Identity, Purpose and Belonging:

The First Scottish International Conference on Armed Forces Research in Society





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Treating Trauma Through Shakespeare and Science: *The DE-CRUIT Veterans Program*

Alisha Ali, PhD New York University



Background about our lab at NYU
Two theories of trauma that have influenced our research
Descriptions of Some Mechanisms of Trauma
How Can We Address the Effects of Trauma in Military Veterans?



Some background...



Advocacy & Community-Based Trauma Studies Lab

About me:

- Trained in psychology (UofT) under a *cognitive paradigm* (focus on cognitions, not environment)
- At NYU 24 years: conceptualizing depression as the result of oppression, trauma, etc.

My lab conducts studies that are grounded in the need to:

- understand how a person's past trauma shapes the way they respond to stressors today
- understand that the body carries the effects of trauma even long after the trauma occurred

Trauma Silences Us

- When we experience severe trauma, two simultaneous mechanisms are at play:
 - hyper-activation of the amygdala
 - de-activation of Broca's region
- Therefore, there is heightened emotion (e.g., fear), but no language to express that emotion
- The result: the person responds with violence



Polyvagal Theory

- Polyvagal theory describe the role of the nervous system in translating the experience of trauma into bodily reactions
- When we feel safe, the body is in a calm, relaxed state
- But, when we feel threatened (such as during a traumatic event), the body responds by becoming *immobilized* (low heart rate, low energy) or *mobilized* (increased heart rate, jumpiness)
- A key pathway of this mechanism is through the vagus nerve that runs vertically in the body



How can we address these problems?

- We need to disrupt the psychophysiological pathways that lead to the traumatic stress response
- One evidence-based program: The DE-CRUIT Program
- We have used DE-CRUIT extensively with a range of populations:
 - In VA hospital settings and communities
 - currently incarcerated veterans (used in parole hearings)
 - recently-released veterans (to reduce recidivism)
 - in Veterans Courts (as an alternative to incarceration for veterans)



About the DE-CRUIT Program

- The program uses the concept of *unit cohesion* to reflect military culture and build camaraderie
- The program uses narration through theatre specifically Shakespeare
- Developed by Stephan Wolfert based on his experience of trauma
- The program is both veteran-informed and scientifically-informed



FORMATION Participants practice and perform Shakespearian verse together.



ROUTINIZATION Participants engage in routines of

grounding, breathing, and recovering.

2

NARRATION Participants compose their own personal trauma monologues.



5

COMMUNALIZATION

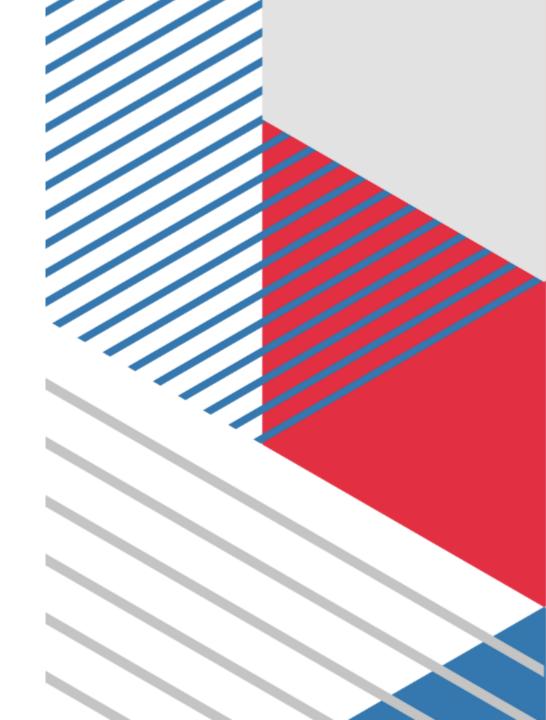
Participants perform their personal trauma monologues and Shakespearian monologues for an audience of family and community.



From Richard II (Act III, scene 2):

To stand upon my kingdom once again

Dear earth, I do salute thee with my hand



FORMATION Participants practice and perform Shakespearian verse together.



ROUTINIZATION Participants engage in routines of

grounding, breathing, and recovering.

2

NARRATION Participants compose their own personal trauma monologues.



5

COMMUNALIZATION

Participants perform their personal trauma monologues and Shakespearian monologues for an audience of family and community.



Effects of DE-CRUIT

- Several hundred veterans have gone through the DE-CRUIT program
- Our studies have found significant improvements in: PTSD, depression, selfefficacy, heart rate variability
- This is one example of how we can use an empowerment-based approach to treat the effects that trauma has on the body and on the person





DE-CRUIT: Current Funders & Sponsors

- * National Endowment for the Arts
- National Endowment for the Humanities
- Creative Forces Military Healing Arts Network (NEA partnership with Department of Defense & Department of Veterans Affairs)
- * The Laurie M. Tisch Illumination Fund
- Humanities New York
- * American Psychological Association
- ***** Group Foundation for Advancing Mental Health
- ***** Bronx VA Hospital
- * NYC Department of Veterans' Services





Scientific Publications on the DE-CRUIT Program (selected)

Jeffers, M., Ali, A., Wolfert, S., Dawson, Z. (in press). Treating trauma through theatre. *Journal of Military Veteran and Family Health*.

Ali, A., Wolfert, S., Smith, R., & Healy, J. (in press). Themes of collective healing and recovery in a group treatment for trauma in military veterans. *International Journal of Qualitative Methods*.

Ali, A., Wolfert, S., Homer, B. D., Pensavalle, C. (in press). Building resilience in military veterans through communalized narration. *Psychreg Journal of Psychology*.

Ali, A., Wolfert, S., Lam, I., Fahmy, P., Chaudhry, A., & Healy, J. (2022). Treating the effects of military sexual trauma. *Women and Therapy*, 25(1), 25-40.

Ali, A., Wolfert, S., McGovern, J., Aharoni, A., & Nguyen, J. (2020). A trauma-informed analysis of monologues constructed by military veterans in a theatre-based treatment program. *Qualitative Research in Psychology*, 17(2), 258-273.

Ali, A., Wolfert, S., Fahmy, P., Nayyar, M., (2019). The therapeutic effects of imagination. *The Arts in Psychotherapy, 62,* 7-11.

Ali, A., Wolfert, S., & Homer, B. D. (2019). Veteran-led research in the investigation of a theatre-based PTSD treatment. *Journal of Humanistic Psychology*, 1-19.

Ali, A., Wolfert, S., Lam, I., Fahmy, P., & Chaudhry, A. (2018). Psychotherapeutic processes in recovery from military and pre-military trauma in veterans. *Journal of Applied Arts and Health*, 9(3), 337-350.

Ali, A., Wolfert, S., Lam, I., & Rahman, T. (2018). Intersecting modes of aesthetic distance and mimetic induction in therapeutic process. *Drama Therapy Review*, 4(2), 153-165.

Ali, A., & Wolfert, S. (2016). Theatre as a treatment for posttraumatic stress in military veterans. *The Arts in Psychotherapy, 50,* 58-65.



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Identity, Purpose and Belonging: The First Scottish International Conference on Armed Forces Research in Society

Anna Wright – CEO AFCFT

Mission

To fund projects that support the delivery of the Nation's Covenant promise to our Armed Forces, their families, and Veterans.

The Armed Forces Covenant Fund has 4 broad funding themes now and in future years.

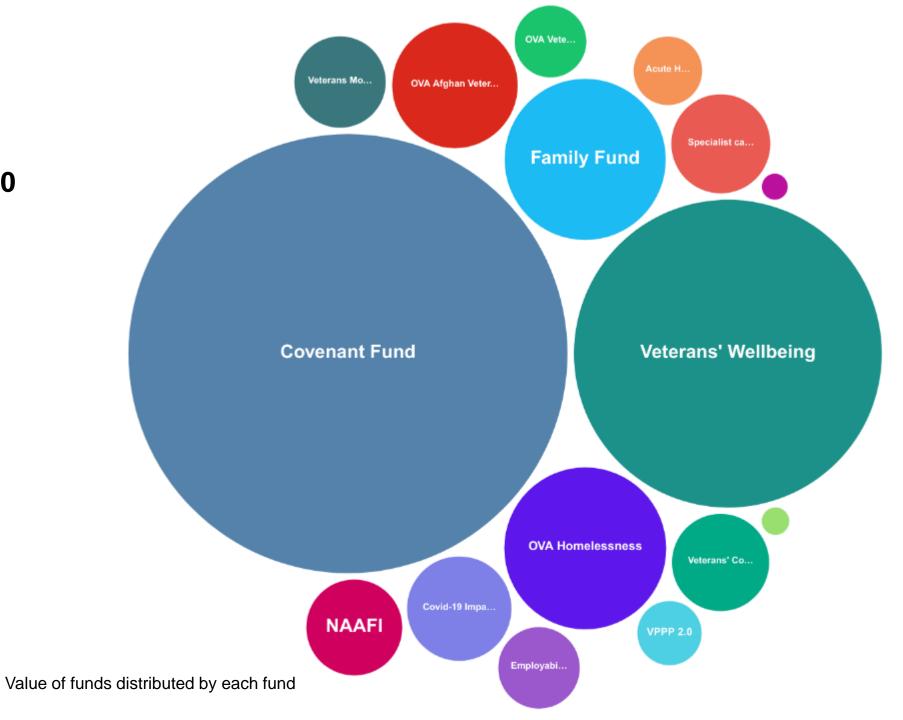
- **1.** Non-core healthcare services for Veterans.
- 2. Removing barriers to family life.
- 3. Extra support, both in and after Service, for those that need help.
- 4. Measures to integrate military and civilian communities.



Since 2018

£128M supporting 2,500 projects

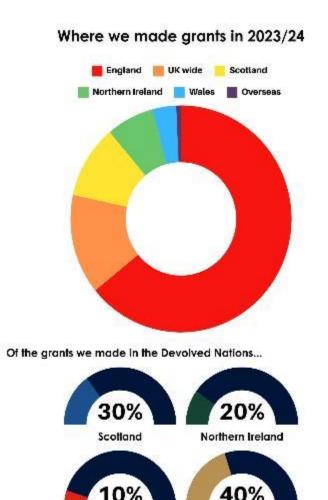
Through 16 specialist funding areas



In 2023/24, the Trust awarded **£31,717,321** through **311 grants** in support of the Armed Forces community under 7 distinct Funds.

- The Armed Forces Covenant Fund
- The Veterans' Mobility Fund
- The Veterans' Career Development Fund
- The Veterans' Capital Housing Fund
- Reducing Veteran Homelessness Programme
- The LGBT Veterans' Support Fund
- The Armed Forces Families Fund

In addition, we continued to manage between **700 and 900 grants** in grant management at any point in the year.

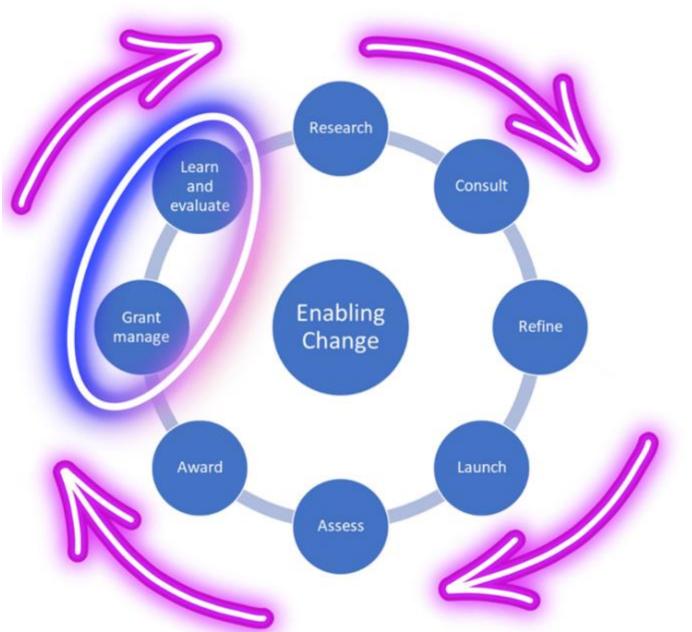


Wales

UK-wide

Our grant making is focussed...

In every grant making programme that we have; we learn from what has come before



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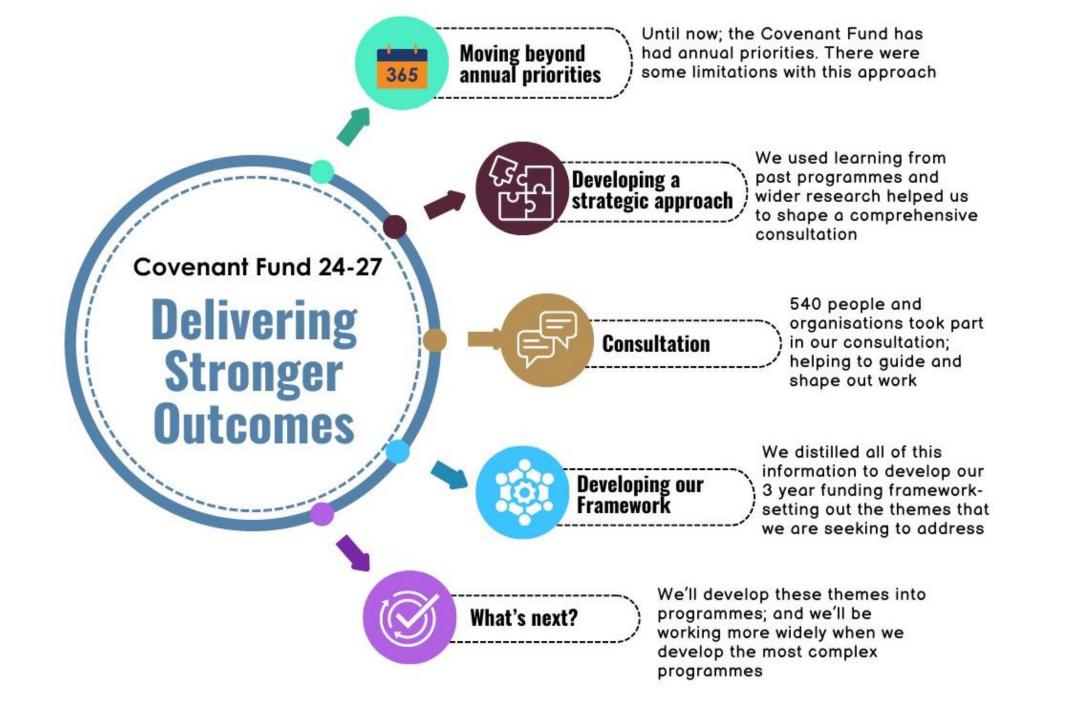




It ensures that our funding programmes make a real difference to veterans, Armed Forces families and the wider Armed Forces community. By using learning from existing funding programmes, it helps us to run stronger and more effective programmes in future.

Understanding the impact of their work can help the projects that we support to become more sustainable We can share learning and good practice ideas from projects that have made a big difference.

Why do we evaluate?



Respondents to the consultation survey thought it was very important that funding programmes:

- Focus on preventing problems
- Have long term impact
- Are targeted
- Encourage collaborative projects where different organisations work together

The most significant themes that emerged, and align well with the Covenant promise, were:

- Family support, including bereavement, and a holistic approach to support
- Loneliness and isolation
- Mental health and wellbeing support
- Reducing stress and challenges that are unique to the Armed Forces community





Covenant Fund: Three Years 2024-27

| Understanding complex problems and identifying solutions | | | | £3.1M |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------|
| ving quality of life | Ensuring Armed Forces com | £20.5M | | |
| | £9M Improving quality of life for those impacted by the mobility, separation and isolation challenges during and after service life • Reducing loneliness and isolation and boosting links with local communities • Improve access to services | Prevention and improving access in relation to mental health and wellbeing | | £4.5M |
| | | £3M Supporting those who have been adversely affected by their service | Supporting serving personnel and families living on overseas bases | £2M |
| | | | | £2M ding Suicide, Domestic Abuse Criminal Justice involvement |
| Improving | Supporting those in need of s | pecial consider | ation | £7M |

Reducing barriers for families of Wounded, Injured or Sick serving personnel or veterans £5M

Supporting those who have been bereaved £2M

including children and families

2024-2027 Programme features may include:

- Pilots/exploratory grants only in Year One or majority of grants awarded in Year One
- Different focus (prioritising different beneficiary groups or needs) in each year
- Multi-year grants or single year grants, one round or several rounds
- Small, medium, or large grants
- High expectations for working in partnership
- Different eligibility for different programmes





The Covenant: Maximising opportunities Across Scotland

Professor Geri Matthews-Smith, Dr Linda Irvine Fitzpatrick and Emma Gall





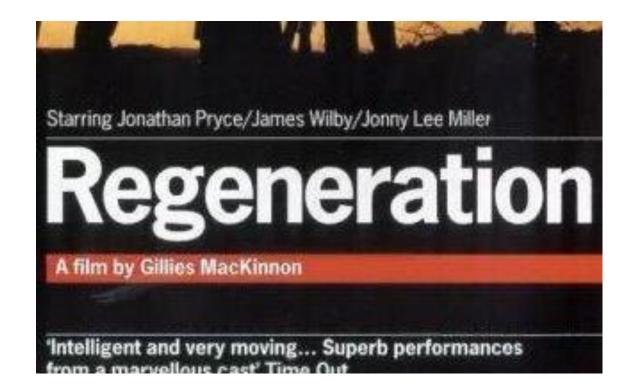
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1988 – Creation of the Rivers Centre



- Dr Chris Freeman, Consultant Psychiatrist and Psychotherapist
- Treatment for people experiencing PTSD
- Evolved in 2017 Partnership model open access based in a library Complex Trauma



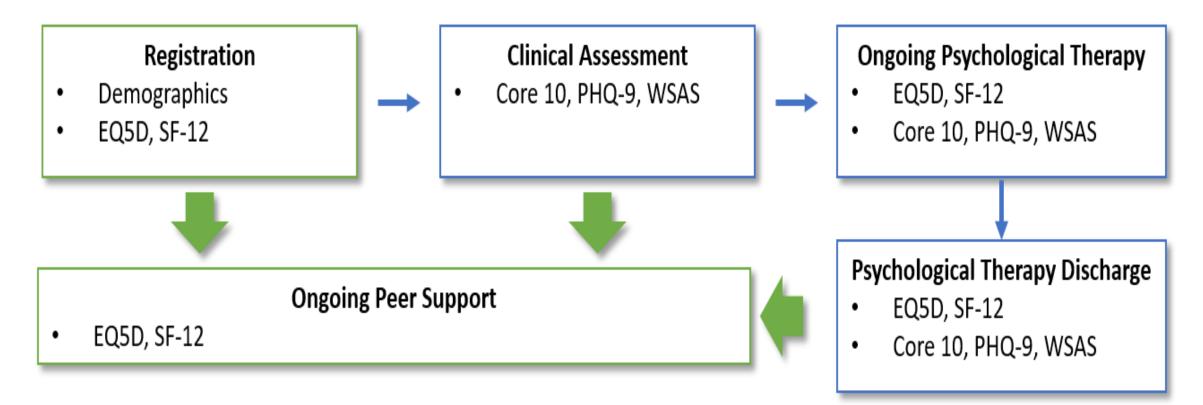
VID VETERANS FIRST POINT

In 2007 Designed by veterans for veterans

Coordination Creditability Accessibility

- Multi-sector Steering Group
- Paid Peer Workers part of multi-professional team – clinical psychology, nurse therapists, occupational therapy, psychiatry
- Partner Clinics Income maximisation; Housing
- Social activities
- Arts Programme

In **2013** £2.4m to rollout successful VIP Model to three other sites in Scotland – we reached 8 in 2014 and currently 10 years on we have 6



VIP Demographics (n= 2,065)

- 41% of veterans self referred
- 91% were male and white
- 60%) are aged between 30 and 55 years.
- 26%) live in locations within the most deprived SIMD quintile and 8% live in least edprived Quintile 5).
- 77% of veterans report having children at registration. 49% reported living with a partner or a partner and children whilst 31% reported living alone
- 766% reported experiencing problems in partaking in their usual activities
- 54% of veterans reported that they felt their physical health or emotional problems interfered with social activities all of the time or most of the time over the past 4 weeks
- 14% reported it interfered a good bit of the time

Serious Stress 2019



- Promoting positive family relationships
- Reducing family conflict
- Promote positive communication
- Build resilience and strengthen families
- Improve outcomes for Veterans and their families
- The Live Life Partners -Coming Home Centre; Cyrenians; Fares4Free; Horseback UK; Lothians Veterans Centre; Rock 2 Recovery; Stand Easy; and Veterans 1st Point.

Social Isolation 2020 – served as mentor to UK programmes

• "Before Thistle, one of the things that I'd lost was an identity." I felt that who I was had been totally eroded by illness. I'm certainly not what I used to be, so I need to become something new. Telling my story to help more people find the support they need, and now training to become a peer volunteer for Thistle – these are ways of being something new within the boundaries of what I am ... feel like I've got some of old self back. Now my family's back to asking me to help with things, and I'm now back to being me. It's really improved my self-esteem".

Veterans Places, Pathway and People 2021



Places

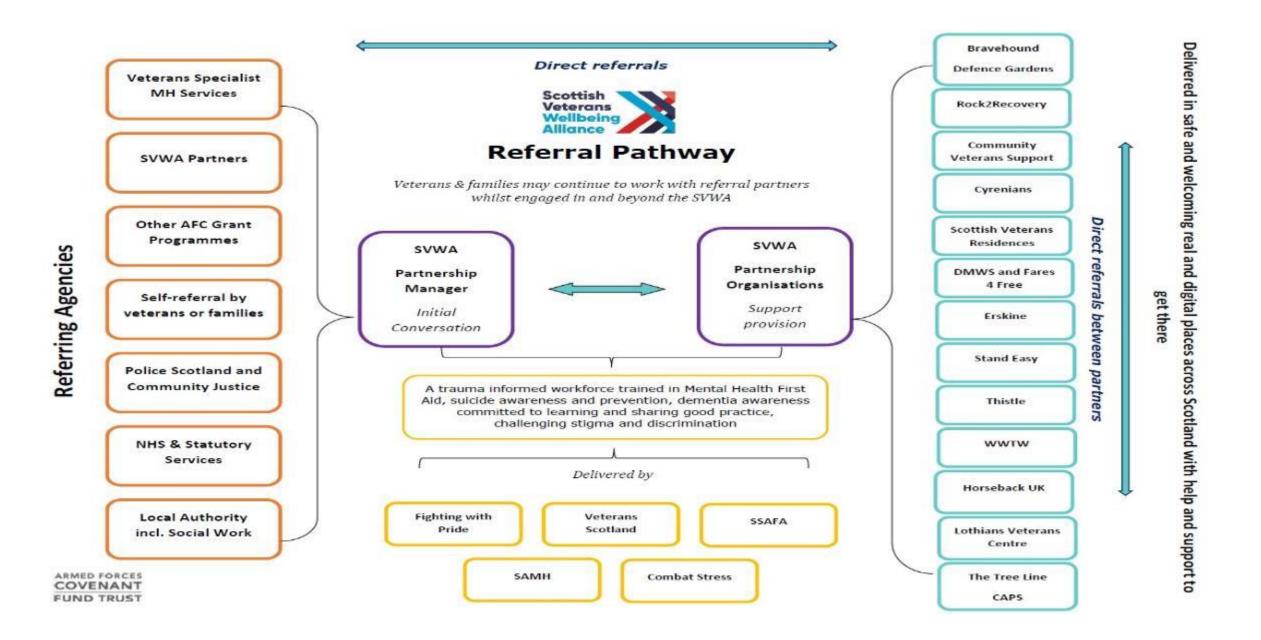
Connecting trusted and safe spaces which are already part

landscape; using different spaces which may have benefited other communities of interest and identity; and creating new places in which veterans can connect. **Pathway**

Focusing on social prescribing interventions that will form part of a holistic pathway to extend into and reach out from the current and those yet to be developed. community and residential veterans' mental health services across Scotland.

People

Focusing on Alliance staff and volunteers who support and delivery the interventions and how to build capacity to ensure that places and interventions are accessible to all veterans.



Links to centre – four pillars

- Met Linda and Emma Tapestry from both practice and academia began to merge and has continued to develop since then
- Added a new pillar to the centre for Military Research education and Public Engagement
- Brought a new community to the Scottish Armed Forces Evidence and Research Network (SAFER)
- Examplse of some of the work we are doing in partnership to develop and evaluate interventions and ultimately make changes to the lives of our veterans follows.

One too Many 2023

Working across the Scottish public and 3rd sector and informed by veterans, ALERT will deliver, research, innovate, teach, and disseminate evidence-based innovations which support veterans at risk of suicide ensuring a specific focus on veterans who are most at risl whether that is through identity, interest, or place



ALERT

- As part of ALERT we conducted a comprehensive review of the existing literature relating to veterans' self-harm and suicidal presentations.
- Review existing evidence on which monitoring, and assessment tools will be used across intervention
- Implementation of adapted Interpersonal Psychotherapy for veterans (IPT-V) and examination of the effectiveness- (Greg Hinrichsen VA national director for community mental health-faculty at the Icahn School of Medicine at Mount Sinai, and with the Department of Counseling and Clinical Psychology at Columbia University)
- Examine the effectiveness of existing social prescribing initiatives delivered by the Wellbeing Alliance, including the exploration of engagement techniques and activities to understand the current practices. This will be achieved using questionnaires, interviews, and focus groups of Veterans, Service Providers and Family members
 - Verification and dissemination of key findings across the UK through appreciative inquiry workshops with key stakeholders, veterans, and respondents.

AFFIRM: Planning for the Unplanned

- Improve understanding, evaluate intervention, enhance partnership working, promote training about the Covenant and the support and care available to veterans to unplanned Public Sector Services across Scotland.
- Ensure that key responders record when someone has served and facilitate connection to the appropriate support systems available.

AFFIRM

- Phase 1-Scoping and Mapping Exercise to comprehend and map the current landscape in which
 veterans present in crisis for unscheduled care by conducting a comprehensive review of the
 existing literature relating to veterans use of the emergency services and ongoing care provision
 and an examination of the effectiveness of current data gathering, monitoring, and assessment
 tools used by the unplanned public sector services, including an exploration of engagement
 techniques and activities to understand current practices.
- A mixed method phased approach to data collection and analysis will be employed to allow for scoping, exploration, and explanation achieved using questionnaires, interviews, and focus groups of Veterans, Service Providers and Family members. unplanned Services includes Scottish Ambulance Service, Police Scotland (focusing on custody suites); A & E Departments and Minor Injury Units; Fire Service.

- Map the current care pathways offered to understand baseline and to identify key
 partnerships and gaps review current training initiatives and update, develop, and
 implement a programme of training for identified personnel and conduct an evaluation of its
 effectiveness.
- Our awareness raising module will explain the context for why this question is important and how we capture this information.
- We will work with the relevant unscheduled care partners to ensure that information recording systems include the question 'are you or have you ever served as a member of his Majesty's Armed Forces is addressed in assessment stages and we will work with Public Services Information recording system to ensure the question and response is added to the electronic record. Monitoring and assessment of the developments will be measured
- Data will be gathered and evaluated in relation to different interventions. Responses will be used to examine perceptions of the various interventions offered.
- Findings will address areas of 'gaps,' positive opportunities to develop and embed interventions and themes related to perceptions and expectations. Recommendations will be provided as to how the key outcomes can be developed into a plan to mainstream and sustain the interventions.

 Verification and Dissemination of Key Findingsacross the UK through Advisory Board membership, appreciative inquiry workshops with key stakeholders, co-creation workshops with veterans and their families, and other key informants. Conference presentations and journal articles will ensure international dissemination

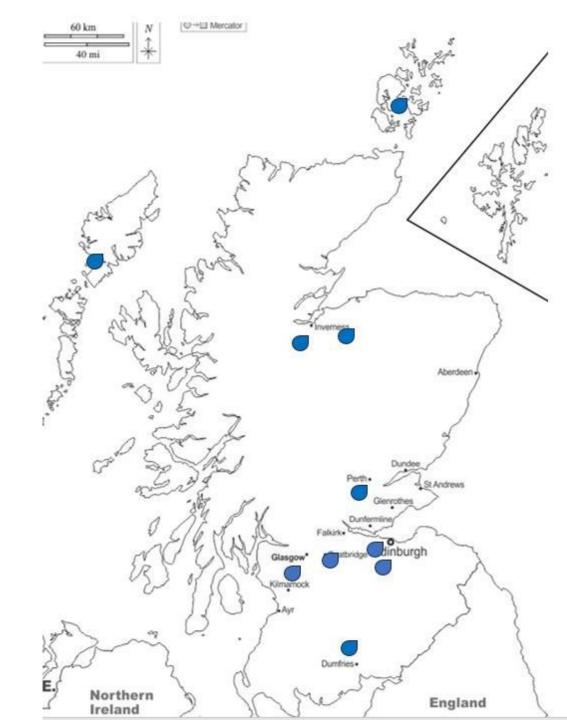
Fingerprints

We want to hear about experiences of:

- Settling in Scotland
- Your community
- Accessing or receiving support

Scottish Veterans Wellbeing Alliance

- Dialogue with 223 people across the length and breadth of Scotland
- 2 stakeholder learning and feedback seminars
- 24 responses to online survey



Places



Safe and trusted spaces across the landscape for veterans and their families

Belonging and Identity

People don't want to lose the link to their family, friends and peers. It is important to remember their experiences and how this has shaped them.

