

Information for Carers of Veterans using the Service

An NHS service delivered by Camden and Islington NHS Foundation Trust
in collaboration with Barnet Enfield and Haringey NHS Foundation Trust
and Oxleas NHS Foundation Trust



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01

Introduction

Dealing with mental health difficulties following military service can be complex and challenging for all those involved. It is not just the person who is directly suffering with the problems who may struggle, the family and friends who care for them can face challenges too.

In this booklet, we use the word 'carer' to describe anyone who provides support for a veteran with mental health difficulties. This can be a husband, wife, parent, son, daughter, or any other relative, or perhaps a friend or colleague. We use the word 'veteran' to describe anyone who has served in the military forces, including reservists who are not mobilised.

Being a carer for a veteran with mental health difficulties is a complex role, and there are different areas which can raise difficulties for you.

The booklet has been written with the aim of providing useful information and support for carers across all these areas.

We hope this guidance will help reduce the stress and strain that can be associated with caring for someone with mental health difficulties.

Note: We also recognise that carers of ex-military personnel who have suffered physical injury may experience distress and feel much strain too. Whilst our service is mainly focused on mental health support and this booklet is primarily written for those caring for veterans with mental health issues, some of the material still applies. If you are a carer in either situation, please feel able to contact our service for further support.



Supporting
the veterans
with their
challenges

The impact of
the veteran's
challenges
on you

How your
relationship
is doing

How you are
doing overall

Carer's Story

We have been married for 29 years.

It is hard because I have to deal with Tom. At times our marriage was hanging by a thread, and so many times I could have just taken the kids and left, but something was always holding me back. Obviously I love him, and we have always been able to talk, but when his PTSD was at its height, and when it really crashed, it was just a nightmare.

For example, when the children became teenagers, and when we had to start letting them out – that was a nightmare. Tom had been in the army and in the police service, and having seen what he had seen, having seen so much trauma, he thinks about security in a different way. The kids would want to go out all the time, or they would go out at night time. We also found out that they would sometimes be at one place when they said they would be somewhere else. They were just kids being kids, but Tom would be very protective, and he would come down really tough on them.

Tom's security was over the top. He puts locks on every door. We have locks on every door upstairs, and when we go out every door of every room had to be locked.

To go shopping with Tom is also a nightmare. In one of the more stressful moments, I would go into a shopping centre, come down the escalator and out of the car park, while Tom would be hypervigilant and say there are too many people. At times I would forget about his PTSD, expecting to do my normal shopping, and Tom would sit in the car telling me there are too many people. So I have to say, okay, let me go to this certain shop and that certain shop, and then we go home. We do not go shopping like normal people.

If we go to a restaurant, it was not where the waiter wants us to sit. As soon as Tom walks through that door, he has scanned through the restaurant, and he knows where the exit is and where the bathroom is. Tom would specify which table he wants to sit at, and if we couldn't have that table, we would go. We didn't live like normal people.

I think knowing what PTSD is makes a world of difference. People do not understand what it is like. I run a nail salon, and Tom used to sweep the floor and make tea. In the past he would sometimes be cranky and would only stay at the back smoking. My clients would ask if Tom was having one of his turns, and I would explain to my clients about PTSD. It was like educating them.

Since then, Tom had received help from the Veterans' Mental Health and Wellbeing Service, the Royal British Legion and Combat Stress. He received treatment and joined a few short programmes for veterans, where he got to meet and talk to other veterans. Tom had participated in more activities, and instead of "this cranky, messed-up, damaged individual", Tom felt that more of the old him had been coming back to him - a proudman with a great sense of humour.

02

Supporting Veterans with their challenges

Dealing with the Veterans' needs

We have found that learning more about the symptoms experienced by the person you are caring for can help. This may help by simply knowing what to expect of them or by being able to recognise behaviours that are symptoms of psychological health issues. It can also help you understand what options there are for treatment and support.

We have organised this section into the different psychological diagnoses that people may have, although in reality it is not uncommon for people to experience symptoms in several different areas.



PTSD

PTSD stands for Post-Traumatic Stress Disorder. Research tells us that around 4% of ex-military personnel suffer from symptoms of PTSD. Having a combat role increases the risk and there are particular difficulties for deployed reserves. But it is also not just about combat. Any occupational group can be traumatised due to various events - think of accidents on a building site or journalists witnessing events, for example - and this is true too for serving personnel.

Immediately following traumatic events some of the symptoms of PTSD can occur for most people and this is a normal reaction to the events. As weeks and months pass fewer people still have the symptoms. It is PTSD when those symptoms keep on going and interfere with everyday life.

