

Naval Service Families Mental Health Survey

AUGUST 2018

Naval Families
F E D E R A T I O N

Speaking up for Naval Service families

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Introduction

1. The Naval Families Federation (NFF) conducted a survey to assist the House of Commons Defence Committee (HCDC) with Part 2 of its Mental Health and the Armed Forces Inquiry, which is into the provision of care. The survey was anonymous. It was open from 26 July to 15 August 2018. The timing of the survey period was tied to the HCDC's inquiry, and it was therefore carried out over part of the main summer leave period, which may have affected response rates. The survey was promoted through the NFF's social media channels, and was also promoted via the Royal Navy's social media and internal communications channels. Respondents were a self-selecting sample. It would be reasonable to surmise that many of the respondents chose to participate because they have a particular interest in mental health or experience of accessing support. This supposition is borne out in the qualitative responses which include personal stories and experiences. Figures have been rounded throughout.

Who responded?

2. 540 people responded to this survey. Of these:
- 54% were Regular serving members of the Royal Navy or Royal Marines whose partner is not also in the Naval Service;
 - 5% were Regular serving members of the Royal Navy or Royal Marines who are also part of a dual serving couple;
 - 22% were the civilian spouses or partners of Regular serving members of the Royal Navy or Royal Marines;
 - 8% were Royal Navy or Royal Marines veterans;
 - 2% were civilian spouses or partners of Royal Navy or Royal Marines veterans;
 - 2% were Reservists.
3. Among the remaining 7% of 'other' respondents were: parents of current Regulars; currently serving or veteran spouses of Royal Navy or Royal Marines veterans; and children of Royal Navy or Royal Marines veterans.

Where were respondents accessing healthcare?

- 4.
- 83% were accessing healthcare in England;
 - 10% were accessing healthcare in Scotland;
 - 2% were accessing healthcare in Wales;
 - <1% were accessing healthcare in Northern Ireland;

- 4% were accessing healthcare overseas.

Perceived impact of being part of an Armed Forces family on mental health

5. Respondents were asked to say what impact being part of an Armed Forces family had on their mental health, in their view. Of the 493 people who answered this question:

- 49% said it had a negative effect
- 38% said it had a neutral effect
- 13% said it had a positive effect

CURRENTLY SERVING REGULAR ROYAL NAVY AND ROYAL MARINES

Location of respondents

6. Of those who provided information about the location in which they were seeking support:

- 84% were in England
- 12% were in Scotland
- 1% were in Wales
- 4% were seeking support overseas

Impact of Service life on mental health

7. Of 291 currently serving people who expressed a view about the impact of being part of a Royal Navy or Royal Marines family on their mental health:

- 14% said it has had a positive impact on their mental health;
- The remainder were evenly split between the view that the impact is neutral (43%) and the view that Service life has a negative impact (43%) on their mental health.

8. This question was accompanied by a free text box to allow respondents to make any other comments if they so wished. 83 respondents added amplifying comments. The themes in these comments are summarised below, ranked under each heading in order of the frequency with which they were raised from the most frequent to the least:

Factors having a negative impact on mental health:

9. Service people identified the following factors as having a negative impact on their mental health:

- a) The amount and unpredictability of time spent away from family and loved ones, through deployment, weekending and other types of Service-related separation. This was by far the most common response;
- b) The stress of their job, in terms of the nature of the work itself, the workload, the operational tempo, perceived over-tasking, and the expectations of leaders;
- c) Inability to achieve an acceptable work-life balance;
- d) Unpredictability of programmes, short-notice changes and workload, making it difficult to plan ahead;
- e) Pressure to get home and help with family matters, feeling a sense of divided loyalties but lacking the ability to choose in favour of the family;
- f) Frequent location moves, reducing opportunities to settle in a community and to maintain friendships and support networks;
- g) Missing important life events for significant family members and close friends;
- h) Worries about spouses, partners and children whilst serving away from home;
- i) Feelings of guilt about not supporting a spouse or partner with childcare and fulfilling their role as a parent;
- j) Specific events during operations and deployment that have affected the person's mental health and/or resulted in a mental health diagnosis;
- k) Relationship breakdown due to prolonged and repeated separation;
- l) Concerns about children at home with additional or medical needs;
- m) Feeling under pressure from expectations and standards required on return from maternity leave, especially whilst a serving partner is absent for Service reasons;
- n) Pressure on lone and dual serving parents trying to find suitable childcare provision;
- o) Being unable to live with a co-parenting partner because of lack of entitlement to Service Family Accommodation.