Long road to Support

Those living in rural and isolated areas often had to travel to access any type of support which at times was challenging when faced with poverty, mental health issues and lack of information. Miles can seem like mountains

People



Sense of belonging and purpose

Connection and connectedness

One vital element for this community is peer support. Building on that community which many experienced during their time in the forces. Big city and mainland life brought the opportunity to connect with established communities and reduce isolation. Rural and Island life for many was a homecoming to family and friends.

Regimental resilience

The support of the local regiments was preferred to that of statutory or charity. There was a sense of shared identity.

Champions

There was mixed views on visibility and role, needs to be a more consistent approach.





Little not large Local grassroots organisations are essential for wellbeing rather than the large charities.

Statutory simplicity Veteran specific support not always needed, as statutory provision is fast, simple and welcoming to access (Context specific)

Keep it simple Breakfast clubs were spaces that were informal and social; connection without the expectation of disclosure.

An unequitable Scotland Veterans support was inconsistent across all areas of Scotland.

Hidden information Visibility was completely lacking with veterans and their families struggling to know what is available to them

Uphill battle Many organisations noted that it can be difficult to keep groups going with funding pressures and inconsistent attendance.

Transition More information needed prior to leaving the services.

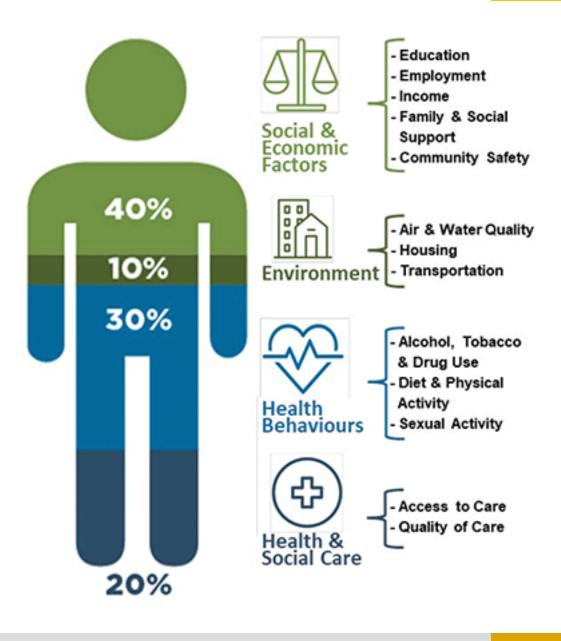
What's in a name?

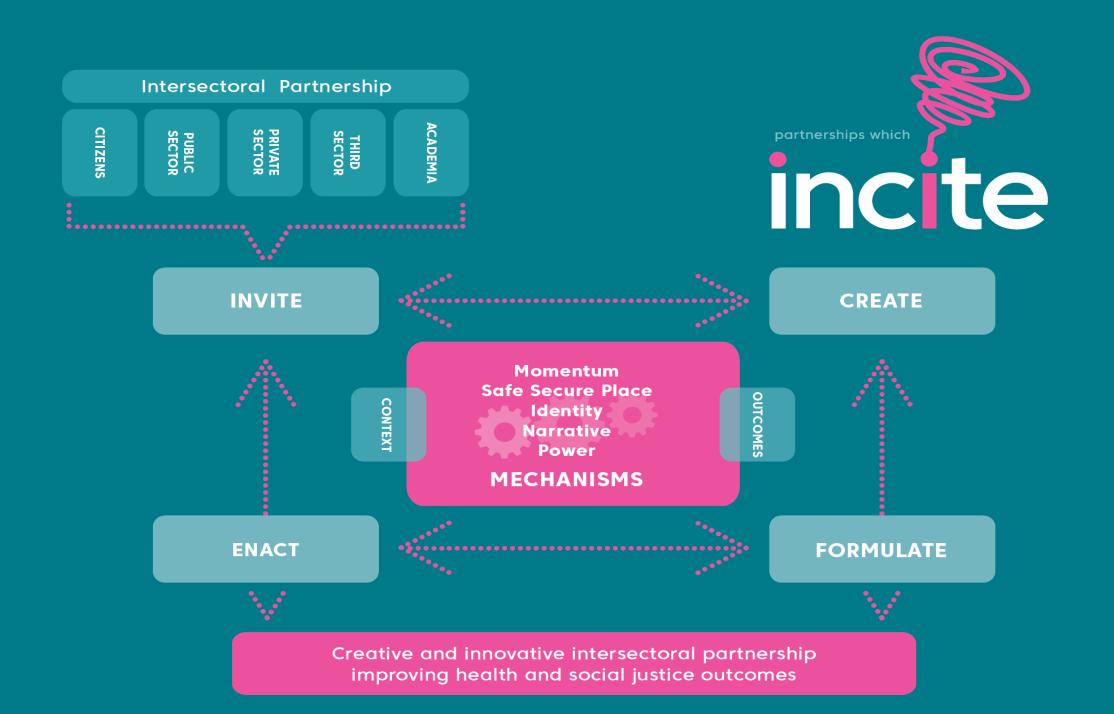
We also heard from many people that they did not relate or recognise the term veteran.

However others do relate to it and it's how our Scottish and UK policy is shaped.



Using the census data





New Frontiers Scotland's Veterans Wellbeing Alliance 2024-27

Scotland's Wellbeing Alliance, by focusing on people, places, and pathways, will support and enable veterans and their families to live well and thrive in and as part of communities which embrace their knowledge, skills and potential.



4 Strategic Aims

| Building our | Enhancing Help |
|--------------------|---------------------|
| Alliance | Seeking |
| Providing Holistic | Supporting families |
| Support | and carers |

Reframing Our Narrative

- Language framed around deficits and what people can't do rather than what they are able to do.
- Often focus on transition from serving to returning to civic life focus on the other life transitions which veterans, in common with all civilians will go through.
- Resilience and protective factors provide strengths which we need to draw upon when facing transitions in our civic lives.
- The importance of maintaining and accelerating momentum will be achieved in the first six months by the onboarding on new partners and new initiatives including a focus on reclaiming memorials and places of significance for the veteran community.

Power and power sharing

- enhancing our collective advocacy input enabling veterans to create spaces for dialogue focusing on what is important to them.
- **CAPS** Advocacy will also raise awareness of individual independent advocacy and how people can access this in their area of residence.

Safe Psychological space

- Trust was a key issue
- Alliance's evolution to be a learning organisation recognising that we are working in a complex environment characterised by variety and change. Our learning Alliance will:
- Embrace complexity.
- Develop and nurture relationships with empathy and respect.
- Embrace learning and experimentation.
- Renegotiate our identity What are people holding on to that is holding them back? What
 is preventing us from being truly innovative and doing what we feel is right.
- Lean into discomfort being comfortable can be a barrier to change, awareness to the importance of being agile in responding to an ever-changing context has resulted in a more dynamic and fluid plan and building an increasing social movement across the country with a shared narrative of embracing our veterans and enhancing opportunities for them to live well.



Identity

- Disconnect with the term veteran.
- work with See Me (Scotland's anti stigma programme) to set out what it means to be a
 veteran living in Scotland as we approach the midpoint of the 2020's. Active
 communication and marketing campaign using different media and collective advocacy
- Strengthen the identity of the Alliance.
- Develop and support other funding applications which not only results in increasing capacity to work in a responsive way with veterans but also adds value to individual organisations sustainability and learning aspirations.
- United academic efforts through the Centre for Military Research, Education and Public Engagement, Edinburgh Napier University (CMREPE-ENU) and Scottish Armed Forces Evidence and Research SAFE&R enable each initiative to have a strong "theory of change," from research through to implementation, which provides assurance that our strategy will have long term impact and that theory is grounded in the reality of front-line delivery'

Momentum

- Spaces and places of significance and value
- a memorial on Lewis which is not accessible due to being on private land. The Alliance will facilitate a partnership on Lewis to ensure open access and this will also include a focus on wider transport issues which the veterans from these communities' experienced.
- For this initiative to be successful it needs to be rooted within the local context.
- Our first step will be to establish the key local partners to progress this.

| Inputs | Activities | Outputs | KPis | Outcomes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CAPS - Collective Advocacy Cyrenians and Sacro - Family mediation and connections Community Veterans Support; Erskine; Walking with the Wounded; Lothian Veterans Centre; Horseback UK; Stand Easy First Light; Scottish Veterans Residences; Change; Bravehound - Social Prescribing including arts, sports, physical activity, animals. educational and welfare support Defence Medical Welfare Services and F4F - supporting people to get to places Thistle Foundation and Rock to Recovery - supported self-management and coaching Fighting with Pride -reaching out to LGBTQI+ communities Alliance Programme Team - strategic leadership, relationships, and referrals data and digital; learning and development; evaluation and research relationship building; data governance | Team based sporting activities as well as 1-2-1 fitness tuition. Tai Chi and Mindfulness programme Nutrition, Cooking, and budgeting Food production; environmental arts and farming Welfare advice and income maximization Arts and culture-based activities Natural environment, horticulture training and green activities Support and peer groups focusing on addiction; gambling and anger management Self-management Coaching and mentoring Peer mentoring Equality and diversity workshops Training workshops | A public facing website A staff only online space to facilitate referrals and real time learning Veterans attending health and wellbeing social prescribing programmes Veterans' family members benefitting from family specific work and opportunities Veterans participating in sport, culture, environmental activities Veterans and family members benefitting from welfare and income maximisation Veterans supported to attend activities and appointments in rural and island areas Veterans attending self- management courses, coaching, and progressing to peer educator roles A campaign to challenge perceptions and promote the veteran as citizen An active Alliance promoting good practice, sharing learning and ensuring sustainability. | Number of: veterans attending social prescribing programmes referral partners and cross referrals made family members attending social prescribing activities and programme held veterans volunteering veterans delivering peer support veterans receiving coaching workers receiving training peer educators volunteers attending training sessions delivered on diversity rights and inclusion new agencies joining the Alliance new places where veterans social prescribing activities are happening (all KPIs will include real and digital spaces and activities) | Veterans are healthy and active. Veterans live in communities that are inclusive, empowered, and resilient. Veterans value, enjoy, protect, and enhance our environment Veterans Services respect, protect and fulfil human rights . Veterans Services provide opportunities for education, skills building, volunteering and employment ensuring that veterans' contribution to civilian sociality is maximised. Veterans Services provide safe and respectful spaces so that all can realise their full potential. Veterans Services tackle poverty by sharing opportunities for wealth and power more equally Veterans Services are creative, respecting and elebrating vibrancy and diversity. |

Our Strategic Aims:

*Building Our Alliance *Enhanced Help Seeking *Providing Holistic Support *Supporting Families and Carers

Scotland and beyond - So what?

- Partnership has been key to our development
- Making real change to peoples lives
- Working in the community for academic institution was essential



Cadets: Life Changing Colonel Ted Shields MBE DL



Lowland RFCA

Who are we?

- Central Government arms-length body (ALB) with Crown status (Reserve Forces Act 1996)
- Largely voluntary membership significant breadth of expertise and experience
- Tri-Service
- Not-for-profit Organisation
- Value for money option for Defence



How do we operate?

- Independent of the chains of command (but operate in support of them)
- Autonomous in legal terms
- 13 independent regional RFCAs operating corporately and collegiately



NDRFCA









Defence's Link to the Community

The essential, effective and enduring partner supporting Reserves, Cadets and the wider Armed Forces Community.



Engagement

Reserve Estate



Cadets



















- 1. Highland
- 2. Lowland
- 3. North of England
- 4. Yorkshire and Humber
- 5. North West of
- England/IoM
- 6. Wales
- 7. West Midlands
- 8. East Midlands
- 9. Wessex
- 10. South East
- 11. Greater London
- 12. East Anglia
- 13. Northern Ireland

Supporting Defence Capability

1. Engagement

Why? To secure Employer support for the mobilisation (and benefits) of Reserves.

2. Reserve Estate

Why? To provide a place to assemble, train, develop and deploy Reserves.



Cadet Forces' Mission

To prepare Cadets for success in their chosen way of life, increasing their awareness and understanding of the Armed Forces and their role in society by delivering enjoyable, wellorganised, military-themed activities in a challenging and safely-managed environment.

SKILLING WITH THE CADE eeping || Communication || Leadership || Org m Solving || Digital || Creative || Teamwork || C



Size of the Cadet Forces



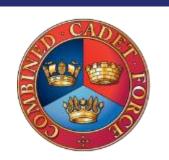
Sea Cadets Corps 14,240 Cadets and 4,760 Adult Volunteers



Army Cadet Force 39,860 Cadets and 8,250 Adult Volunteers



Royal Air Force Air Cadets (Air Training Corps) 34,070 Cadets and 9,190 Adult Volunteers



Combined Cadet Force 51,360 Cadets and 4,320 Adult Volunteers



Cadets CFAVs 60000 50000 40000 30000 20000 10000 0 Sea Cadets CCF ACF RAFAC Total <u>139,530 Cadets and</u>

26,520 Adult Volunteers

Key Findings from the Denny Report

Positive impact on:

- Education
- Health and wellbeing
- Employability
- Lifetime earning potential
- Community relations
- Scottish Government (facilitating) the achievement of key policy objectives)

The Cadets' syllabi develop four key capabilities:

- Responsible citizens
- Effective contributors
- Confident individuals
- Succesful learners



Scan the QR code to read the report:





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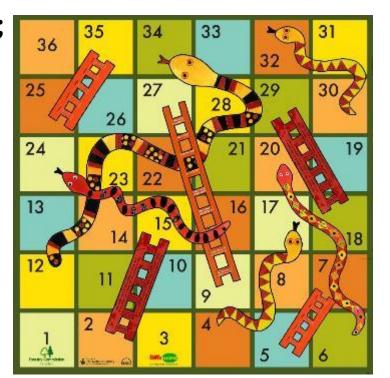
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"A GAME OF SNAKES AND LADDERS"; ARMED FORCES FAMILIES WITH CHILDREN REQUIRING ADDITIONAL SUPPORT WITH THEIR EDUCATION -THE ISSUES EMERGING FROM A FOCUSED RESEARCH PROJECT.

Graham Short MBE



The Research Team

Carolyn MacLeod MBE

- Dr Iwona Zielinska Pocwiardowska PhD
- Professor Gerri Matthews-Smith PhD, FHEA

Let's Start with the Child

- ► In Academic Session 2023/2024 there are were <u>at least</u> 12,828 children in Scotland's local authority schools and early learning settings.
- ▶ Of these 4,119 children were assessed as having additional support needs.
- That is 32.1% of the armed forces children's population have an additional support need.



The Literature

The Literature

- ▶ A "forgotten sub-population" in research. (Taylor-Beirne & Fear, 2021).
- Ofsted (2011) focussed on England, highlighted problems with school admissions, poor transfer of information, and slow assessment and support for service children. Children missing months of education.
- In 2020 Forces Additional Needs and Disability Forum (FANDF, 2020) Key findings indicated that health provisions and education were primary concerns for 41% and 38% of respondents, respectively.
- "Living In Our Shoes" (Walker et al., 2020). Parents cited lack of support and understanding of having a child with additional support needs by senior military officers.
- Overall, the literature is very sparse on this topic.
- See also: "The special case of Military children with Special Education Needs and Disabilities (SEND)", (FIMT, 2024)

Context

Context: Definitions

- Armed Forces Child: a child or young person who has one or more parent in the regular or reserve forces or who is a veteran.
- Additional Support Needs: the term used in Scotland when

"the child or young person is, or is likely to be, unable without the provision of additional support to benefit from school education provided or to be provided for the child or young person" (Page 17, Scottish Code of Practice).

There is NO Service Pupil Premium, or equivalent, in Scotland.

 But, spending on education in Scotland is approximately £1500 higher than the other 3 jurisdictions in the United Kingdom.

("A comparison of school institutions and policies across the UK", Sibieta L and Jerrim J, April 2021, Education Policy Institute.)

Confidence and the Armed Forces Family

The system in England:

"Children and parents are not 'in the know' and for some the law may not even appear to exist. Parents currently need a combination of special knowledge and social capital to navigate the system, and even then are left exhausted by the experience. Those without significant personal or social capital therefore face significant disadvantage. For some, Parliament might as well not have bothered to legislate....."

Pages 86-87, "House of Commons Education Committee Special educational needs and disabilities First Report of Session 2019

"The system is a complete mess."

(Alex Sobel MP, Hansard, 11 January 2024)

Confidence in the system in Northern Ireland :

"For too long parents and carers have been fighting for their children's right to be educated in an environment where their specific needs are respected and approached with dignity...."

(Page 4, 'Too Little, Too Late': Monitoring Report, Northern Ireland Commissioner for Children and Young People, 31 January 2023)

Confidence in the system in Wales

"Support for ALN youngsters in Wales 'wholly inadequate'

STRETCHED (sic) school budgets are leading to wholly inadequate support for pupils with additional learning needs, the Senedd heard.

MSs told the chamber their post bags are filled with constituents' concerns about Wales' new additional learning needs (ALN) system, which is being phased in."

(South Wales Argus, 03 December 2023)

Confidence in the System in Scotland:

"The situation faced by children and young people with additional support needs is intolerable.

During our inquiry, we were extremely concerned to hear about negative experiences of additional support for learning provision, the educating of children and young people in mainstream schools and the detrimental impact this has had on some pupils, their parents and carers, and teachers and support staff. Things must change."

(Sue Webber MSP, Convenor of the Education, Children and Young People Committee, 2024)

Trying to Make Sense of the Systems

Differences Between the Four Pupil Support Systems : Nomenclature

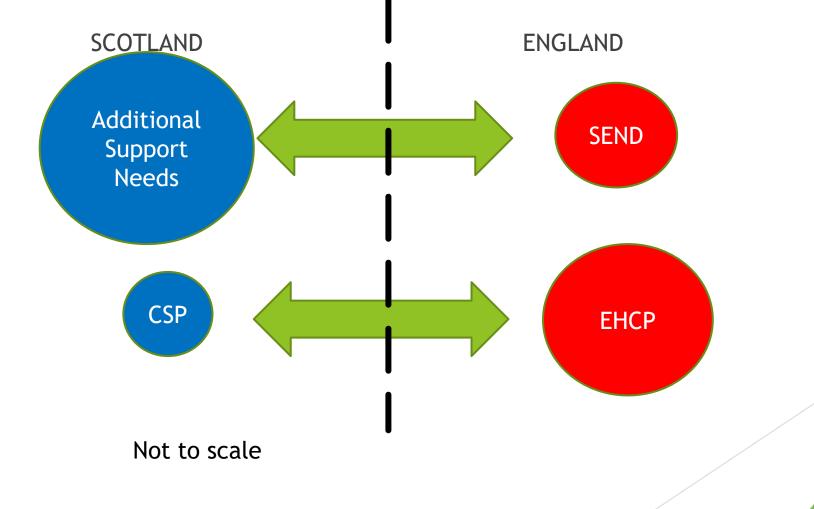
| | England | Northern Ireland | Scotland | Wales |
|----------------|-------------------------------------------------------------|---------------------------------|---------------------------------------|----------------------------------------------------|
| Key Term | Special Educational Needs and Disability | Special Educational Needs | Additional Support Needs | Additional Learning Needs |
| Statutory Plan | Education and Healthcare Plan (EHCP) | Statement | Co-ordinated Support Plan (CSP) | Individual Development Plan (IDP) |
| Key Staff | Special educational needs co- ordinator (SENCO) | Named Board Officer | Lead Professional | Additional Learning Co- ordinator (ALNCo) |

| | England | Northern Ireland | Scotland | Wales |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Entitlement to support | "A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her." | "A child has special educational needs if they have a learning difficulty which calls for special educational provision to be made. Page 10 intro | "Applies to children or young people who, for whatever reason, require additional support, in the long or short term, in order to help them make the most of their school education and to be included fully in their learning." | "A person has additional learning needs if he or she has a learning difficulty or disability (whether the learning difficulty or disability arises from a medical condition or otherwise) which calls for additional learning provision." (page 21 |

Percentage of Children Requiring Additional Support in their Education 2023/2024

| England | Northern Ireland | Scotland | Wales |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Percentage of school roll with special educational needs disability (SEND) | Percentage of school roll with special educational needs (SEN) | Percentage of overall school roll having additional support needs (ASN) | Percentage of children with SEN/additional learning needs |
| 18.4 | 19.2 | 36.7 | 13.4 |
| | | | |
| Percentage with an EHCP | Percentage with a Statement | Percentage with a CSP | Percentage with an IDP |
| 4.8 | 7.6 | 0.19 | 3.9 |

The Educational Hadrian's Wall (with apologies to Northumberland)



The Lengths of Time to Complete Formal Assessments and/or Plans

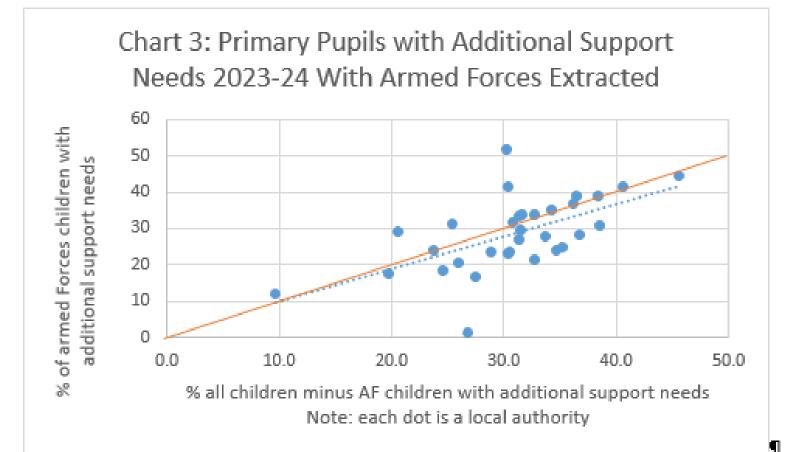
| | England | Northern Ireland | Scotland | Wales |
|-------------------------------------------------------------------|---------------|---------------------|-----------------------|----------------------|
| For Completion of Assessment Process | 20 weeks | 22 to 24 weeks | 24 to 32 weeks | 24 weeks |
| For formal resolution of any dispute including appeal | Upto 50 weeks | Upto 45 weeks | 35 weeks (average) | 20 weeks (target) |
| Total possible Time | 70 weeks | 69 weeks | 67 weeks | 44 weeks |

Sources: Codes of Practice and Tribunals Services in 4 UK jurisdictions



Knowing the Armed Forces Child

Percentages of Armed Forces Primary Aged Children in Scotland 2023/2024



Source: ADES 2023 data collection exercise

Co-efficient of Rank Correlation = 0.6

Percentages of Armed Forces Secondary Aged Pupils in Scotland 2023/2024

Chart 4: Secondary Pupils with Additional Support Needs 2023-24 With Armed Forces Extracted 60 of armed Forces children with 50 additional support needs 40 30 20 10 0 0.0 10.020.0 30.0 40.0 50.0 60.0 % all children minus AF children with additional support needs Note: each dot is a local authority 28

Co-efficient of Rank Correlation = 0.57

Source: ADES 2023 data collection exercise

Recognition of the Armed Forces

The Parental Guides and the Armed Forces

- Only one official parental guide mentions the armed forces, and that is in relation to children's needs, not mobility.
- None of the official parental guides across all four of the UK Nations make any reference to movement between jurisdictions, nor the implications for meeting children's needs.

The Armed Forces in the Scottish Code of Practice

"Children or young people may require additional support for a variety of reasons and may include those who: are children of parents in the Armed Forces."

(Page 11, Supporting Children's Learning: Statutory Guidance on the Education (Additional Support for Learning) Scotland Act 2004 (as amended) Code of Practice (Third Edition) 2017)

Armed Forces in the English Code of Practice

- 12 Paragraphs, including guidance on:
- Mentions the Armed Forces Covenant
- Authorities are expected to work together to minimise any delays in support or provision.
- Mentions Service Pupil Premium and Personal Budgets
- Establishes time parameters for transfer and review of EHCP
- "Use all available evidence when considering provision, including "statements made for Service children in Wales and Northern Ireland, as well as Coordinated Support Plans made for them in Scotland and the Service Children's Assessment of Need (SCAN) completed for them by SCE."
- (Source: Pages 219-221 English Code of Practice)

Parental Guidance



- Fragmented, siloed and inefficient:
 - > 153 different SENDIAS organisations , 30 of which were unavailable on a survey day
 - SENAC in Northern Ireland
 - SNAP in Wales
 - Enquire in Scotland (this alone has any reference to mobility
- Official Parental Guides:
- Still presents reading challenges
- Presents interpretation challenges
- No specific consideration of the Armed Forces and little on mobility



Synthesis

- Systems in which there are general low levels of confidence
- Statutory systems which are complex and impenetrable in application.
- A knowledge gap on implications of mobility and AF life
- Different educational contexts
- Different vocabularies
- Different definitions
- Different statutory plans
- Different pupil populations
- Different considerations of armed forces status
- A professional knowledge gap between the systems
- Sparse or poor parental guidance on the issue of mobility

Implications

Potential Practice Implications

- Unaccompanied postings with significant family implications.
- Systems incompatibility and professional insularity can result in every move being associated with a "fresh start".
- Absence of pre-planning at the individual level potentially leads to discontinuities in learning.
- In the worst cases children are kept out of school until assessment and planning has been completed.
- Failure to capitalise on prior positive aspects of learning (what has worked).
- Parental and pupil confidence eroded.
- Fighting replaces partnership.
- A Game of Snakes and Ladders

The Impact of Service Life on Military Children and Families

Prof Matt Fossey

Veterans and Families Institute for Military Social Research, Anglia Ruskin University



Agenda

- Introductions Setting the scene for the colloquium
- Prof Matt Fossey How do we define military families? NATO work
- Prof Matt Fossey Broad literature overview
- Graham Short The Armed Forces Child
- Kirsty Davies Teachers' Perspectives needs of armed forces children in primary schools
- Prof Matt Fossey Family communication research
- Prof Suzette Brémault-Phillips Moral Injury and the family
- World research café
- Feedback and close

Learning Objectives

- To have a better understanding of the practice and policy complexities in providing needs-based services and inputs
- To consider the challenges of service provision in schools
- To appreciate the importance of research in challenging outdated modes of working and identifying where resources should be allocated
- To contribute to the discussions and thinking on the impacts of (vicarious) moral injury on the family

Military Family Considerations

- When do military families begin and end?
- Who are "military-connected/affected" families?
- What about those families that are created post service?
- Where/do reservists fit into the picture?

TABLE 9.2 Principles for defining a military family.

- The definition should be guided by the legislative framework of individual nations
- There should be a recognition that the family may be fluid and change over time and mechanisms should be adopted to enable flexibility for the service person
- Families also include other close relatives, such as parents, grandparents, and siblings, and this needs to be considered when developing policy
- It is inappropriate to place prejudicial restrictions on the subjective definition, thus allowing for nontraditional and/or blended family structures to have equal status. Definitions should be inclusive enough to recognize the key individuals, etc.
- Family structures should not be bounded by criteria that are deliberately imposed to restrict access to services.

Relationship between the military, family and society

- Complex and multifactorial
- Needs to be considered within the geo-socio-political space
- Morphs and changes over time depending upon circumstances

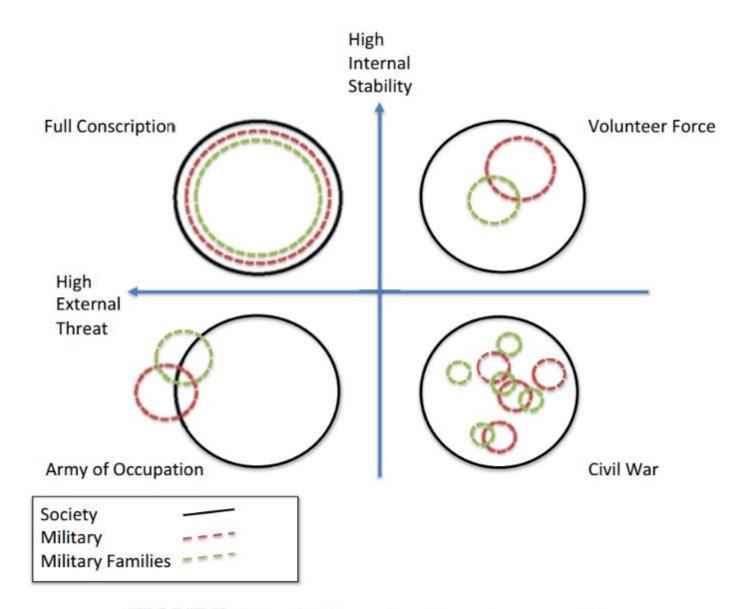


FIGURE 9.1 Military family systems model.