Someone with PTSD symptoms will experience some or all of the following:

- Re-experiencing the trauma

This may consist of vivid flashbacks of the event or nightmares about it, or perhaps intrusive thoughts about the event. These can lead to intense physical or emotional reactions, such as sweating, heart racing or severe distress.

- Avoiding reminders of the trauma

The person may avoid any reminders of the trauma, this can take the shape of avoiding people, places, or anything else related, be it smells, sounds, tastes or sights. They may also avoid anything related to the trauma in their mind, meaning they try to push away the memories or are even unable to recall aspects of a traumatic event. This can lead to avoiding thinking or talking at all, and detaching from the world.

- Increased anxiety and negative mood

This can manifest in many ways, perhaps one of the most common is 'hyper-vigilance' which means being constantly on guard and as a result being easily startled. Being irritable or having sudden angry outbursts can also be part of this, as well as finding it hard to concentrate or having trouble falling asleep. Being very low or emotionally numb is often experienced too.

The symptoms of PTSD are caused by the way a trauma is processed and stored in the memory. Think of it as a library, where books are memories. Normal, non-traumatic memories are stored lined up in order on the shelves. Trauma memories are processed differently, because at the time we are normally extremely scared, having other extremely strong emotions (e.g. guilt or anger), or sometimes dissociated (emotionally detached or numb) so these memories are "shoved" into a temporary store - it is as if the brain has too much to process, but knows it is important, so it puts it aside to be more fully processed later, and they are not accessed in the normal way. As they are not stored in the normal way, they can cause troubling symptoms like flashbacks and then, in turn, avoiding things and anxiety. The books, stuffed into a cupboard in a hurry, start to spill out again. This can also be caused or made worse by negative beliefs surrounding the trauma memory, for example "as it happened before, it could happen again at any time" or "if I am reminded of the event in any way, I will not be able to cope". All these things maintain the sense of current threat.

There are several types of trauma-focused therapies that aim to process the memories of the trauma so they become integrated into normal memories (putting the books in line on the shelf) and also address any negative beliefs surrounding the trauma. This will reduce the symptoms associated with PTSD.

Depression and Anxiety

Depression and anxiety are amongst some of the most common mental health problems in the general population and in veterans.

Feeling sadness or worry can be a normal way of reacting to various things that happen in life, and leaving the forces or experiencing a traumatic event can be a big part of this. It is when these feelings last a long time, or become very extreme and start interfering with daily life, that they become a problem. Research tells us that around 20% of ex-military personnel experience symptoms of depression and anxiety that cross that threshold, a similar rate to the general population.

There are lots of different symptoms someone with depression may experience. Here are some of the most common ones that are found in a diagnosis of depression:

- Losing interest in day-to-day activities, not getting pleasure from things
- A change of mood from a person's 'normal', such as more irritable or more impatient than normal
- Feeling very negative or low
- Change in sleep pattern - either sleeping a lot or not able to sleep
- Feeling very tired and having no energy
- Finding it very hard to concentrate
- Feeling guilty or worthless

There are several diagnoses someone who has anxiety may have. Generalised Anxiety Disorder characterised by severe worry and tension and Panic Disorder are two common ones, and there are obsessions and compulsions, social anxieties, health anxieties and other forms of anxiety too. Anxiety can also involve a range of symptoms, both psychological and physical:

- A sense of dread or belief that something bad may happen
- Restlessness and feeling constantly on edge
- Lack of concentration
- Irritability
- Sweating, heart palpitations or rapid breathing
- Insomnia or extreme tiredness

There are a range of treatments for anxiety and depression. This may be medication to reduce the symptoms or talking therapies such as cognitive behavioural therapy. Techniques such as relaxation or mindfulness can also be learnt to reduce some of the symptoms.

Alcohol and Drug misuse

Alcohol and drug misuse is sometimes seen alongside other mental health problems. Research tells us that this is probably one of the biggest problems ex-military personnel experience, with over 20% reporting that their alcohol use is at a harmful level. This is higher than in the general population and could be because alcohol is sometimes used as a bonding or coping mechanism in the military.

People sometimes use alcohol or other drugs to cope with their distressing symptoms. It can have a numbing effect in the short-term, but often leads to greater problems in the longer-term. It can lead to avoiding dealing with other symptoms, or make people feel even more depressed or aggressive.

Getting stuck in a cycle of using alcohol and drugs to numb increasingly severe symptoms can be very harmful to the individual themselves and relationships with those around them. There can also be financial and legal risks involved, which may have a negative effect on their lives.