Factors having a positive impact on mental health:

10. Service people identified the following factors as having a positive impact on their mental health:

- a) Team spirit and supportive colleagues;
- b) Workplaces that create an acceptable balance between work and social activity;

- c) The sense of humour of other Service people and their ability to display cheerfulness in adversity.

Accessing support

11. 37% of 293 currently serving respondents had tried to access adult mental health services. Many had accessed more than one type of provision, including assessments by Unit Medical Officers making onward referrals to a Department of Community Mental Health (DCMH).

- Almost half accessed provision through a DCMH;
- 41% had accessed support through their unit Medical Officer;
- 22% had accessed support through the NHS;
- 9% had accessed support through a charity;
- 5% had accessed support through an online support service;
- 5% had accessed support through other sources, including: Royal Navy and Royal Marines Welfare; the Naval Chaplaincy Service; private counselling; and services provided by NATO allies in their assignment area.

Waiting times for Regular currently serving members of the Royal Navy or Royal Marines

12. It was not possible to identify any particular patterns in waiting times over time from the information provided. Reported waiting times in 2017-2018 varied considerably:

- DCMH – varying timescales ranging from a same day assessment to over 1 year for treatment. One respondent commented that their initial assessment was quick, but that it took over 3 months to see a consultant psychiatrist. The treatment they received in the interim period was later shown to be inappropriate and harmful. Another was assessed a year ago as needing treatment that they have still not received, although they have been given medication as an interim measure. The assessment process for one individual was described as “completely inadequate”, with the member of staff referring to the Service person by the wrong name and Service, and making inappropriate comments about his educational background and her working conditions. It appears from responses that, once triaged, waiting times for more intensive treatment at DCMH settings may be long. In such cases there was a negative impact on the wider family unit.

- Unit Medical Officers – most serving people seeking support from a Medical Officer reported having been seen immediately, with only one respondent reporting that they received no support or treatment.
- NHS – varying timescales ranging from a same day assessment to a 10 month wait.

Other comments

13. In addition to the factors listed at paragraph 11 above, serving respondents made the following observations:

- a) Those in command do not necessarily have the training or experience to recognise work-related stress in their teams, or are so overstretched themselves that they do not have the capacity to notice;
- b) There are particular challenges for serving people undertaking individual assignments outside of Royal Navy units (eg in branches and specialisms where individuals spend protracted periods working in a 'Joint' environment). Such assignments are often intensely challenging and can involve operating outside of the usual support structures. This leaves these individuals and their families vulnerable and unsupported;
- c) Despite efforts to improve awareness and understanding, there remains a stigma at unit level about admitting to problems, because of the perceived potential negative impact on career prospects and a perception that this is a sign of weakness;
- d) This stigma is exacerbated by a sense of 'letting the side down', with individuals feeling unable to report problems because they know that their workload will fall on already overstretched colleagues;
- e) The support available was described as, *"Too slow, too underfunded, not bespoke enough, not in depth enough and not widely available."* Another respondent said of the support available, *"It is illusory. Going private seems to be the only option."*
- f) 2 respondents reported very good experiences with DCMH. One described it as a, *"Massively positive experience that changed my life and stopped me before I fell down an even deeper hole than I was already in."*

DUAL SERVING COUPLES

14. Dual serving couples (couples in which both partners are serving in the Armed Forces) were more likely to report a negative impact of Service life on mental health (52%), than neutral (44%) or positive (only 4%). This may reflect the additional challenges of sustaining a relationship and co-parenting in the context of the Naval Service.