The Overlooked Casualties of Conflict

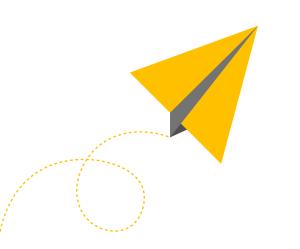
Research commissioned by the

Naval Children's Charity





The Overlooked Casualties of Conflict



- 2009 Overlooked Casualties of Conflict report 10 key challenges faced by service children.
 - E.g. Parental deployment; Frequent moves; Dealing with parental illness and bereavement.
- Changes to service life since 2009:
 - Drawdown from Op Herrick in 2014
 - Future Accommodation Model
 - Introduction of the Service Pupil Premium
 - Family Strategy
- > Increase in Service families with children from **48 to 79%** (FAMCAS,

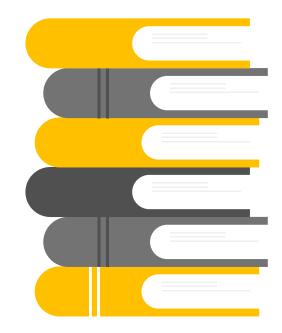
2020).





The Project

- > April 2020: Naval Children's Charity (NCC) commissioned VFI to undertake a review and update of the 2009 report.
- > What did we do?
 - Systematic scoping review of the literature
 - > Interviews were 12 subject-matter-experts.
- > What does the UK evidence base look like?
 - \succ 47 papers from the UK
 - ➢ 15 from other non-US western countries (Canada, Australia,
 - Portugal, the Netherlands, NATO).
 - \succ 100's of papers from the US.







> The challenges identified in the 2009 report largely remain,

however, some aspects of service life appear to have changed.

- Most significant challenge = deployment: Significantly fewer Service Personnel deployed, but overseas engagement continues.
 - > Research on emotional impact on children is inconsistent.

> Communication during separation has changed significantly.

Social media and internet-based communication.

"And I think it's, 'Don't tell Mummy or Daddy that you've had a bad day, because they've got enough on their plates', and that's awful, isn't it? I can always see them in the background of a Skype meeting or a Zoom meeting or FaceTime and going, 'No don't tell Dad that!'."

Veterans & Families Institute



"Domestic abuse and so on, require a presence of some description. And even if it's a controlling relationship... it's very limited because of the contacts and communication controls when you're on deployment."

- Readjustment following return from deployment remains a challenging time for Service families:
 - > Restabilising roles and relationships.
 - > Highest prevalence of family violence & child maltreatment.

> Impact of conflict-related media reduced.

- Rise of social media use may expose Service children to upsetting information;
- > Increased connectivity to other Service children.





> Increase in 'Weekending' or dispersed families.

- Benefits associated with stability;
- Challenges associated with long-term adjustment of children; difficulty accessing support and military community.

> Frequent relocation remains a challenge for many children.

- Practical difficulties (e.g. moving home and school);
- > Impact on Service children's wellbeing and education unclear.
- > Lack of 'geographical roots'.

"The youngsters tell us they absolutely hate being asked, 'Where do you come from?' because they don't know how to answer that. Some will answer it, 'I was born in...' or 'My last school was...' but they struggle to say 'Actually, who am I? Where am I from?"



✓ Naval○ Children's○ Charity

"I've got a family member that's in the Para[chute] Regiment. And he broke a leg doing a parachute jump and his son who was four or five years old was absolutely distraught that Daddy wouldn't be able to jump out of helicopters anymore."

- > Fewer Service Personnel are experiencing injury during Service.
- Significant reduction in number of in-service deaths over the past decade.
 - Increase in male Service Personnel suicides since 2009.
- > Very limited UK literature on impact on Service children.
 - International research highlights negative impact on well-being.
 - Support from military community is key.





- Number of Service children with Special Educational Needs and Disability (SEND) remains unknown.
 - > Mobility can create additional difficulties.
- > Young military carers are a hidden and understudied cohort.
 - Challenges compounded by military lifestyle;
 - > Intermittent caring.

"It can take the duration of an entire assignment for a child to be assessed and then it's time for them to move again. So families are faced with that choice of either they don't move in order to get the support in place for the child..."



✓ Naval○ Children's○ Charity

What do children gain from their parent's service?

"Sense of pride, strong sense of pride and quite rightly so."

"A massive sense of stability from a financial perspective."

"They talk about where they've lived and what they've done and what they've experienced. It's amazing." ➢ Pride

- Financial Security
- > Novel experiences
- > Military community
- ➢ Resilience
- ➢ Discipline
- Positive role models







Where is the UK evidence-base lacking?

Data on Service Children

- ➤ How many? Where?
- How do they fare? Education? Well-being?

> Groups that remain understudied include:

- Single and dual parent families
- SEND Service children
- Young carers
- > The voices of Service children themselves!
 - 26 out of 47 UK papers did not include children.

Support for Service children

- Lack of evaluated support models
- Lack of awareness.



Conclusions

- Steady increase in research since 2009; **54 papers post-2010**.
- > Most challenges identified in 2009 are still relevant today.
- Still gaps in educational and healthcare support; particularly when moving across the devolved nations. Still lack of data on Service children.
- \succ There are still big gaps in the evidence base. 27 recommendations.
- > New issues and challenges include:
 - Leaps in technology for communication;
 - Rise of 'Weekending';
 - > Lack of evaluation of support for Service children.





- Introductions Setting the scene for the colloquium
- Prof Matt Fossey How do we define military families? NATO work
- Prof Matt Fossey Broad literature overview

•Graham Short – The Armed Forces Child

- Kirsty Davies Teachers' Perspectives needs of armed forces children in primary schools
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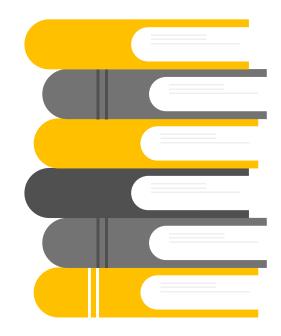
'Dropping in and Out': Social media and internet-based communication amongst Naval families during separation

How we undertook the study

May 2021: Publication of 'The impact of service life on the military child: The overlooked casualties of conflict update and review Report' by NCC and VFI

What did we do?

- Systematic scoping review of the literature
 - Social media use by families in the civilian context
 - > Social media communication in military families
- Virtual interviews and focus groups with:
 - > 25 children of currently serving Naval personnel, aged between 11-21
 - 21 non-serving spouses or long-term partners, including those in blended families, of currently serving Naval personnel, who have children under the age of 21







Naval

How do Naval families use social media?



Significant use of social media and IBC

- Instant Messages via Facebook Messenger, WhatsApp, Signal etc
- > Video Calling via WhatsApp, Facetime, Skype etc
- Social media apps, for example, TikTok.
- Children and Young people's preference for instant messages, specifically WhatsApp. Followed closely by more modern synchronous video communication.
- Partners preference for video-based communication. Many shared the positive of instant messaging.
- Creative usage e.g., sharing video content & expressive emojis including animation

"I think it's just, you know,
the age that they're
growing up in now. And...
it's part of who they are."
(Partner 2, Fleet Air Arm)



Military Social Research



PRACTICAL BARRIERS

- Variable and unstable Wi-Fi
- Impact of location: ship vs land-based
- Competition for access & Privacy
- Varied significantly for families
 - Impact of occupational role e.g., submariners, medical services.
 - Impact of rank e.g., access to phone/computers & indirectly.
- Operation security and communication blackouts
- $\cdot\,$ Time Difficulties and pressures
- · Costs







Distinct Benefits

"my Dad's really good at maths, so when I didn't know what any of my maths homework was, I... it was always be me message Dad do you know how to do this? And then he'd be like yeah, of course, I'll FaceTime you quickly! And it was like a quick little catch-up with Dad to do maths!"

- Ease of use and immediacy in comparison to more traditional methods
- > Serving parent able to be involved in their child's everyday life
 - Sharing photos
 - Regular updates
 - Maintaining the parent-child relationship
 - Face-to-face contact





Emotional Impact

"It was the fact that I didn't have a clue where he was and then it all of a sudden just cut out. That was... yeah, that wasn't fun!"

Lack of contact with serving parent

- Unstable connection
- Missing calls

Increased expectations for regular contact due to the prevalence of Social Media and Internet based communications





Choosing what to share

- Some of the children and young people discussed choosing not to share some of their experiences with their serving parent.
 Shared being aware that their parents may be busy, stressed or tired during deployments.
- Partners varied; with some highlighting the importance to them of sharing challenging situations and how the Serving parent may be able to help from afar.
- Some partner chose not to share negative experiences, decided on a case-by-case basis or once resolved, concerned about the impact on their serving partner.

"I don't need him to worry about what's going on at home, he's got enough to worry about..." (Partner 20, Fleet Air Arm) "Say an argument had happened or something, and then you don't really want to be piling onto the stress of him too much, but then sometimes you'll just talk about it because it comes up in a conversation. And it really does depend on how we can normally see how he's doing." (Young person 20, Male, Aged 15)





"if different bases could set up like a... you know like you have a... online forums nowadays where kids can... like parents can like allow them to you know talk on there, maybe meet some kids in the same area" (Young person 22, Female, Aged 20.)

"I don't know what... it may be just a sort of newsletter, a monthly newsletter, you know because once the ships been there, it's not secret anymore ... I'm sure it used to happen in my days, but I've had nothing." (Partner 21, Surface Fleet)

But what would be really helpful in kind of deployment packs and things is a... some things for teenagers and I'm not talking about your twelve, thirteen year old, I'm talking about your fourteen- to eighteen-year-old who are really

going through the emotions ... (Partner 5, Surface Fleet).

Recommendations for improvements

12 recommendations: 3 to Royal Navy/MOD, 4 for the military charity sector, 5 research recommendations.

1&2: Practical support with communication infrastructure (ongoing

reviews and supporting video-based communication)

3: Enhanced communication with families and managing expectations

6: Potential to develop an online community for naval children and

young people



U. Veterans & Families Institute for Military Social Research





Conclusions

- SM/IBC communication provides unique opportunities for maintaining virtual family relationships
- International literature and our findings suggest evidence of a positive impact on children's wellbeing.
- However, it is important to recognise that SM/IBC may exacerbate some challenges: anxiety or upset, challenges around choosing what to share & unintended consequences of increased expectations
- Consider carefully how to manage these expectations and best support families





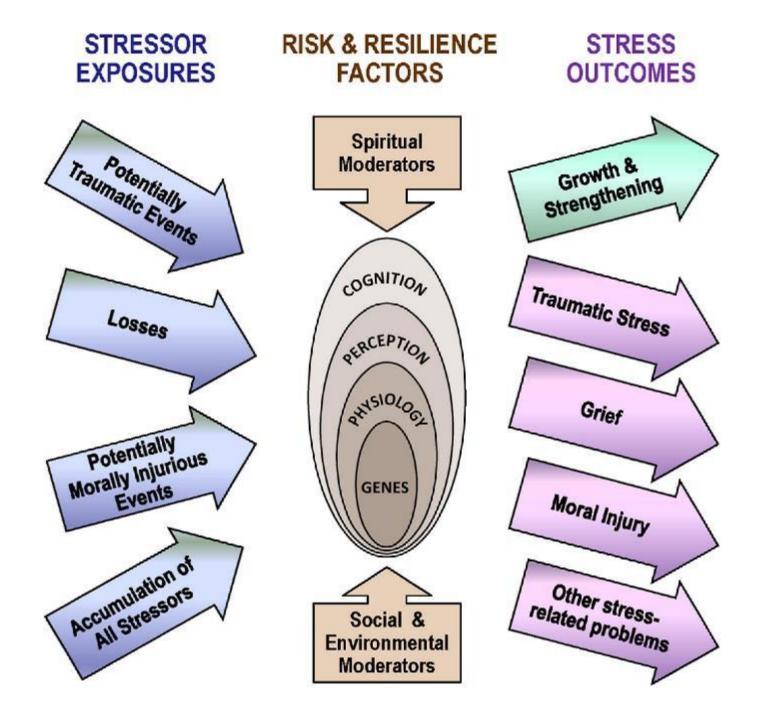
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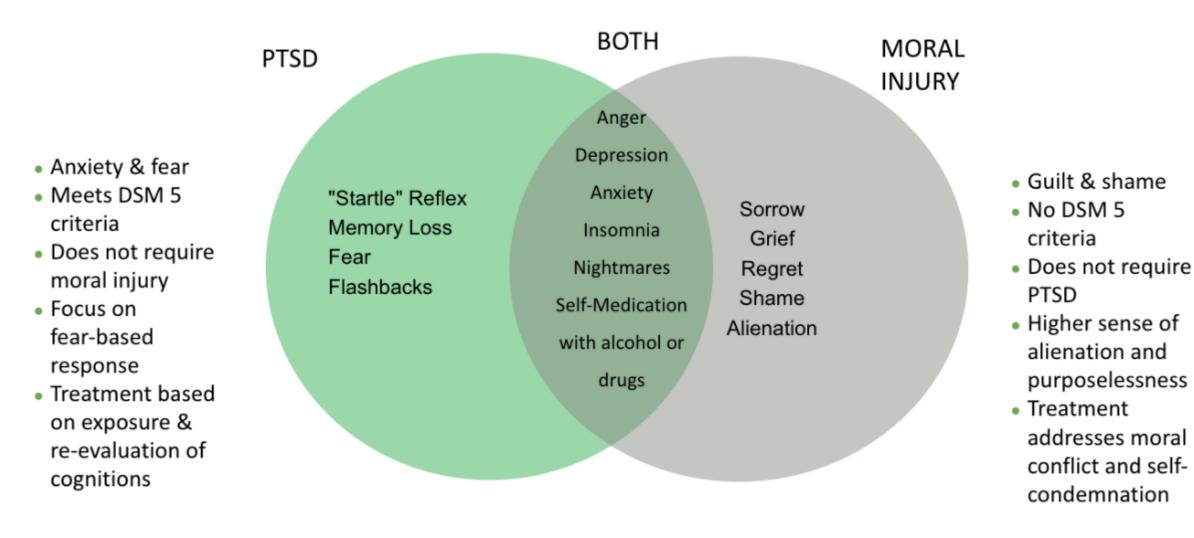
Prof Suzette Brémault-Phillips – Moral Injury and the family

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Moral Injury

• Nash, W. P., Vasterling, J., Ewing-Cobbs, L., Horn, S., Gaskin, T., Golden, J., ... & Koffman, R. (2010). Consensus recommendations for common data elements for operational stress research and surveillance: report of a federal interagency working group. Archives of physical medicine and rehabilitation, 91(11), 1673-1683.





(Wood, The Huffington Post, 2014b)

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Wood, A., Bowser-Angermann, J., Gray, L., **Fossey, M**. and Godier-McBard, L. (2022) 'Dropping in and out': social media and internet-based communication amongst Naval families during separation Portsmouth: Naval Children's Charity

UNDERSTANDING THE NEEDS OF SERVICE CHILDREN IN A PRIMARY SCHOOL SETTING; TEACHERS' PERSPECTIVES

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PRESENTATION OUTLINE

- Research aims
- Research questions
- Methodology
- Findings
- Implications and next steps

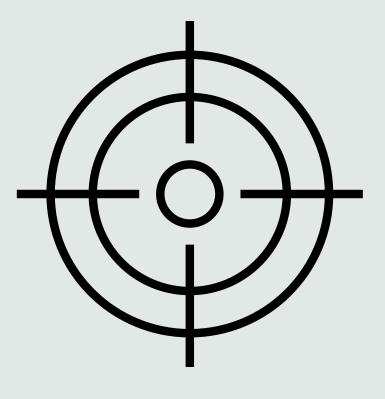
RESEARCH AIMS

Pilot study title:

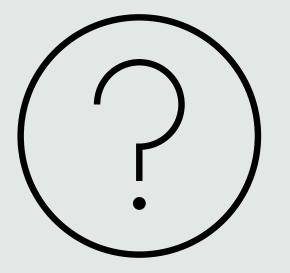
Understanding the Needs of Service Children in a Primary School Setting; Teachers' Perspectives

Aims to:

- identify gaps in teachers' knowledge and understanding of the needs of Service children
- identify what (if any) resources are being used to support Service children and the impact they are having
- identify what training and CPD teachers have received in supporting Service children.

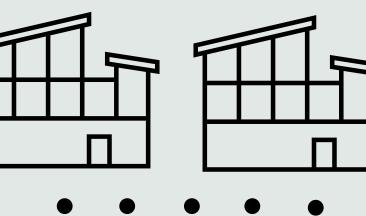


RESEARCH QUESTIONS



- What do teachers believe to be the benefits/challenges of being a Service child?
- How are resources and support for Service children introduced, developed and implemented in schools?
- How confident are teachers in supporting Service children in their setting?
- What inclusive training/CPD have teachers undertaken during teacher training, and in the last five years, in relation to Service children?

RESEARCH PARTICIPANTS

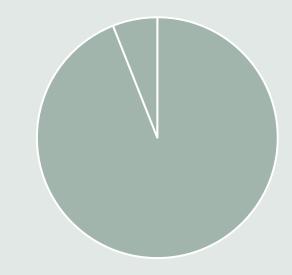


2 primary schools

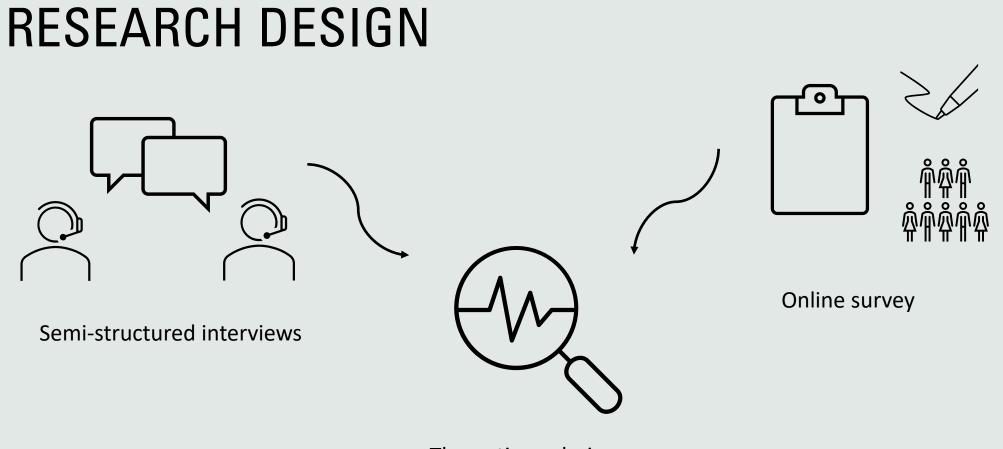
5 teachers



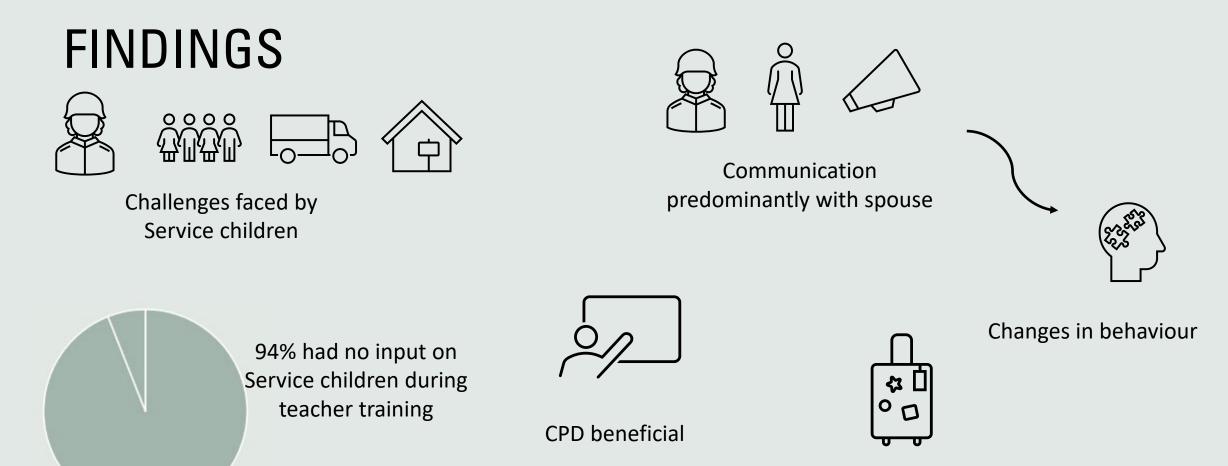
Primary52Secondary14Other2



| Undergraduate | 26 |
|---------------|----|
| Postgraduate | 39 |
| Other | 3 |



Thematic analysis



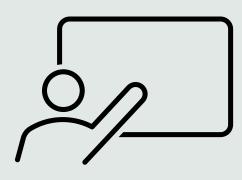
Transitions reported to admin teams

IMPLICATIONS AND NEXT STEPS

- Key challenges faced by Service children, reported by teachers, are mobility and deployment, supporting earlier findings by McCulloch and Hall (2016).
- Despite research suggesting adequate training for teachers (House of Commons Defence Committee, 2013; The Children's Commissioner, 2018; Burke et al., 2019) current findings suggest this is still not in place and there is a lack of CPD for teachers.
- Teachers should be provided with resources that allow them to develop knowledge around the unique struggles that Service children may go through (Park, 2011; Alisic, 2012; St. John and Fenning, 2020) but current findings suggest that there are no specific resources utilised.
- Baverstock (2023) reported embedding the understanding of Service families within Initial Teacher Training is a positive step towards improving the inclusion and educational support of military children and their longer-term educational development yet 94% of teachers surveyed had no guidance on supporting Service children in their teacher training.

NEXT STEPS...

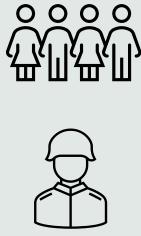
1. Survey to teacher training providers



2. Survey to parents of Service children

3. Semi-structured interviews with PGCE students









k.davies.22@unimail.Winchester.ac.uk Twitter/X: @KirstyDaviesEdD LinkedIn: Kirsty Davies The role of occupational therapy within veteran support during the transition from military to civilian life: a scoping review

Pamela Wilkinson and Gail Carin-Levy



Occupation and Occupational Therapy

- Occupational Therapy is concerned with promoting health and wellbeing through everyday activities (occupations).
- Occupations are essential to our daily lives. They give our lives meaning, purpose and structure. They help shape who we are, connect us with others and shape our identity and sense of belonging.
- Occupational therapy has strong historical ties with the military. The growth of the profession is largely credited to the work of therapists in rehabilitation services after WW1 who engaged veterans in meaningful activity.



Transitions: An Occupational perspective

- Occupations are particularly important at times of transition. A transition can be considered as a period of discontinuity in a person's life.
- Transitions involve changes in habits, routines and the way in which we perform our occupations. These changes in performance can affect the way we see ourselves and how we believe others see us. At times of change our identity and self-efficacy are challenged.
- If disruption occurs over a prolonged period of time and with little support in place then occupational deprivation and imbalance can also occur. This can lead to: deterioration in mental health, isolation and the development of unhealthy coping strategies.



Occupational therapy and military transitions

- When we can't do an occupation anymore or we need to adapt the way we do it, because of ill health or other barriers, our sense of self and purpose can change. This is where occupational therapy can help support individuals to overcome challenges.
- Occupational therapists are well placed to provide a wide range of transitional support:
 - \circ community integration
 - o life skills education
 - o vocational rehabilitation
 - o mental and physical health support.
- However, there is a sparsity of evidence to support the role of occupational therapists within this setting.



The study

Main research question: What is the role of occupational therapists in supporting veterans transition from military to civilian life?

Specific objectives:

- What interventions have been used by occupational therapists in the past ten years to support veterans transitioning from military to civilian life?
- In which settings are occupational therapists who support veterans employed within the UK?
- Is there a role for occupational therapists in supporting the families of veterans during this transition?

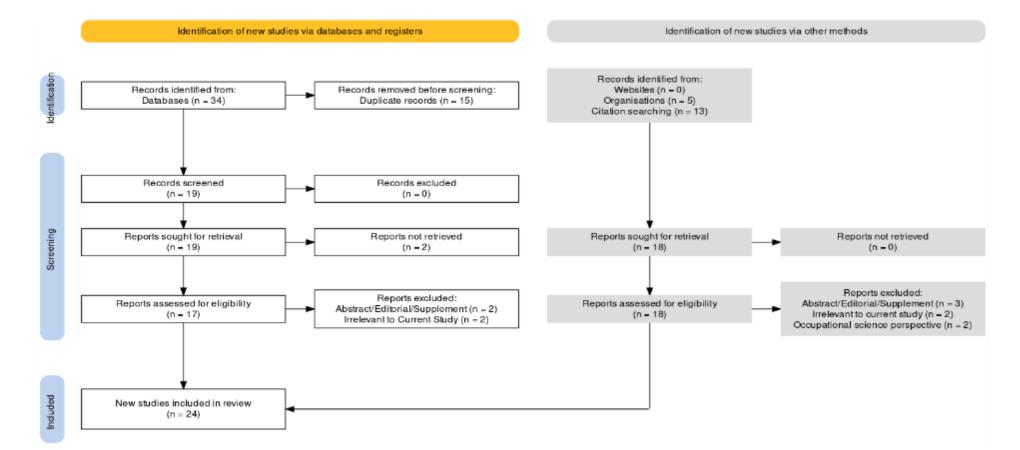


Research method

- A scoping review methodology: The limited evidence base showcased the need to explore the available knowledge. The findings generated within this scoping review will be a subjective interpretation of the literature rather than an answer to the research question posed.
- The Joanna Brigg's Institute (JBI) 5 Step Framework was used to guide the research
- The use of broad inclusion criteria allowed a richer variety of literature to be included.



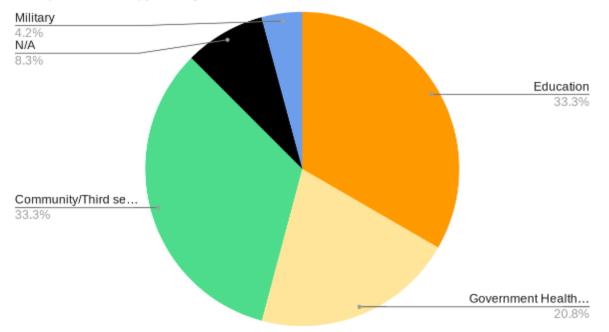
Selecting the studies





Findings: Where are occupational therapists currently working?

٠

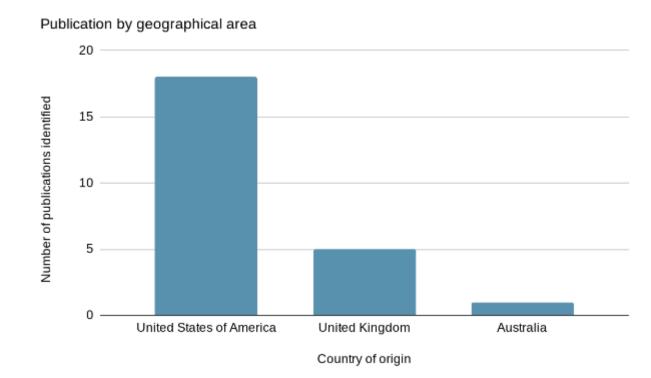


Occupational therapy settings within the literature

- Occupational therapy was most prevalent in community and 3rd sector organisations (n=8) and educational establishments.
- Occupational therapists working with veterans in government healthcare only made up 21.7% of the literature (n=5) and only one article mentioned occupational therapy occurring within the military context (n=1).
- Two articles are recorded as N/A as they were studies conducted by research institutes



Geographical account of evidence base



- All publications originated from Westernised cultures.
- The majority (n=18) of research papers generated in the USA.



Key themes

Psychological impacts of service

Social connectedness and community

Use of unconventional interventions

Building resilience

Life after service

Education

Meaningful activity

Relationships and Family



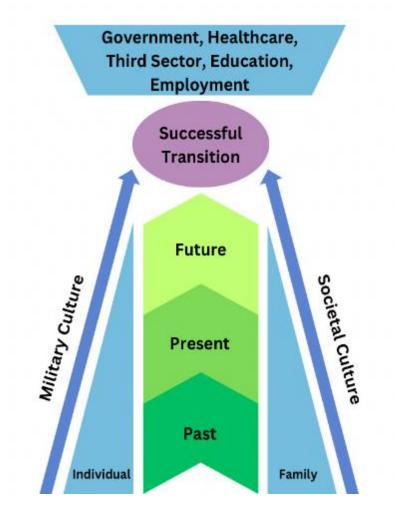
A model for positive military transitions

The findings supported creation of a model conceptualising a positive military to civilian transition.

This in turn allows us to identify where occupational is best placed to provide support.

Key components:

- •
- A trans-disciplinary approach A holistic person centred and trauma • informed approach
- The intersect of military and societal ۲ culture





Key Messages and future research

- Occupational therapists could have a pivotal role to play in the health and social care services that support the military civilian transition.
- There is a clear need to create more inclusive spaces and environments
 that can support positive transitions
- Occupational therapists may have to diversify their practice and work in new areas / sectors in order to provide the best support.
- The lack of research evidence does not mean great work is not being done. This paper calls for further research to build the evidence base for occupational therapy and develop more efficacy- based interventions
- Future research could focus upon: Vocational rehab, the healthcare disparity between male and female veterans or interventions for military families.