As alcohol is legal, easily available and often socially accepted or encouraged, it can sometimes be difficult to understand when it becomes a problem. In general, someone has a severe problem if they answer yes to two or more of these questions:

1. Have you ever felt you needed to cut down on your drinking?
2. Have people annoyed you by criticising your drinking?
3. Have you ever felt guilty about drinking?
4. Have you ever felt you needed a drink first thing in the morning to steady your nerves or to get rid of a hangover?

There are services available privately or through the NHS to help people stop or cut down drinking or taking drugs. Your GP will be able to help you access services that are local to you, which may be NHS, privately run or charity services. If someone drinks a very large amount and is addicted to alcohol, they will need a controlled detox programme to reduce their drinking rather than stopping abruptly without support which can be dangerous and could even be life-threatening.

If someone uses a lot of alcohol or illegal drugs, usually this needs to be reduced or stopped before they start treatment for any other mental health problems. This is so they can approach the treatment from a stable and clear place, and make the most of the benefits it may bring.

Anger and other extreme emotions

Another area that many of our clients at The Veterans' Mental Health and Wellbeing Service have problems in is extreme feelings of anger. Anger is a common emotional state and can also be a natural reaction to a traumatic event where someone feels great frustration or injustice.

Feeling anger is okay, it is how someone expresses their anger that can make it a problem. If anger leads to aggression or violence, this may lead to problems with relationships or work, or trouble with the law. However, repressing anger can also be dangerous and lead to sudden, unpredictable outbursts.

Sometimes people feel other extreme versions of emotions, such as excitement, guilt or shame. The emotions can feel out of control or completely all-encompassing. This can be very distressing to experience personally or as an observer or carer.

Sometimes treatment for other mental health problems can also help with dealing with extreme emotions. Other times dealing with anger or a different emotion specifically is needed. Finding safe ways to express these feelings, perhaps through exercise if appropriate, can be helpful. For guilt or shame, using compassion-focused therapy techniques can help. For anger, sometimes specific anger management programmes can help, such as those offered by Combat Stress or in some local NHS services.

Some things that could help...

As a carer of a veteran with mental health problems, you may sometimes feel at a loss as to what to do to help, but at the same time wish you could do something to help.

In this section we outline some things you may want to try to provide support.

These techniques require guidance and practice, and it is best if they are introduced by a trained clinician such as a psychologist so they can advise on the best option for a particular person. Do not feel you need to take responsibility for introducing and practising these things – we outline them here as a reminder of things that the person you care for may hear about in their assessment or treatment.

It is important to note that some of the ideas outlined may work for you and others may not. It is a case of trying and testing things that appeal to you and the person you care for.

We outline some ideas for the following ways to support your partner, relative or friend:

- Coping with Flashbacks
- Coping with Nightmares
- Improving Sleep
- Grounding Techniques
- What to do in a Crisis

Coping with Flashbacks

Flashbacks are intrusive memories of a traumatic situation that can make the person feel as if they are experiencing it all over again. They can vary on a spectrum from full-on, vivid flashbacks that seem completely real and current and cause someone to lose connection with the 'here and now' to more fleeting thoughts or images sometimes known as intrusions. They are a common symptom of PTSD.

Often people try to suppress their flashbacks, but it has been shown that this actually makes the flashbacks more likely to occur (trying not to think of something can actually make us think of it more). A good place to start is to identify and recognise a flashback when it happens, and label it as a 'flashback' together, and that it is 'from the past, not now'.

Flashbacks pull people back to the past, so another way to support them is to use techniques to bring them 'back to the here and now'. A way to do this that works well with many veterans is known as grounding, and is described later in this section.

Coping with Nightmares

Sometimes people with PTSD suffer from distressing nightmares relating to the trauma they have experienced. These can be very distressing to experience and the feelings they cause can linger throughout the day. It can also be very distressing to be with someone who is having or waking up from a nightmare.

Like flashbacks, the most useful thing to do is to bring the person 'back to the here and now' when they awake or are woken. Grounding techniques are a way to do this, and are described below. Other things to think about are arranging the bedroom so reminders of the here and now are obvious as soon as the person wakes up – for example a photo or message by the bed. It is also worth making sure the bedroom does not contain any possible reminders that could trigger flashbacks. For example the colours or lighting in the room, or perhaps a television that could show reminders of a trauma.

Nightmares can lead to people avoiding going to sleep for fear of having one. As well as the above coping techniques, paying attention to ways to improve overall sleep can be helpful to combat this. Some ideas about how to do this are described in the section below.

