

Battling with combat stress

Robert Marsh explains how the charity Combat Stress works to treat and support those ex-Servicemen and women who sustain psychological injury as a result of, or exacerbated by, their Service life

Background

In response to the ever increasing demands on the UK's Armed Forces, in peace-keeping or military operations, those who serve and represent our country are primed for tasks that may involve bloodshed and loss of life. But like those who work in the emergency services, they cannot be expected to be immune from normal human responses to traumatic events.

In any armed conflict, there will be a proportion who suffer some psychological reaction to traumatic experiences. This article serves to highlight the work of Combat Stress (the Ex-Services Mental Welfare Society), a charity that exists to support and rehabilitate those suffering from the adverse psychological effects of warfare.

Combat Stress is the only charity to provide specialist help and care to ex-Service men and women who suffer from 'post traumatic stress disorder' and other psychological conditions, such as depression, caused as a result of their service.

Service and support to date

Since the foundation of the Society in 1919, we have worked with over 85,000 ex-servicemen and women, drawn from all branches and all ranks of the Royal Navy, the Army and the Royal Air Force as well as the Merchant Navy and Allied services.

The Charity has three homes serving veterans who come from all over the UK and Eire for periods of admission usually of two to three weeks at a time. We have bases in Leatherhead, Kent, Newport, Shropshire and Ayr, Scotland.

Here, in comfortable and comforting surroundings,



veterans mix with those whose own experiences are often very similar to their own. There is an immediate sense of belonging, of being among friends, because the fact is that Service life creates a bond among those who've been through it that is unique outside the immediate family. The staff too, will have developed a huge respect and a deep understanding of the ethos of duty, service and sacrifice which makes the Service person so different from their civilian counterpart and which is so important to the manner in which our veterans are cared for. In such an environment, veterans feel reassured and relaxed which, in turn, provides ideal conditions in which treatment can be carried out. Each home is fully supported by visiting consultants.



Our veterans have seen active service in every theatre of operation the British armed forces have been involved in since 1945, including peace-keeping operations, such as Korea, the Falklands War, the Balkans, Sierra Leone, Afghanistan, the Gulf War, Northern Ireland (NI) and Iraq.

In the last year alone (2005) we have received 939 new referrals overall and now have over 8,000 registered veterans, of which 80% are ex-Army. The average age of our veterans today is 44 years. Our commitment to all our veterans is for life.

As a result of the conflict and on-going operations in Iraq (see Figure 1 for breakdown of data) we are seeing an increase in the number of veterans who have been on active duty in this particular region who are now seeking our help and support. In two years the number of cases we are

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dealing with is 71. We also receive a fairly consistent but low level of enquiries from serving personnel and their families. The care of those still serving is the responsibility of the Ministry of Defence.

Bearing in mind that the average length of time between leaving Service and seeking the help of Combat Stress is approximately 12 years, it is unusual to be receiving referrals so soon after a conflict. We expect the number of Iraq War veter-

Number of Veterans		71
Average Age	31.2	years
Youngest	21.2	years
Oldest	48.6	years
Average Length of Service		7.3 years
Army	91.5%	
Royal Air Force	2.8%	
Royal Navy	1.4%	
Royal Marines	4.2%	
Merchant Navy	0.0%	

Figure 1. IRAQ Veterans currently in the care of Combat Stress

ans seeking our help to increase at a steady but low rate over many years to come. The longer our service personnel are engaged in this theatre of operations will to an extent determine the overall numbers we are likely to see.

Combat Stress has two core roles through which it delivers its services:

1. A nation-wide Welfare Operation, delivered locally through a network of Regional Welfare Officers who cover the UK and Ireland. Each Regional Welfare Officer makes home visits, a vital task to build up an understanding of particular needs. Our Welfare Officers are all ex-Service themselves with first hand experience of service life which makes them perhaps better able than most to understand the problems of the veteran.
2. Admission to one of our three short-stay Treatment Centres, located in Surrey, Shropshire and Ayrshire, is on a short-term basis for remedial treatment. Here, we provide a range of well-recognised therapies (see below). Our veterans can also learn new activities such as painting, working with wood and horticulture to help re-tune fine motor skills and concentration. In addition, we provide support to families and carers.

We are well respected by the ex-Services community and clinicians for effective service delivery. Although the primary responsibility for the care

and treatment of ex-Service men and women lies with the NHS, Combat Stress provides a continuity of support to the ex-Service community.

The following represents a snapshot of the typical experiences of veterans we have supported;

■ *An experienced NI veteran of several tours was involved in an ambush situation where he was shot through the shoulder whilst getting out of an armored car; the bullet then went on to kill his best friend. When he was lying on the ground semi conscious he was comforted by an Irish women who stroked his brow and then went on to say she hoped that he would die like that other English bastard beside him. This man, not surprisingly, developed a phobia about travelling in armoured vehicles following this. In the late 70's, the British Army's treatment for this condition was to be locked inside an armoured vehicle until you stopped screaming.*

■ *A TA soldier was, in his 'civvy', job a refrigeration engineer. He served with REME in Iraq and was asked to go and fix some large fridges on a military base. When he started working on the fridges he found them to be full of the human remains from suicide bombings, because the fridges were not working the corpses were rotting. He had the usual 21-day TA training and had never seen a corpse before.*

■ *Two very experienced ex-elite soldiers, recently working for security firms in Iraq, are now badly psychologically damaged following roadside bombings followed by ambush situations resulting in the death of colleagues.*

■ *A Falkland war vet who was shot through the head at point blank range on mount Tumbledown in an attempted execution is now an epileptic and can still feel the bullet 'spinning' in his head.*

■ *A guardsman in Bosnia who could overhear women being raped and children clubbed to death but because of the rules of engagement was ordered to take no action. He still hears the screams every night and is overwhelmed with guilt and shame.*

Trauma interventions and support

I am sure readers of *Counselling at Work* will be familiar with many of the interventions used, though possibly surprised at the widespread range of options. This, we find, helps to best meet the idiosyncratic needs of the veterans;

CBT: Cognitive behaviour therapy (trauma focused)

Cognitive behaviour therapy combines two very effective kinds of psychotherapy — cognitive

therapy and behaviour therapy.