Thank you for listening! Any questions?



The self-employment and enterprise potential of veterans in the UK.

Professor Amos P Haniff, Professor Laura Galloway, and Laerke Salhauge-Rasmussen

Background



- Approx c1million veterans of working age in the UK (British Legion 2023)
 - 87,269 Scotland
- Veteran run firms make up 6% of SMEs population; ¾ are selfemployed or micro business owners.
- Little known about experiences of pursuing independent work (Centre for Entrepreneurs, 2018)
 - Opportunities
 - Challenges

Background

- Changes in the labour market
 - Increased rate of self-employment
- Not well catered for (Centre for Entrepreneurs, 2018)
- Skill and knowledge developed in the military matters
- High value skills studied in the context of business schools
 - Little studies on entrepreneurial learning in the military
- Little studies investigating enterprise of UK veterans



Purpose

- Investigate the support for selfemployment readiness of veterans.
 - Pilot study
- Two key research questions:
- 1. Is self-employment/business perceived as a work option for military veterans?
- 2. Are there skills implications for people leaving the military with ambitions to start a firm or become self-employed?



Methodology

<u>Sampling</u>

- Purposeful sampling and snowballing
- 18 veterans contacted and 9 agreed to participate

• Interviews

- Semi-structured and conversational
 - Allowed for unanticipated themes
- interviews carried out on MS Teams
- between 20-50 minutes
- Analysis
- Thematic analysis
 - Informed by literature



Respondent Sample

| Int no. | Service | Gender | Still has business | Business type | Business informed by military | Officer | Years in the military |
|------------|---------|--------|-----------------------|-------------------|-------------------------------------|---------|-----------------------|
| 1 | Army | Μ | Yes | Tech services | No | Yes | >10 |
| 2 | Army | M | No | Mgt consulting | Yes | Yes | >10 |
| 3 | Army | M | Yes | Mgt consulting | Yes | Yes | >10 |
| 4 | RAF | M | No | Mgt training | Yes | Yes | >10 |
| 5 | Army | F | Yes | Food manuf/retail | No | No | <10 |
| 6 | Army | F | No | Dental | No | Yes | >10 |
| 7 | Army | M | Yes | Distillery | No | No | <10 |
| 8 | Army | Μ | Yes | Waste mgt | No | No | <10 |
| 9 | RAF | Μ | Yes | Mgt training | No | Yes | >10 |

RQ1. Is self-employment/business perceived as a work option for military veterans?

8/9 think veterans are interested in se/ent

What value are these realising?

- Income and a type of lifestyle (9/9)
- Being your own boss
- Challenge of starting a business



It was part of my motivation ...because in my eyes later down the line it could open up a lot more time for me... to do other things, like take up hobbies and maybe travel a bit more and just that kind of freedom... And also I feel like it's different working for yourself because if I decide I want to have a sluggish day or not put in what needs to be put in, then ...it's ultimately me who's suffering no-one else. **R8, waste mgt firm**

RQ2 Are there skills implications for people leaving the military with ambitions to start a firm or become self-employed?

a) Skills advantages:

Alongside explicit skills (engineering, logistics, tech etc) also generic skills

| Strategic planning / organisation mgt | 6 |
|----------------------------------------|---|
| Commitment (determination/reliability) | 6 |
| Communications / teamworking | 5 |
| Leadership | 5 |
| Resilience | 4 |
| Self-discipline | 3 |
| Confidence | 3 |
| Flexibility/adaptability | 3 |







RQ2 Are there skills implications for people leaving the military with ambitions to start a firm or become self-employed?

b) Challenges

- Lack of budget/finance skills
- Confidence in military skills relevance
- Lack of business skills and networks
- Not considering se/ent as a viable option
- Concern about civilian 'life admin



"the hardest thing is for people who have been in maybe a few years, for them to adjust to civilian life and having to work out your own bills and your own budget is tough" R5 Food manuf/retail

Is there good support for self-employment?

| Yes | 1 |
|------------|---|
| No | 6 |
| Don't know | 2 |

I found myself there [self-employed] by accident rather than by design... I found the help was all about just finding a job... It was more about just getting people into employment **R1 Tech services firm**

They help you get your CV done. If you're a medic, they'll help you get a portfolio done that you can take to the NHS or if you applying to do a degree... But in my experience they there was no talk of if you wanted to start your own business, you can do XY and Z. So it's not promoted as much as employment.

R8 waste mgt firm

Some who left the services early felt there was more focus on retaining them

Only one respondent reported training for self-emp/ent



Career transition partnership

What would help?

Access to business training

Access to networks and role models

More information about se/ent as an option

Links to ent ecosystem

Better support for 'life' transition



Implications for training and education

- Opportunity for greater engagement between military and business schools
 - -Generic business training
 - -Specific training
 - -Access to mentors and networks

Implications for research

- Pilot suggests a larger scale study scoping
 - -perceptions of se/ent amongst military leavers
 - -What skills/training needs for se/ent they perceive they have

To inform uni/military partnerships and realise latent entrepreneurial potential of veterans 12



Thank-you



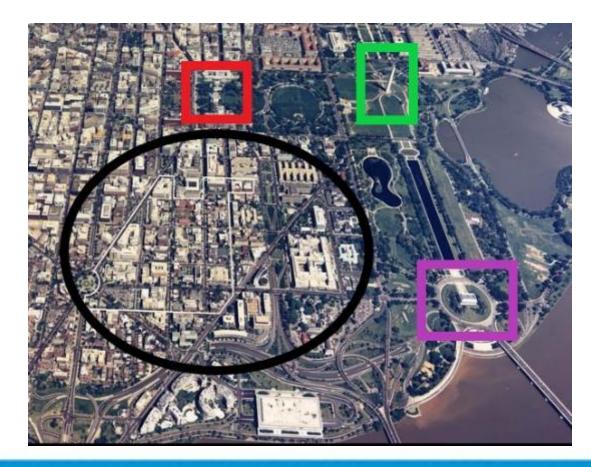
Transitioning from the Transition: Helping Veterans Transition to Careers in Nursing

Identity, Purpose, and Belonging: The First Scottish International Conference on Armed Force

Edinburgh Napier University, Edinburgh, Scotland August 2024

Catherine Wilson Cox CAPT, NC, USNR (retired) PhD, RN, CEN, CNE, FAAN, ANEF Associate Professor and VBSN Initiative Coordinator, GW Nursing

School of Nursing, George Washington University (GWU) One School, Two Campuses





Washington, DC (Main Campus) and Ashburn, VA



Learning Outcomes for this Presentation

- Discuss the history and background of a Veterans' Bachelor of Science in Nursing (VBSN) Initiative
- 2. Analyze strategies to support the success of military students
- 3. Summarize accomplishments and transitions moving forward



Cohort Check-in



Purpose, Goal, and Outcome

- <u>Purpose</u>: share the experience of our institution's response to a Department of Health and Human Services' Health Resources and Services (HRSA) Administration's funding call to nursing schools in the United States (U.S.)
- <u>Goal</u>: offer pro-Veteran learning environments, recruit and support Veterans interested in pursuing nursing careers, and facilitate academic credit for enlisted health care training
- <u>Outcome</u>: 31 nursing schools (including ours) received HRSA funding to transition Veterans from former military roles to a career in nursing



Building a strong, effective, representative nursing workforce promotes diversity in the profession



The VBSN Initiative at GW Nursing

- The VBSN Initiative officially began in the fall of 2015 with Cohort 10 – when GW Nursing received funding* to transition Veterans to the profession of nursing
- It's a VBSN "initiative" versus a VBSN "program" since VBSN students take the same Accelerated Bachelor of Science in Nursing (ABSN) classes as their civilian peers
- FYI: Not all VBSN students enter with a baccalaureate degree
- To date: Over 400 VBSN students have graduated from the program
- In the summer of 2023, we expanded our outreach to include dependents/spouses of those "who have served"
- We currently have over 65+ military-affiliated students at any given time



Cohort Check-in

*This project was supported by the Health Resources and Services Administration (HRSA) of the Department of Health and Human Services (HHS) in Rockville, MD under grant number UF1HP26982 and title Nurse Education, Practice, Quality and Retention (NEPQR) Program: Veterans Bachelor of Science in Nursing Degree for grant amount \$1,397,191.00.



These are our strategies to support success for military-affiliated students as they:

Transition into the program Transition through the program Transition out of the program



Nursing

Transition In

- We provide dedicated
 admissions personnel
- For the Army, Navy, Marines, or Coast Guard, we review
 <u>Joint Service Transcripts</u> (JST) pre-admission
- For the Air Force or Space Force, we review <u>Community</u> <u>College of the Air Force</u> (<u>CCAF</u>) <u>Transcripts</u> preadmission



All Hands on Deck



Transition In

- JST transcripts show how many credits the American Council on Education (ACE) recommends for experiences like these:
 - Military Occupational Specialty (MOS) training
 - Army Advanced Individual Training (AIT)
 - Military jobs
 - Completed courses



All Hands on Deck



Transition In

- We offer a VBSN-specific student orientation
- We address unique needs (e.g., these students are eligible for many benefits)
- We work in concert with the GWU Office of Military and Veteran Student Services (MVS)



Cohort Check-in



Transition Through

- We offer multiple opportunities for continued camaraderie and building of the community
 - ✓ We have a dedicated space for undergraduate militaryaffiliated students to collaborate (via the VBSN lounge)
 - We have appointed a dedicated program associate and a faculty liaison – they are involved in all aspects of the program
 - We have established dedicated VBSN faculty mentors
 - We coordinate cohort "lunch and learns" (single and joint), courtesy of a GWUH Women's Board grant
 - ✓ We organize social events with GW's MVS Office



White Coat Ceremony



Transition Out

- We reinforce test-taking strategies
- Faculty mentors follow students throughout and after the program
- We document outcomes/numbers







Accomplishments





- Most of our student veterans/military-affiliated students are successful with graduating on time and are satisfied with the support they have received
- Most pass their licensure exam on the first attempt but the cost to the U.S. Department of Veterans Affairs (VA) and the students is high for those who fail
- The long term goal of this initiative is to create a culture of "never" events, such that every dollar invested in a nursing education for each military-affiliated student yields a registered nurse for exemplary practice



Monitoring Success

- We monitor the effectiveness of this innovative initiative including each student's:
 - Academic progression
 - Level of satisfaction with their educational experiences
 - First time pass rates on the NCLEX-RN® licensure exam
 - Gainful employment upon graduation







Summary of Accomplishments and Transitions Moving Forward

- Student Success + Team Success = PROGRAM Success
- The VBSN initiative continues even after the HRSA funding ended

"I just wanted to thank you for all the help during the last 15 months. The check-ins were a huge help and they kept me on the right track I just wanted to let you know how thankful I am."





What is the Evidence?



- Follow the academic credit recommendations provided by the American Council of Education (ACE) regarding military courses so that military nursing students can apply college credits towards core education requirements and maybe even the nursing curriculum
- Contemplate a fast track option for military students to reduce the time it takes for them to complete a nursing program
- Provide specialized orientation programs to retain military nursing students
- Be proactive and provide interventions to promote the academic success of military nursing students

*Cox, C.W. (2019). Military students' strengths and challenges based on their military experiences: An integrative review. *Journal of Nursing Education. 58*(7), 392-400.



- Although military nursing students may appear to be similar to accelerated second degree students because they are older and bring life experiences to the classroom, appreciate that for many this will be their first time on a physical campus
- Provide student advisors (and/or veteran case managers and/or a military liaison) who are competent in both the military and higher education communities and/or can help military nursing students navigate convoluted benefits
- Recognize that there is a post-9/11 G.I. Bill backlog that affects a nursing student's academic and living expenses; hence, reimbursement from the U.S.
 Department of Veterans Affairs (VA) may be delayed but this should not impact a student's progression in the program

*Cox, C.W. (2019). Military students' strengths and challenges based on their military experiences: An integrative review. *Journal of Nursing Education. 58*(7), 392-400



- Learn what you can about the transition process of military nursing students into academia, as well as military culture, in order to best advise/counsel them
- Develop training modules for faculty, staff, and/or clinical partners to better understand military nursing students
 - Green Zone Training provides faculty, staff, and students with an understanding of the military experience to help develop a supportive campus community for veterans, current service members, and their families
- Consider allowing students who are activated to complete both didactic and clinical experiences while deployed

*Cox, C.W. (2019). Military students' strengths and challenges based on their military experiences: An integrative review. *Journal of Nursing Education. 58*(7), 392-400.





Nursing



- Establish opportunities to recognize military nursing students (e.g., Veterans Day celebrations and/or creating a military challenge coin for the nursing program) as well as socialize them to academia
- Designate a veterans lounge for military students
- Conduct nursing research on this unique student population and/or patients who are veterans

*Cox, C.W. (2019). Military students' strengths and challenges based on their military experiences: An integrative review. *Journal of Nursing Education. 58*(7), 392-400.



Veterans Day Celebration (11/11)



VBSN Initiative: 10 Valuable Tips*

- 1. Secure the support of the institution
- 2. Establish a point person for the VBSN Initiative
- 3. Maximize VBSN student success resources
- 4. Acknowledge past academic work and military experience
- 5. Hire prior-service Armed Forces Nurse Corps officers as faculty
- 6. Deliver training opportunities for non-military faculty to learn about veterans
- Offer VBSN students the opportunity to learn and socialize with their civilian peers
- 8. Capitalize on the assets veterans bring to the classroom
- 9. Provide a structured learning environment
- 10. Generate databased publications

*Cox, C.W., & Wiersma, G. (2022). A veterans bachelors of science (VBSN) in nursing initiative: 10 valuable tips. *Nursing Education Perspectives, 43*(3), 198-200.



Conway Scholars



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Ice Cream Social



catherinewcox@gwu.edu





THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC



You're in Your Own Time Now: Understanding Current Experiences of Transition to Civilian Life in Scotland <image>



Prof Gerri Matthews-Smith, Dr Sarah Sholl, and Dr Linda J Thomas



Edinburah



EMPLOYER RECOGNITION SCHEME GOLD AWARD WINNER 2019 PROUDLY SUPPORTING THOSE WHO SERVI

MOD operations in Scotland

- MOD defence spend in Scotland: almost £2 billion in 2020/21 (9.7% of total UKwide spending)
- Both Governments agree Scotland plays a crucial role in the defence of the UK.
- Scotland's contribution to the deterrence and defence capability of NATO is assessed as considerable by the UK government.
- Significant strategic investment in HMNB Clyde and RAF Lossiemouth



Veterans

- Scotland 2019 estimated 240,000 UK Armed Forces veterans
- 1,800 ex-service personnel and their families settle in Scotland annually
- More than half (58%; 129,000) of veterans in Scotland are 65+.
- Balance likely to change younger; different needs.
- By 2028, forecast to decrease year-on-year to 1.6 million, of which 44% will be of working age.

Support: Covenant, Strategy for Our Veterans, ScotGov, Veterans Commissioner, 3rd Sector. Other initiatives in Scotland:

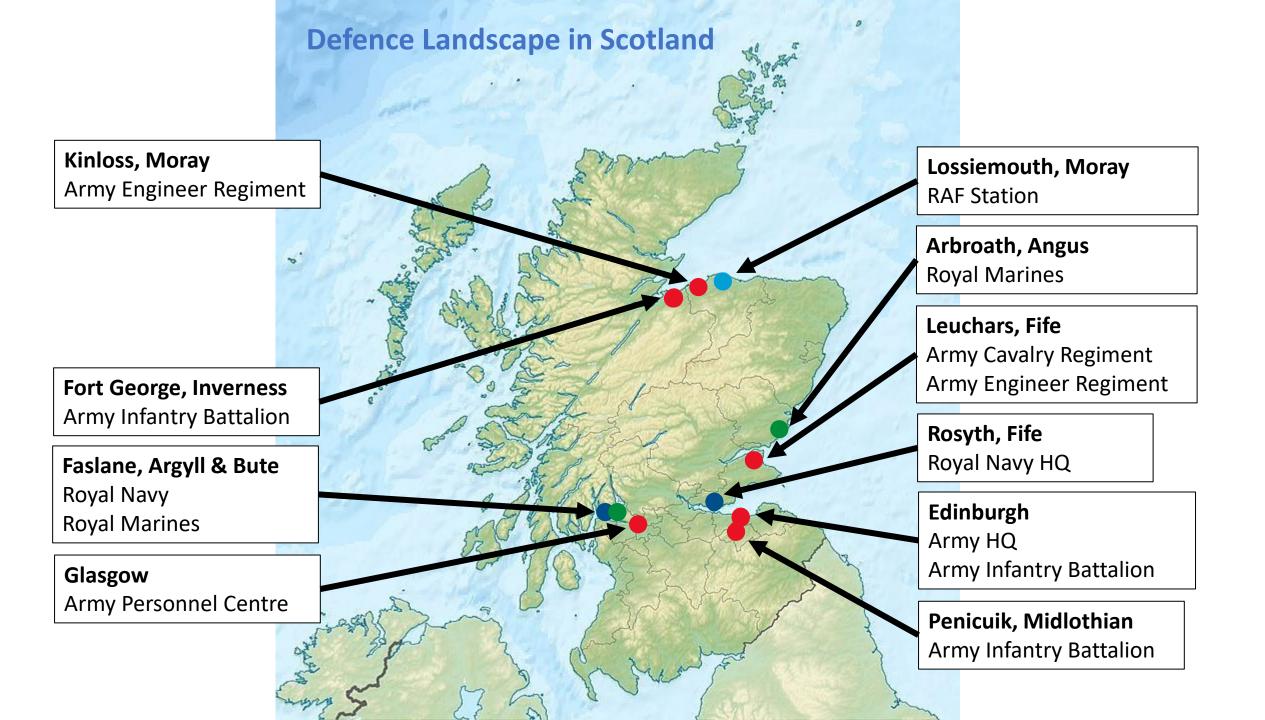
- The Armed Forces 3rd Sector Resilience Fund
- Support for Mental Health
- The Scottish Veterans Care Network Mental Health and Wellbeing
- Ongoing work to develop a GP accreditation scheme for veterans in Scotland

Defence Landscape in Scotland

- More than 10,000 regular military personnel and 4,000 reservists
- British Army 5.5% (2060)
- Royal Navy 19.6% (4270)
- RAF 8.4% (2060)
- Several large military bases & many smaller bases, including Reserve Centres(5320)
- Reserves central to the UK's defence & security (integrated training and operations)
- UK Resilience Operations (MACA)
- Service Family Accommodation (N.B. reservists)
- Defence Training Estate
- Ceremonial (e.g. Op UNICORN)









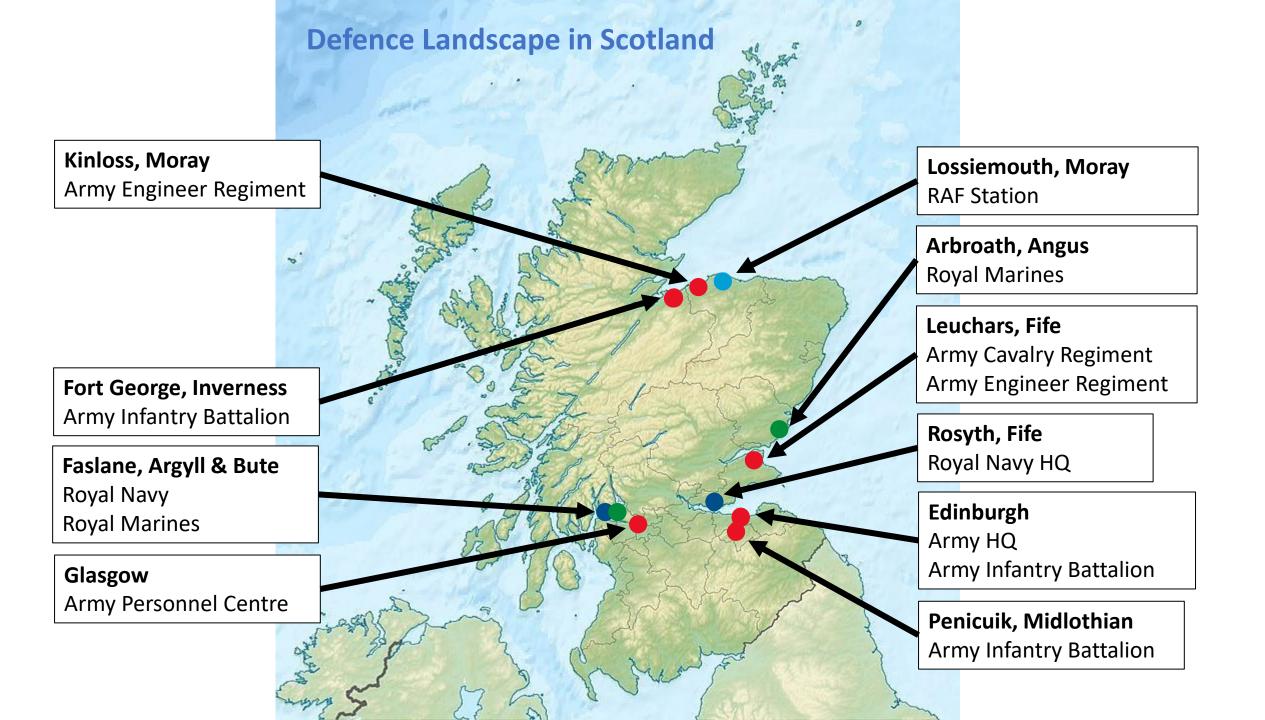
Data Collection Overview

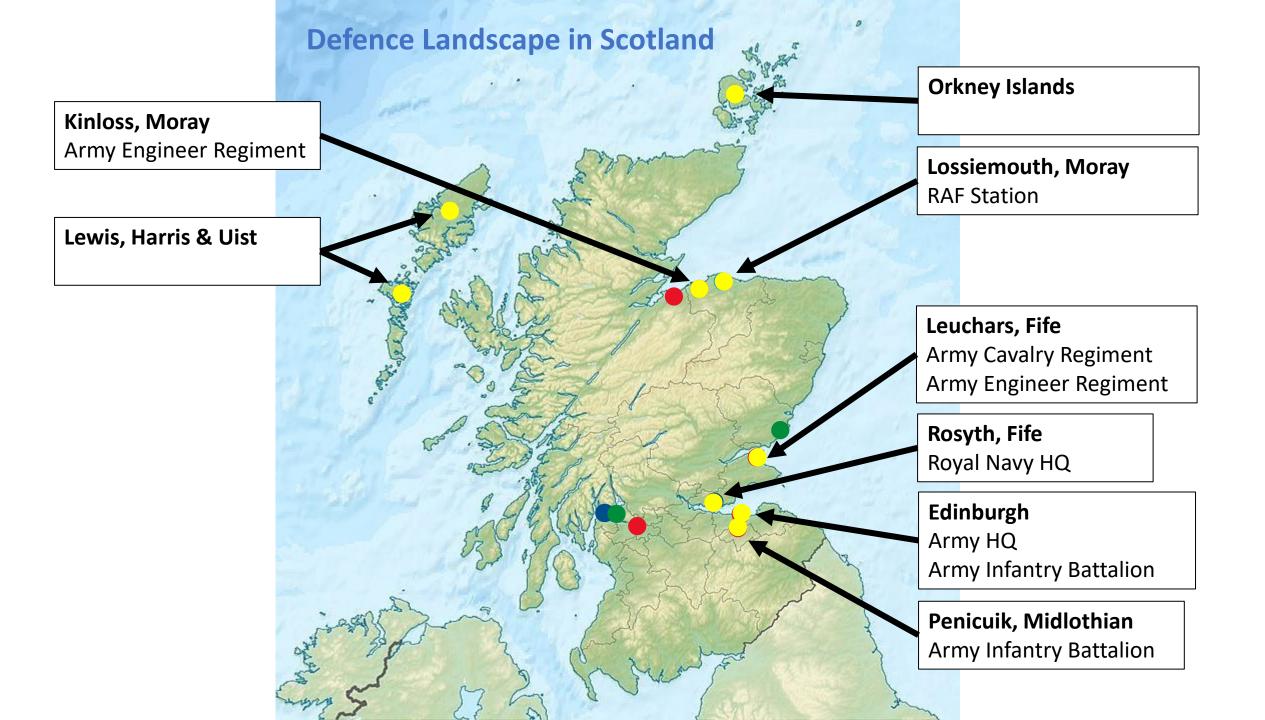
| Survey 1 (n=211) | Veterans (last 10 years); partners/spouses |
|-------------------------|--------------------------------------------------------------------------------------------------------|
| Survey 2 (n=93) | Serving personnel (considering/in the process of transition); partners/spouses |
| Survey 3 (n=51) | Employers |
| Qualitative data | Interviews and focus groups (n=104), stakeholder interviews (n=34); participant observations (n=12) |
| Additional data | Scottish Prison Service data; TESRR data on service leavers; uniformed services employment numbers |

Networks

- 1) Veterans, service personnel and families: The Gen Dit Network; BFBS Radio; NHS - Western Isles, Orkney; We Love Stornoway; Royal British Legion – Isle of Orkney, Lewis, Harris, and Uist; Sandhurst Sisterhood; SSAFA; BBC Radio Orkney, BBC Radio Stornoway; Orkney Armed Forces & Veterans Breakfast Clubs (AFVBC); The Orkney News; University of Highlands and Islands; MEC; Anglia Ruskin; Scottish Ambulance Service; Army, Navy and RAF Families Federation; Rock2Recovery; Poppyscotland; WWTW; Joint Force Alba; Forward Assist; Fighting with Pride; LinkFORTY2
- 2) Serving personnel: Lee Baines and IEROs; Doug Mackay and RCMOs; Sohail Khan (RAF); Garth Atkinson (RN); CTP Employment Fair; CTW; MEC
- **3) Employers survey**: Officers Associations, Sue Bomphray, Leonardo Company; CTP employment fair; Galliford Try; SDS; GAP Group; Quorum Cyber;

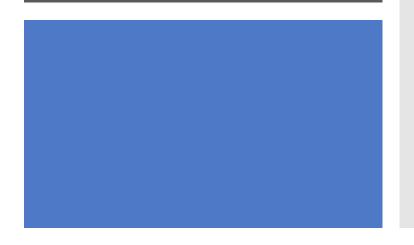








Employer Survey: Highlights



- Total Responses: **55**
- 2 Bronze
- 10 Silver
- 12 Gold
- The remaining 31 organisation were either not covenant members or did not know if they were.
- Employers held positive perceptions of veterans and how they could contribute to their organisation such as, greater physical and mental resilience in a more balanced way than many non-service personnel, the ability to motivate those around them; time keeping; management skills, taking initiative, problem solving, leadership skills, team working, strong work ethic, responsiveness to change, working well under pressure, risk management, administration skills, technical skills.
- Approx. 600 veterans are employed by Police Scotland

Stakeholder/Partnership Working

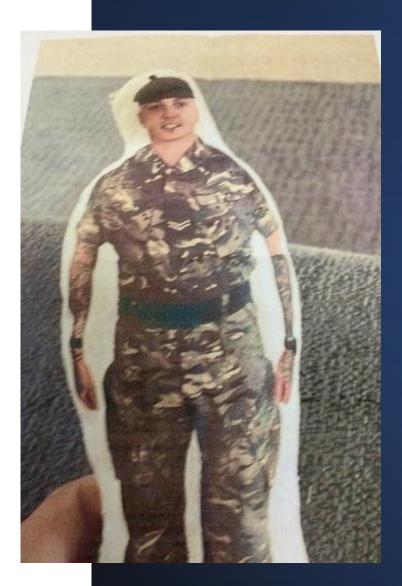
• Employment, Networking and Social Media

- **CTP** SDS/SCQF (mapping tool/partnership working)
- Scottish Veterans Wellbeing Alliance Pathway (provides spaces and places across Scotland where veterans and families can connect, receive and provide support, learn new skills and benefit from activities delivered by a compassionate workforce striving to nurture relationships with all who have an interest in veterans' health and wellbeing)
- FDM Group Ex-Forces Training and Employment



Interviews

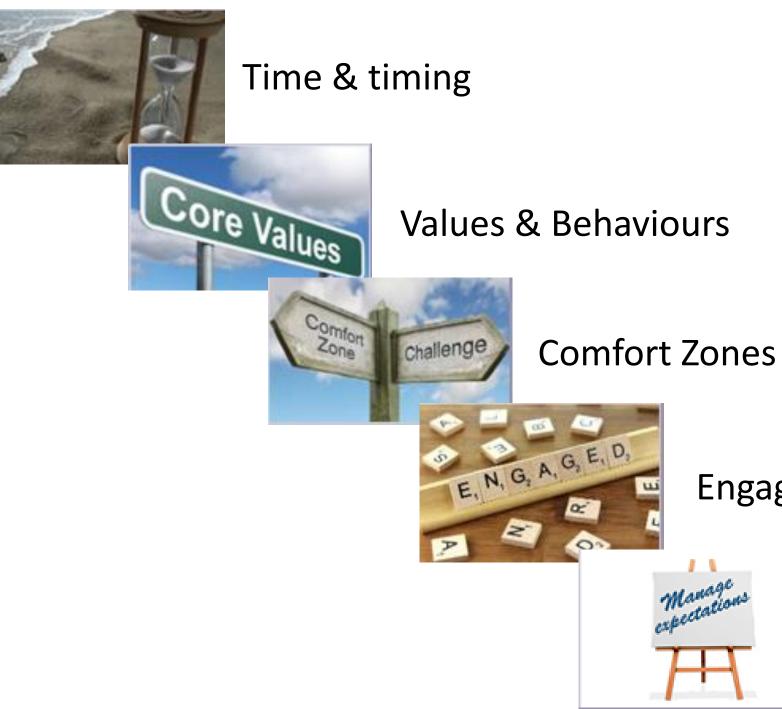
- Emotional/identity aspect of transition
- The issues identified by **spouses and partners** (welfare, childcare, identity)
- **Housing** (infrastructure, location, ownership, link to health services)
- Education use of credits and enhanced credits . University Funds in Scotland , special needs and schools



Minority Groups

- Medically Discharged (support systems,
- Commonwealth Communities (Fijian)
- Increased female veterans responses by **21%**
- Recognising the needs of veterans in prison and prison officers who are veterans
- Unique insight into the transitional experiences of **island** veterans and key stakeholders





Expectations/decisionmaking

Engagement

Impact

Wilfred Owen Scholarship& Doctoral Studies(6)

Scottish Universities Armed Forces Research Hub

Armed Forces Children Study (2) Fijian Communities continuous work

SAFER

Widening Participation Team – Welfare Centres

Scottish Veterans Wellbeing Alliance Pathway (Suicide Study)

CULTURAL CAMOUFLAGE AND CONSTRUCTING GENDERED IDENTITY:

Experiences of women veterans of the Australian Defence Force

Natalie Merryman (PhD Candidate)^{1,2} and Professor Ben Wadham²

¹School of Humanities, Creative Industries and Social Sciences, College of Human and Social Futures, University of Newcastle, Australia.
²Open Door; Understanding and Supporting Service Personnel and their Families, Flinders University, Australia.



