MENTAL HEALTH AND WELLBEING BRIEFING BEFORE DURING AND AFTER DEPLOYMENT

Introduction

1. Service personnel undertaking operational deployment may experience events which may adversely affect their mental health, the chief cause of which is involvement in heavy combat particularly involving the death of colleagues and friends. As a result there is a requirement to provide deployment-related mental health and wellbeing briefings as part of the deployment process. The objective of such briefings is to provide sufficient information about deployment related mental ill-health to allow individuals, peers and family members to take sensible steps to avoid mental ill-health (PREVENT), to recognise early signs of mental ill-health (DETECT) and to facilitate help-seeking from the right source at the right time (TREAT).

Aim

2. The aims of this policy are to:

a. Provide overarching direction on the provision of deployment-related mental health and wellbeing briefings.

b. Advise personnel who deliver these briefings on the procedures to be used when preparing personnel for deployment.

c. Assist commanders in discharging their responsibility to provide such briefings for personnel both prior to and on return from deployment as well as in the 12 week normalisation period following the return home.

Scope

3. This policy relates to all personnel who are due to deploy or have recently returned from operational deployment, including regular and reserve UK Armed Forces (AFs), MOD civilians and their families. Policy is also provided on the MOD's responsibilities to ex-Service personnel.

Background

4. Although Post Traumatic Stress Disorder (PTSD) affects around 4% of deployed personnel, the rate is higher in the combat arms (7%)[1]. Common mental health disorders such as depression and anxiety affect approximately 20% of personnel; alcohol misuse occurs in around 13% of personnel overall, although it affects a greater number of combat arm personnel, who have deployed (23%). It is important to appreciate that virtually any psychiatric condition can occur in response to deployment and mental ill-health can also affect non-deployed personnel.

5. Mental health screening is often suggested as a method of preventing or detecting mental ill-health; however, emerging research suggests that mental health screening among UK Service personnel is wholly ineffective whether it be conducted pre-deployment[2] or following deployment[3]. Furthermore, help-seeking is not improved by participation in screening[4]. Given that prevention, detection and treatment by this means is not feasible, other methods to achieve these effects are therefore required.

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[1] Fear, N. T., Jones, M., Murphy, D., Hull, L., Iversen, A. C., Coker, B., Machell, L., Sundin, J., Woodhead, C., Jones, N., & Greenberg, N. (2010). What are the consequences of deployment to Iraq and Afghanistan on the mental health of the UK armed forces? A cohort study. *The Lancet*, 375(9728), 1783-1797.

[2] Rona, R., Jones, M., Hooper, R., Hull, L., Browne, T., Horn, O., Murphy, D., Hotopf, M., & Wessely, S. (2006). Mental health screening in Armed Forces before the Iraq war and prevention of subsequent psychological morbidity: follow-up study. *British Medical Journal*, 333, 991-995.

[3] Rona, R J., Burdett, H., Khondoker, M., Chesnokov, M., Green, K., Pernet, D., Jones, N., Greenberg, N., Wessely, S. & Fear, N T. (2016). The effectiveness of post-deployment screening for mental disorders in the UK military: A cluster randomised controlled trial. *The Lancet.* (In Press)

[4] Burdett, H., Rona, R J., Fear, N T. Jones, N., Khondoker, M., Chesnokov, M., & Wessely, S. (2016). The effect of post-deployment screening for mental disorders on help-seeking in the UK military: A cluster randomized controlled trial. *Lancet Psychiatry* (In press).

6. Educational briefings are often termed 'stress management training' (SMT). This is a misleading term; although education is a component of SMT, the whole SMT process is far more complex. The education component of SMT frequently takes place in isolation with little or no active participation or confirmation that skills have been acquired. Acquiring stress management skills is the key to a successful SMT outcome[5,6]. SMT does however have limitations; in a Survival Evasion Resistance and Extraction context, skills based stress management training was found to be no better than routine training alone[7.] Using educational briefing has some advantages; it can engage large numbers of personnel simultaneously and is therefore efficient; it is largely passive for the recipient and requires minimal time commitment on the part of the trainer. There is some evidence that alcohol binge drinking may be reduced through interactive briefing (BATTLEMIND Training)[8,9] and a positive effect upon PTSD symptoms has been reported for this approach among heavily combat-exposed US personnel[10]. In general, most briefings have a greater effect when the briefer engages and interacts with recipients; this is a key feature of BATTLEMIND training.