Improving Sleep

Often avoiding sleep or having trouble with sleeping can be a very disruptive symptom in PTSD, depression or other mental health issues. Here are some ideas to help improve sleep, for the person you are caring for and, as needed, for yourself too.

- Try to be active during the day and if possible avoid naps. This will increase the chances of you feeling sleepy when it is time to go to bed
- The bed is for sleeping - try not to do other things a lot in bed, such as watching TV, eating or using your phone, so that your body and mind are signalled when you lie down in bed that 'this is time to sleep'. For the same reason, try not to go to sleep in other places too much, e.g. on the sofa etc.
- Avoid caffeine during afternoon and evening. The half-life of caffeine in the body is actually 6 hours, which means it takes this long for the amount of caffeine in your body to reduce by half. Try decaf versions of drinks (cola, as well as tea and coffee).
- If you are not asleep within half an hour of going to bed, get up, go to another room and do something relaxing until you feel sleepy. Try not to watch the TV or use your phone as this can be very stimulating and not sleep-inducing.
- Clock-watching to see how long you have been in bed or how long it is until you need to get up is usually unhelpful. Cover up the clock or turn it around!

Grounding Techniques

Using grounding techniques can be useful to cope with flashbacks, waking from nightmares or to reduce anxiety, in the short-term. The technique aims to 'ground' the person back in the present, or for them to feel safe and calmer again. You cannot tell your emotional brain you are 'here in London now', but you can show it.

Grounding techniques take a bit of planning and practice. The idea is using a particular smell, touch or sight that you are able to focus all of your attention onto, that you find comforting and reminds you that you are safe in the present reality. This can break through your feelings of anxiety caused by flashbacks and nightmares based on events from the past.

Here are some tips on how to start using grounding with someone you are caring for:

- Plan a grounding technique in advance
People find that different types of grounding work best for them – some people use a strong smell, such as an essential oil. Some people hold an object with a distinct "feel" to it - solid or soothing, you could try running cold water over your hands or using a cool pack. Some people use a particular photo that they connect with. Some people say or read a coping statement (e.g. "I am safe now" or "Calm".) Practice with a few different things and see which appeals the most to the person themselves.
- Find something that reminds them of the 'here and now'
The most important thing about grounding is choosing something that tells the person they are in the 'here and now', and not in the past. This could be a photo of someone important who was born after they left the military, or an item they did not own before the trauma they experienced.
- Make sure the chosen grounding item is accessible
Whatever they choose, make sure it is accessible, so if they experience a flashback you or they are able to get to it without any trouble. Perhaps keeping it in a pocket, or by the bed. Your support by knowing about the planned grounding technique can also be very useful. You can even encourage them to practice the grounding technique when they are calm by using it together.

What to do in a Crisis

When we talk about a 'crisis' in this setting, we are typically referring to an urgent situation where someone might harm themselves or others. They could be getting very violent or feeling suicidal. This can be a very scary or worrying situation to deal with.

Often in a crisis, it can be hard to think clearly, so it would be good to develop a clear plan of what to do, should you find yourself in such a situation. This could be calling 999 for an ambulance or police, going to your nearest Accident and Emergency (A&E), or contacting the GP for an emergency appointment in or out of hours. Also think about what information you would need to convey in such a situation – information about the person's diagnoses, mental health history, medication, or any drugs or alcohol taken.

The best thing to do is take the person in crisis to get an urgent appointment with the GP or, if this is not quick enough, to go to the nearest A&E. A&E departments are well-equipped to deal with people who are feeling suicidal or in a similar crisis. Typically an on-call psychiatrist or crisis team is available to provide support.

Note: *The Veterans' Mental Health and Wellbeing Service does not provide an emergency or crisis service. The charity sector including Big White Wall and Combat Stress 24 hour helpline (see page 31) offers additional options but the thing to do is to use emergency NHS mental health services as described above.*

03

The impact of the Veteran's challenges on you

Dealing with the impact on you

When you are caring for someone with a mental health issue, you may find yourself neglecting your own well-being, because your focus and energy is on them. You may also have others to care for, such as children or other family members.

All of this means it is perfectly understandable to be feeling the strain yourself and for this to have a negative effect on your physical or mental health.



Looking after yourself

You may feel that because you are not the one suffering from a mental health problem you must put your needs lower down the priority list. But it is so important that you give yourself permission to look after yourself, as it is equally as important as looking after the veteran you care for. Sometimes allowing yourself to do so can be the hardest hurdle to looking after yourself.

