around transition. Servicemen are given constant reminders throughout their career about their transition and the services stay in touch for 13 months after they leave. During the transition planning stage, the family is brought in to discuss medical, financial, employment and well-being and encourage that their feelings are taken into account. A transition plan is established during which any signs of mental health issues are identified. One month after leaving everyone receives a call to check that all is well and every 3 months thereafter a questionnaire is sent out. There is a Defence Community helpline available to all.

It is clear that in all nations the way that transition is managed is fundamental to the prevention of subsequent problems. There are many lessons to be drawn, and through designing successful transition strategies for veterans, the model can be used for prisoners, post-conflict refugees and post-terrorist incidents. As will be shown later, the key to the success of such a model is the creation of an eco-system.

Recommendations

a. Begin the process of transition early in order to allow the individual to anticipate the challenges and begin to take responsibility for it.

b. Use research and group based models to design a methodology to support transition in order 'empower the individual' to maximize success and prevent mental health issues being triggered in this very vulnerable phase.

c. Acknowledge the cultural dissonance between military and civilian life and create strategies to reduce it.

d. Invest further in raising awareness of the value of employing ex-servicemen, bringing the business world into the transition process at an early stage.

e. Review the importance of leadership in the discharge process.

f. Consider replicating a transition model to other contexts – migrants, prisons etc.

9. Group-based approaches

The military structure gives a positive message to soldiers. It provides a reassuring familiarity and structure that soldiers are used to; the discipline, leadership, camaraderie and care are what they are used to having. Other uniformed members are perhaps the only ones that they trust enough to talk about their experiences. Keeping a member under the care of a military structure sends positive messages of expectation of healing, of self-worth and of the value of the military service that the member has given. These are important spiritual messages, which have the effect of enhancing an injured members approach to healing. (Robert Sutherland Australian Churchill Fellow)

We find ourselves by losing ourselves in the service of others Mahatma Gandhi

As the founder of Serve On I was keen to confirm the value of using the power of the team and peer support to create a safe environment driven by service where post-traumatic growth can take place. As we have observed, individual servicemen are trained to set aside their own self-interest for something greater than themselves, in order to create high-performance teams. A great deal is invested in achieving this at the recruitment stage, but the principles that apply then are rarely applied at discharge. Servicemen understand teams and are most comfortable working in them. Teams are an antidote to the introspection that mental illness inevitably brings. Those treating veterans with mental illness, such as Combat Stress, appreciate the value of a group-based approach.

In the previous section I discussed the impact of culture. In a new book, *Connections: Uncovering the real causes of depression – and the unexpected solutions,* the author Johann Hari, after considerable international research, underlines the importance of deep connection, something inherent in military life, the loss of which can create mental illness. In the book he says in relation to mental illness, *This pain you are feeling is not a pathology. It's not crazy. It's a signal that your natural psychological needs are not being met. It is a form of grief for yourself, and for the culture you live in, going so wrong…We all need to listen to the people around us sending out this signal. It is telling you what is going wrong. It is telling you that you need to be connected in so many deep and stirring ways, that aren't yet, but you can be, one day.* Through this deep connection our basic psychological needs are fulfilled: a sense of belonging, being valued, feeling that we are good at something and having a sense that our future is secure. Interestingly all these needs are addressed within military service in stark contrast to the prevailing culture beyond.

This sense of deep connection and the power of the group was pioneered by Foulkes and Bion at the Northfield Hospital during World War 2 for soldiers invalided out with severe non-psychotic mental illness. Foulkes was a telephonist in the German army in World War 1; Bion was a tank commander in the British Army in the same conflict, so both had personal experience of the military and combat. Foulkes was heavily influenced by the work of the neurologist Kurt Goldstein who had worked with brain injured veterans and had shown that they could develop strong powers of recovery through a holistic approach to their treatment. In essence the whole human organism is greater than its individual parts and each part can contribute to its healing.

The Northfield Experiments, conducted during the World War 2, mark an important moment in the development of the therapeutic community movement, the learning from which has become mainstream in modern therapy. Foulkes regarded groups as basic to human existence, all individuals being born into social groups (families, cultures, societies) that shape our lives continuously in conscious and less conscious ways. In the same way that Goldstein demonstrated that in neurology the sum is greater than the individual parts, Foulkes extended the metaphor to the group in showing that the potential for healing was

greater than it might be individually. He saw individuals within the group as being analogous to the nervous system. The group is seen as a whole with each with each individual contribution seen in the context of the group.

It is no coincidence that the basic building block of the military is the team/group, where relationship and communication are crucial to establishing shared values and common purpose, within which the individual is able to fulfil their potential within a supportive and highly functioning environment. It also indicates the sense of loss felt by the individual when forced out of the group. The understanding of the group dynamic within the military drove the decision that the Northfield experiments be conducted in groups led, not by psychiatrists, but by instructors (Bion favoured Army Officers) so that it mirrored army practice.