7. Among deployed UK AF personnel, receipt of pre-deployment educational briefing had mental health benefits for those experiencing higher levels of combat[11] while non-receipt of a post-deployment educational brief was associated with poorer mental health[12]. While there is evidence to suggest that educational briefing has some benefit, it is important that personnel delivering educational briefing understand the limitations of adopting such an approach so that they do not promote unrealistic expectations; indeed, some studies suggest that pre-operational educational briefing may have little or no positive effect[13].

8. Educational briefings may have some limited benefit particularly for combat exposed personnel and may help to reduce binge drinking; however, briefing alone is probably insufficient to adequately maintain mental health in the longer-term and more prolonged practice, immersion and follow-up training is needed to ensure that stress management skills are acquired and maintained[14].

9. Despite limited research evidence regarding the usefulness of educational briefing in managing mental ill-health, there may be some benefit in offering advice about self-management, to provide sufficient practical information to assist in the detection of mental ill-health, following operational deployment and to suggest potential sources of help and support for persistent problems.

10. Given the emerging knowledge about the role of briefing in the management of deployment-related mental health and wellbeing, the extant JSP 950 has been revised. This leaflet supersedes JSP 950 Leaflet 2-7-1 Prevention and Management of Traumatic Stress Related Disorders in Armed Forces Personnel Deployed on Operations Version 1.0 dated 19 Oct 2010 which is now cancelled.

Procedures

11. Extant operational stress management procedures[15] adopt a six step approach from recruit

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[5] Meichenbaum, D. (2007). Stress inoculation training: A preventative and treatment approach. Principles and Practice of Stress Management, 3, 497-518.
[6] Rose, R.D., Buckey Jr, J.C., Zbozinek, T.D., Motivala, S.J., Glenn, D.E., Cartreine, J.A., & Craske, M.G. (2012). A Randomized Controlled Trial of a Self-Guided, Multimedia, Stress Management and Resilience Training Program. *Behaviour Research and Therapy*, 51(2), 106-112.
[7] Taylor, M.K., Stanfill, K.E., Padilla, G.A., Markham, A.E., Ward, M.D., Koehler, M.M., & Adams, B.D. (2011). Effect of Psychological Skills Training During Military Survival School: A Randomized, Controlled Field Study. *Military Medicine*, 176(12), 1362-1368.
[8] Deahl, M., Srinivasan, M., Jones, N., Thomas, J., Neblett, C., & Jolly, A. (2002). Preventing psychological trauma in soldiers : the role of operational stress training and psychological debriefing. *British Journal of Medical Psychology*, 73, 77–85.
[9] Mulligan, K., Fear, N.T., Jones, N., Alvarez, H., Hull, L., Naumann, U., Wessely, S. & Greenberg, N. (2012). Postdeployment battlemind training for the UK. Armed Forces: a cluster randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 80(3), 331-341.
[10] Adler, A.B., Bliese, P.D., McGurk, D., Hoge, C.W., & Castro, C.A. (2009). Battlemind debriefing and Battlemind training as early interventions with soldiers returning from Iraq: randomization by platoon. *Journal of Consulting and Clinical Psychology*, 77, 928–940.
[11] Mulligan, K., Jones, N., Woodhead, C., Davies, M., Wessely, S., & Greenberg, N. (2010). Mental health of UK military personnel while on deployment in Iraq. *The British Journal of Psychiatry*, 197(5), 405-410.
[12] Iversen, A.C., Fear, N.T., Ehlers, A., Hughes, J.H., Hull, L., Earnshaw, M., Greenberg, N., Rona, R., Wessely, S. & Hotopf, M. (2008). Risk factors for post-traumatic stress disorder among UK Armed Forces personnel. *Psychological Medicine*, 38(04), 511-522.
[13] Sharpley, J. G., Fear, N. T., Greenberg, N., Jones, M., & Wessely, S. (2008). Pre-deployment stress briefing: does it have an effect?. *Occupational Medicine*, 58(1), 30-34.
[14] Bouchard, S., Guitard, T., Laforest, M., Dumoulin, S., Boulanger, J., & Bernier, F. (2011). The potential of stress management training as a coping strategy for stressors experienced in theater of operation: A systematic review. Post Traumatic Stress Disorders in a Global Context. Rijeka (Croatia): InTech, 271-286.
[15] SPEG19/04 Overarching Review of Operational Stress Management-Phase 1.

training through to eventual discharge from service. Education about mental health and wellbeing can be undertaken at any stage of the service career, although milestones which mark career transition points represent a logical time to undertake such activity. Three such stages are (1) recruit training, (2) in-service career development and promotion courses and (3) discharge from service[16]. The remaining three stages are linked to deployment and include (4) pre-deployment training, (5) operational deployment and (6) post-operational recovery.