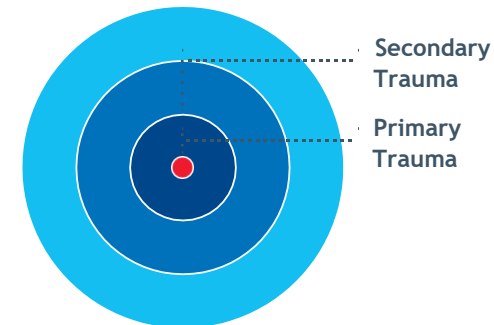
It is also important to keep in mind a healthy sense of the limits to your responsibilities and resources as a carer, and to seek professional advice and help when needed. Military and veterans have a strong ethic of self-reliance and often attempt to 'soldier on' or cope by themselves when the strongest and most effective course would be to get the right help, and carers can share that feeling.

Here are some suggestions of practical things you can do to make sure you are looking after yourself:

- Though it may seem basic, the place to start could be trying to keep physically active and eating a well-balanced diet. Looking after these building blocks is an easy thing to neglect but can go a long way to keeping you fit and healthy, so you are in a good position to care for others.
- Take time to see other friends or relatives, or doing activities that you enjoy. Allow yourself to focus on your own work or career too. Some people feel guilty spending time doing things for themselves when the person they care for is suffering, but it is essential to ensure you are paying attention to yourself too. Keep an eye on your own mental state and be bold enough to recognise when you need a break.
- You may find that practising some 'mental health fitness' yourself is very useful to help you feel better. Techniques such as mindfulness take about ten minutes each day, and there is growing anecdotal evidence for this improving mental well-being. An easy way to try this is to download the app 'Headspace' which provides 10 free 10-minute mindfulness sessions to listen to.
- When caring for someone who is suffering with any illness, you may start to feel a sense of loss, frustration, or anxiety yourself. If you are feeling low or stressed, talk to your GP about support that is available to you. You can also seek support from the Veterans' Mental Health and Wellbeing Service as outlined on page 29, or try some of the other available support listed on page 31.

Considering Secondary Trauma

We have found that when a veteran is suffering from mental health difficulties following a traumatic experience, the focus of attention is often on them. However, often those close to them report feeling similar negative impacts from the trauma their loved one has experienced. This can be described as a 'ripple effect' (a concept attributable to The Ripple Pond, see Further Information for details on this organisation). This diagram depicts how the trauma can have a ripple effect on those around the person who has suffered trauma - just like a stone thrown into a pond, the ripples should get smaller as the effect spreads out, and this is why it is important to reach out for help and support (to friends, support groups, The Veterans' Mental Health and Wellbeing Service, other NHS services) so you do not hold all the impact of secondary trauma.



This extract describes why secondary trauma can be difficult to accept and deal with:

"We have considered the impact of traumatic events that have occurred to someone close to us and what that felt like for us, the nearest and perhaps closest person to that other. In my case I, Julia, think of my second son who, while on a tour of duty in Afghanistan in 2009, was seriously injured when his vehicle detonated an IED. Friends and other family members would often phone to ask how he was: rarely did they ask how I was. I felt isolated and alone and felt like I had begun to develop symptoms of PTSD: although of course, my contaminated belief told me that because it was not me to whom the trauma had occurred, I therefore had no reason to feel the way I did. Thus, my contaminated belief was perpetuated: i.e. that this trauma to my son could not possibly impact on me in this way, and this is then quickly coupled with thoughts about being weak and stupid! And so it goes round: contaminated beliefs abounding."

(Julia Molony, The Ripple Pond)

Making sure you are safe

It is important that you make sure you are not at any risk. Mental health difficulties should never excuse violence or abuse towards you.

If you think you may be a victim of abuse, ensure that you get help to keep yourself safe. Organisations such as Refuge (www.refuge.org.uk) can offer practical and emotional support. When considering risks, remember that abuse can be physical, emotional, sexual or financial.

If you are not sure, or need advice, you can speak to somebody you trust, an NHS professional or an organisation such as Solace Women's Aid.

04

How your relationship is doing

Dealing with changes in your relationship

When a family member leaves the Armed Forces, this can be a big change for them, but also a big change for those around them. Particularly if they are suffering from mental health difficulties. As well as dealing with the stresses and strains we have already covered, you may be dealing with a big change in your relationship dynamics. For example, going from a role of military spouse whose partner is away from the family home for periods of time, to the role of carer to someone whose behaviours are difficult to live with and/or sometimes who is no longer out working.