Flinders University

Open Door Initiative





BACKGROUND

Political discourse of war uses strategies of de-corporealisation to distance governments from the brutality of war (Dyvik, 2013; McSorley & Maltby, 2012; Scarry, 1985)

➤Warfighting is fundamentally a corporeal experience – "the most radically embodying event in which humans ever collectively participate" (Scarry, 1985, p.71)



≻Military service as the ultimate evidence of manhood (Enloe, 1988)

- Expectation that the corporeal body of the soldier will perform a gendered role that reflects the hyper-masculine warrior ideal (Wadham, 2013)
- Service 'esprit de corps' depends on sameness to create a collective military body (McSorley, 2013)
- Women are positioned as "other" simply through inhabiting the "wrong" body





- Women continue to be victims of workplace sexual violence and harassment. They are also disadvantaged by policies incompatible with family responsibilities and female specific health considerations (Neuhaus & Crompvoets, 2013)
- Culture of gendered violence in ADF has been documented and reported as systemic and entrenched (Australian Human Rights Commission, 2013; Jones, et al., 2020)
- Persistent gendered narrative of the military is a form of institutional gaslighting of women (MacKenzie, 2023)





- Wadham & Hamilton (2015) describe a strategic technique of concealment termed 'Cultural Camouflage' which is used by militaries to establish dominance of the "white, racialised, heterosexual and masculine subject" (p. 214) at the expense of all others, particularly women.
- > Women veterans have been rendered invisible and silenced
- Invisibility of women veterans recently linked to gender-based barriers to supports through transition, form physical and mental health issues, social connection and access to DVA entitlements (Lawn, et al, 2024)

This paper examines techniques women use to camouflage their gender to better assimilate into military environments.





RESEARCH METHODOLOGY

>Veteran led sociological PhD project

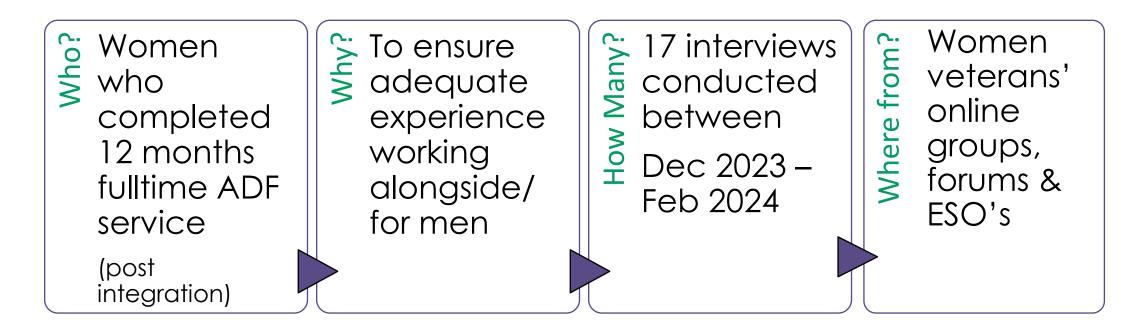
Utilising feminist qualitative method of narrative inquiry to understand how women veterans negotiate gender and understand their own identity, within and externally to, the organisation

Ethical approval for the study was obtained from both the Departments of Defence and Veterans' Affairs (DDVA HREC: 533-23) and University of Newcastle Human Research Ethics Committees





RECRUITMENT & PARTICIPANTS







DISCUSSION

- > Women are only ever guests in military institutions.
- Woodward & Winter (2007) observed that it is specifically "male masculinity masculinity plus a male body," (p.87) that is valued by defence organisations. Thus, women are conditionally accepted as equal, whilst ever they successfully assimilate by being as 'male' as possible.
- Women described a number of techniques utilising the principles of camouflage of gender to obtain conditional acceptance by men within the organisation.
- The art of camouflage utilises strategies of masking, subterfuge and deception to take control over one's environment and to subsequently obtain more control over the enemy (Elias, 2011)
- "...when [camouflage is] used well it conceals intention and strength until such time that both are brought into action." (W. Daikin, in Elias, 2011, p.95)



PRINCIPLES OF CAMOUFLAGE

>Mimicry - correct behaviour as the basis of good concealment

>Bluff/dazzle - extrovert displays to conceal underlying weakness

Masking/countershading - optical illusions that make it easier to blend in/go unnoticed

(Elias, 2011)





ADOPTION OF CAMOUFLAGE: MIMICRY

Masculinising self

The study participants described various techniques of blending, disguise and deflection to fit in and be accepted including this description of a completely separate identity by Naomi:

So uniformed me is a very different identity to who I am; physically, the way I move, logically, the way I think. And even grammatically, the way I speak, is a very different person to who I am outside of that uniform. (Naomi, mid 40's, Air Force, served 8 years)

And from Gemma:

...they want you to be really macho and strong and never show weakness and don't cry...and...don't...be empathetic, like because then that's, that's weakness...[they] just prefer you to be the masculine version of yourself, because people take you seriously that way. (Gemma, late 20's, Air Force, served 7 years)

Accommodating misogynistic behaviours

> Participating in, or not intervening to assist, discrimination or bullying of other women





ADOPTION OF CAMOUFLAGE: BLUFF/DAZZLE

> Working twice as hard

Camouflaging their intrinsic personality to present and maintain a masculinised identity imposes an additional mental load on military women as discussed by Meredith:

"You want to be accepted...so there's, there's this real balance...we navigated this every day...the having to be better, to be considered at least equal to, what you turned a blind eye to; to what you did and to compromising yourself, not always necessarily knowing that, but compromising who you are as a female, to be accepted in the room and have a voice that's considered important...and it's exhausting. Like it was actually really exhausting! And I came home and I was often...like, why am I so tired? (Meredith, early 50's, Air Force, served 24 years).

> Maintaining physical performance to male standards

Changing her story to make it more palatable





ADOPTION OF CAMOUFLAGE: MASKING/COUNTERSHADING

- > Defeminising appearance including through cosmetic surgery (e.g. breast reduction)
- > Medically managing biology use of hormone treatments to control menstruation and pregnancy

> Deferring childbearing/parenthood

Meredith postponed starting a family to sustain her career and then struggled with feelings of unworthiness:

I didn't try to have kids until later. Because I wanted to get somewhere in my career first. You know, it was...certainly there were times where I felt vulnerable. And so that is weakness. (Meredith, early 50's, Air Force, served 24 years)

Concealing MSV

> Masking responses to harassment, hazing and discrimination

... this whole attitude that you were the problem. It wasn't the men's behaviour that was the problem, it was you that was the problem... It was just you're supposed to fit in because it's a man's world and that's, that. (Fiona, late 50's, Army, served 15 years)





BIOLOGY EXPOSING DIFFERENCE

Risk of othering through needs such as:

- > Bodily functions when out bush/on exercise (toileting/menstruation)
- ➢ Fitting uniforms, webbing and body armour
- Pregnancy, changing body shape and maternity leave
- > Appropriate post-partum rehabilitation



LONGER TERM IMPLICATIONS OF INVISIBILITY

- The burden of additional mental and physical load created by maintaining dual/conflicted identity
- > Potential for moral/identity injury and associated long term effects on mental health
- Continued 'guest' status within the service environment –gendered environment persists
- Invisibility extends into civil space leading to lack of recognition for veteran status within the community – effects health care, support services, social connection and overall wellbeing
- > Minimisation/invalidation of service experience
- > Invisibility of women veterans to each other



VALUE OF RESEARCH

Illuminate issues contributing to the continuing poor mental health and quality of life of women veterans in Australia Implications for the national burden of disease from conditions arising from physical, psychological and moral injury, including suicide attempts and death by suicide

Inform interventions that can effect positive change for women veterans



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THANK YOU





SAFER CONFERENCE 2024 Identity Purpose and Belonging

Setting up an Occupational Therapy (OT) Service for Homeless Veterans Living in Supported Accommodation

Martin Nadin – Chief Executive, SVR Janet Harkess – Specialist Occupational Therapist, SVR Joanna Beveridge – Lecturer in OT, QMU



Occupational Therapy (OT) Service

Outline of Presentation

Introduction and Background to OT Service
 Literature Review

 History of Occupational Therapy and Veterans and Homelessness

 Service Design
 Service Delivery
 Impact Evaluation
 Next Steps



Founded in 1910 - Scotland's oldest 'military' charity.

- 3 x Supported Housing Services and 45 x Scottish Secure Tenancies.
- Total supported accommodation capacity of 159 en-suite rooms and 1-bedroom flats
 - 84 in Edinburgh;
 - 45 in Broughty Ferry; and
 - 30 in Glasgow.
- > Housing Association and Registered Social Landlord.

Regulation – SHR, Care Inspectorate, SSSC/HCPC & OSCR.









WHY?

Vision

All Veterans living as independently as they are able, in a place they are proud to call home.

Mission

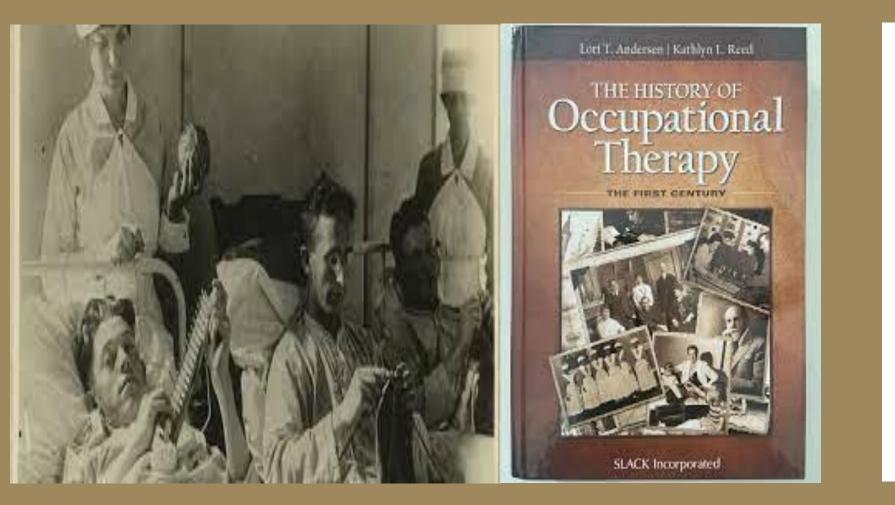
To provide quality support and accommodation to as many ex-Service/Merchant Marine personnel as possible, for as long as they need it, in order to assist those that are able, to return to independent living.





Occupational Therapy, Veterans and Homelessness

WW1 Veterans & the Birth of OT



OT & Homelessness

Evidence Spotlight

Road College of December of The spice

Homelessness

ROT

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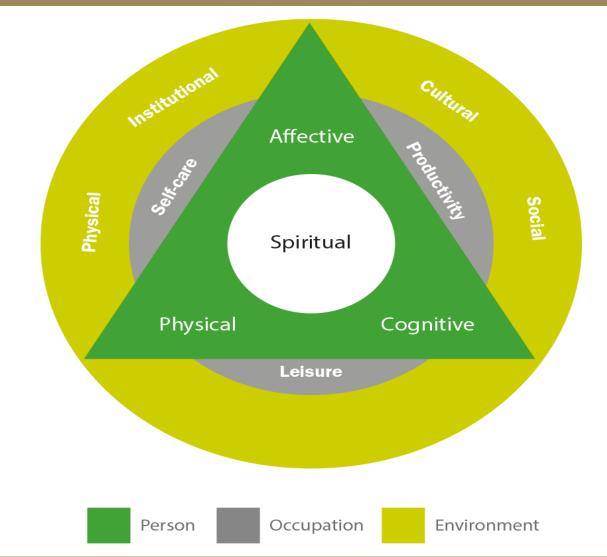
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Service Design

Canadian Model of Occupational Performance and Engagement (CMOP-E)



6



Service Design - Models and Frameworks



Spirituality

"a pervasive life force, manifestation of a higher self, source of will & selfdetermination, and a **sense of meaning, purpose and connectedness** that people experience in the context of their environment

(Townsend and CAOT, 2002, p.182)."





OT Service Design

Referral Guidelines

Occupational Therapy Referral Guidelines 2023



The Occupational Therapy Service will accept referrals for residents or tenants who have a health condition or disability that has an impact on the person's ability to manage their activities in the following life areas:

• Self-care e.g.

-personal care (e.g., washing, dressing, feeding)
 -functional mobility (e.g., transfers, indoor and outdoor mobility)
 -community management (e.g., shopping, transportation, finances).

• Productivity

- Paid/Unpaid work (e.g., finding or keeping a job, voluntary) volunteering.
- Household Management (e.g., laundry, cleaning, cooking)
- Learning (e.g., further studies)

• Leisure

Quiet Recreation (e.g., hobbies, craft, reading) Active Recreation (e.g., sports outings travel) Socialization (visiting, phoning, messaging, social media, correspondence)

• Life roles (e.g., parenting, grandparenting, member of an organization)

The Occupational Therapy Service will accept referrals from:

- SVR staff
- SVR Residents or tenants with support staff agreement

The Occupational Therapy Service will NOT accept referrals for people who do not meet the above criteria and

- 1. Have not given their verbal and recorded consent to be referred to OT.
- Are not ready to engage with the Occupational Therapy i.e. must be at the stage 2 (Contemplation) in their readiness to change <u>The Transtheoretical Model (Stages of Change) (bu.edu)</u>

Janet Harkess

SVR Occupational Therapist

6/11/2023

Referral Form

| Occupational Therap | y Referral Form |
|--------------------------------------------------------------------|---------------------------------------------|
| Residents /Tenants Name: | |
| Room Number/Address: | |
| | Bellrock/Rosendael/Whitefoord/ Gilmerton |
| Date of Birth | |
| GP and practice email address | |
| Reason for referral | Please write as much as you can |
| This person is having activity challenges with: | about these challenges: |
| Self-care (personal care, mobility, community admin, shopping etc. | |
| Productivity (House/Work, cooking) | |
| Leisure (or lack of) | |
| For tenants only-please write as much as | s possible |
| Medical History (incl mental health) | |
| Social History | |
| Employment History | |
| Housing History | |

SCOTTISH VETERANS RESIDENCES OT Service Design-Integration & Governance

Partnership Working





Edinburgh Health and Social Care Partnership

Systems Integration







Supervision









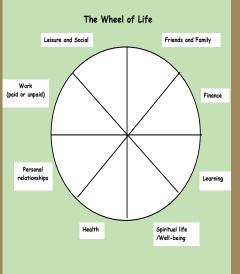
Queen Margaret University





Wheel of Life





- Score each segment of the circle out of 10 for how satisfied you are with is 0 = least satisfied, 10 = most satisfied
- Look at the segments that scored the lower and ask:
- > What would 10 out of 10 feel, look and sound like to you? Is that unrealistic?
- > How would your life be different if you scored 10 out of 10 in that area?
- > What can you do to move your score up just ONE point?
- $\succ\,$ Use the space overleaf to write some notes in answer to these questions

| | | INTEREST | снеск | LIST (| UK) | | | |
|----|-----------------------------|---------------------------------------------------------------|--------|-------------|-------|-------|---------------|--------|
| - | Category | Activity | Deg | ree of inte | erest | | Participation | ? |
| | | 100000000 | Strong | Some | Nene | Pest. | Present | Future |
| 1 | Health & Fitness | Aerobics / Gym | | | | | | |
| | | Cycing | | | | | | |
| | | Running / Jogging | | | | | | |
| _ | | Roller blading / Ice Skating | | | | | | |
| | | Swimming | | | | | | |
| _ | | Yoga / Tai Chi | | | | | | |
| 0 | ther Health and fitness | | | | () | | | |
| 2 | Sports | Athletics | | | | | | |
| - | | Basketbal / Netball | | | | | | |
| | | Bowling | | | | | | |
| | | Cricket / Baseball / Rounders | | | | | | |
| | | Darts | | | | | | |
| | | Football / Rugby / Hockey | | | | | | |
| _ | | Galf | | | | | | |
| _ | | Martial Arts / Boxing / Fencing | - | | | | | |
| | | Pool / Snooker | | | | | | |
| _ | | Spectator Sports | | | | | | |
| _ | | Table Termis | - | | | | - | |
| _ | Other Sports: | Tennis / Squash / Badminton | - | | | | - | |
| | Other sports | | | | | | | |
| 3. | Creative | Amateur Dramatics | | | | | | |
| | | . Crafts / Needlework. | | | | | | |
| | | Fashion: incl Oothes / Heir / Cosmetics | | | | | | |
| _ | | Making music - incl. instrument, D/ing | | | | | | |
| | | Model Building | | | | | | |
| _ | | Painting / Drawing (Art) | | | | | | |
| _ | - | Photography | - | | | | | |
| _ | - | Pottery | - | | - | | - | |
| - | - | Singing | - | | | | | |
| - | - | Writing: letters / poems / stories | - | | - | | - | |
| | | Woodworking - incl. Picture Framing, Furniture Restoration | | | | | | |
| | Other Creative: | 15455-4554-654-674 | | | | | | |
| 4. | Productivity - at home | Car Repair | | | | | | |
| - | | Cooking / Baking | | | | | | |
| _ | | Gardening - incl ledoor Plants | | | | | | |
| | | Mending / DIY | | | | | | |
| | | Pet ownership | | | 1 | | | |
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| 1. 1 | Little interest or pleasure in doing things. | 0 | 1 | 2 | 3 |
| 2. F | Feeling down, depressed, or hopeless. | 0 | 1 | 2 | 3 |
| 3. 1 | Trouble falling or staying asleep, or sleeping too much. | 0 | 1 | 2 | 3 |
| 4. F | Feeling tired or having little energy. | 0 | 1 | 2 | 3 |
| 5. F | Poor appetite or overeating. | 0 | 1 | 2 | 3 |
|) | Feeling bad about yourself or that you are a failure or have let yourself or your family down. | 0 | 1 | 2 | 3 |
| 1 | Trouble concentrating on things, such as reading the newspaper or watching television. | 0 | 1 | 2 | 3 |
| | Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual. | 0 | 1 | 2 | 3 |
| | Thoughts that you would be better off dead, or of hurting yourself in some way. | 0 | 1 | 2 | 3 |
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PHQ 9 & GAD 7 PROMIS - CC vs 29

| Ple | PROMIS are respond to each question or statement by m | -29 Profil tarking one b | | | | |
|--------------|--------------------------------------------------------------|------------------------------|-------------------------------|---------------------------|----------------------------|---------------|
| | Physical Function | Witkout any difficulty | With a Brile difficulty | Woh some difficulty | With much difficulty | Unab to di |
| - | Are you able to do chores such as vacuuming or yard work? | 0 | P | P | 1 | - |
| | Are you able to go up and down stairs at a normal pace? | Ŗ | Ģ | P | | - |
| тон 2 | Are you able to go for a walk of at least 15 minutes? | - | | - | | - |
| - | Are you able to run errands and shop? | Ģ | - | P | - | 0 |
| | Anziety In the past 7 days | Neuer | Burdy | Sometimes | Often | Alter |
| - | 1 feit fearful | 0 | - | , | | , |
| george 5 | I found it hand to focus on anything other than my susjety | | - | P | | |
| anarran T | My wornies overwhelmed me | | | P | □ 4 | 3 |
| - | 1 felt uneasy | - | Q | P. | | Ģ |
| | Depression In the past 7 days | Never | Ruch | Sometimes | Often | Alex |
| - | I felt worthless | - | P | 7 | P. | Ŗ |
| - | I felt helpless | - | - | 7 | | - |
| 8000 | I felt depressed | - | 1 | Ŗ | Ū, | |
| | 1 felt hopeless | - | - | | - | - |
| | Fatigue During the past 7 days | Not at all | A little bir | Samewhat | Quite a bit | Very m |
| ¥ 0 | I feel fatigued | - | | 0, | | - |
| 2 | I have trouble starting things because I am tared | Ģ | | | | Ģ |
| | In the past 7 days | | | 102.0 | 0.225 | 100 |
| NUMBER OF | How run-down did you feel on average? | ų. | Ģ | Ģ | | Ģ |

Investigator Format # 2004-2012 PEOME Basish Organization and PEOMES Cooperative Group Page 1 of

Digitalisation and real time capture



Service Delivery

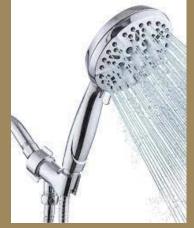
Health & Activity Analysis, Goal Setting, Treatments





Service Delivery Interventions

Self Care





Productivity







Leisure







Service Delivery

Students

Statistics

- ➢ 55 referrals
 - 11 urgent
 - 44 routine
- > 7 on waiting list
- ➢ N:R =1:3
- ≻ 48 M & 7 F
- Mean Age 58 (29-91)
- > 50% self care
- 20% productivity
- > 20% leisure
- > 10% General/SM



Glasgow Caledonian University

Internal Audit





Residential Environment Impact Scale (REIS)

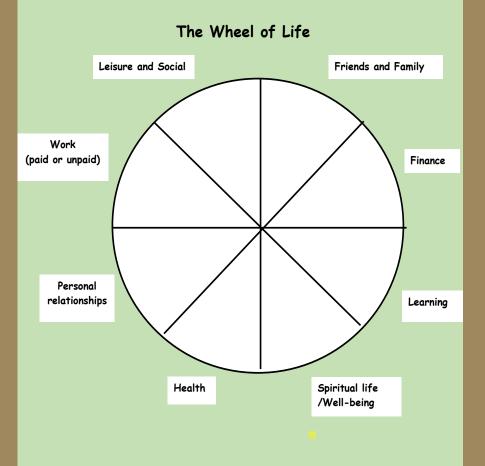
Gail Fisher, MPA, OTR/L, FAOTA Kirsty Forsyth, PhD, OTR, FCOT Michele Harrison, Dip COT, MA Rocco Angarola, BSc (Hons) O.T. Elaine Kayhan, MS, OTR/L Patricia L. Noga, MS, OTR/L Cindy Johnson, MS, OTR/L Linda Irvine, BA, MSc

(Version 4.0) Copyright 2014 UK English Version

NIVERSITY OF LINOIS



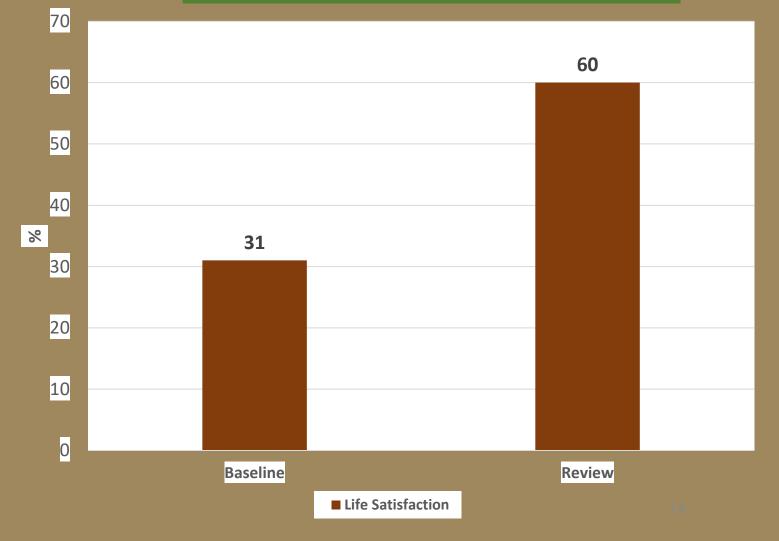
Impact of OT (and Team) so far....



• Score each segment of the circle out of 10 for how satisfied you are with is 0 = least satisfied, 10 = most satisfied

- Look at the segments that scored the lower and ask:
 - > What would 10 out of 10 feel, look and sound like to you? Is that unrealistic?
 - > How would your life be different if you scored 10 out of 10 in that area?
 - > What can you do to move your score up just ONE point?
 - > Use the space overleaf to write some notes in answer to these questions

Mean Life Satisfaction Scores (Wheel of Life) Pre & Post Occupational Therapy n=6

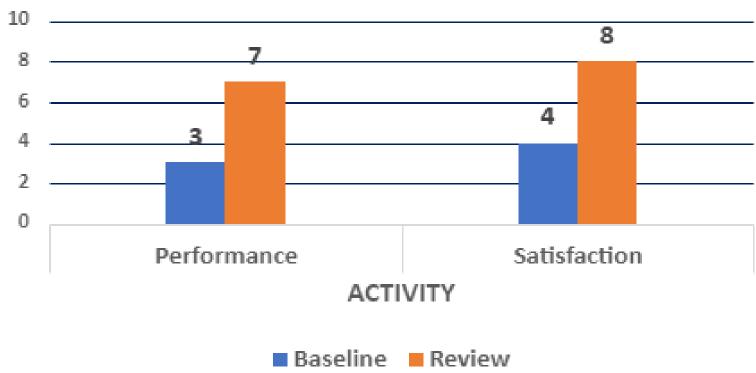




Impact of OT (and Team) so far.....



Median Activity (COPM) scores /10 pre & post Occupational Therapy n=13





Impact of OT (and Team) so far.....