I have contributed to two initiatives and observed another two where a group framework is used to help veterans cope with the challenges of transition and well-being.

a. The Pathfinder Experience (PFE)

I didn't seem to have many friends when I got back. There weren't many who understood.
Vietnam War Memorial Canberra

Working with Help for Heroes and other charities, I developed PFE to develop holistic and long-term coaching solutions to the challenges faced by veterans suffering from physical and mental injuries sustained in combat, bringing together all elements of life – body, mind and spirit - to ensure a level of well-being that allowed the transition from military to civilian life to be completed successfully. The facilitators of PFE were, with one exception, ex military officers with a professional coaching qualification. This was significant because they were 'friendly faces' who were able to establish a quick rapport in contrast to clinicians, who for no reason than they were unfamiliar, were often viewed with suspicion. PFE was delivered within a group dynamic of, on average, 9 participants, delivered in 3 phases, with each phase building on the success of the last.

The first phase asks the question, Who am I? This begins with the opportunity to share experiences. There is great healing power in the ability to tell individual stories amongst a trusted peer group within a safe and understanding environment. As well as coming to terms with the past it allowed individuals to reflect on who they are and the values that underpin their life before making decisions about future careers. The power of the group took on real significance, not least because it brought together individuals with a shared experience in a way that allowed them to talk openly often for the first time since their traumatic experience. It allowed individuals to understand that they were not alone in their experiences and reminded, often isolated individuals, of the benefits of belonging. This contributed to a greater sense of well-being which was reflected in the morale of the group, all of which contributed to their healing. The power of telling one's story shouldn't surprise; it is the basis of most grief counselling. The power of veterans helping veterans needs to be remembered, particularly as we often quickly remove injured veterans from military life. We remove them from their units and their comrades to provide medical care but we often forget to re-establish some form of warrior bond.

Because military training can subsume our sense of individuality, it is important for individuals to reconnect with their true selves before making critical decisions about their future career. As has been noted very few veterans last in their first civilian job for long. The reflective aspect of this phase is important, triggered as it is by questions posed by the facilitators to allow the individual to take responsibility for themselves, rather than receiving

advice. Equally during both Phase 1 and 2 the group was invited to join in a team-building activity within the context of service to a local charity or suchlike. This had the purpose of reminding them of their innate team skills, easily transferable to their future career but also to remind them of the power of contributing to something greater than themselves. These proved very successful and morale building.

After what is a reflective period, the second phase is more practical asking the question, What am I going to do? This begins the process of planning a fulfilling future based on both needs and aspirations, including family where appropriate, while understanding transferable skills for civilian life and employment. Integral to this is finding roles with meaning and purpose, wherever possible. A Personal Development Plan is established to capture the lessons from the past and to establish goals for the future. This is made more powerful by a public declaration of ambition, which not only gives the individual the confidence to pursue it but also allowed everyone listening to understand how he or she could contribute to the goal. A mentor is assigned to help support it. There is a separate section in this report on mentoring. The third phase provides an opportunity to develop an understanding of the support needed and the agencies available to provide it.

b. Boulder Crest Retreat

As well as meeting Professor Tedeschi in Charlotte, I was able to visit the Boulder Crest Retreat where his understanding of PTG is put into practice, with his input, through the Progressive and Alternative Therapies for Healing Heroes (The Warrior PATTH programme). It was encouraging to see academic research converted into a very practical intervention. Key to the PATHH model is the establishment of a safe environment in the most beautiful setting in the Blue Ridge Mountains of Virginia, and now in Apache Springs in Arizona, supported by trained and experienced leaders, coaches and therapists. The programme is designed by veterans for veterans to improve emotional, physical, spiritual and financial well-being.

It has an inspirational vision to unlock the potential of America's next greatest generation. It is built around the close relationships created by 6 person groups with the aim of converting deep struggle to core strength, finding meaning in a new mission. The adversity of injury brings advantage and the courage to be larger than circumstance in a way that leads to re-purposing beyond oneself - *I am the master of my fate, the captain of my soul*. Family involvement is encouraged and seen as a key part of the recovery process.

Centres are based in rural environments, recognising the healing connection with nature, with an emphasis on de-militarising individuals many of whom are attached to the identity of 'ex-serviceman' or veteran. The location is away from any military installation, which is in contrast to the UK where some recovery centres are located within military garrisons. The centre is staffed by a mix of health professionals and veterans. PATTH includes a week long residential with an 18-month support phase. During this time individuals are supported by expert guides, similar in concept to the mentors I referred to in PFE.

The key elements of the programme include opportunities to open up and talk about their experiences, education on trauma and the responses to it including the calming down of the flight/fight response and the process of identifying new purpose, goals and ongoing service. Within the curriculum are outdoor activities such as kayaking, hiking and horticulture, designed to 'earth' individuals literally in nature alongside more pragmatic training and workshops to promote career and financial literacy. The curriculum and the philosophy behind it had elements in common with PFE.