You may find it helpful to discuss some techniques with the therapist the veteran you care for is seeing. If you have the opportunity to have a joint session, ask the therapist about different things to try to improve things between you if you feel this is something you would benefit from. It is quite normal to involve family in therapy when appropriate. Below are some ideas to try if you feel able to.



Communicating...

Although it sometimes feels like a cliché, communication can be a key area to alleviate some of the distress caused by difficulties and changes in your relationship. It is key to managing things together including symptoms, low mood, PTSD or the transition to “Civvy Street”. Below are some ideas of how you can take practical steps, together, to make communication more effective.

One of the most challenging things to do when caring for someone with mental health issues can be communicating – about everyday life or about their illness and treatment specifically. Difficulties in communicating can be the source of a lot of anxiety and frustration for you, or it could be a cause of arguments. It can make you feel very isolated from each other, even when living in the same place.

Setting aside regular time to talk about the person’s illness, treatment and their worries can be very important to maintain communication about it. This can take patience and persistence from you as it may be hard for them to talk at times (and hard for you to hear!). Having some ‘ground rules’ for communicating can be very helpful too, such as listening to each other, or to take some time in separate rooms if you feel an argument brewing.

As well as setting aside time, you may need to figure out together the times, topics or moods that lead to particularly difficult communication problems.

Expressing your wants and needs

Sometimes it can be hard to express your thoughts and feelings to someone you care for who is not in a good way. Perhaps it may be that some of their symptoms or behaviours are bothering them but you don’t know how to tell them.

We have found that using the following structure can make this easier, it is referred to as ‘DEAR’:

Describe – say what the behaviour is that is bothering you. Talk about it as a behaviour from your point of view rather than something that is intrinsic to the person, e.g. When you go out drinking...

Express – say how you feel as a result of this behaviour, expressed as an ‘I’ sentence, e.g. I feel very left out and alone.

Assert – state what you would therefore ideally like the person to do more of or less of in regards to the behaviour you are talking about, e.g. We could spend more evenings a week in together doing something fun.

Reinforce – give a reason for why the change would be good, e.g. Because that would make me feel happier and we would enjoy the time together.

Talking about military culture

It can be useful to have a structure to talk about communication, you may want to see if the ‘battlemind’ structure below works for you. This outlines some military behaviours that do not always translate into useful behaviours outside of the military environment, and some of these may be worse with a person with mental health difficulties. We also outlined an approach using an ‘animal model’ to talk about communication habits that can cause problems with each other.

Battlemind (from Couple-based Interventions for Military and Veteran Families: A Practitioner’s Guide, by Snyder and Monson)

The ‘battlemind’ table lists important objectives that help service members perform their duties. It comes from the USA, and may be helpful to discuss these together, identify which, if any, play a role in your communication. Not all behaviours will apply to everyone so use the ideas in a way that is helpful to you.

The military spouse can outline why it is or was important (to help the non-military spouse understand the behaviour better), and the non-military spouse can outline when they are being ‘relaxed’ in the home.

The 'Battlemind' table

Behaviours	Consequences for home and relationship
Buddies vs withdrawal	<i>Bonds built in combat lead to sometimes showing a preference for time with military buddies over family members.</i>
Accountability vs controlling	<i>Accountability for control of weapon/gear and one's behaviour leads to the need to control access to one's 'stuff' and irritability towards family members about this.</i>
Targeted aggression vs inappropriate aggression	<i>Use of anger and aggression in combat leads to a short temper at home, or being over cautious or even controlling.</i>
Tactical awareness vs hypervigilance	<i>A high degree of situational awareness results in appearing jumpy at home, or being overcautious or even controlling.</i>
Lethally armed vs 'locked and loaded' at home	<i>The need for a weapon for survival in combat leads to feeling like one needs to have a weapon at home or in the car.</i>
Emotional control vs anger/detachment	<i>Keeping a necessary lid on one's emotions becomes second nature and leads to being seen as 'uncaring' by spouse.</i>
Mission operational security vs secretiveness	<i>Keeping secrets in war may lead to not telling one's whereabouts to one's spouse and discussing very few deployment-related details.</i>
Individual responsibility vs guilt	<i>Survivor's guilt about combat events may lead to feelings that the spouse 'just cannot understand'.</i>
Non-defensive driving vs aggressive driving	<i>Unpredictable combat driving survival skills are risky at home – driving down the middle, not stopping, fast lane changes.</i>
Discipline and ordering vs conflict	<i>Giving and following orders in the military carries over to conflicts with spouse or children at home.</i>

Communication styles and cycles

Sometimes when we have problems communicating with each other, we may display certain styles or habits that are part of the problem. This is a normal way of reacting to challenges in communicating or changing behaviours. We have found that using the 'animal model' provides an easier way to recognise or talk to each other about communication 'vicious cycles' a couple or two family members can get into.