Patient Health Questionnaire and General Anxiety Disorder (PHQ-9 and GAD-7)

Date _____ Date of Birth: ______ Date of Birth: _______ Date of Birth: ________ Date of Birth: ________ Date of Birth: _______ Date of B

Over the <u>last 2 weeks</u>, how often have you been bothered by any of the following problems?

| PH | Q-9 | Not at all | Several days | More than half the days | Nearly every day |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------|----------------------------|---------------------|
| 1. | Little interest or pleasure in doing things. | 0 | 1 | 2 | 3 |
| 2. | Feeling down, depressed, or hopeless. | 0 | 1 | 2 | 3 |
| 3. | Trouble falling or staying asleep, or sleeping too much. | 0 | 1 | 2 | 3 |
| 4. | Feeling tired or having little energy. | 0 | 1 | 2 | 3 |
| 5. | Poor appetite or overeating. | 0 | 1 | 2 | 3 |
| | Feeling bad about yourself – or that you are a failure or have let yourself or your family down. | 0 | 1 | 2 | 3 |
| | Trouble concentrating on things, such as reading the newspaper or watching television. | 0 | 1 | 2 | 3 |
| | Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual. | 0 | 1 | 2 | 3 |
| | Thoughts that you would be better off dead, or of hurting yourself in some way. | 0 | 1 | 2 | 3 |
| | Add the score for each column | | | | |

Total Score (add your column scores): ____

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? (Circle one)

| Not difficult at all | Somewhat difficult | Very Difficult | Extremely Difficult |
|----------------------|--------------------|----------------|---------------------|
|----------------------|--------------------|----------------|---------------------|

Over the last 2 weeks, how often have you been bothered by any of the following problems?

| GAD-7 | Not at all sure | Several days | Over half the days | Nearly every day |
|----------------------------------------------------------------------|--------------------|-----------------|-----------------------|---------------------|
| Feeling nervous, anxious, or on edge. | 0 | 1 | 2 | 3 |
| Not being able to stop or control worrying. | 0 | 1 | 2 | 3 |
| Worrying too much about different things. | 0 | 1 | 2 | 3 |
| 4. Trouble relaxing. | 0 | 1 | 2 | 3 |
| Being so restless that it's hard to sit still. | 0 | 1 | 2 | 3 |
| Becoming easily annoyed or irritable. | 0 | 1 | 2 | 3 |
| Feeling afraid as if something awful might happen. | 0 | 1 | 2 | 3 |
| Add the score for each colun | מו | | | |

Total Score (add your column scores): _____

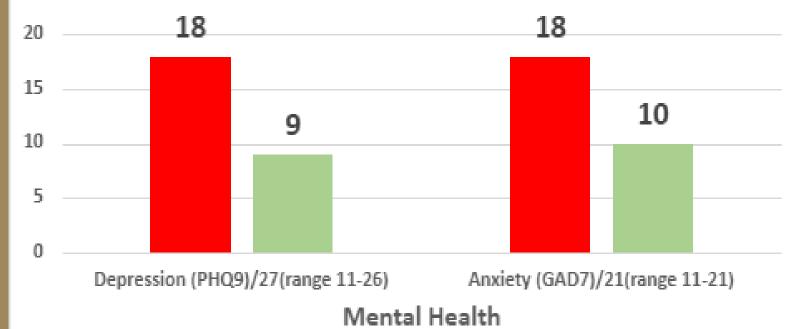
If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? (Circle one)

Not difficult at all Somewhat difficult Very Difficult Extremely Difficult

UHS Rev 4/2020

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MEDIAN MENTAL HEALTH SCORES PRE & POST OCCUPATIONAL THERAPY n=5



Baseline Review



Impact of Occupational Therapy







Patient Health Questionnaire and General Anxiety Disord (PHQ-9 and GAD-7)

| PHQ. | , | Not at all | Several days | More than half the days | Nearly every day |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------|----------------------------|---------------------|
| 1. U | tle interest or pleasure in doing things. | 0 | 1 | 2 | 3 |
| 2 Fe | eling down, depressed, or hopeless. | 0 | 1 | 2 | 3 |
| 3. Tr | suble falling or staying asleep, or sleeping too much. | 0 | 1 | 2 | 3 |
| 4. Fi | eing tred or having little energy. | 0 | 1 | 2 | 3 |
| | or appetite or overeating. | 0 | 1 | 2 | 3 |
| | eling bad about yourself - or that you are a failure or have let urself or your family down. | 0 | 1 | 2 | 3 |
| DS DS | suble concentrating on things, such as reading the wspaper or watching television. | 0 | 1 | 2 | 3 |
| no | oving or speaking so slowly that other people could have liced. Or the opposite – being so fidgety or restless that you ve been moving around a lot more than usual. | 0 | 1 | 2 | 3 |
| 8. TI | oughts that you would be better off dead, or of hurting uself in some way. | 0 | 1 | 2 | 3 |
| | Add the score for each column | | | | |
| | Total S | core (ad | d your coli | amn scores): | |

Not at all Several Over ha

| 3. Worrying too much about different things. | 0 | 1 | 2 | 3 |
|--------------------------------------------------------|-------------|------------|----------|---|
| 4. Trouble relaxing. | 0 | 1 | 2 | 3 |
| 5. Being so restless that it's hard to sit still. | 0 | 1 | 2 | 3 |
| Becoming easily annoyed or imitable. | 0 | 1 | 2 | 3 |
| 7. Feeling afraid as if something awful might happen. | 0 | 1 | 2 | 3 |
| Add the score for each column | | | | |
| Total S | core (add y | our column | scores): | |



Compliments & Testimonials

Resident's Poem

| Hhappened all of a sudden, You believing in me | |
|------------------------------------------------------------------------------------------------------------------------------------------------|---|
| you believing in me you saw something that I couldn't see tell me what | |
| yousee, set me free, let me the man could be | |
| . Thank you for what you | |
| thank you for what you total for me total for you gave me a conte and atunkk in not are you give me gre and a light to guild me ty | |
| d d d d | |
| ſ | |
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| | |
| | |
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| | Į |

Housing Support Survey Compliment

Tenant's Testimonial

| -ro whom it Many Concerno. |
|------------------------------------------------------------------------------------|
| |
| The recent employment of an |
| Occupational mercipist at S.V.H.A is |
| of a cneat benefit to all who use the |
| Dervice . |
| The Occupational Herapist is Very Professional and Understanding to all clients |
| needs, and deals with every issue in a |
| I and the interval of Course |
| Having used the OT Service Myself NOLD |
| For several Months, it has helped he in |
| My Goal Setting, So I can hopeone Cartain |
| aspects of my life with confidence |
| bon excurpte |
| · Obtaining a new deming licence |
| e. To Slop Deing So Isolated, and to |
| Inprove Social Contact with Friends |
| and family. |
| 3. To have tanfidence in exploring |
| More Social activities |
| 4. To explane the possibilities of |
| Voluntary work again |
| The OT therapist is a Great addition to |
| SNH.A |
| Mr. Socied |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Specialist Homeless GP

| | Edinburgh Health and Social Care Partnership |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | The Access Place Integrated housing, primary care and social care & South Grays Clove Edinburgh PH1 114 Otal 528 5035 |
| | 07 August 2024 |
| To who | om it may concern |
| | foord House 53 Canongate Edinburgh Lothian Ef18 8DD |
| with sr ments accom- long ti hower with h attend qualit | is a genileman with a long history of street living who has strengeled to engage ocidy and look after binned due to likely undiagrowed neurodiversity and headth challenges. He nocessation in the strength of |
| | s sincerely. Meily. |
| Dr Jo | shanna Reilly |
| | THE ACCESS PLACE (EDINBURGH ACCESS PRACTICE) 6 SOUTH GRAY'S CLOSE EDINBURGH EH1 1NA |
| | 0131 529 6015 |
| | Uter CDINBVRGH Working together for a caring, healthier, safer Edinburgh |

Comments:

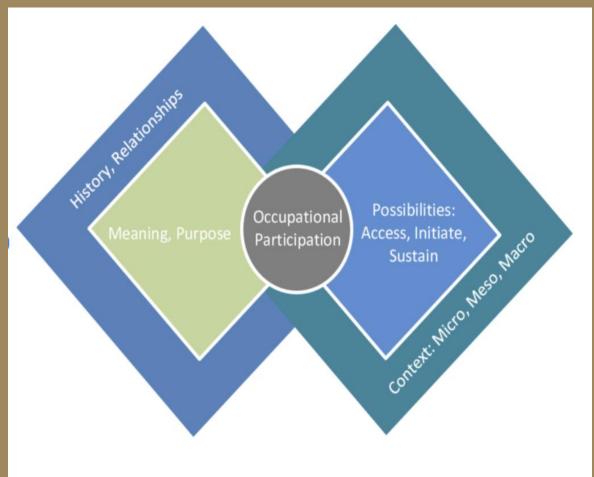
I am very grateful to Ken, Suzanne and the rest of their team at <u>Bellrock</u> who are supporting me during this challenging period of my life. <u>Also</u> a special thankyou to David Hartford and Janet Harkess who have played a significant role in helping me improve my mental health. My sincere thanks and Kindest Regards

I feel if you are employed CV/D prehably isn't the heat place to stay



Next Steps.....

- Establish 12-month data set and continue to develop real time capture
- Complete formalisation of OT pathway into Resident pathway
- Progress ad hoc MDT to systematic case review clinic for complex cases
- Contact OTs working with residents living with severe mental health problems in an 8-bedded supported living accommodation in England
- > Explore skill mix & introduction of OT assistant role
- Develop student learning
- Consider implications of the development of CMOP-E to CanMOP



Canadian Model of Occupational Participation Source: According to Egan & Restall, 2022



Thank you for your interest

Any questions?



References (No conflict of interest)

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- Carrie Anne Marshall, Leonie Boland, Lee Ann Westover, Roxanne Isard & Sharon A. Gutman (2021) A systematic review of occupational therapy interventions in the transition from homelessness, Scandinavian Journal of Occupational Therapy, 28:3, 171187, DOI: <u>10.1080/11038128.2020.1764094</u>

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Work

Davis LL, et al V Effect of Evidence-Based Supported Employment vs Transitional Work on Achieving Steady Work Among Veterans With Posttraumatic Stress Disorder: A Randomized Clinical Trial. JAMA Psychiatry. 2018 Apr 1;75(4):316-324. doi: 10.1001/jamapsychiatry.2017.4472. PMID: 29490371; PMCID:

Leisure 21 Occupational Therapy Services in Homeless Programs (va.gov) Ex-service personnel in the criminal justice system: **Barriers to identification and uptake of support**















Project aims and approach







The aims of the project were to:

- Review the current processes and mechanisms in place for identifying ex-service personnel within the CJS of England, Wales and Scotland, identify any shortcomings, and make practical recommendations on how identification could be improved
- 2. Examine the barriers to uptake of support for both ex-service personnel in the CJS and their families and make appropriate recommendations.





- The project was organised into 2 phases:
 - Phase 1: National stakeholder perspectives: Semi-structured interviews were conducted with 29 stakeholders from a range of sectors and organisations. 24 stakeholders completed the survey on behalf of their organisations.
 - Phase 2: Interviews with 71 operational stakeholders and 104 ex-service personnel in selected sites. Fieldwork was conducted in eight local research sites across England, Wales and Scotland. In Scotland, interviews with 18 stakeholders and 25 ex-service personnel.
- Qualitative semi-structured interviews and surveys.
- The Phase 2 sites were selected to cover all Armed Forces' service branches, and to provide a blend of areas with high and low concentrations of ex-service personnel.



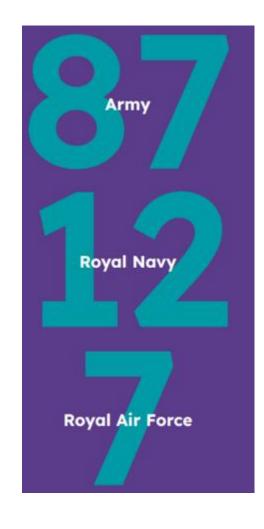
Ex-service personnel were recruited in prisons as well as in the community under supervision of probation and justice social work (JSW) (Scotland).

The prisons visited were:

HMP Castle Huntly, HMP Glenochil and HMP Edinburgh in Scotland.

HMP and YOI Parc and HMP Swansea in Wales; and

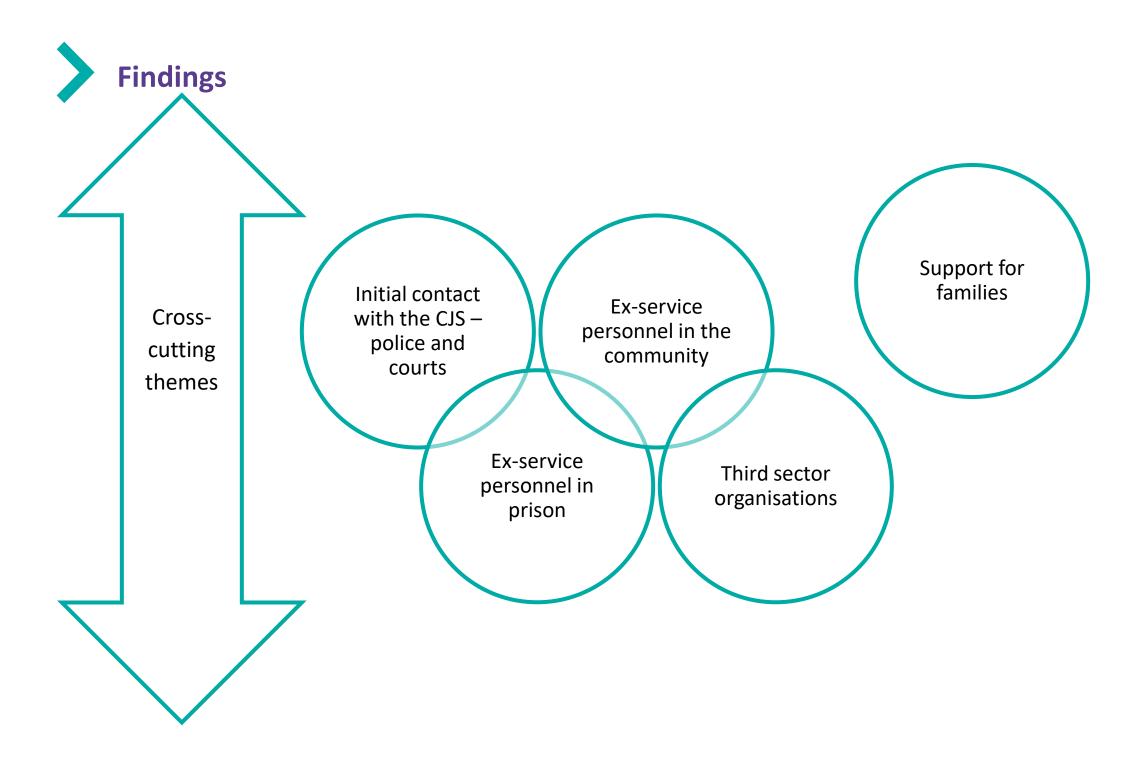
HMP Stafford, HMP Holme House, HMP Hull, HMP Durham, HMP Dartmoor and HMP Exeter in England.





Findings





Crosscutting themes

Themes that emerged across different stages of the CJS



- Reluctance to seek help: pride and self-reliance were cited as reasons for this
- Lack of understanding about why they were being asked
- Complexity of the current support landscape and many were not aware of support available to them
- Capacity issues were raised by staff, in addition to having limited knowledge of the most appropriate services
- 'Veteran' not commonly thought to include shorter services and/or no combat experience
- Stakeholders felt that shame concerning their offence may impact on identification but very few exservice personnel expressed shame in this way



- Asking the identifying question
- Visual signs and staff training
- Recruitment of ex-service personnel
- Preparation of JSW Reports
- Through engagement with legal professionals during the court process
- In prison: on reception, induction and through social activities









- Overwhelming nature of the custodial environment and timing of the question
- Distrust or lack of rapport with the person asking the question
- Unclear purpose of asking the question
- Advice from legal professionals and perceptions of the impact on the court process
- Use of service history as an 'excuse' or protection from anti-military sentiments
- Time and capacity of staff including ViCSOs
- Legitimacy as a 'veteran' and who qualifies

"It seems crazy because to me I thought it was just a tick box exercise for them, they have to ask it, but they just ask yes or no so, it's a closed question."

(Interview No 6, Ex-service personnel, Scotland, Phase 2)









- Third sector support services
- Referral to ASAP [Armed Services Advice Project]
- Coffee mornings, gym sessions
- Mental health support, including PTSD

"In Edinburgh specifically, a very Edinburgh specific problem is housing and it's well known that we have next to no social housing. [named ex-service personnel] is very fortunate that he has veteran housing; he has a lovely place which he's very proud of but that's through Scottish Veterans [Residences], that's not to do with the council."





"I have a number of external partners and internal partners within the establishment that I use on a regular basis if somebody identifies as a veteran needing a bit of support. The main source for me would be Sacro mentoring services who aren't the 'be all and end all' but they are a great source for me and because they're not precious they will do what's best for the client and put them to the appropriate support services."



(Interview No 22, Prison, ViCSO, Scotland, Phase 2)



- Staffing challenges
- Connections and communication with support services
- Awareness of support and eligibility and reluctance to take up support
- Nature of custodial environment
- Shortage of appropriate health support
- Dissatisfaction with inconsistent support options, trust and continuity
- Other concerns of higher priority
- Need for suitable and specialist support
- Restrictions for those convicted of sexual offences









Recommendations





The report makes 19 recommendations. Key recommendations include:

- Ensuring that the rationale for asking about ex-service personnel status is communicated when question is asked.
- JSW should consistently ask the question and record and share this information appropriately.
- Standardising the identification question to clearly convey broad eligibility and the meaning of 'ex-service personnel' and/or 'veteran'. Ex-service personnel organisations can help promote the expanded, inclusive meaning of the term 'veteran'.
- Building multiple opportunities for ex-service personnel to share their service status into each part of the criminal justice pathway.









• Improving communications to ex-service personnel and their families regarding eligibility to access support, including development of specialist marketing materials and advertising campaigns.

• Developing varied 'veteran-informed' provisions of mental health support pathways that address a range of needs.

• Expanding and ringfencing resources available for the ViCSO role. Make ViCSO a full-time paid position in prisons, particularly those with significant numbers of identified ex-service personnel.

• Establish longer-term commissioning of services to improve continuity of service provision.







Thank you

Nacro

University of Northampton

August 2024







Institute for Public Safety Crime and Justice



Support to Veterans in Justice – England & Wales

27 August 2024

Adrian Kirk Dr Jane Jones





The King's Award for Voluntary Service

The MBE for volunteer groups





The Care after Combat HSJ AWARDS AGE PARTNERSHII AWARDS 2021 **ReGroup Pathfinder** journey, so far... WE ARE PROUD TO BE A PINALIST - Further collaboration BEST NOT FOR Miltary and Ovillan Health with Nottinghamshire PROFIT WORKING Partnenship Award FINALIST IN PARTNERSHIP Healthcare NHS Foundation WITH THE NHS Project Phoenix becomes operational Trust and Project Nova, in HMP Winchester, HMP The Mount delivering end-to-end and HMP Wayland with headquarters Finalists in two categories of the Health support to veterans in the and Social Justice Awards. in Fareham, Hampshire. Criminal Justice System. 2020 2022 2016 2017 2018 2019 2021 2014 2015 Care after Combat is Veteran Care Through Custody - Care Bowman remote support service Collaboration with registered as a Charity after Combat's first collaborative service developed, and delivery commenced multiple veteran support on 25 November 2014. with Nottinghamshire Healthcare NHS in May 2020, as a direct result of organisations in the Foundation Trust is delivered across COVID-19 lockdown restrictions. Northeast of England Nottinghamshire and Lincolnshire and Yorkshire under the bringing in clinical expertise to the Veteran Places, Pathways Project Phoenix model. and People programme. Headquarters moves to Newark, Nottinghamshire. NHS

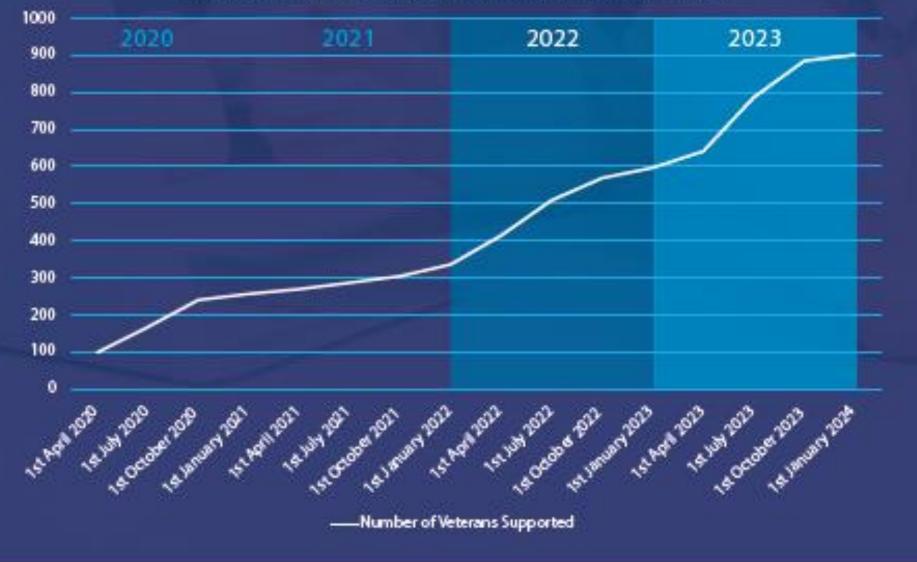
Nottinghamshire Healthcare



Forces Employment Autor Later ShariA

A CARE

GROWTH IN BENEFICIARY NUMBERS SINCE 2020



Our Impact in Numbers

1/5

CARE AFTER COMBAT MENTORSHIP REDUCES REOFFENDING RATES TO ONE FIFTH OF THE NATIONAL AVERAGE

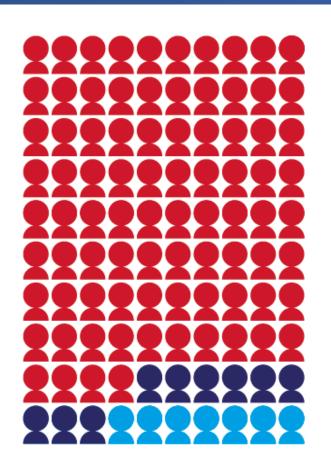
£185,000

THE AVERAGE COST TO SOCIETY OF ONE PERSON REOFFENDING AND RECEIVING A CUSTODIAL SENTENCE*

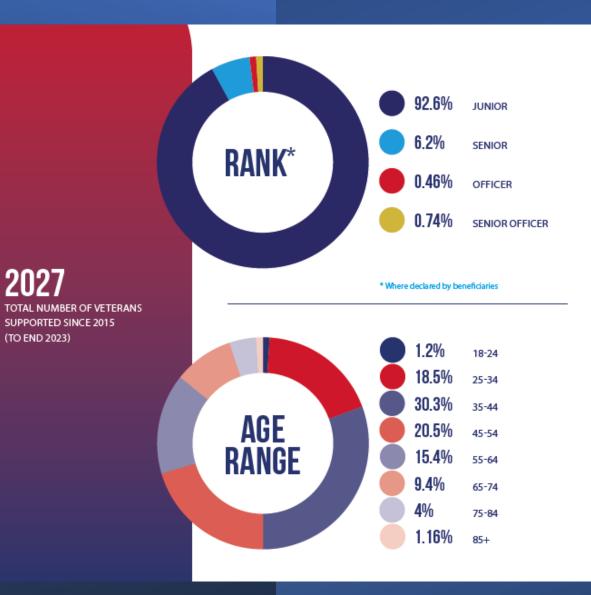
£1,500

THE AVERAGE COST OF PROVIDING CARE AFTER COMBAT SUPPORT TO A VETERAN IN THE JUSTICE SYSTEM PER YEAR

* Ministry of Justice (2019) Economic and Social Costs of Reoffending – Analytical Report; Ministry of Justice (25 April 2019) Proven Reoffending Statistics – Annual Average data; Table 1, Ministry of Justice (2020) Costs per prison place and cost per prisoner by individual prison establishment 2019 to 2020 tables, London: Ministry of Justice







PROJECT PHOENIX COVERAGE





CaC OP NOVA COVERAGE*

* Op NOVA service only delivers in the pre-custody setting in the North West of England. Alternative NHS support to veterans in custody and post-custody is delivered by Veterans HQ (formerly Liverpool Veterans HQ) commissioned via NW regional NHS Health & Justice teams.



Challenges to Delivery of Support

- Each prison differs to the next in how it is run requires tailored approaches and bespoke relationship management
- Prison access key training
- Consistent and proactive Point of Contact ViCSOs
- Disruption to planned activity (e.g. security lock-down, communications)
- Prison Staffing shortages, experience, change of SMTs / key personnel
- Early releases / SDS40
- Funding
- Healthcare stretch
- Mix of NHS and private healthcare providers



Planned Research

- Female Veterans in secure hospitals
- Does military service influence sentencing?
- Veterans convicted of sexual offences

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jane@careaftercombat.org jane.jones@nottshc.nhs.uk

www.careaftercombat.org





The King's Award for Voluntary Service

The MBE for volunteer groups

Military Education:

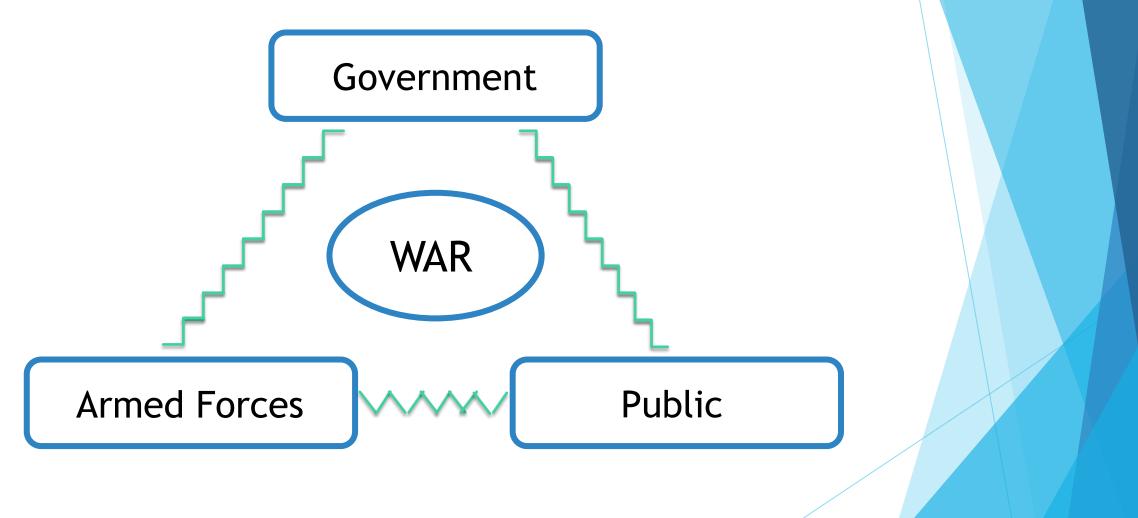
The Prussian Model, and Present-Day Experiences of Cadets and Personnel

Stephen Graham, MA University of Wolverhampton

The Prussian Model

- 'Prussian Obedience'
- "Tell his Majesty that my head will be at his disposal after the battle, but that as long as the battle lasts, I intend to use it at his service."
 Friedrich Wilhelm von Seydlitz, 1758
- The formalisation of Prussian officer training

Clausewitz's Trinity



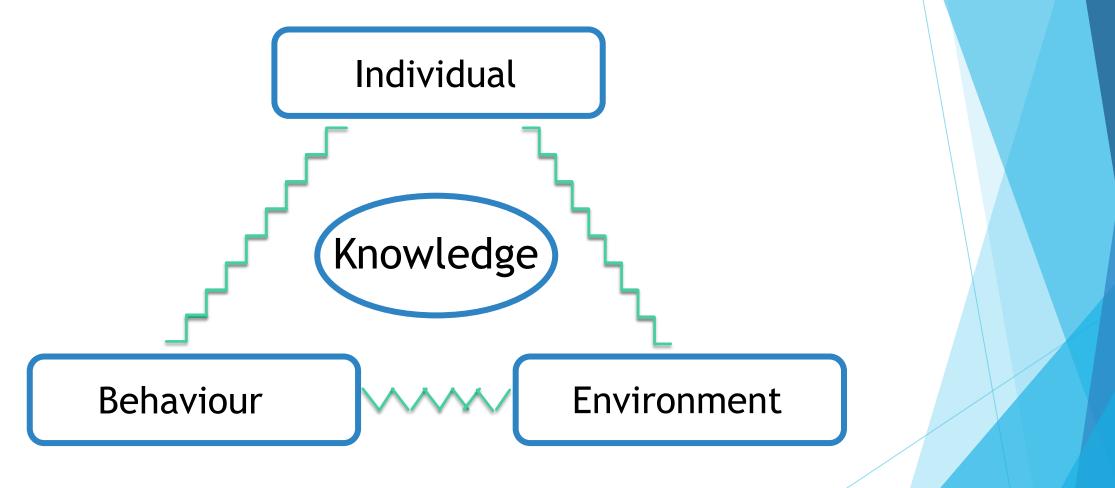
Present Comparisons in Military Education

- Civilian examinations in Germany
- What is the culture of British military learning? What are its principles?
- Areas in need of exploration:
 - Educational Psychology
 - Parallels in Current Models of Military Education
 - Cognition
 - Social Learning

Cognition

- The process of acquiring knowledge of the human environment through reaction to external stimulants
- Computer Learning: TOTE Model Test, Operate, Test, Exit
- Human Learning: Observation, Emulation, Internalisation, Regulation







- A dynamic and continuous psychic reality, through which our environment is perceived
- How does this apply to learning?
- Social Learning

Social Learning: Nursing

- High-pressure, high-stakes occupation
- The individual must be protected from anxiety rising from their internal phantasy
- Can this be related to military training?