As I increasingly discovered in other countries too, Boulder Crest emphasised the need to take away the 'disorder' from PTSD. With this simple change, it is possible to move away from a focus on symptoms and shift the emphasis to recovery. This opens up opportunities for growth, resilience and change. At the heart of this is the opportunity for participants to find new meaning to their lives. The psychologist Edith Weisskopf-Joelson, a refugee from Nazism and a strong influence on Victor Frankl, observed *There are three main avenues on which one arrives at meaning in life. The first is by creating a work or by doing a deed. The second is by experiencing something or encountering someone; in other words, meaning can be found not only in work but also in love. Most important, however, is the third avenue to meaning in life: even the helpless victim of a hopeless situation, facing a fate he cannot change, may rise above himself, may grow beyond himself, and by so doing change himself. He may turn a personal tragedy into a triumph.*

Dusty Baxley the Executive Director of Boulder Crest puts it this way *Instead of treating veterans as victims where something has gone wrong, we should understand that they have responded in exactly the way that they were trained to and how we respond as human beings to extreme circumstance. It's not what's wrong it's what's happened – a normal human reaction. What is important is integrity and compassion. We must treat our soldiers as people who have the chance to grow from adversity, to find meaning and their potential. We must be accountable to each other for our own growth.*

Boulder Crest focuses on addressing post-traumatic injuries and the challenges facing veterans in the truly holistic way that they need, seeking to understand the issues facing them from the core. That the whole programme is built upon the potential that comes through PTG is groundbreaking and highlights the paternalistic way that some charities can be seen to operate internationally where the mindset tends to be *these are sick people who need our treatment and help*. While it is an accepted part of treatment to reduce clinical symptoms, the truth is that these symptoms often continue after medication and psychotherapy, because the root causes are not being addressed. We apply an elastoplast to an ever gaping wound. This reduces the opportunity for growth to occur and increases the chances that the individual will need to accept a diminished version of themselves. Boulder Crest believe that this does little to honour the sacrifices of those who have been prepared to lay down their lives for their nation.

In an independent report published by Boulder Crest in August 2017, post-traumatic injury scores are reduced by approximately 40% to 60% after completion of Warrior PATHH. Most impressively, significant gains are maintained at six months. The same is true for depression, anxiety, and stress. At six months after completion of Warrior PATHH, participants show sustained improvements of 50% for depression and anxiety and 40% for overall stress. Clinically significant improvements are also seen for insomnia. Results also reveal that veterans are showing substantial increases in developing and maintaining positive emotions (joy, inspiration, pride) while reducing negative emotions (guilt, irritability, nervousness).

It is planned for mobile teams to be deployed to different locations around the US to deliver and support the PATTH programme. I found that the combination of location, retreat space, vision and the emphasis on PTG as an alternative approach to mental health and PTSD as an outcome far more compelling than anything currently available in UK. Evaluation has indicated that more is achieved in 7 days than in 4 years of alternative treatments. The model deserves replication in the UK.

c. Bastion Community of Resilience

In New Orleans I visited the Bastion Community of Resilience, a village for veterans created by a veteran, Dylan Tete, motivated by the need to put something back after his own

experience of service. Not only that, he took a piece of land devastated by Hurricane Katrina to build the community – post traumatic growth on two levels. Their powerful community model incubates meaningful relationships that sustain a thriving recovery from the wounds and casualties of war. The community currently provides 38 residential units for veterans and their families along with a Wellness Centre. The goal is for residents to maximize independence and potential. From mentoring to meal preparation, Bastion's model leverages human capital to create layers of social and instrumental support especially for warriors and families with moderate and severe traumatic brain injuries. Their volunteer programme equips residents to assist professionals and caregivers in the implementation of individualized care plans, and every resident benefits from helping others— promoting personal wellness and life satisfaction. This is a great illustration of PTG, allowing those who have suffered from trauma to step out of their own concerns and use their experience to help others. Clearly the timing of this needs to be right and it needs to be carefully supervised, but Bastion has developed an excellent resident survey to monitor progress. This is crucial identifying the right time to unlock potential. Bastion understands that if we view people as beings of potential, then that potential is there in everyone.

d. Serve On

I founded Serve On in 2012 in response to the realization that our ex servicemen were one of the nation's great untapped assets. Participation is the future of humanity as we escape the individualism that has dogged us for so long. As human beings we only fully function in teams and in community. This is why the armed and emergency services are so effective since they recognize this. Serve On aims to empower people to take responsibility for their lives so that they can be in a position to lead others.