RESERVISTS

Impact of Service life on mental health

15. Reservists expressed a slightly more positive view about the impact of being part of the Royal Navy or Royal Marines on their mental health:

- 20% said it has had a positive impact on their mental health;
- The remainder were evenly split between the view that the impact is neutral (40%) and the view that Service life has a negative impact (40%) on their mental health.

16. The question about the impact of Service life on mental health was accompanied by a free text box to allow respondents to make comments if they so wished. 7 respondents added amplifying comments. The themes in these comments are summarised below:

- a) The challenge posed by returning to working for a civilian employer who does not understand Service life;
- b) Reserve Service is a highly positive experience for the Service person that can increase resilience through exposure to challenging situations;
- c) There needs to be corresponding support at home for family members who feel abandoned and unsupported by the Armed Forces;
- d) There is always pressure to be at home as soon as possible to meet family needs and commitments;
- e) Mental health care in the Armed Forces is gradually improving from a low baseline.

CIVILIAN SPOUSES AND PARTNERS OF REGULAR SERVING MEMBERS OF THE ROYAL NAVY OR ROYAL MARINES

Location of respondents

17. Of 117 civilian spouses or partners of Regular serving members of the Royal Navy or Royal Marines who provided information about the location in which they were seeking support:

- 84% were in England
- 13% were in Scotland
- 1% were in Wales

- 1% were in Northern Ireland
- 2% were seeking support overseas

Impact of Service life on mental health

18. Of 114 civilian spouses or partners of Regular serving members of the Royal Navy or Royal Marines who expressed a view about the impact of being part of a Naval Service family on their mental health:

- 1% said it has had a positive impact on their mental health;
- 34% said the impact was neutral;
- 65% said the impact was negative.

Factors identified as having a negative impact on mental health

19. Civilian spouses and partners identified the following factors as having a negative impact on their mental health:

- a) The amount and unpredictability of time spent away from their serving partner, through deployment, weekending and other types of Service-related separation;
- b) The amount of stress experienced by their serving partner, resulting from a high workload and the requirement for the needs of the Service to be prioritised over the needs of the family;
- c) Lack of control over one's own life and the inability to plan ahead;
- d) Serving people's inability to 'shut off' from work when at home;
- e) Serving people being emotional unavailable when at home, as a result of a diagnosed mental health condition, work-related stress, or a lack of communication skills;
- f) Inability to share childcare responsibilities with a serving partner, leading to reduced employment opportunities and lower self-esteem;
- g) Worries about the safety of the serving person during deployment.

20. 54% of the 114 civilian spouses or partners who responded had tried to access support through adult mental health services for themselves or for their serving partner, and many had accessed more than one type of provision.

- 89% accessed support through the NHS
- 18% accessed support through a charity
- 9% accessed support through an online support service
- 8% accessed support through a DCMH

- 5% accessed support through a unit Medical Officer

NHS support

21. Of those who had sought support through the NHS:

- 41% said that the GP or other NHS medical professional was sufficiently understanding of their circumstances as part of an Armed Forces family;
- 58% said that the GP or other NHS medical professional was not sufficiently understanding of their circumstances as part of an Armed Forces family. It was reported that NHS staff did not register that this had any relevance.

Medical records for spouses and partners

22. 33% of those seeking NHS help were sure that they were recorded as being part of an Armed Forces family. The remainder either did not know (41%), or said that they were not recorded as a member of an Armed Forces family (25%).

Transferring support between areas on moving assignment or relocating

23. Of those respondents who had attempted to transfer their support to another geographic area on relocation, 57% (46 people) had experienced difficulties. Spouses and partners reported being moved to the back of the waiting list on relocation.

Satisfaction with support offered by NHS services

24. 62% of civilian spouses and partners said that they felt well supported by NHS services.