Behaviour therapy

Helps weaken the connections between troublesome situations and habitual reactions to them. Reactions such as fear, depression or rage, and self-defeating or self-damaging behaviour. It also teaches how to calm the mind and body, to feel better, think more clearly, and make better decisions.

Cognitive therapy

Teaches how certain thinking patterns are causing symptoms — by giving a distorted picture of what's going on in a client's life, and making them feel anxious, depressed or angry for no good reason, or provoking ill-chosen actions.

Solution-Focused Therapy

Solution-focused therapy is a goal-solving approach to difficulties which concentrates more on finding effective ways to meet challenges rather than analysing all the reasons why someone is in difficulties. Solution-focused therapy is known to be an effective approach to difficulties associated with emotions and beliefs. When applied to the problems of depression and other stress-related conditions it can quickly bring tangible results.

Eye movement desensitisation reprogramming (EMDR)

EMDR is a relatively new therapy developed in the last 20 years. It is not quite known why it works but it appears to work very well particularly with veterans who have disturbing thoughts, feelings, or flashbacks that often follow a traumatic event. The treatment involves rapid eye movement, normally effected by an outside stimuli, while reflecting on the event. The procedure eliminates or lessens the negative associations of the event with the patient and has a calming, self-affirming effect.

Art therapy

This is the use of art materials for self-expression and reflection in the presence of a trained art therapist. Veterans who are referred to an art therapist need not have previous experience or skill in art, the art therapist is not primarily concerned with making an aesthetic or diagnostic assessment of the veteran's image. The overall aim of its practitioners is to enable a veteran to effect change and growth on a personal level through the use of art materials in a safe and facilitating environment.

Anger management

Anger management is a system of psychological



therapeutic techniques and exercises by which a veteran with excessive or uncontrollable anger can control or reduce the triggers, degrees, and effects of an angered emotional state.

Anxiety management

As above with anxiety being the focus of the intervention. May include relaxation techniques.

Sleep hygiene

Sleep Hygiene is a method of following conditions and practices that promote continuous and effective sleep, including regularity of bedtime and arise time; conforming time spent in bed to the time necessary for sustained and individually adequate sleep (i.e. the total sleep time sufficient to avoid sleepiness when awake); restriction of alcohol and caffeine beverages for several hours prior to bedtime; practice of exercise, nutrition, and environmental factors so that they enhance, not disturb, restful sleep.

Social skills training

A major goal of social skills training is teaching persons who may or have emotional problems about the verbal as well as nonverbal behaviours involved in social interactions. There are many people who have never been taught such interpersonal skills as making 'small talk' in social settings, or the importance of good eye contact during a conversation. In addition, many people have not learned to 'read' the many subtle cues contained in social interactions, such as how to tell when someone wants to change the topic of conversation or shift to another activity. Social skills training helps veterans to learn to interpret these and other social signals, so that they can determine how to act appropriately in the company of other people in a variety of different situations. Social Skills Training proceeds on the assumption that when people improve their social skills or change selected behaviours, they will raise their self-esteem and increase the likelihood that others will respond favourably to them. Veterans learn to change their social behaviour patterns by practicing selected

behaviours in individual or group therapy sessions. Another goal of social skills training is improving a veteran's ability to function in everyday social situations. Social skills training can help veterans to work on specific issues-for example, improving one's telephone manners-that interfere with their jobs or daily lives.

Drugs maintenance and assessment for GP's

Veterans come to us with their own medical history. During a two week stay, each of the treatment centres can help veterans conform to the medical treatment being prescribed by their own doctors. Whilst medicines cannot be dispensed by an individual treatment centre, appointments can be made with local GPs.

Physical exercise and outdoor pursuits

Exercise is well known for stimulating positive mental well being. Some of our veterans have taken part in Outdoor Pursuits weeks in the Peak District and have seen very encouraging results. The week provides the opportunity for veterans to practice team building and team working skills and for them to rediscover abilities they had forgotten as a result of their psychological trauma and damage.

Occupational and recreational therapies

Occupational therapy uses purposeful activity and meaningful occupation to help people with mental health problems and plays a key role in helping people overcome problems and gain confidence in themselves.

Recreational therapists help individuals reduce

depression, stress, and anxiety; build confidence; and socialize effectively so that they can enjoy greater independence, as well as reduce or eliminate the effects of their illness or disability. Using a variety of techniques, including arts and crafts, animals, sports, games, music, and community outings, therapists treat and maintain the physical, mental, and emotional well-being of their veterans.

And finally

The cost of providing these services is in the region of £5.8 million per year, of which £2.8 million is provided by the Ministry of Defence - the cost of treatment and travel for qualifying War Pensioners. On average, it costs £180 per client for each day of treatment/welfare support that we provide.

As a charity, we are always seeking finance to fund our efforts and we thank the many who have supported us through fundraising activities, including sponsored walks, marathons and climbs. If you would be interested in a fundraising initiative, please do get in touch. ■



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