

ICT Insight pack

Pack 14: Armed Forces
community

Improving Lives Together



October 2023

Insight Packs – general narrative



This is **Pack 14** of a series of insight packs produced to support ICTs to access community insight that already exists. Insight packs draw on available insight related to a particular health inequality, protected characteristic or inclusion group.



Insight is drawn from the [Sussex Insight Bank](#) and other key local and national sources. It reflects a point in time: insight is captured constantly.



This pack is not intended to be a comprehensive resource, but a way to understand known issues about these communities to inform your ICT development.



Remember intersectionality: people and communities may have a number of characteristics, for example, be an older person with physical disabilities, living in a rural area.

Using insight packs

- **We are not all the same:** Our communities consist of people with different needs, experiences and barriers to health
- **Local people are valuable assets:** they often have insight that can inform change and improvement, as well as suggestions/solutions
- **Local insight** can help inform and transform services, saving time and money and improving outcomes
- **Focusing on insight from communities with poorer outcomes** can help reduce health inequalities
- **There is a need to listen** to our communities, and show that their views influence change and improvement



Using your insight pack

1. Decide which insight packs from the series are **most relevant** for your ICT (informed by both the data profiles and communities which will be common to all ICTs)
2. Identify key **gaps in insight**: contact the Involvement team if advice needed on addressing gaps
3. Draw together your insight to create a “**what we know about our community**” picture
4. Ask your community if they **recognise** the data and insight, and ask what they feel is missing
5. Create **community conversations** through your Community Panel, together with ICT partners, to use insight to drive ICT design and service improvement
6. Use your insight as a **checklist** – which changes and developments have worked? Have issues been responded to? How are communities seeing change and improvement?

Pack 14: Armed Forces community

The Armed Forces community includes those currently serving as well as former service personnel and their families.

Identifying and addressing inequalities in access to healthcare and improving veterans' and their families' mental and physical health needs are part of the nine commitments to the armed forces community signed up to by NHS England (2021).

In Sussex as a whole, 10-12% of the population is part of the Armed Forces community and in some areas of Sussex the population of veterans is above the national averages (Census 2021.)

This insight pack summarises some of the insight from Armed Forces communities which is held on the Sussex Insight Bank and from other sources.



Summary

- Many aspects of being in the Armed Forces are detrimental to mental health. The experiences and exposures to trauma of those in the community need to be understood and taken into account.
- Some of the effects of the trauma can manifest later in life. Health professionals and others need to be supported to understand and relate to this.
- However there is often resistance to accessing help. Serving and former service personnel and their families and carers (ie the wider Armed Forces community) may need assistance in accessing appropriate services that understand their needs
- There are specific barriers to primary care facing Armed Forces personnel due to the requirement to move around the country that need to be addressed
- One size does not fit all when working with members of the Armed Forces community
- Female members of the Armed Forces face a unique set of challenges in a male orientated institution and may be reluctant to access services for the Armed Force community
- There are additional barriers facing members of the LGBTQ+ community given previous legislation banning homosexuality in the military
- Ethnic minorities, including the Gurkha/Nepalese community in the Armed Forces will also have specific needs

Mental Health can be a challenge “

- Experiences in the Armed Forces entail long periods away from home and often trauma, bereavement and physical injuries.
- All can be detrimental to mental health. However there is often a reluctance to seek help on the part of the Armed Forces community
- Causes include stigma, issues around masculine culture, concerns around impact on career and a ‘military mindset’ which encourages self-sufficiency rather than seeking help.
- Some will become dependent on coping mechanisms such as substance use and gambling
- Mental health problems can emerge later in life, and can manifest in different ways to those who have not been involved in combat
- Care Homes can have problems understanding and dealing with clients from the Armed Forces community particularly with dementia
- PTSD is not thought to be well understood in the NHS. Veterans can feel that they are seen as too complex to treat and are passed between services

There’s so much complexity to their mental health because of what they’ve been through, what they’ve seen, what they’ve done

There is no understanding or awareness of PTSD. The referral system is broken and too many areas/professionals get involved so no-one takes responsibility

A veteran has Dementia,... they are showing some challenging behaviour, in the form of anger and aggression. Staff report they march and salute at times, waving their stick and showing distress over past events. What can we do to help?