Other comments

25. In addition to the factors listed at paragraph 20 above, spouses and partners made the following observations:

- a) Moving locations meant that partners had to explain their mental health over and over again. It was felt that no one understood, as they had never experienced Armed Forces life. For some spouses and partners this was a barrier to seeking support;
- b) Waiting lists for counselling are long, and only limited sessions are available. It is necessary to pay for private therapy for complex needs, which is unaffordable;

- c) Medication is the only option offered or available;
- d) There is little support for low to medium needs. Support is only offered at times of crisis;
- e) There is insufficient support for family members living with serving people with PTSD;
- f) There is little support for families living at a distance from Naval Bases or establishments;
- g) Welfare support can have a positive impact in enabling partners to access support quickly;
- h) Difficulty accessing childcare, as a result of social isolation through mobility/relocation, is a barrier to attending appointments;
- i) The support offered in Scotland was considered to be superior to that experienced in England by one respondent who had experienced both systems.

CHILDREN AND YOUNG PEOPLE

Impact of being part of an Armed Forces family on children and young people's wellbeing

26. Respondents were asked to comment on what they considered to be the impact of being part of an Armed Forces family on their children and young people's mental health.

27. Of the 278 people who answered this question and who have children:

- 56% said it had a negative effect
- 35% said it had a neutral effect
- 9% said it had a positive effect

28. This question was accompanied by a free text box to allow respondents to make any other comments if they wished. 111 respondents added amplifying comments. The themes in these comments are summarised below, ranked under each heading in order of the frequency with which they were raised from the most frequent to the least:

Negative effects on children and young people's wellbeing

29. Respondents identified the following negative effects on children and young people:

- a) Extended, unpredictable and disruptive periods of separation from the serving parent due to deployment, weekending or other Service commitments, leading to emotional difficulties, anxiety, and behavioural difficulties for the child;
- b) Children experiencing anxiety about the safety of their serving parent, both during operational deployment and during other types of absence;
- c) Difficulty sustaining close relationships between the serving person and their child (breakdown in communication, child feeling unloved, lack of a male role model to help boys to learn to express emotions constructively);
- d) Increased difficulties with parental separation as children get older and have experienced repeated parental absences;
- e) Children needing support from Child and Adolescent Mental Health Services for a variety of issues including eating disorders, self-harm, attachment issues, depression, and anxiety;
- f) The impact of serving people's ill health on their children, for children whose parents have PTSD, anxiety, depression or physical injuries. Children acting as Young Carers for serving people, their spouse or partner, or for veterans;
- g) Frequent moves and difficulties making and maintaining friendships;
- h) Civilian spouses and partners having to work extra hard to mitigate parental absence by being more available and engaged with their children, impacting their availability for employment;
- i) Distress caused to serving parents and children when young children do not recognize their parent after a long absence;
- j) Some respondents felt that their child's mental health difficulties were clearly attributable to being part of an Armed Forces family. Others felt that it is difficult to say to what extent being part of an Armed Forces family was a factor, but they felt it had contributed to difficulties, as their children faced additional challenges to those experienced by the general population.

Positive effects on children and young people's wellbeing

30. In the responses that identified positive effects of being part of an Armed Forces family, the following themes emerged:

- a) A small number of respondents said that their children were more resilient as a result of being part of an Armed Forces family. This was attributed to having to shoulder more responsibility and to experiencing frequent change.
- b) Some proactive schools were identified as playing a significant positive role in supporting children through times of parental absence, mobility and other changes.

- c) A number of respondents felt that the effects were mixed, with both positive and negative impacts on mental health.

Accessing mental health services for children and young people

31. 11% of respondents had sought help from mental health services for a child or young person in their family.
32. Of these respondents:
- 55% sought help through a GP
 - 49% sought help through their child's school or college
 - 37% of respondents received a referral to CAMHS for their child or young person
 - 14% received support through a charity
 - A small number of respondents received support privately, through online services, or through Service welfare.

Waiting times for support

33. Reported waiting times varied between those who received immediate help and those who were still waiting after more than 6 months.

Satisfaction with support offered

34. 60% of respondents were satisfied with the support offered. The remaining 40% were not satisfied.
35. Of those who had sought support for a child or young person through the NHS:
- 31% said that the GP or other NHS medical professional was sufficiently understanding of their circumstances as part of an Armed Forces family;
 - 69% said that the GP or other NHS medical professional was not sufficiently understanding of their circumstances as part of an Armed Forces family.