Serve On creates opportunities for everyone to participate in making a difference, being the change. As has been noted, the taxpayer has already invested heavily in recruiting, training and maintaining our military and emergency servicemen. Because they are great role models they can be used to target those on the margins of society, who themselves have faced the tough reality and traumas of life, young offenders, long-term unemployed and gangs. My vision is for a modern take on National Service dedicated to taking the best from our military and emergency services and applying it in a civilian setting. Serve On aims to release leadership creating an established, enduring national and international movement to inspire service worldwide through sustainable team based participation, paying forward any benefit received. A perfect example of this vision and of PTG is Pete Dunning a Royal Marine who lost both legs in Afghanistan. Having completed PFE he put himself forward for the rigorous training that Serve On has developed to achieve its objectives. Not only did he complete the training successfully, but he is now an active trustee and ambassador for the charity, a great inspiration to everyone who meets him. The charity has created two types of team.

The International Response Team (IRT) is a volunteer emergency response team made up of individuals with over 20 years' experience and 22 international deployments, able to deploy 24/7. Its capabilities include flood rescue, Urban Search and Rescue, Disaster Response, Command & Control, Relief Team co-ordination and Disaster response training. Its capabilities embrace a range of disaster contingencies, including a response to the earthquake in Nepal in 2015 and the hurricane in the Caribbean in 2017. Members of the IRT are trained to a high level of resilience and expertise.

Locally, the Community Resilience Team (CRT) provides a trained, disciplined, committed resource to assist the Emergency Services during flooding, snowstorms, power cuts, fuel strikes, epidemics, missing persons searches, major incidents and a wide range of other emergencies. Our CRT has deployed to flood emergencies across the UK in the last 4 years.

They help communities prepare for emergencies by providing resilience training as well as being a proactive resource that can initiate and implement a range of community projects. Serve On has developed the Rescue Rookie initiative to recruit young people, not just to train them in search and rescue techniques, but to introduce them to the power of service within a team environment within which they can discover their own potential. Those who have discovered their potential through the tough reality of their own experience can be deployed to provide mentors for those young people who are themselves struggling to find meaning to their lives in a world that judges them on a very narrow definition of success.

Recommendations

a. Acknowledge the power of group based approaches in transition and Initiate a group-based ethos in all rehabilitation and recovery centres, building on innovative solutions like PFE and Serve On.

b. Take up the offer to provide 3 places on the PATTH programme at Boulder Crest for British veterans as a first step to replicating the model in the UK at an appropriate location.

10. Peer Support and Mentoring

We have two hands; one to help ourselves the other to help others

I am a passionate believer in mentoring and have established a number of charities in which mentoring was the key activity. Contexts include young people, prisoners, entrepreneurs and within the military setting I have initiated mentoring programmes for SSAFA and Help for Heroes. I am particularly interested in the impact it has. In Houston I visited the Veteran's Court Advocacy & Mentoring Programme (VCAMP) training session to train mentors to support those veterans in custody. They provide well-trained and supported peer mentors to those who have acknowledged that they are suffering from PTSD. It has obvious potential benefits: the recovering mentor provides visible hope, aids self-worth and reduces isolation as well as helping veterans receive the services they need to achieve their full potential as productive members of society.

As we have seen with PFE and Boulder Crest a key part of recovery was the expert guide or mentor. In a practical sense a mentor can be of most value during times of transition and change when we are vulnerable and uncertain. A mentor will listen. During service the serviceman lives in a self-supporting community where individuals find their authenticity. Everyone knows each other and understands the importance of relationship. Because of the nature of the role everyone is encouraged to look after each other. There is no hiding place since honesty and trust are fundamental to good morale. As I have noted there can be a feeling of loneliness and rejection during transition. Peer support and mentoring acknowledge the power of camaraderie, providing an anchor of relationship, which enables trust and connection with others decreasing isolation and stigma. Veteran peer mentoring programmes have shown to assist treatment adherence and enhance outcomes, improve behaviour and motivation for self-care, de-stigmatise mental illness and act as a stress buffer in reducing psychological despair. It is my experience, and research shows, that progress is achieved more quickly when working together. In my book 'Be – A Disciple's Journey', I describe the importance of the mentor.

A mentor is driven by one thing: a desire to bring out the very best in the individual. A mentor helps us to see the best in ourselves and then use this inner knowledge in service to the world. It is a deeply human relationship built upon high levels of trust. Mentors will have the wisdom of the struggle wrought out of many years of struggle themselves. More than anything the mentor will believe in you. This creates the foundation for self-belief and will be a constant theme in the journey of change. As the challenges grow, and self-doubt with it, to have someone walking alongside you reminding you of your dream, bearing witness to your progress and encouraging you when it seems impossible, is the most powerful contribution to success. But the mentor's first duty is to help you commit to the change you face.

Ultimately mentoring sets us free from the bondage of self-absorption to serve the interests of others. Through the intimate relationship of mentoring we begin to realize that all the anxieties that hold us back from our natural generosity are common to all. In other words by understanding that my anxieties are the same as your anxieties, that the bad things in my life are common to everyone, I am able to step into the search for the common good. And once this energy of human kindness is unleashed it will take on a life of its own since there is an unwritten rule within mentoring that if you have been mentored you pay that gift forward by mentoring another.