PhD Plan

Construction of a psychological and pedagogical hypothesis

Data-gathering

Testing of experience data against hypothesis



Potential Outcomes

- Reform of education practices in military and civilian institutions
- Improvements in occupational therapy for service personnel
- New approaches in the study of military history; i.e., the learning experiences of conscripts in the Great War
- PhD research begins in October 2024

Thank You

Colloquium Five: Education & Lifelong Learning

Consortium Vision



A Military, Veteran and Family Connected Campus Consortium has been initiated to facilitate

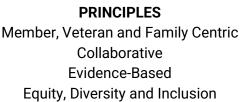
- 1. A coordinated approach to postsecondary educational supports for military members, Veterans and their families pursuing post-secondary education
- 2. Collaboration among key stakeholders (military members, Veterans, families, post-secondary institutions (colleges, polytechnics and universities), Canadian Armed Forces, Veterans Affairs Canada, business and industry partners, 3rd party providers etc.) invested in supporting their success
- **3. Knowledge mobilization** through a KMob Hub, Monthly Meetings and Symposia

VISION Equitable Access to PSEs Military & Veteran Connected Campuses **Coordinated Efforts** Minimized Duplication Alignment Sustainability



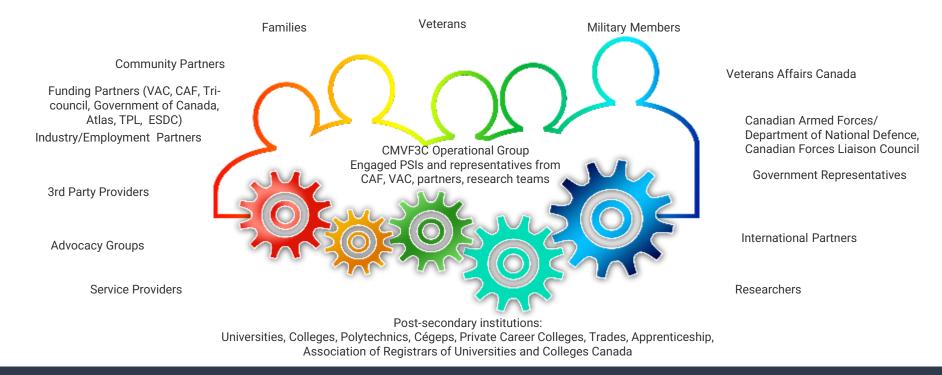
MISSION

Co-Design National CMVF3C Initiative Facilitate Academic Success & Well-being Share Best Practices Mobilize Knowledge Support operational readiness, retention, reconstitution, transition and innovation





Consortium Partners





Canadian Armed Forces & CMVF3C

du Canada





Facilitate in-service professional development

CAF Reconstitution

National Veteran Employment Strategy

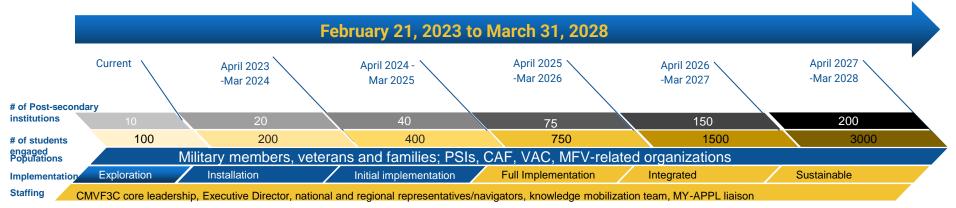
Seamless Canada





CMVF3C: Current state and road ahead

A collaborative initiative supporting military members, veterans and their families through post-secondary education from the very beginning of their military careers, as they professionally develop, and throughout their transition from military to civilian life (i.e., supporting recruitment, reconstitution, retention, through transition and innovation)



Activity 1: CMVF3C Collaborative Network Development: Coordination of the network, including development of leadership and governance structures, partnership engagement, working groups, implementation, scale and spread

Activity 2: Current State and Gap Analysis (assessing progress in priority areas including prior learning recognition, student engagement, support pathways, orientation, and peer mentorship

Activity 3: Engagement and Symposia: Monthly meetings and annual symposia to update and evolve the CMVF3C

Activity 4: Virtual Hub and Toolkit Development: Development of an evidence-based Virtual Hub and Toolkit of best practices and guidelines for establishing Military and Veteran Connected Campuses at Post-Secondary Institutions (PSIs: polytechnics, colleges and universities) with deliberate integration into existing virtual platforms (e.g., National Resource Directory)

Activity 5: Guiding Principles Agreement

Activity 6: Program Evaluation and Continuing Improvement (research and evaluation using key indicators, development and maintenance of database) Activity 7: Sustainability



<u>cmvf3c.ca</u> <u>ab.mvf3c.ca</u>

MILITARY MEMBERS & VETERANS

FATHWAY TO & THROUGH POST-SECONDARY EDUCATION (PSE)

FIND THE BEST FIT



ORIENT TO PSE Cont acceptance in a FSL



GET CONNECTED





ENGAGE WITH FACULTY, MENTORS & EMPLOYERS

MILITARY AND VETERAN CONNECTED CAMPUSES (MVCC)

CONNECT WITH THE MVCC NETWORK unit the regional network and/or national. CMVF3C Consortium (www.orrwt3c.col)

ASSESS INSTITUTIONAL READINESS

+ Secon contained loads of its support · Complete the readiness assessment tool · Determine military connected student status (e.g., identify millione & seterar students). Connect with military & veterar students.

CULTIVATE AWARENESS

 Create a culture of inst. · Other training and support to faculty, staff, and contain stations, and an end tain available training, extended professional development. de g., mådars lenderstad träining: Mental Health First Ald for Voteranst and teaching resources il el, course cultire statement. support for deployed students)

> OFFER SUPPORTS, SERVICES & RESOURCES

- Prior learning accessments & recognition (PLAR)
- Navigational supports
- Healtie scheduling
- Student well being and support services.
- · Early alerta for academic & well-being concerns.
- Academic success and writing centres.
- Academic accommodation services
- · Academic strategy resources
- A trauma-Informed MVFC space and service office.

CREATE ENGAGEMENT OPPORTUNITIES

Co-design events that bring contact, military and veteran students together with faculty, stall,

- a mainters and community partners.
- Setworking/partnership building events.
- · Leadership events
- + TREAT OF CHARGES Knowledge translation events & opportunities
- MAPC Hadorhers to interate and address Worked problems;

PROVINCIAL & NATIONAL PATHWAYS

CONNECT WITH NETWORK PARTNERS

 Join the regional network and/or national DMVFSC Community (www.emvf3c.co) · Connect with Veteraris Affairs Canada (WAC) and Considian Armed Forces (CAF) barmers trough the CMVF3C

Register with the National Resource Directory

PARTICIPATE IN THE NETWORK ACTIVITIES



 Attend monthly regional and/or national OWVFSC. meetings and Annual Symposia Lend subject matter excertise to working groups. + Algo and coordinate optional and rational efforts.

and services Support covernance and containability elliptic regionally and/or nationally

SHARE BEST PRACTICES

Bevelop, evolve and showcase. best practices with consortium partners. Prepare best practice knowledge mobilization assets (e.g., briefing notes, integraphies, fact sheets protocols videos, storyboarde)

 Disseminate best practices across regional and national partners.

CONTRIBUTE TO THE KNOWLEDGE HUB



 Into for Military and Veteran students and their. families (e.g., prior learning assessments, well-being and support sorvices; party alerts for student concerns. STATISTIC SUCCESS, WHITE INCOLLERS, STEL accommodation services)

· Into for post-secondary institutions (e.g. best practices, policies, certrerships, opportunities) Info for regional network & national consortium. pathees (all, connections, events, reactioner)

PARTICIPATE IN RESEARCH & EVALUATION

· Utilize a uniform set of data tools to collect & made enformation (demographics, retention and completion) + Knowledge transfellion



INTERNATIONAL **PATHWAYS**







×13.



MTEP MyTrusted Support Network: Military, Veteran, Family (MVF) Self-Assessment Educational Institutions

MVF Neutral

- Exploring the value of supporting MVF
- Limited experience with the MVF demographic
- May be open to the concept, but do not have the means or know-how to implement a strategy or program for MVF
- Limited military MVF strategy/programs
- Limited on-boarding processes to accommodate the MVF demographic
- No formal PLAR system to recognize military skills & experiences
- No scholarships, bursaries, grants specific to MVF
- Willing to promote a broader understanding of a MVF demographic
- Willingness to share MVF best practices with other organizations
- Limited processes/understanding on how best to support Reservists community(part-time military service)

MVF Friendly

- · Commitment to integrate and support MVF
- Formal recognition of the value of MVF
- Tangible products or messaging indicating a commitment to supporting MVF
- Loosely informed resources (e.g., Academic Advisor) of MVF culture
- Desire to implement a full MVF strategy and program(s)
- Awareness of MVF community funding streams (e.g., VAC ETB)
- Interest in establishing dedicated MVF scholarships, grants, bursaries
- Rudimentary MVF-specific PLAR processes to recognize military skills & experience for advanced standing
- Developing metrics that verify the success of MVF programs and supports
- Basic MVF-focused online presence
- Willingness to share MVF best practices with other organizations
- Willingness to incorporate serving Reservists (part-time military service) into the organization

 NUTTORNAT

MVF Ready

- Established veteran strategy and associated functional programs
- Dedicated resources (e.g., Academic Advisor) as MVF SME
- Active promotion of educational funding streams for MVF community (e.g., VAC ETB)
- Established scholarships, grants, bursaries for MVF community
- Formalized and Robust PLAR process to recognize military skills & experience for advanced standing
- Active MVF mentorship & peer support programs
- Military cultural competence training for all staff
- Active, MVF-focused online presence
- Effective metrics that support and verify MVF program success
- Willingness to share MVF best practices with other organizations
- Formal and successful integration of Reservist (part-time military service) into the organization



Delightful Discourses

<u>cmvf3c.ca</u> ab.mvf3c.ca



Discourse 1:

Education & Lifelong Learning

- 1. How do HE institutions better support veterans into education? 2. What specific policies need to be adopted today to ensure effective educational opportunities for exservice people/veterans? 3. Does the military mindset create
 - people accepting educational opportunities?

Discourse 2:

National and International Networks and Partners

- 1. What are the benefits/risks of establishing partnerships? 2. What would it take to realize effective, sustainable national and international partnerships? 3. What relationships / resources / efforts are already in place that could be leveraged / need to be fostered?
- 4. How can we accelerate efforts?

Discourse 4:

Evolving MVFC Campuses/PSIs

- 1. What worked well? What would you do differently?
- 2. What do PSIs need to know to become MVFCs?
- 3. What are the key priorities or goals PSIs need to set to further strengthen their roles as MVFCs?

Discourse 5:

Supporting military, veteran students and their families

- 1. What specifically can PSIs do to support military, veteran students and their families?
- 2. What supports and services ought MVFCCs offer?
- 3. What are the characteristics of a MVFCC?

The self-employment and enterprise potential of veterans in the UK.

Professor Amos P Haniff, Professor Laura Galloway, and Laerke Salhauge-Rasmussen

Background



- Approx c1million veterans of working age in the UK (British Legion 2023)
 - 87,269 Scotland
- Veteran run firms make up 6% of SMEs population; ¾ are selfemployed or micro business owners.
- Little known about experiences of pursuing independent work (Centre for Entrepreneurs, 2018)
 - Opportunities
 - Challenges

Background

- Changes in the labour market
 - Increased rate of self-employment
- Not well catered for (Centre for Entrepreneurs, 2018)
- Skill and knowledge developed in the military matters
- High value skills studied in the context of business schools
 - Little studies on entrepreneurial learning in the military
- Little studies investigating enterprise of UK veterans



Purpose

- Investigate the support for selfemployment readiness of veterans.
 - Pilot study
- Two key research questions:
- 1. Is self-employment/business perceived as a work option for military veterans?
- 2. Are there skills implications for people leaving the military with ambitions to start a firm or become self-employed?



Methodology

<u>Sampling</u>

- Purposeful sampling and snowballing
- 18 veterans contacted and 9 agreed to participate

• Interviews

- Semi-structured and conversational
 - Allowed for unanticipated themes
- interviews carried out on MS Teams
- between 20-50 minutes
- Analysis
- Thematic analysis
 - Informed by literature



Respondent Sample

| Int no. | Service | Gender | Still has business | Business type | Business informed by military | Officer | Years in the military |
|------------|---------|--------|-----------------------|-------------------|-------------------------------------|---------|-----------------------|
| 1 | Army | Μ | Yes | Tech services | No | Yes | >10 |
| 2 | Army | Μ | No | Mgt consulting | Yes | Yes | >10 |
| 3 | Army | Μ | Yes | Mgt consulting | Yes | Yes | >10 |
| 4 | RAF | Μ | No | Mgt training | Yes | Yes | >10 |
| 5 | Army | F | Yes | Food manuf/retail | No | No | <10 |
| 6 | Army | F | No | Dental | No | Yes | >10 |
| 7 | Army | Μ | Yes | Distillery | No | No | <10 |
| 8 | Army | M | Yes | Waste mgt | No | No | <10 |
| 9 | RAF | Μ | Yes | Mgt training | No | Yes | >10 |

RQ1. Is self-employment/business perceived as a work option for military veterans?

8/9 think veterans are interested in se/ent

What value are these realising?

- Income and a type of lifestyle (9/9)
- Being your own boss
- Challenge of starting a business



It was part of my motivation ...because in my eyes later down the line it could open up a lot more time for me... to do other things, like take up hobbies and maybe travel a bit more and just that kind of freedom... And also I feel like it's different working for yourself because if I decide I want to have a sluggish day or not put in what needs to be put in, then ...it's ultimately me who's suffering no-one else. **R8, waste mgt firm**

RQ2 Are there skills implications for people leaving the military with ambitions to start a firm or become self-employed?

a) Skills advantages:

Alongside explicit skills (engineering, logistics, tech etc) also generic skills

| Strategic planning / organisation mgt | 6 |
|----------------------------------------|---|
| Commitment (determination/reliability) | 6 |
| Communications / teamworking | 5 |
| Leadership | 5 |
| Resilience | 4 |
| Self-discipline | 3 |
| Confidence | 3 |
| Flexibility/adaptability | 3 |







RQ2 Are there skills implications for people leaving the military with ambitions to start a firm or become self-employed?

b) Challenges

- Lack of budget/finance skills
- Confidence in military skills relevance
- Lack of business skills and networks
- Not considering se/ent as a viable option
- Concern about civilian 'life admin



"the hardest thing is for people who have been in maybe a few years, for them to adjust to civilian life and having to work out your own bills and your own budget is tough" R5 Food manuf/retail

Is there good support for self-employment?

| Yes | 1 |
|------------|---|
| No | 6 |
| Don't know | 2 |

I found myself there [self-employed] by accident rather than by design... I found the help was all about just finding a job... It was more about just getting people into employment **R1 Tech services firm**

They help you get your CV done. If you're a medic, they'll help you get a portfolio done that you can take to the NHS or if you applying to do a degree... But in my experience they there was no talk of if you wanted to start your own business, you can do XY and Z. So it's not promoted as much as employment.

R8 waste mgt firm

Some who left the services early felt there was more focus on retaining them

Only one respondent reported training for self-emp/ent



Career transition partnership

What would help?

Access to business training

Access to networks and role models

More information about se/ent as an option

Links to ent ecosystem

Better support for 'life' transition



Implications for training and education

- Opportunity for greater engagement between military and business schools
 - -Generic business training
 - -Specific training
 - -Access to mentors and networks

Implications for research

- Pilot suggests a larger scale study scoping
 - -perceptions of se/ent amongst military leavers
 - -What skills/training needs for se/ent they perceive they have

To inform uni/military partnerships and realise latent entrepreneurial potential of veterans 12



Thank-you



Open Door Initiative

Improving the wellbeing of veterans and public safety personnel and their families



How culture and systems lead to suicidality in the Australian Defence Force

Mapping Service and Transition to Self Harm and Suicidality I was laying on the pressure plate, the actual switch and I'd missed it in my search. Yeah. I completely shut down. I – yeah. That's the thing, you can feel it right now when you just shut down. Yeah, no sort of thoughts, there's no nothing. I completely disassociated from that moment. ... I turned around and realised that there was five commandos sitting in a trench directly behind me completely oblivious to what had just transpired and that I was laying on top of an IED ... no training can prepare you for a moment like that. You just – this – my job was to keep everyone alive from this threat and in this moment I had almost failed and with that I really – I almost punished myself for what happened that night ... if I'd cost my own life, it wouldn't matter because I wouldn't have to have dealt with it. But if you almost cost the lives of five of my mates with the job that I was tasked to do, that I did not take too lightly. And although we're alive, I actually believed I had failed that night. That night really – I only probably spoke about that night once or twice to the guys when I got home and then literally buried that night for the rest of the tour, never happened



Royal Commission into Defence and Veteran Suicide 2021-2024

> Although the majority of those who serve have rewarding careers and go on to successfully transition to civilian life, this is sadly not the case for all. Having heard from thousands of past and present defence personnel about their experiences of military life, the ADF's current recruitment and retention challenges come as no surprise to us.

We've uncovered evidence of a toxic culture where abuse, bullying and harassment is often not dealt with appropriately and perpetrators are not held to account. In some instances, complainants are targeted, leaving them re-traumatised.

Similarly, when it comes to safeguarding the health and wellbeing of ADF members, we've heard a lot of talk but seen very little action.

Lead Commissioner Nik Kaldas



Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 1997 to 2021



An additional year of suicide monitoring, 2021, was added to the study.

Overall rates and patterns of suicide were similar to previous studies.







ADF members were 5.1 times more likely to be **male** than **female**.

of 31 December 2021.

Almost 385.000

Suicide rates are per 100,000 population per year.



Source: AIHW analysis of linked Defence historical personnel data-PMKeyS-NDI-DVA data 1985-2021; Defence population snapshots, 1997-2021.

For more detail, see the full report, <u>Serving and ex-serving Australian Defence Force members who have served since 1985</u>: <u>suicide monitoring 1997 to 2021</u>, which is available from the AIHW website.



Our research

- 2018-2021 Institutional Abuse and Organisational Reform in the ADF - Australian Research Council
 - Book: Warrior, Soldier, Brigand: Institutional Abuse and Organisational Reform in the ADF (release September 2024)
- 2023-2026 Veteran Suicide: Investigating the Social and Historical Dimensions - Australian Research Council
 - Report: Mapping Service and Transition to Self Harm and Suicidality

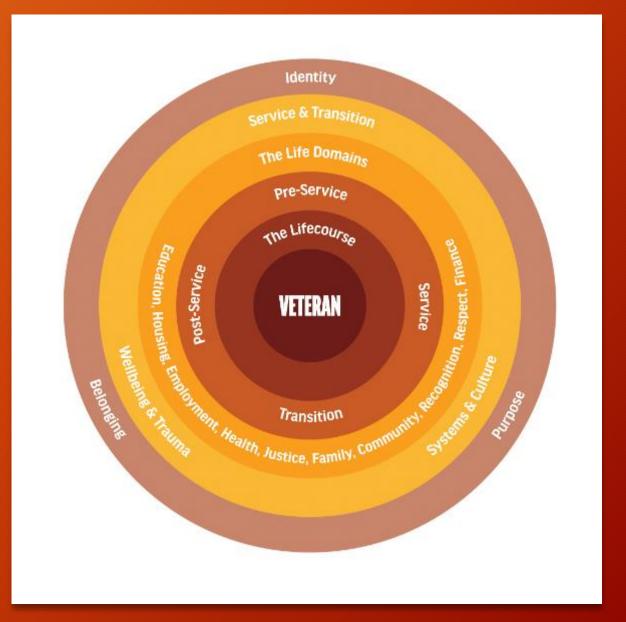
WARRIOR SOLDIER BRIGAND

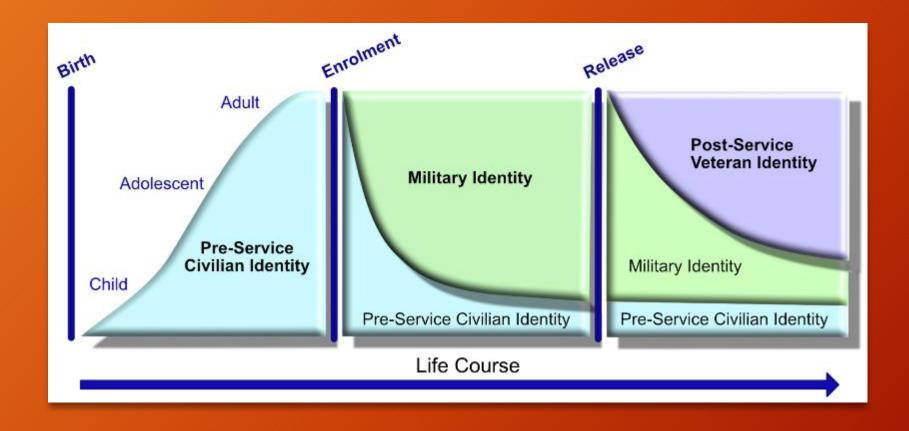
Institutional Abuse within the Australian Defence Force

ADHAM and IAMES CONNOR

Methodology

- Life course life history interviews
- Critical incident case studies
- Social Health (Determinants)
- Service and Transition, Systems and Culture, Trauma and Wellbeing
- Identity, Purpose, Belonging
- Martial, Fraternal, Exceptionalist





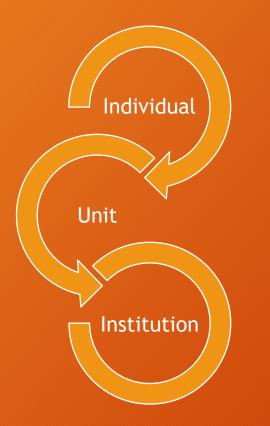
Veteran Life Course

Wheel of Well-being of Veterans and their Families



... seen some of my fellow Australian soldiers not acting the way they should have been ... They'd be wearing the crusader t-shirts ... like a big Knights Templar cross, and crusader in large writing. Then maybe, on the back, it would be in several different languages, so that everyone could read it ... I started to realise that, through conversations with the - with those soldiers that they really didn't have any respect for the Afghanis. That's not all of them, but the majority of them were. Even if the guy next to you had respect for the Afghanis, if his mate was saying, they're filthy, they're dirty, or anything like that, then he'd be going along with it. Because if he was seen to - you know what I mean, right? If he was an Afghani lover, for lack of a better expression, he might not have - he might have had some issues within his group dynamic ... I did feel rather awkward after the blue on green attacks occurred when I was there. I felt like I was going to be a target. I don't know why. I didn't feel safe. In fact, I could walk past an Afghani who was working on the base, and I would feel safer than, say, an American, because I was openly Muslim.





Characterized by:

- Stoicism, competence, direct action, endurance and perseverance, invulnerability, camaraderie, esprit de corps
- Strong sense of Self and Other (effective cohesive force, can lead to tribalism)
- Institutional disposition tactical dominance leading to:
 - Vulnerability stigma
 - Failure to report
 - Marginalization of the vulnerable
 - Instrumentalisation

Martial Masculinity, Fraternity, Exceptionalism

- Sometimes we'll get back from patrols and we'll be like [unclear], no one's experienced that in the world. That did make you annoyed a bit because when you get back from [unclear] patrols, people die and stuff like that and you'd be 'Does anyone know what happened? Does anyone even care?'
- You'd watch on the TV that the Kardashians will have some fashion range, and everyone cared about that at the moment, and you'd be like you're hell jaded about everything. So, you turn to a very bitter person at the time.



Costs of War, Costs of Service

- Military service has long been recognized as a source of trauma (Shay, 1991).
- It is estimated that 8.3% of ADF personnel will be diagnosed with PTSD each year (Australian Defence Force, 2020).
- Veterans who have transitioned from the military are diagnosed with rates of PTSD up to 3 times higher than the general population (McFarlane et al.,).
- Shay first coined the term moral injury as "a betrayal of what's right, by someone who holds legitimate authority, in a high stakes situation" (2014: 183).
- Litz *et al.*, further defined moral injury as, "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations" (2009: 700).
- The consequences of moral injury can include feelings of deep shame and guilt and can weaken an individual's ability to trust and increase the likelihood of feelings of hopelessness and self-harm.

Men's accounts

- Bill is currently 45 years of age. He enlisted in the army at age 23 in 2001 and served for 12 years. He saw multiple deployments in Iraq, Timor and Afghanistan and was medically discharged for both mental health and physical injuries. Bill described both traumatic exposures on active deployment and loss of trust in command. Bill's description indicates that he fully embraced his soldier identity within a martial masculine culture and consequently the lack of support from the military for his mental health issues and subsequent loss of career further impacted his mental health. Bill's description also revealed a strong reluctance to discuss his suicide attempts and an ongoing self-stigma concerning his posttraumatic stress (PTS).
- Brian was born in 1980. He joined the navy at 18 in 1998 and medically discharged in 2017 following several suicide attempts. He suicided in early 2019. Details of Brian's life and military experiences were provided from the perspective of his mother, Jonty.

Childhood and teenage years

Bill described a functional childhood and adolescence with supportive parents who modelled a strong work ethic, conveyed a sense of military service in the family history and taught him life skills and independence.

Average joe, mum and dad. They worked hard. They provided everything I needed. Everything that I ever wanted or anything like that, they always worked hard to get me, if I wanted something. Always supported me 110 per cent with my sports... they taught me to cook and taught me that basic responsibility of look after what you have.

Brian was raised by his mother, Jonty. He retained a strong bond with his father who was in the military. His mother described some behavioural issues at school, and he was a rebellious teenager who asserted a dominant male identity, disrespected her and engaged in risk taking behaviour including homelessness, stealing cars, drugs and alcohol:

I'm talking maybe 12, 13, 14 and at that stage he did go through a stage of not having much respect, unless he wanted something. He was the man of the house or thought he was, and he knew best... so did a few things that were quite illegal. You know, stealing cars and joy riding. Got caught by being in a car accident, he was unconscious, and his mates all ran off and left him.



Transition into military service

- Bill enlisted in the army at 23 having been initially rejected as not mature enough. Brian joined the navy at age 18 but was initially sent home for a mistake, returning a few months later. The impact of this initial rejection on Brian was profound and possibly a learning about military culture:
 - But when he got there on the day, somebody asked him something and always the smart arse, Brian said that he'd had an asthma attack and they sent him home. That was the end of it. It was one of the most devastating days up to that point, that became more devastating as life went on. But it was just so devastating.
- Brian's mother, Jonty, also commented that he enjoyed basic training but that he still maintained an element of rebelliousness and propensity to misbehave:
 - Brian was into trying everything. Yeah. He really did enjoy basic training ... But when he was doing basic training, yes, he used to ring and be really proud of what he was doing and tell me things that had happened...During that time, he'd done a couple of things that only my son could do ... So, he was still misbehaving, but knew not to misbehave more than you know, it wasn't so much the stealing cars now, he was still a clown and still had his outgoing loud personality and if could make people laugh, he would.

Military experiences

- Bill's description also revealed a strong pride in his work in infantry, a desire to learn from experienced veterans in building his skills along with his strong sense of mateship and supporting the team.
- Jonty commented that Brian also took pride in his work and promotions;
 - I remember his pride at promotions... Petty Officer. But certainly, he was happy with where he was at and some people say that it's not very far, I have no idea, but he was happy.
- These veterans saw active deployments and incurred traumatic exposures that impacted their mental health. Dion and Bill described the adrenaline rush that comes with threat and fear and the inability to disengage from those feelings and adjust on return from deployment.

Standing To, Standing Down

• While you're in that system - don't get me wrong I probably enlisted in the army at a good time where the tempo of deployments was boom, boom, boom, boom, boom and I would never complain about that. You're just on the go so you don't get time to dwell, think about what's happening around you. When we got back in 2010 it was just like - being fed all that adrenalin and just constantly heightened senses, so your taste, your smell, your hearing - everything is just heightened beyond belief. To come back from it, especially a deployment like Afghanistan, and try to get back into a normal routine with family and things like that it's hard...(Bill)



Service

- Bill described de-briefing from deployments as both badly timed and potentially stigmatising where members adopted a hegemonic form of masculinity and viewed mental health concerns as a sign of weakness;
 - Psych debriefs are just tick and flick. That's it in a nutshell. They give you all the questionnaires and you fill them out...It's like how are you feeling about your deployment. You might talk to a psych and it's like oh how are you feeling about your deployment. Did you ever feel threatened? How are you feeling now? Are you feeling suicidal? It's like, hang on, I'm still fucking running on a high. I haven't even been out of country for 48 hours and you want me to fill this shit out...Then if you start I guess this is where it's the male dominating thing it's because everyone is trying to be an alpha or everyone is you know you don't want to show weakness. If there is, blokes are like, yeah all right we got you on this.
- Along with traumatic exposures on deployment, Bill described being given orders that contravened their moral codes and values and consequently a loss of trust and confidence in the hierarchy.
 - ... So everything I'd fucking believed in, in and about the army, had just been fucking pulled straight out under my fucking feet. I'd never been so fucking angry. (Bill)

Service

- Jonty described traumatic episodes in Brian's life involving the loss of his first newborn child, the lack of psychological support from the Navy and his consequently suppressed acute and chronic grief. Lack of work-based support and separation from extended family due to postings added to the negation and possibly lack of resolution of a very intense form of grief.
 - ... But there was never any grieving, there wasn't. It was like, let's not talk about it. So here were these two young kids in Defence having lost a child, nobody was interested, and nobody helped. They had good friends and they had family, but not around them. So, it was just like, there was just like in so many ways, move on. Move on.
- Jonty also described a traumatic episode where the dominant organisational culture of hegemonic masculinity valuing emotional control forced Brian to relive the death of his child and suppress and deny his reactions to intense loss.
 - ...that his boss, again I say boss because I never ask about rank, called him soft cock, told him to get . It was just, go back to work, do your job, whether it's triggering or not, get back there...

Leaving the military and transitioning to civilian life

- Descriptions reveal that the process of leaving the military was abrupt with little support. None of the veterans were prepared for transitioning into civilian life in terms of health services, housing, employment and financial support. For Bill the decision to leave was made for him on medical grounds leaving him with a loss of purpose and meaning and suicidal ideation;
 - I was like, what am I going to do? This is my career choice. This is what I want. I fucking I enjoy doing it.
- Jonty reported that her son was discharged medically while in hospital and at risk of suicide, highlighting her anger at the abruptness of an end to a career and any organisational responsibility for his health issues and care;
 - What Defence does when they discharge you, is they're finished. From that second, they're finished. They don't care where you live, you can find a GP, they don't care. They don't care. They don't care if DVA sees to you or not, they are the most adversarial bunch...You can't discharge from a hospital bed on a suicide attempt and do nothing, you can't do that.