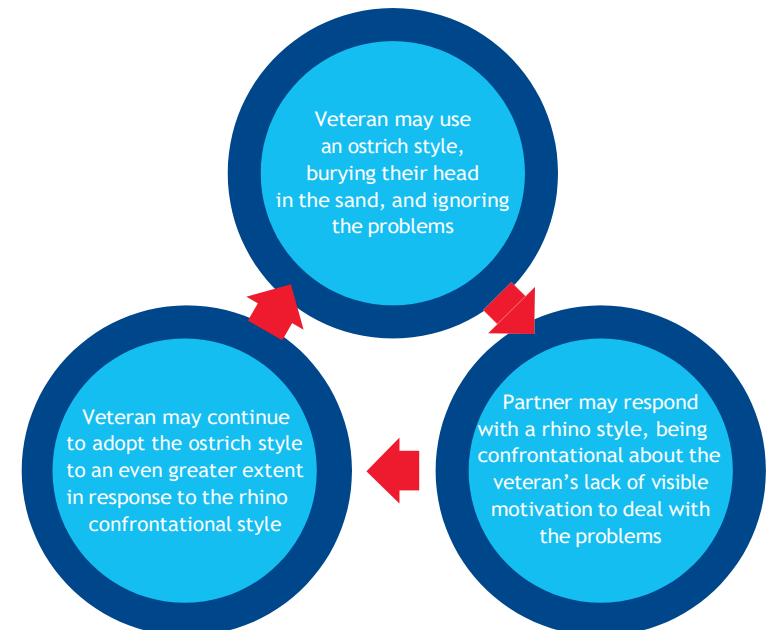
Ostrich – tends to avoid the difficult topics or the challenging conversation by "burying their head in the sand".

Kangaroo – tends to be over-protective and over-accommodating to the symptoms of the illness, which can mean it feels as if you are colluding with a problem.

Jellyfish – tends to find a situation too overwhelming and display a lot of emotion and too little control.

Rhino – tends to have a very focused determination and tackles problems head-on, which may lead to conflicts (a sense of 'charging in') or being rigidly logical.

These styles may often lead to 'vicious cycles' that can be very unpleasant for those involved. It is not that someone is deliberately being 'bad' or 'wrong', but falling into a habit under pressure. Try not to use these terms to criticise or judge, but to notice a habit or a pattern. For example:



We have found that a useful style to aim for as a carer or partner can be:

Dolphin – tends to support the other person by being 'alongside them', understanding their experiences from their perspective and gently nudging in the direction the person themselves wants to go.

Using these analogies and making them part of your everyday exchanges allows you to point out things about the ways you are communicating unhelpfully to each other, in a clear and non-confrontational way, that you both understand. Noticing these when you first spot them in a conversation can break vicious cycles that come from these unhelpful, but very common, ways of communicating.

Making time for yourself

It is very common that the difficulties the veteran is facing and all the associated challenges you face can become all-encompassing. It can become all you talk about, and appointments and treatment can take up a lot of time and energy.

If and when you both feel able, it can be very valuable to be able to make time for yourselves to focus on activities that you enjoy together that are unrelated to these difficulties. For a husband and wife or partners, this may be watching a film you have enjoyed together before, or perhaps going on a date if symptoms allow this. Maybe doing some sport or physical activity together or getting outdoors. Try being structured about this to begin with, for instance setting aside a certain time a week that you spend together doing a certain activity.

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Dealing with other areas of life

On top of the responsibilities of caring for a veteran and caring for yourself, life around you carries on, and it can be difficult to maintain the balancing act of dealing with it all.

There may be additional financial or work pressures that you may not have experienced before when your partner or relative was in the Armed Forces. When someone leaves the Armed Forces for any reason, it can be a big change for the whole family, as support you have had for some time may not be available any more.

It is also likely that the veterans themselves may not be able to provide you with the emotional or practical support you need for dealing with the stresses and strains of everyday life, whereas they may have done previously.

Being able to ask for help, from friends and family, is extremely important. If you are finding it difficult to ask for help, it is often helpful to examine your thoughts and beliefs about what it means to ask for help. For example, we may think 'if I ask for help that must mean I am a total failure' or perhaps 'I cannot ask for help because my difficulties are not important enough'. These of course are almost always not the case, and being aware of this may help you feel more able to ask for help from others.