Operational Deployment

Pre-deployment

12. Given that some research evidence suggests that pre-operational briefing may have limited benefit (PREVENT), all deploying personnel are to receive a presentation on mental ill-health prior to deployment. The aim of such a presentation is to communicate to personnel and commanders at all levels the importance of recognising mental ill-health in individuals (DETECT) and how to signpost those who fail to respond to sensible and practical management to effective sources of help (TREAT). The content of such briefings will differ according to the type of deployment but areas to be covered might include any or all of the following:

a. A brief overview of common ways in which mental ill-health may present.

b. A brief overview of simple management techniques. This should be limited to healthy lifestyle advice, the importance of engaging with colleagues, friends and family, minimising alcohol use and not using other substances.

c. At present, there is no single method for preventing mental ill-health. The key to successful management is the early recognition of persistent symptoms and encouraging the affected person to seek help from a mental health practitioner.

d. Research suggests that certain deployment events may give rise to greater levels of mental ill-health and this should be addressed during pre-deployment briefing. Important events to address include; death of friends and colleagues[17], being wounded[18], dealing with catastrophic injury and human remains[19] and engagement in heavy or prolonged combat[20].

13. Although educational briefing is often undertaken by suitably qualified and experienced members of the chain of command, members of medical or welfare support teams may be best placed to advise about content or even deliver the briefing. It is often helpful for deploying personnel to have visibility of the deploying mental health personnel who can say a brief word about mental health services available in theatre. A verbal presentation is to take place with time available for questions and answers; written material may be used to emphasise key points. It should be noted that the provision of written educational material alone may have equivocal[21] or even negative effects[22]. It is therefore important to consider the provision of leaflets carefully and it is best to simply provide a 'signposting' leaflet detailing sources of effective help.

14. All briefings should emphasise that most personnel remain mentally healthy despite the rigours of Service life; however, it is important that those who experience mental health and wellbeing problems are supported by friends, family and peers and are assisted in seeking help if their

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[16] SPEG 12/05 Overarching Review of Operational Stress Management-Phase 2.
[17] Pivar, I. L., & Field, N. P. (2004). Unresolved grief in combat veterans with PTSD. Journal of anxiety disorders, 18(6), 745-755.
[18] Bryant, R. A., O'donnell, M. L., Creamer, M., McFarlane, A. C., Clark, C. R., & Silove, D. (2010). The psychiatric sequelae of traumatic injury. American Journal of Psychiatry, 167(3), 312-320.
[19] Pietrzak, E., Pullman, S., Cotea, C., & Nasveld, P. 92010). Effects of deployment on mental health in modern military forces: A review of longitudinal studies [online]. Journal of Military and Veterans Health, 20(3), 24-36.
[20] Rona, R.J., Hooper, R., Jones, M., Iversen, A.C., Hull, L., Murphy, D., Hotopf, M.& Wessely, S. (2009). The contribution of prior psychological symptoms and combat exposure to post Iraq deployment mental health in the UK military. Journal of traumatic stress, 22(1), 11-19.
[21] Scholes C., Turpin, G., & Mason, S. (2007). A randomised controlled trial to assess the effectiveness of providing self-help information to people with symptoms of acute stress disorder following a traumatic injury. *Behaviour Research and Therapy*, 45, 2527–2536.
[22] Turpin, G., Downs., M. & Mason, S. (2005). Effectiveness of providing self-help information following acute traumatic injury: randomized controlled trial. *British Journal of Psychiatry*, 187, 76-82.

problems persist.

Deployment

15. The medical component of the ORBAT of most deployments will include mental health practitioners. These specialist personnel offer a liaison service to unit medical officers and commanders and can assess and manage Service personnel with suspected mental health problems often without recourse to evacuation to the home base. In theatre referrals are generally made via the unit medical officer, however, recent evidence suggests that self-referral is a safe and appropriate method of accessing mental health services and should be encouraged[23]. It is probably helpful for a member of the Field Mental Health Team to speak briefly about their role and available services during the Reception, Staging, Onward Movement and Integration period.