My own definition of mentoring is: ***a relationship which inspires, empowers and guides another in achieving their personal and career potential especially during times of change***

It is a relationship based upon that Agape interpretation of the word love, which is best

described by Frankl, *Love is the only way to grasp another human being in the innermost core of his personality. By his love he is enabled to see the essential traits and features in the beloved person; and even more, he sees that which is potential in him, Furthermore, by his love, the loving person enables the beloved person to actualize these potentialities. By making him aware of what he can be and of what he should become, he makes these potentialities come true.* In essence is giving of yourself with no expectation of return.

This describes the essence of mentoring: it is all about potential. This is often only really discovered during times of challenge and transition when we have the opportunity to reflect on what is really important in life. A mentor is able to hold up a mirror, offering encouragement and accountability, in a way that allows us to see our full potential. During times of transition a mentor can help us to navigate the process of change. Transition, in this case from the military to civilian life, can often be very confusing with a range of different agencies there to contribute their part. Treatment often consists of unrelated 'sheep-dip' interventions that have no relation to each other, leading to confusion and setbacks. A mentor can provide a constant reference point to help the individual make sense of it all. I passionately believe that if everyone had a mentor in the very individualised world we now live in, we would have much higher levels of well-being.

Recommendations

a. Expand mentoring services so that everyone who wants one is able to find one. Mentoring could be more widely deployed to prevent a range of mental health issues.

b. Create a simple peer mentoring toolkit to be issued on discharge with mental health booklet

11. Eco-System

To be attached to the subdivision, to love the little platoon we belong to in society, is the first principle (the germ as it were) of public affections. It is the first link in the series by which we proceed towards a love to our country and to mankind. Edmund Burke

a. Overview

Governments are not innovators nor are they efficient – they deploy resources but don't follow up to see whether they have been used wisely. As we have seen much of the support of veterans is devolved to individual service charities, which operate like Edmund Burke's small platoons. But they need leadership and to have a strategic framework within which to operate if they are to be effective. It could be argued that the need for charity is a failure of society's need to look after the interests of all who belong to it. Charities have to fill the many gaps that the state leaves behind. But that is a debate for another paper. The fact is that is that the majority of veteran welfare is looked after by the charitable sector.

There are more than 2000 service charities. Albeit some are museums and many are very small, founded to immortalise the life of an individual killed on active service, but the sheer number is not an indicator of efficiency. It is the case that across most areas of public service including charities, organizations operate in silos, interested in themselves and their own funding above all others. This is rooted in a competitive rather than a collaborative culture. In a speech in January 2018, Prince William, talking about the charitable sector said, *I believe the sector must be open to collaborate, to share expertise and resources; to focus less on individual interests and more on the benefits that working together will bring.* The Ashcroft Review recommended a rationalization of the service charity sector: *encourage, through Cobseo, greater co-operation, collaboration and consolidation in the Armed Forces charity sector*. At the time Cobseo responded by stating that, *the public has a right to expect that their money be spent in as efficient and effective a way as possible. This demands ever-increasing levels of collaboration and cooperation. We will, however, always judge the success of our member organisations on the extent to which they meet the needs of their beneficiaries, and not just on the extent to which they mirror the practices of the business community.*

I will not deal with the Royal Navy and the RAF in this section. The Royal Navy has done a great deal to rationalize those charities particular to the Royal Navy and Royal Marines; The RAF has a well run Benevolent Fund which seems to serve the majority of their needs. This paper is more interested in the tri-service charities and most particularly the Army charities. The sector does require consolidation. There is a lot more work to be done on establishing the efficacy of some, but more importantly there is a need for more collaboration and co-operation in order to deliver efficiencies and innovation. This is the stated aim of Cobseo, but the reality is that there is no framework within which this can happen, even if there was a willingness to do so. Many of the larger well-established charities prefer to keep things the way they are, largely for traditional reasons, and can jealously guard what they perceive to be 'their territory'. Yet, improving the care pathways for veterans and family members is not something that can be done by any single agency. The Call to Mind report published by the Forces in Mind Trust states that *commissioners, service providers, armed forces charities and veterans and family members need to work collaboratively on co-designing an effective framework for action on assessment of health needs and improving the care pathway*. Within this it is important to move veteran mental health onto a wider spectrum that includes all aspects of the failures of transition: losing job, home, relationships, meaning, purpose.

All nations are inefficient in the way that resources are deployed to support veterans.

Bringing together different organizations would save a huge amount in back office function. Just imagine if some of the large London based service charities gave up their expensive offices and six figure salaries to co-locate in the regions where an effective eco-system of rehabilitation, recovery and transition could be established within which each organization can focus on what it does best without trying to replicate others? It is not uncommon, for example, amongst the leading charities to spend 25% of their income on fundraising alone.