There may be times when you feel very isolated and that there is no one to ask, so it may be helpful to reach out to services or charities that can help. There are several charities and services that are available to provide help to veterans' families as well as veterans themselves. Below are some suggestions of where to start:

Stoll

Provides housing and help for veterans. Runs a useful monthly drop-in session held in Fulham, which brings together several veteran support agencies available to talk to you without appointments.

www.stoll.org.uk

The Ripple Pond

Provides peer support to adult family members of physically or psychologically injured British Forces personnel and veterans.

www.theripplepond.org

The Poppy Factory

Provides one-to-one employment support to veterans and adult family members who support or care for members of the Armed Forces community with health conditions.

www.poppyfactory.org

SSAFA

Provides information for veterans and families on issues such as housing and benefits, as well as support groups.

0800 731 4880

www.ssafa.org.uk

Armed Forces Families Service Single point of contact (SPOC)

Provides single point of contact with a dedicated email and phone number to support the Armed Forces community family members and carers of those serving or have served in His Majesty's Armed Forces

www.sussexarmedforcesnetwork.nhs.uk

Royal British Legion

Provides practical support and information on issues such as finances, compensation, dealing with loss and transitioning to civilian life.

www.britishlegion.org.uk

If you feel your own mental health is suffering or you need help this is important in its own right. Your GP is usually your first port of call or you can self-refer to your local Improving Access to Psychological Therapies (IAPT) service (search via NHS choices website: www.nhs.uk).

06

Further information

How Veterans' Mental Health and Wellbeing Service can help

What does the service do?

We are an NHS mental health service with experience of working with people who have served in the Armed Forces. First we will meet with the veteran for an assessment. Then in partnership with them, we make recommendations for the support they need to get their life back on track. This may involve help from us, local services or other organisations such as Combat Stress. Help can involve anything from support with welfare needs through to treatment for mental health problems.

Who is the service for?

Our service is open to all ex-serving members of the UK Armed Forces living in London.

How to get support for carers, family and partners

Sometimes the person assessing or treating the person you care for may invite you to one of the sessions, with the client's permission. This can help you understand a bit more about their problems and treatment. If this is something you are interested in and it has not happened, encourage your partner, friend or relative to ask their clinician or contact the service directly.

You can ask to see us with your family member or by yourself if needed.

How to make a referral

The Veterans' Mental Health and Wellbeing Service is an open access service, which means referrals can be made by anyone. Referrals can be made by veterans themselves, a carer or loved one. It is always best to refer someone with their awareness and support.

To make a referral, contact the service on the details below and request a referral form or download it from our website. The referral form asks for some basic information which we need to take the referral forward and offer an assessment appointment with the most appropriate person at the service.

How to contact us

Veterans' Mental Health and Wellbeing Service

The Traumatic Stress Clinic,
St Pancras Hospital, 4th Floor West Wing,
4 St Pancras Way,
London, NW1 0PE

Telephone: 020 3317 6818

Email: veteransservice@candi.nhs.uk

Online: www.veteransservice.nhs.uk

Other support available

There are many sources of support available for veterans and their families - in fact, sometimes it seems as if there are so many that it can be very overwhelming and difficult to know where to go. Those listed below are services that we find particularly useful to support carers with their well-being, as well as veterans.

Combat Stress

The 24 hour helpline and some outreach groups are also available for families and carers.

0800 138 1619

www.combatstress.org.uk/veterans/families

The Ripple Pond

Groups across the UK are available to adult family members of those impacted by military trauma in many different ways. Run by people who have experience of being in the same situation.

www.theripplepond.org
admin@theripplepond.org

Big White Wall

Anonymous 24/7 support in an online community where you can share your thoughts and feelings, and hear from others in similar situations. Free for family members of those who have been in the armed forces.

www.bigwhitewall.com

Healios

Provide online (video) sessions with clinicians specifically for carers of people with mental or physical illnesses, to discuss the challenges you face and recommend coping strategies. Conducting a pilot of a service tailored to people caring for ex-military with mental health problems.

www.healios.org.uk
info@healios.org.uk

Relate

Online and face-to-face support and counselling for couples focuses on improving relationships and resolving disputes.

0300 100 1234
www.relate.org.uk

Soldiers, Sailors, Airmen and Families Association (SSAFA)

0800 731 4880
www.ssafa.org.uk

Solace Women's Aid

0808 802 5565
<http://solacewomensaid.org/>

This is not an exhaustive list and you may find there are other valuable local services in your area. We are always interested to hear about services you have found useful, so do let us know if you would like to recommend any to other carers.



The Veterans Mental Health and Wellbeing Service

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