Return from Deployment

16. Prior to returning from deployment, personnel will be given a presentation covering much of the ground that was included in the pre-deployment briefing. This is generally delivered during decompression and there is some evidence that this activity may promote better mental health for some but not all personnel[24]. The final content of the briefing will be deployment specific but should cover some or all of the issues described above with additional advice on reuniting with family and friends, risk taking, and where appropriate, grief and loss. There is some limited evidence that the use of educational material such as the 'Grim Reaper' post-operational driving video may have a positive effect upon risky driving[25] and the inclusion of deployment-specific materials may therefore be worthwhile.

Service Families

17. Families in the home base will be offered a presentation by the chain of command covering the nature of mental ill-health, how it might be present in the Service person and the importance of encouraging personnel to seek help if mental health problems persist. All intimate partners should be advised that they can also be affected by deployment stress and their partner's mental ill-health should it occur. The key aim of this activity is to facilitate timely referral for those who experience persistent mental ill-health, be they family members or the affected Service person.

Deployed MOD Civilian Staff

18. The training requirements for MOD civilians deployed in support of operations are an issue for the Personnel Director, but the content of educational briefs will not differ from that delivered to UK AF personnel.

Longer Term Detection

19. The detection of longer-term consequences arising from mental ill-health remains the responsibility of the individual Service person, commanders, colleagues and family members. Persistent changes in mood, behaviour, greater alcohol use and impaired work performance may indicate that a person is becoming mentally unwell. The affected individual should be encouraged to seek advice from the unit medical or welfare officer in the first instance. Specialist advice from Defence Mental Health Service personnel should be sought if the Service person does not respond to primary care management. This may result in a formal referral for mental health assessment. When Service personnel with a history of recent operational deployment present at routine, periodic and special medical examinations, medical officers are to ask about any lingering effects of mental ill-health. Such problems are to be recorded on the F Med 143.

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[23] Kennedy, I., Whybrow, D., Jones, N., Sharpley, J., & Greenberg, N. (2016). A service evaluation of self-referral to military mental health teams. *Occupational Medicine*, kqw044.
[24] Jones, N., Jones, M., Fear, N. T., Fertout, M., Wessely, S., & Greenberg, N. (2013). Can mental health and readjustment be improved in UK military personnel by a brief period of structured postdeployment rest (third location decompression)?. *Occupational and Environmental Medicine*, oemed-2012.
[25] Sheriff, R. J. S., Forbes, H. J., Wessely, S. C., Greenberg, N., Jones, N., Fertout, M., & Fear, N. T. (2015). Risky driving among UK regular armed forces personnel: changes over time. *BMJ open*, 5(9), e008434.

20. At the release medical examination, the structured mental health assessment procedure, as outlined in JSP 950 Leaflet 2-7-5, must be followed and the results recorded in the routine summary of Service medical history; details of any treatment for deployment-related mental ill-health are to be recorded on the F Med 133, as outlined in JSP 950 Leaflet 1-2-1. A copy of this form will be given to the individual for onward transmission to his or her NHS General Practitioner (GP) for continuity of the clinical record.

Ex-Service Personnel (including Reserves)

21. The Defence Mental Health Services currently have no remit to offer assessment or treatment to ex-Service personnel; however, when treatment for a psychiatric condition is started prior to termination of Service, contact can be maintained post-discharge until the course of treatment is complete. Ex-Service personnel have veteran status and are granted priority for treatment within the NHS. They should alert their GP to their veteran status at the earliest opportunity. Some ex-Service personnel are eligible for assessment under the provision of the Veterans and Reserves Mental Health Programme[26]. Veteran's charities also provide care for ex-Service personnel; the Royal British Legion[27] and the veterans mental health charity 'Combat Stress'[28] are recommended as first points of contact within the third sector.

Research

22. Research into mental ill-health is ongoing and is coordinated by the Academic Department of Military Mental Health (ADMMH). New research proposals require ethical approval[29] before they are conducted and to avoid duplication of effort, all research should be coordinated through the Defence Medical Services Research Advisory Group. The publication, where possible, of high quality studies will assist in ensuring that future developments in the management of mental ill health are evidence based, properly evaluated and responsive to the principles of clinical governance. The ADMMH are to be consulted when this leaflet is reviewed so that up to date research outcomes can be accounted for.

[26] https://www.gov.uk/guidance/support-for-war-veterans. Accessed 24 May 16.
[27] 8am to 8pm helpline: 0808 802 8080.
[28] 24 hour helpline: 0800 138 1619.
[29] JSP 536 Ethical Conduct and Scrutiny in MOD Research Involving Human Participants.