Medical records for children and young people from Royal Navy and Royal Marines families

36. Only 16% of those seeking NHS help were certain that their child was recorded as being part of an Armed Forces family. The remainder either did not know (63%) or said that their child was not recorded as a member of an Armed Forces family (20%).

37. The lack of data collection means that it is not possible to measure mental health outcomes for children from Armed Forces families, which in turn has implications for the provision of appropriate services.

Transferring support between areas on moving assignment/relocating

38. 24% of respondents said that they had experienced difficulties transferring mental health support for a child or young person when moving home on assignment.

Other comments

39. In addition to the factors listed at paragraphs 29 and 30 above, respondents made the following observations:

- a) Children and young people are not identified as being part of an Armed Forces family, and therefore the right questions are not asked to establish the issues involved. A child could have a parent with a life-changing injury, or who is deployed on combat operations, and this would not necessarily be picked up on assessment. Children from Armed Forces families tend to regard their lifestyle as 'normal' and therefore do not raise issues that are potentially significant for their mental health;
- b) There is insufficient support for children who self-harm;
- c) There is insufficient information about where to go for support for children. It is unclear what the offer is for children and young people from Service welfare support or from the charity sector;
- d) There is a lack of understanding among practitioners of issues related to military service. For example, support offered for anxiety for one child was centred on schoolwork only, when this was not the difficulty, leading to the child declining to participate;
- e) Appropriate support in schools where there was good awareness of the Armed Forces had positive outcomes;
- f) The tone of the comments was summed up by one respondent who said, *"I think mental health care provision for children is poor. No one cares whether you are from a military family. You can't even get any support, never mind support that takes into account whether you are from a military family."*

RECENT SERVICE LEAVERS

Experiences of recent Service leavers

40. Recent Service leavers were asked whether they had any comments they would like to make about accessing mental health care. The following themes were identified:

- a) Lack of understanding in the NHS of Service life;
- b) Difficulty accessing support from the NHS compared to within the Armed Forces;
- c) Medical records taking too much time to catch up, if they catch up at all;
- d) Lack of provision of information about how to access mental health support on leaving the Service. Lack of knowledge of how the NHS system works;
- e) Need for provision of information about additional support that is available from Service charities;
- f) Veterans ceasing to access mental health support for ongoing issues on leaving the Service;
- g) Care package being transferred to the NHS very late before transition out of the Service, resulting in delay in accessing support;
- h) Mixed views on the quality of care provided, both in Service and via the NHS;
- i) Positive example of a care package transferring seamlessly to civilian life;
- j) Difficulties accessing diagnosis and support for adult autism in the NHS;
- k) Support from the NHS is dependent on post code.

Experiences of family members of recent Service leavers

41. Family members of recent Service leavers were asked whether they had any comments they would like to make about their experiences. The following themes were identified:

- a) The need for better information, signposting and support during the transition out of the Armed Forces, particularly for those who are being medically discharged;
- b) Those who have served in the Armed Forces for long periods of time often find the adjustment to civilian life extremely challenging for a variety of reasons including:
 - Loss of identity;
 - Lack of understanding of how to access support in the civilian system;
 - Lack of understanding of Service life within the civilian population;
- c) Issues associated with the process of medical discharge, in particular completion of paperwork by medical staff at an appropriate level, resulting in additional uncertainty and a delayed discharge date;
- d) Positive experiences of Service people who had found appropriate support from local services, charities and the NHS. These positive experiences were

- characterised by service providers who demonstrated a good understanding of Service life;
- e) The emotional, practical and financial burden placed on family members to support Service leavers with severe Service-related mental health issues, especially when facing a long waiting list for help.

NAVAL SERVICE FAMILIES MENTAL HEALTH SURVEY 2018

For further information about this survey and about our work, visit our website: <https://nff.org.uk/>



Registered charity in England and Wales 1177107

Rooms 1 & 2, Building 25, HMS Excellent, Portsmouth, PO2 8ER

Tel: 023 9265 4374

Email: contactus@nff.org.uk