The British Legion is the leading partner in the creation of the Veterans' Gateway, a consortium which collaborates with other Service charities and partners to provide a first port of call for all veterans to find the support they need, from whoever is best placed to provide it, creating a more navigable journey for those who seek help. Funded by The Armed Forces Covenant, this is the first time a group of this kind has come together formally to deliver a service to help the Armed Forces community. In announcing a government commitment of £2 million per annum towards the Veteran's Gateway, the Defence Secretary, Gavin Williamson says, *They are the greatest of their generation. We owe them the best care.* This is a start but it is currently essentially a sign-posting facility. What is needed is a rehabilitation pathway/eco-system to ensure that needs are properly met.

True collaboration requires two things: confidence and sacrifice. Confidence derives from the Latin word, confide, which, amongst other definitions, means to reveal the truth within. This works on an individual basis; I would argue that this is our quest in life, to find and live out our own truth. At an organizational level, it means working out what it is that is done uniquely well, in commercial terms the unique selling point (USP) and focusing on delivering that excellently. Once we own our own truth, individually or organizationally, we will be confident enough to sacrifice our own self-interest to something greater than ourselves. Sacrifice in its Latin roots means to make whole. This is the challenge for the military charitable sector. This will be hard for some who currently have a very precious possessiveness to their beneficiaries. Individual charities need to work out what they do uniquely well and then link up with others to create a holistic system that works principally in the interests of the beneficiary. This requires a veteran eco-system along the lines I have mentioned, albeit the model recommended may need to be adjusted. Its overriding aim should be that of recognising the unique needs of the individual within a climate of well-being and PTG. Well-being is holistic and inclusive of mind, body and spirit. Maybe 2018, the year in which we mark the end of the First World War, provides the opportunity to review the service charitable sector in order to meet the needs of veterans in the 21st century.

b. Combined Arms

In Houston I visited Combined Arms (CA), established to create such a geographically based model of a transition centre. The CA mission is to foster and perpetuate a long-standing culture of collaboration among veteran service organisations in the Greater Houston area to accelerate the impact of veterans on that community. CA is located in an old warehouse on the edge of the downtown area and provides a home for all its member organizations in a way that reduces overhead and allows a healthy collaborative relationship to develop. This allows all programmes to come together so that they can be coordinated in the best interests of the individual veteran. This way each organization can focus on what they are good at in the knowledge that others will fill the gaps.

It has established a system to provide holistic services to veterans in the areas of economic empowerment, family, health and well-being and community. Through this system it creates efficiencies with service delivery between member organisations, allowing each to work to their core mission within a set of shared values, thereby reducing costs and duplication. This creates increased collaboration and referral of clients and minimises the

need for individual organisations to 'hang on' to clients for their own fundraising needs. The net result is an increase in take up, velocity and quality of service. As a by-product, because different organisations are co-located, there is a much higher level of dialogue, innovation and planning.

CA have understood that change doesn't just come through engaging emotions through stories, but by assembling the data needed to attract funding. CA has adapted an integrated information system based on Salesforce, which allows them to understand the needs of individuals so that they can be assessed just once and then directed to the organization that best meet their needs. Individuals are assessed across 12 categories. The data can then be used to identify the key areas of need across the Houston area.

CA understands the importance of meeting the individual where he/she is, not where it suits the organization to meet them. For example, there is no point in trying to get someone a job if he/she is living under huge stress. So CA use stress-buster sessions as a way of getting veterans to a start point from which they can benefit from other services. They also use social events and families as an entry point. This can often circumvent the stigma felt by the individual veteran by 're-working the angle'. Crucially each organization operates within a set of shared values ensuring that the experience from one to another is broadly similar. This is in sharp contrast to a system where individual organisations operate separately where the beneficiary can be treated very differently and often in a way that can be damaging to their recovery.

c. Local Veteran Transition Trust

My work in developing PFE for Help for Heroes was based upon work I had done previously in developing the concept of Community Prison Rehabilitation Trusts (CPRT) for the report *Locked Up Potential* sponsored by the Centre for Social Justice. I had noted during my time in working in prisons that there was no coherence or shared values between the different elements that contribute to rehabilitation. Each element contributed their expertise but there was no one accountable for holding the different elements together in a geographical area in a way that made sense to the individual and reduced the possibility of falling through the cracks. CPRTs were designed to cover a local geographical area and have a local board of management with both executive and non-executive directors and an independent chairman.

If I was to describe the CA operation in terms of a Local Veteran Support Trust (LVST), we already have a basic model in the UK that could provide the foundation for something similar, built around existing Regimental Headquarters who already provide an important geographically based welfare capability to veterans within a complex role with limited resources. Those 'cap badges' that are not geographically based, mainly the corps, can be included. As a known quantity to veterans, through their service connections, they are often the first port of call, and least threatening, for those in need.