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Those who care for veterans need support

- Those who are caring for veterans don't always recognise they are carers
- They may need help to see this and support and help to navigate the system if the person they are caring for has health needs
- There is a demand amongst this group for more information on support services that understand the experiences and needs of the Armed Forces community
- Young carers are common with the Armed Forces community. The need to move around the country may impact upon health as well as education
- Families of reservists, particularly when the Reservist is deployed, may also need more support

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It is so isolating as you are exhausted emotionally and physically from having to do so much. It's as if you're a single parent

My children's mental health is affected by the constant mood swings. They can't have friends over for fear of him losing it

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Barriers to primary and community care

- There are specific barriers to primary care facing Armed Forces personnel and their families due to the requirement to move around the country. Continuity of care is a problem, as is transfer of medical records.
- Patients from the Armed Forces community are not always identified on referrals, meaning that needs are not always taken into account and the relevant legislation not followed
- In addition, there is thought to be a lack of awareness in many GP practices of Veteran Friendly status, specialist Armed Forces services and pathways (i.e. OpCOURAGE and OpRESTORE) or local Pain Management clinics
- Pathways are difficult for Armed Forces communities to navigate without the support of their GP
- There is a need for a system to ensure that when Armed Forces families move to a new area, their medical records are transferred either between NHS organisations or from Defence Medical Services to the NHS to ensure continuity of care

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I'm a serving soldier and a long waiting list applies all over the country. How am I supposed to get my children the care they deserve and are entitled to, without the extortionate costs that accompany dental care, when I have the potential to move every 3 years or so? By the time they make the front of the list I'll be registering with a different dentist and starting the process again.

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Communication with 'civvies' can be difficult for Armed Forces communities

- Armed Forces communities can be reticent to speak to people who do not have armed forces experience and may struggle to relate to civilians
- 'Civvies' can be viewed by Armed Forces community to lack any understanding of their lives and experiences, fail to understand their methods of communication, and fail to show respect for what they have done in their lives
- Facilitating and encouraging veterans to link with and receive support and advice from other veterans can clearly play a major role in encouraging veterans to talk about and receive advice about their health and wellbeing
- Delivering on promises and updating on progress is important to maintain trust and engagement with Armed Forces members



I can see my dad switch off when he talks to someone where he feels that he should have more respect, that they clearly don't get where he's coming from

Civvies don't get the mentality and communication methods used by the military. They can't draw on past experiences to connect or begin to understand what a veteran has been through



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One size does not fit all

Women

- Female members of the Armed Forces community can face a unique set of challenges accessing healthcare that are separate from their male counterparts
- Women often do not see themselves as veterans. They are sometimes less likely to access recognised Armed Forces support services (including the Armed Forces MSK pathway or No Pain Clinic) due to them being institutionally male-orientated and due to their experience within the Armed Forces
- There is also evidence that men and women may have different health responses to trauma and combat exposure.
- Some women will have experienced military sexual trauma.
- In terms of maternity care, there can be an impact both for women serving and partners of those serving with disruption to continuity of care, “late bookers”, missed 6-8 week postnatal GP appointments



One size does not fit all (continued)

LGBTQ+

- Prior to 2000, it was illegal for people serving in the UK military to be openly gay
- In this context, the experiences of members of the Armed Forces who are also members of the LGBTQ+ community are likely to have had an impact.
- Some are reluctant to use services which are specifically for members of the Armed Forces, such as the Armed Forces MSK pathway or No Pain Clinic due to their experience within the Armed Forces
- Some may also be reluctant to access institutional care such as care homes and nursing homes



ETHNICALLY DIVERSE COMMUNITIES

- Gurkhas have been part of the British army for 200 years.
- Research from across the UK into the health needs of the Nepali community highlights a significant lack of awareness of how to access interpreting services amongst the community.
- Locally, it is important that professionals offer the services of a Nepalese speaking interpreter to if language is a barrier.



Sources

- Armed Forces Network (December 2023) Armed Forces Network for Sussex and Kent & Medway [NHS Sussex & NHS Kent & Medway]
- Courage for Carers (June 2023) The Veterans Mental Health & Wellbeing Service, NHS South East Region
- LGBT Veterans Independent Review (May 2023) Independent Review into the service and experience of LGBT veterans who served prior to 2000.
- The Armed Forces Covenant and Veterans Annual Report (2022) Ministry of Defence
- Protecting those who protect us: Women in the Armed Forces from Recruitment to Civilian Life (2022) House of Commons Defence Committee
- Let's Talk Crawley (2022) NHS Sussex
- Healthcare for the Armed Forces community: a forward view. From serving to civilian life: health and wellbeing for all (2021) NHS England
- Health and wellbeing support for Armed Forces families 'You said, we will do' (August 2021) NHS England

For reference [Sussex Insight Bank](#)



Armed Force Network QR code.