The LVST would immediately provide an enhanced role for an important institution, whose future has been under threat, justifying their continued existence while working towards a much more coherent system for transition and support for our veterans. It will have the ability to be a single point of contact for local agencies in its area such as the local authorities; NHS trusts; housing associations; local employers and businesses; voluntary, community, and charitable organisations and the media. It would go some way to reducing stigma, providing a level of simplicity and consistency while maximizing the appropriate support in a way that assures taxpayers and donors that their resources are being well used. It provides the best fit between the need and the support by joining up services in its area while being the decision making body on how to marshal these services in the interests of

the individual veteran. Crucially their values will be based on those familiar to the individual. Because of its connections the LVST would be a ready pool of mentors. Incentives need to be introduced to encourage collaboration and reduce duplication – Cobseo could play a role here. Additionally there is a need for a 'Kite Mark' system to test the efficacy and relevance of service charities (indeed all charities but this paper is confined to the military sector).

At a more strategic level, those still in recovery with ongoing needs will be able to use the residential Help for Heroes Recovery Centres where specialists can be assembled to meet those unmet needs. For those with more immediate and complex medical rehabilitation the Defence and National Rehabilitation Centre is currently being built to replace Headley Court. The major service charities can then contribute their particular specialized support into this system in the knowledge that it will be focused and efficient. There is need for an expansion of study on this complex area, but I believe it is essential. Furthermore the model could be extrapolated to the provision of mental health services more generally. Cancer research improved exponentially when all the smaller charities in that field came together as one. Military charities need to learn that lesson.

Recommendations

a. Provide resources and national accountability through a small Department of Veterans with an enhanced role for the Veterans' Minister that can have a remit across government departments.

b. Create a framework, maybe around Cobseo and Regimental HQs to create an eco-system for veterans built from a local base as articulated in the concept of the LVST.

c. Provide incentives for collaboration. A key test for funding should include willingness to collaborate.

d. Create a 'Kite Mark' for service charities to test efficacy and relevance.

e. Conduct a review of service charities to identify those areas, particularly around management and back office function, where savings could be made and further collaboration unleashed

12. Conclusions

What we now need to discover in the social realm is the moral equivalent of war, without brass bands or uniforms or hysteric popular applause or lies or circumlocutions: something heroic that will speak to men as universally as war does, and yet will be compatible with their spiritual selves as war has proved itself incompatible. William James

This is a sentiment often expressed by those who have experienced the brutality of war and yet it is a lesson that each generation needs to discover for itself. While not expressing a pacifist perspective, it is a reminder that the first preventative measure is for governments, while continuing politics by other means, to ensure that warfare is always used as a last resort. This is particularly important in an era where it is possible to wreak mass destruction remotely and when it is possible to slip into warfare without fully thinking through the consequences or desired outcomes. The weight of responsibility for political leaders is highlighted in Canberra, where the Prime Minister's office is deliberately sited in view of the ANZAC Memorial, where there is a daily service of remembrance. With regard to the casualties of war, all political leaders need the same immediate reminder of their responsibilities as expressed by George Washington at the top of this paper.

I think that there should be a national debate on how we manage our veterans now and for the future. It is an indication of a failed system that so much of the support for veterans is sub-contracted by the nation to charities. Why should the nation not feel obliged to take care of the casualties of war for life in return for the call upon their lives determined by democratically elected politicians? Why should there not be a small veteran's tax ring-fenced to ensure that the best possible ongoing care is available from the state to complement the work of charities? Other nations acknowledge the need for the state to lead the support for veterans, by establishing departments of veterans. Then at least there may be some strategy to their ongoing care.

The military is a reflection of the society from which it is drawn and the mirror can be turned both ways. While there are cultural differences, as has been highlighted in this paper, individuals are drawn from society and will return to society, usually much richer for the experience. But for those who have suffered mentally or physically as a result of their service, society has an absolute duty to provide all the support required for as long as it is needed. For this to be effective there is a need to seek to understand the root causes of the suffering, which, as we have seen in the area of mental health, is not straightforward. Current understanding and treatment can create lifetime dependency issues that are unhealthy for both society and the individual.

I hope that this paper has demonstrated that it need not be this way. The paper has attempted to explore some of the root causes of the mental health issues facing our veterans while recommending a new approach to its treatment. Most powerfully I hope I have been able to demonstrate that, by underpinning all treatment with an understanding of the concept of PTG, there is an opportunity, not only to address the mental health issue, but also to leave the individual in a better place. In order to achieve this it is essential to treat individuals holistically taking into account mind, body and spirit, since they are irrevocably mutually supportive. And if the treatment is to be holistic, so does the system that delivers it. In all nations there is a degree of dysfunctionality, but this is particularly pronounced in the UK, where there is no department of veterans and where treatment is devolved to a NHS, that in many parts does not understand veteran-specific needs, and a charitable sector that is not good at true collaboration.

As stated earlier the military is a reflection of society. There are lessons from the treatment of mental health for veterans that can be applied to the wider community. Many of the recommendations in this paper can be applied to a purely civilian setting. The importance of a holistic approach to mental health, which includes the spiritual dimension, is crucial, combined with group-based approaches, which can accelerate healing. Mentoring too is a cost-effective preventative measure that has a widespread application. I believe everyone should have a mentor. It has particular application at school and universities in addressing the rapidly growing mental health challenges that are being reported in both. Mentoring can bring a much-needed perspective and the opportunity to talk about the issues that young people face in a very complex world.

But the final word comes from George J Marrett from his book Cheating Death: Combat Air Rescues In Vietnam and Laos:

I now know why men who have been to war yearn to reunite.
Not to tell stories or look at old pictures.
Not to weep or laugh.
Comrades gather because they long to be with the people who once acted their best; who once suffered and sacrificed, who were stripped of their humanity.
I did not pick these men, they were delivered by fate and the military.
But I know them in a way I know no other men. I have never given anyone such trust. They were willing to guard something more precious than my life.
They would have carried my reputation, the memory of me.
It was part of the bargain we all made, the reason we were all willing to die for one another.
As long as I have memory, I will think of them all, every day.
I am sure that when I leave this world, my last thoughts will be of my family, and my comrades. SUCH GOOD MEN!

13. Recommendations

a. Create an international umbrella organization within which dialogue can take place including a framework of international collaboration and cooperation that is nimble and not bureaucratic

b. Establish best practice in each nation and identify the best lead for each area

c. Guide research to ensure that it is service not research led and that it fills the gaps to create solutions

d. Identify a small group of committed individuals from collaborating nations who can take ownership of the issues confronting veterans

e. Create international webinars to share information

f. PTSD should be viewed as a systemic disorder rather than a purely psychological disorder. Integrated health care strategies for improving psychological and physical health, as well as controlling risk factors, could improve the quality of life and survival of patients.

g. Start to shift the paradigm within which we treat mental health generally. In understanding this we open the door to understanding the interaction between mind, body and spirit and thereby more holistic solutions, which can be extended into all areas of mental health treatment.

h. Train service providers to address the spiritual element in all programmes, and utilise the Royal Army Chaplain's Department (RAChD) to become more involved in transition and treatment.

i. Develop and make accessible existing spiritually based toolkits, resources and practices.

j. Raise awareness of the importance of the spiritual dimension with veterans so that they are more aware of their needs and services to support them.

k. Establish an umbrella group with a network of military, civilian, and community-based spiritual services.

l. Consider issuing every serviceman with a campaign medal (demonstrating active service) with a Veteran card providing them with priority access to NHS services.

m. Issue all with a simple mental health pocket book along the lines issued by the New Zealand Defence Force on discharge including a simple Personal Development Plan structure.

n. Follow up the research on MI, particularly in Canada, to ensure that it is integrated into understanding mental health and rehabilitation in UK.

o. End the concept of veteran as victim and integrate the concept of PTG into all mental interventions and as an underlying value in all providers of services to veterans.

p. Consider replication George W Bush's Stand To Veteran Leadership initiative in the UK to harness the leadership qualities of those serving veterans to broaden their skills, knowledge,

and influence across the country.

q. Begin the process of transition early in order to allow the individual to anticipate the challenges and begin to take responsibility for it.

r. Use research and group based models to design a methodology to support transition in order 'empower the individual' to maximize success and prevent mental health issues being triggered in this very vulnerable phase.

s. Acknowledge the cultural dissonance between military and civilian life and create strategies to reduce it.

t. Invest further in raising awareness of the value of employing ex-servicemen, bringing the business world into the transition process at an early stage.

u. Review the importance of leadership in the discharge process.

v. Consider replicating a transition model to other contexts – migrants, prisons etc.

w. Acknowledge the power of group based approaches in transition and Initiate a group-based ethos in all rehabilitation and recovery centres building on innovative solutions like PFE and Serve On.

x. Take up the offer to provide 3 places on the PATTH programme at Boulder Crest for British veterans as a first step to replicating the model in the UK at an appropriate location.

y. Expand mentoring services so that everyone who wants one is able to find one. Mentoring could be more widely deployed to prevent a range of mental health issues.

z. Create a simple peer mentoring toolkit to be issued on discharge with mental health booklet.

aa. Provide resources and national accountability through a small Department of Veterans with an enhanced role for the Veterans' Minister that can have a remit across government departments.

bb. Create a framework, maybe around Cobseo and Regimental HQs to create an eco system for veterans built from a local base as articulated in the concept of the LVST.

cc. Conduct a review of service charities to identify those areas, particularly around management and back office function, where savings could be made and further collaboration unleashed.