Post service

- Bill attempted to take his lfe on multiple occasions. While Bill's description did not reveal whether he had recent experiences of suicidal ideation or attempts, he described a lack of social connectedness with civilians due to experiencing lack of understanding of what it means to have served. Bill also retained a sense of difference from civilians by referring to them as 'normal'.
 - People look at you and go, what the fuck? Are you a mental case? You're like, no I've just got a couple of issues. Then when you tell people that they're like, they avoid you like the plague. It's like, oh unless you're with other veterans who have been down that situation a lot of people don't understand it, especially civvies. Like they say oh, you're ex-service, wow that's unreal. I'm like, yeah I'm ex-service. Oh did you deploy? Yeah, I did. Oh what was it like? It's like, I just did my job. It's depressing.
- Describing a lack of faith in standard therapy for his conditions, Bill focused on his own recovery by choosing to live away from people, cease medication, focus on fitness and try alternative therapies.
- Brian

 For Julie-Ann, David's medical discharge involved abrogation of responsibility for his care by Defence and lack of care by DVA. Initially relying on friends for shelter, she commented that David experienced difficulties in dealing with DVA about his compensation for service-related mental health conditions. However, a key issue in her son's death a year after discharge was a 6-month waiting list for DVA funded psychiatric support which left him at risk of suicide.

Post service

DVA - Bureaucratic Blocks

- Jesse Bird served in the ADF from 2007-2010. He was deployed to Afghanistan on several occasions. Jesse struggled with his experiences and sought help from the DVA. Early in 2017 his mother and father submitted to the Constant Battle Senate inquiry:
 - He has been endeavoring to seek assistance form DVA for the last eighteen months without success it seems to him and us that the level of bureaucracy is intentionally obstructionist and unedifying. The jungle of paperwork the lack of follow-up and the non-existent support has contributed to his deteriorating mental health. He is involved with VVCS and is currently involved in a 12-week PTSD Specific Counselling program which finishes in early December. Jesse has not received any money what-soever from DVA or Centrelink to help him survive and without our financial and emotional help he would be on the street or worse.
- What followed was a series of tragic bureaucratic dogma and obstruction, leading Jesse to take his life, during the inquiry in June 2017.
- Jesse's father commented at the time:
 - This department is charged with the responsibility to care and support our veteran community and that is what the Australian community expects to happen, not the current delay, deny, destroy."
- Jesse's story is one of the soldier and the state, and how after 'signing on the dotted line' and volunteering to make the ultimate sacrifice, he was denied welfare, recognition and support for the consequences of his service.

PRE-SERVICE SERVICE DISCHARGE **POST-SERVICE** FROM NAVY NAVY SYSTEM OPERATOR IN MINE WARFARE EMPLOYMENT CARPENTER IN MINING INDUSTRY BUT WENT BANKRUPT AS CAN'T WORK DUE TO PTS (UNDERWATER EXPLOSIVES) I GREW UP IN A PLACE WHERE CRIME TEACHERS KNEW MY DAD AND I DIDN'T EVEN KNOW MY DAD. I WAS · Choked police officer while intoxicated - attempted ACTUALLY GETTING - 'YOU'RE murder reduced to aggravated assault causing harm KEV'S SON. YOU KNOW, KEV'S A PIECE OF SHIT. YOU'RE A PIECE OF ..." Military disarming skills and training TRAUMA = 'react not think' · Responsible for ship full of explosives – constant risk of fire that would have caused death Found WW2 grave site of sailors who suffocated -**CRIMINAL JUSTICE SYSTEM** never officially recognised Developed severe posttraumatic stress (PTS) Psychiatrist identified high suicide risk and · Repeat subordination due to PTS symptoms recommended non-custodial sentence and peer support Imprisoned despite a \$30K surety and Jamie **CHILDHOOD** Larkham Centre guaranteeing treatment · Father in jail for drug offences - since died Attempted suicide - 365/1000 days in solitary Mother died when he was 3 years old confinement Raised by grandparents Unsupervised while on 'suicide watch' · Grandfather abusive, authoritarian Transferred to James Nash House after suicide attempt Chris Tilley connected him with veteran services PHYSICAL INJURY " I HAVE A MEMORY OF HER Both shoulders and ankles " IN HOSPITAL. I BELIEVE IT'S reconstructed I'M NOT A VIOLENT MAN IN STOMACH CANCER BUT MY Vertebrae degenerated ADULT LIFE'S LED ME TO BELIEVE SOCIETY, NORMALLY - TREATED. THAT'S NOW ALLOWED ME IT MIGHT HAVE BEEN THROUGH TO ADDRESS THESE PRE-DRUG USE. BUT YOU KNOW. " TRAUMATIC EVENTS IN FAMILY SECRETS." I WAS FUCKED. I WAS JUSTSO -MY LIFE." I WAS SO CRUSHED FROM THAT SUB. WE ALL WERE. WE ALL WERE. THERE'S BEEN TWO ADOLESCENCE " SUICIDES SINCE. I WOULD'VE I WENT TO JAMES NASH AND BEEN THE THIRD, OUT OF A TRANSITION Introduced to alcohol through sporting I WAS TOO WELL BUILT. I CREW OF 52." Mental health deteriorated clubs WAS TOO COHERENT TO HAVE Left school aged 16 Unable to access mental health services ANYTHING WRONG WITH ME. Self-medicated with alcohol Qualified as carpenter TREATMENT Relationship with partner ended due to Grandparents died Disciplinary charges led to removal of armoury access mental health issues Family farm sold POST PRISON and knife which essentially ended career Disconnect from community after Bullying and bastardisation to pressure him to leave Extended supervision order as high grandparents died Referred to psychiatrist to facilitate discharge - no risk offender other counselling or medical treatment Support from Open Arms Flinders University Administrative discharge – even though unlawful Received White Card from DVA

AGE 34 YEARS

because medical discharge was pending

despite following correct procedures

Charged with AWOL over process of discharging -

and Gold Card pending

Constant Battle

- The Constant Battle: Suicide by Veteran's inquiry outlined mental health issues, PTSD, homelessness and poverty, unemployment and poor job security, family violence, social isolation, perceived maladministration in the military justice system, substance abuse and experience of sexual assault and bullying in the military as key issues experienced by veterans upon separation.
- Significant frustration: excessive bureaucracy, institutional denial, and malfeasance characterised dealings with DVA.
- Veterans need a diagnosis to claim Benefits but the claiming of victimhood conflicts with the values that the military intentionally fosters, masculinised values such as selfreliance, psychological toughness, collective responsibility and group loyalty.
- The military-medical complex also affirms a very narrow conception of disability and trauma that compels the veteran to identify and operate through their illness which is a source of stigma.

Constant Battle

- The veteran becomes boxed in by systems of bureaucratic militarism that attempt to frame the issues as individualised and personal. While a diagnosis means that the militarymedical community has validated the experiences of suffering from traumatic stress, the burdens of 'proof' surrounding psychiatric category have damaging, fatiguing effects upon veterans: suicide being one.
- The consequences of giving your all for the functional imperatives of the ADF – warfare - are turned back upon the veteran. They become a private experience, rather than an institutional effect. Through institutional denial and impossible burdens of proof, individuals caught in this paradigm often feel betrayed by the ADF whom they believed to have a 'contract of unlimited liability' with. The compounding feelings of betrayal, decreased health, grief, lost identity, and reverse culture shock are significant contributors to compounding health issues, veteran suicide, and, consequently, diminished life trajectories.

Salient Points

- Deployment trauma was associated with the inability to 'stand down' upon return. Deployment injuries (physical and mental) did not necessarily lead to suicidality but the way in which those injuries were managed by the ADF and DVA did.
- Mental health support (e.g. deployment debriefings) was often tokenistic and inadequate
- Cultural imperatives of hierarchy, command and control, regimentation, and tactical dominance have prevented the ADF from improving diversity and reducing military institutional abuse.
- Many participants had poor separations from the ADF and were ill- equipped for military to civil transition.
- Poor separation and transition from the ADF was associated with social disconnection and ongoing trauma leading to self-harm and suicidality.
- DVA's claim processes were deemed unnecessarily complex and difficult to understand, which exacerbated health issues. Lack of DVA recognition of health issues recognised in the ADF was experienced as a contradiction in institutional approaches. DVA's logic of claim acceptance and denial was prolonged, perplexing and contributed to health decline.
- Military trauma and institutional betrayal remained unresolved for many participants even after reparation and apology by the ADF.



Open Door Initiative

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Flinders.edu.au/opendoor







ICD-11 Complex Posttraumatic Stress Disorder (CPTSD) in Veterans: Advances in Treatment and Personalised Care

Prof. Thanos Karatzias

Clinical & Health Psychologist

Edinburgh Napier University &

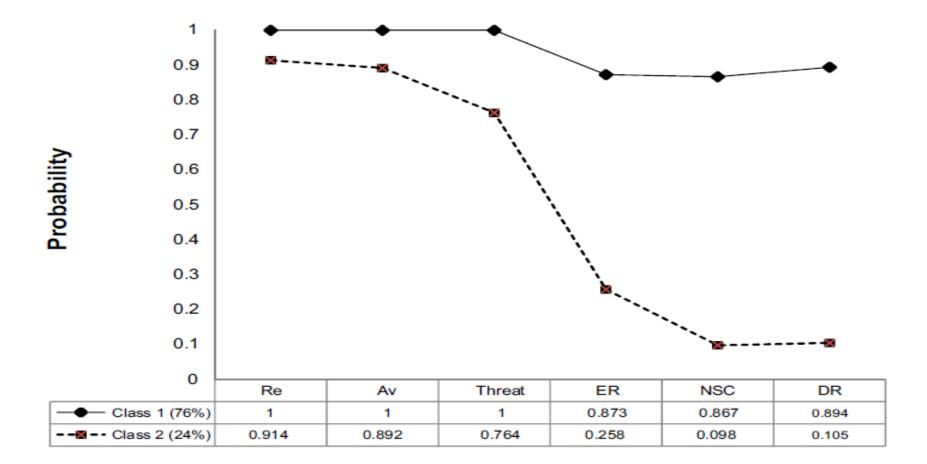
NHS Lothian Rivers Centre for Traumatic Stress

ICD-11 PTSD and Complex PTSD

| organization | "Gate" Criterior | n: Traumatic Stressor |
|-----------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| -11 | PTSD | CPTSD |
| lanse Registran of Diseases for landing Rg 1 Animalian | Re-experiencing Avoidance Sense of Threat | Re-experiencing Avoidance Sense of Threat Affect Dysregulation Negative Self Concept Disturbed Relationships |
| | Functional Impairment | Functional Impairment |

Diagnosis is either PTSD *or* CPTSD: If PTSD and DSO criteria met = CPTSD Type of trauma is a risk factor not a requirement for a diagnosis

Evidence for ICD-11 CPTSD



Karatzias et al. (2017) Journal of Affective Disorders

Prevalence rates: General population samples

| | USA | Israel | Ireland | UK^** | Germany* | Ghana | Kenya | Nigeria |
|-----------------|------|--------|---------|-------|----------|-------|-------|---------|
| PTSD diagnosis | 3.4% | 6.7% | 5.0% | 5.3% | 1.5% | 17.6% | 20.3% | 17.4% |
| CPTSD diagnosis | 3.8% | 4.9% | 7.7% | 12.9% | 0.5% | 13.0% | 13.7% | 19.6% |
| Total | 7.2% | 11.6% | 12.7% | 18.2% | 2.0% | 30.6% | 34.0% | 37.0% |

^Trauma exposure was a criterion for inclusion.

*Very narrow definition of trauma exposure applied.

**Karatzias et al. (2019) Depression and Anxiety

Prevalence rates: Treatment seeking samples

| | Welsh | Scottish | Syrian | Mixed refugees in | | |
|------------------------|----------|-----------|----------|-------------------|--|--|
| | patients | patients* | refugees | Switzerland | | |
| PTSD diagnosis | 10.9% | 37.0% | 25.2% | 19.7% | | |
| CPTSD diagnosis | 53.6% | 53.1% | 36.1% | 32.8% | | |
| Total | 64.5% | 90.1% | 61.3% | 52.5% | | |

*Karatzias et al. (2017) Journal of Affective Disorders

Other populations

| | PTSD (%) | CPTSD (%) | |
|--------------------------------------------------|-------------|--------------|--|
| Young people ¹ (General population) | 3.4 | 1.5 | |
| War zone (Ukraine) ² | 25.9 | 14.6 | |
| Clinical veteran population (UK) ³ | 14.0 | 56.7 | |
| Prisoners ⁴ | 7.7 | 16.7 | |

¹Redican, Hyland, Cloitre, McBride, Karatzias, Murphy, Bunting, Shevlin (2022) *Acta Psychiatrica Scandinavica*

²Karatzias, Shevlin, Ben-Ezra, McElroy, Radican, Louison Vang, Cloitre, Ho, Lorberg, Martsenkovskyi, Hyland (2023). *Acta Psychiatrica Scandinavica*.

³Murphy, Shevlin, Pearson, Greenberg, Wessely, Busuttil, Karatzias (2020). *The British Journal of Psychiatry.*

⁴Facer-Irwin, Karatzias, Bird, Blackwood, MacManus (2021). *Psychological Medicine*.

CPTSD: Service Utilisation (contact with a MH professional the last 12 months)

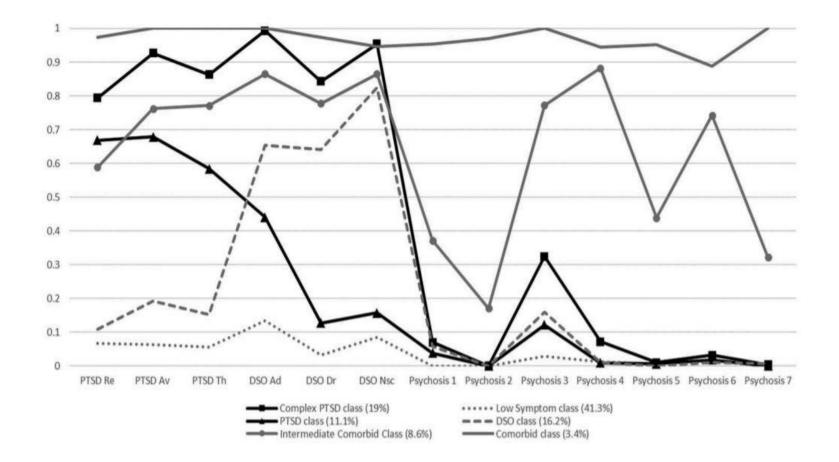
| | % | χ2 | OR (95% CI) |
|----------------------|-------|------------------|---------------------------|
| ICD-11 PTSD or CPTSD | 48.6% | 111.47, p < .001 | 6.75 (4.58 <i>,</i> 9.95) |
| ICD-11 PTSD | 41.2% | 21.52, p < .001 | 3.68 (2.05 <i>,</i> 6.59) |
| ICD-11 CPTSD | 58.2% | 100.69, p < .001 | 8.70 (5.36, 14.11) |

Note: $\chi 2$ = chi-square test; OR (95% CI) = Odds ratio (95% confidence intervals).

Hyland, Vallières, Cloitre, Ben-Ezra, Karatzias et al. (2020). Social Psychiatry and Psychiatric Epidemiology

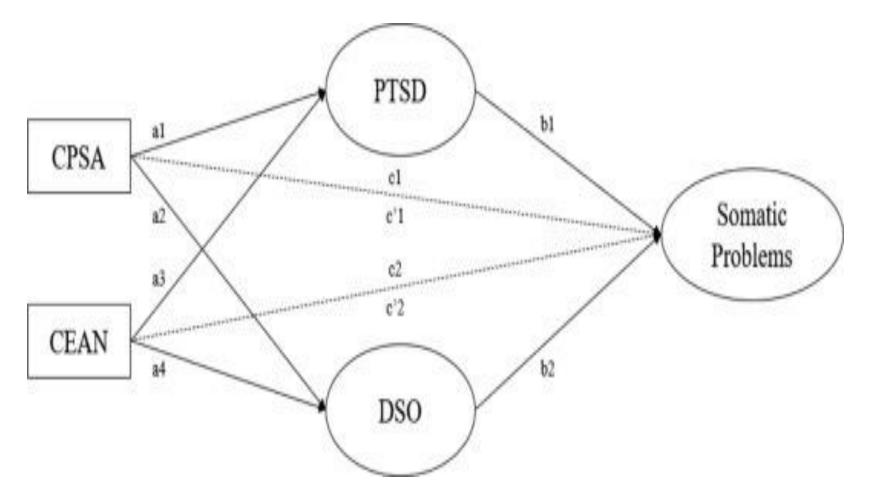
CPTSD and other conditions

Psychosis & CPTSD



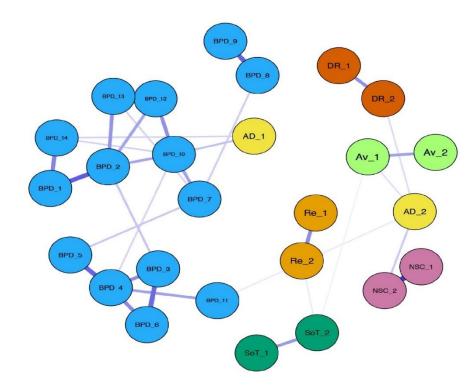
Frost, Vang, T. Karatzias, et al. (2019). Psychosis: Psychological, Social & Integrative Approaches

Childhood trauma, CPTSD and physical health



Ho, Karatzias et al. (2021) Journal of Psychosomatic Research

CPTSD & BPD: A network analysis in a highly traumatized sample



Re-experiencing

• Re_1: Having upsetting dreams that replay part of the experience or are clearly related to the experience?

• Re 2: Having powerful images or memories that sometimes come into your mind in which you feel the

Avoidance

- Av_1: Avoiding internal reminders of the experience
- Av_2: Avoiding external reminders of the experience (for example, people, places, conversations, objects,

Sense of Threat

- SoT_1: Being "super-alert", watchful, or on guard?
- SoT 2: Feeling jumpy or easily startled?

Affective disregulation

- O AD 1: When I am upset, it takes me a long time to calm down.
- AD_2: I feel numb or emotionally shut down.

Negative self-concept

- NSC_1: I feel like a failure.
- NSC 2: I feel worthless.

Disturbed relationships

- DR_1: I feel distant or cut off from people.
- DR_2: I find it hard to stay emotionally close to people.

Borderline Personality Disorder

- BPD_1: Have you often become frantic when you thought that was going to leave you?
- BPD_2: Do your relationships with people you really care about have lots of extreme ups and downs?
- BPD_3: Have you suddenly changed your sense of who you are and where you are headed?
- BPD_4: Does your sense of who you are often change dramatically?
- BPD_5: Are you different with different people orhat sometimes you don't know who you really are?
- BPD_6: Have there been lots of sudden changes in your goals, career plans, religious beliefs, and so on?
- BPD_7: Have you often done things impulsively?
- BPD_8: Have you tried to hurt or kill yourself or threatened to do so?
- BPD_9: Have you ever cut, burned, or scratched yourself on purpose?
- BPD_10: Do you have a lot of sudden mood changes?
- BPD_11: Do you often feel empty inside?
- BPD_12: Do you often have temper outbursts or get so angry that you lose control?
- BPD_13: Do you hit people or throw things when you get angry?
- BPD_14: When you are under a lot of stress, do you get ...people or feel especially spaced out?

Owczarek, Karatzias et al. (2022) Journal of Personality Disorders

Clinical Guideline: CPTSD vs. BPD

| Symptoms included in the diagnosis | CPTSD | BPD* | | |
|------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------|--|--|
| | Characterized by | Characterized | | |
| | feelings of threat, | predominantly by | | |
| | low self-efficacy, and | instability in affect, sense | | |
| | relational distancing | of self and relationships | | |
| 1. Trauma-related symptoms | | | | |
| Trauma history required for dx | Yes | No | | |
| Re-experiencing symptoms | Yes | No | | |
| Avoidance of trauma-related symptoms | Yes | No | | |
| Heightened sense of threat | Yes | No | | |
| 2. Emotional Disturbance | | | | |
| Emotional reactivity hard to calm down or feeling | Yes | No | | |
| numb or dissociated | res | INO | | |
| Intense affective instability | No | Yes | | |
| Intense anger | No | Yes | | |
| Impulsivity in at least 2 areas that are self-damaging | No | Yes | | |
| Recurrent suicidal behaviours or self-mutilation | No | Yes | | |
| Transient stress related paranoid ideation or severe | No | Yes | | |
| dissociative symptoms | 110 | Tes | | |
| Chronic feelings of emptiness | No | Yes | | |
| 3. Sense of Self | | | | |
| Persistent and pervasive negative sense of self as worthless or defeated | Yes | No | | |
| Marked and persistently unstable self-image or sense | | | | |
| of self. | No | Yes | | |
| 3. Interpersonal Relationships | | | | |
| Difficulty staying close maintaining relationships, | Vac | No | | |
| tendency to distance, avoid or break off with conflict | Yes | No | | |
| Frantic efforts to avoid real or imagined | No | Yes | | |
| abandonment | | I es | | |
| Unstable and intense interpersonal relationships that alternate between idealization and devaluation | No | Yes | | |

Karatzias, T., Bohus, M., Shevlin, M., Hyland, P., Bisson, J. I., Roberts, N., & Cloitre, M. (2023). British Journal of Psychiatry

CPTSD



Emotional Regulation

reactive anger and substance misuse

self-injurious behaviours and suicidality

Disrupted Sense of self

sense of self is defined as a stable, deeply negative self-perception

highly unstable and alternating between polarised positive and negative self-perception

Disturbed Relationships

difficulties stem from mistrust, associated with being hurt, and are kept at a distance more consistently

volatile and oscillating between intensely idealised and disparaging

CPTSD Assessment

The International Trauma Questionnaire (ITQ)

Instructions

Please identify the experience that troubles you most and answer the questions in relation to this experience.

Brief description of experience

When did the experience occur? (circle one)

- a. less than 6 months ago
- b. 6-12 months ago
- c. 1-5 years ago
- d. 5-10 years ago

Acta Psychiatrica Scandinavica

Below are a number of problems that people sometimes report in response to traumatic or stressful life events. Please read each item carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

| | Not at all | A little Bit | Moderately | Quite a bit | Extremely |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|------------|-------------|-----------|
| 1. Having upsetting dreams that replay part of the experience or are clearly related to the experience? | 0 | 1 | 2 | 3 | 4 |
| 2. Having powerful images or memories that sometimes come into your mind in which you feel the experience is happening again in the here and now? | 0 | 1 | 2 | 3 | 4 |
| 3. Avoiding internal reminders of the experience (for example, thoughts, feelings or physical sensations)? | 0 | 1 | 2 | 3 | 4 |
| 4. Avoiding external reminders of the experience (for example, people, places, conversations, objects, activities or situations)? | 0 | 1 | 2 | 3 | 4 |
| 5. Being 'super-alert', watchful or on guard? | 0 | 1 | 2 | 3 | 4 |
| 6. Feeling jumpy or easily startled? In the past month have the above symptoms: | 0 | 1 | 2 | 3 | 4 |
| 7. Affected your relationships or social life? | 0 | 1 | 2 | 3 | 4 |
| 8. Affected your work or ability to work? | 0 | 1 | 2 | 3 | 4 |
| 9. Affected any other important part of your life such as parenting, or school or college work, or other important activities? | 0 | 1 | 2 | 3 | 4 |

Cloitre, Shevlin, Brewin, Bisson, Roberts, Maercker, Karatzias, Hyland (2018) Acta Psychiatrica Scandinavica

The International Trauma Questionnaire (ITQ)

Acta Psychiatrica Scandinavica

Below are problems or symptoms that *people who have had stressful or traumatic events sometimes experience. The questions refer to wa*ys you *typically* feel, ways you *typically* think about yourself and ways you *typically* relate to others. Answer the following thinking about how true each statement is of you.

| How true is this of you? | Not at all | A little Bit | Moderately | Quite a bit | Extremely |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------|------------|-------------|-----------|
| 1. When I am upset, it takes me a long time to calm down | 0 | 1 | 2 | 3 | 4 |
| 2. I feel numb or emotionally shut down | 0 | 1 | 2 | 3 | 4 |
| 3. I feel like a failure | 0 | 1 | 2 | 3 | 4 |
| 4. I feel worthless | 0 | 1 | 2 | 3 | 4 |
| 5. I feel distant or cut-off from people | 0 | 1 | 2 | 3 | 4 |
| 6. I find it hard to stay emotionally close to people | 0 | 1 | 2 | 3 | 4 |
| In the past month, have the above problems in emotions, in beliefs about yourself and | nd in relationships: | | | | |
| 7. Created concern or distress about your relationships or social life? | 0 | 1 | 2 | 3 | 4 |
| 8. Affected your work or ability to work? | 0 | 1 | 2 | 3 | 4 |
| 9. Affected any other important parts of your life such as parenting, or school or college work, or other important activities? | 0 | 1 | 2 | 3 | 4 |

Cloitre, Shevlin, Brewin, Bisson, Roberts, Maercker, Karatzias, Hyland (2018) Acta Psychiatrica Scandinavica

Clinical Interview

International Trauma Interview

Trauma Measures (traumameasuresglobal.com)

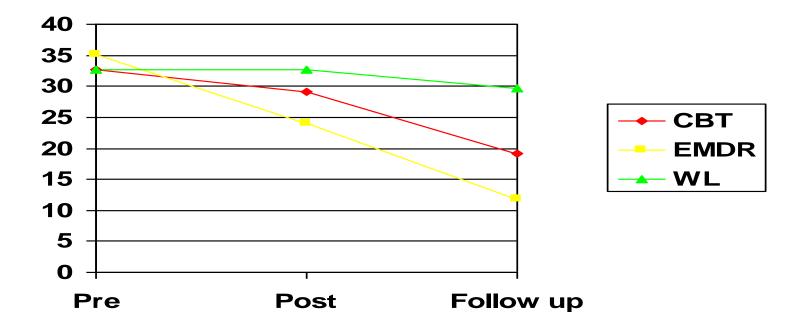
CPTSD Treatment: Where are we?

 ICD-11 Complex PTSD (CPTSD) is a relatively new condition and there is very limited evidence for its treatment.

• There is a substantial evidence base on the treatment of PTSD.

PTSD treatment EMDR vs. TfCBT vs. WL

PTSD



Power et al... Karatzias (2002) Clinical Psychology and Psychotherapy Karatzias et al. (2007) European Archives of Psychiatry and Clinical Neuroscience Karatzias et al. (2011) Journal of Nervous and Mental Disease

The treatment of psychological trauma

- DSM-IV PTSD
- 50% drop out rate
- 40% recovery rates after accounting for drop out rates
- Chronicity persists

Are existing therapies effective for **CPTSD?**

Metanalysis of existing therapies for CPTSD

| Study | | Group A | Group B | Outcome |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|--------------------------------------------------------------|
| Ahmadi 2015 | | EMDR | TAU/WL | Interpersonal |
| Hogberg 2007 | | EMDR | Control | Interpersonal |
| Power 2002 | | EMDR | TAU/WL | Emotion regulation |
| van den Berg 2015 | A | EMDR | Control | Emotion regulation |
| Kip 2014 | All the second s | EMDR | TAU/WL | Negative self-concept |
| Scheck 1998 | and the second of the second o | EMDR | Control | Negative self-concept |
| Difede 2007 | | EMDR | TAU/WL | PTSD |
| Ehlers 2005 | | EMDR | Control | PTSD |
| Dunne 2012 | | EMDR | TAU/WL | PTSD + 1,2 or 3 |
| Talbot 2014 | Contraction of the second seco | EMDR | TAU/WL | PTSD + 2 or 3 |
| Foa 1999 | and the second s | EMDR | Control | PTSD +1,2 or 3 |
| Monson 2006 | Carl State State State | EMDR | Control | PTSD + 2 or 3 |
| Hollified 2007 | | CBT | TAU/WL | Interpersonal |
| Duffy 2007 | - HAMMAN ANY - | CBT | Control | Interpersonal |
| Galovski 2012 | < SHOW SHOW | CBT | TAU/WL | Emotion regulation |
| Basoglu 2007 | < ARTHER MARKES | CBT | Control | Emotion regulation |
| Ehlers 2003 | COMPACTION CONTRACTOR | CBT | TAU/WL | Negative self-concept |
| Foa 2005 | | CBT | Control | Negative self-concept |
| Ehlers 2014 | | CBT | TAU/WL | PTSD |
| Krakow 2001 | | CBT | Control | PTSD |
| Lindauer 2005 | | CBT | TAU/WL | PTSD +1,2 or 3 |
| Marks 1998 | | CBT | TAU/WL | PTSD + 2 or 3 |
| Forbes 2012 | | CBT | TAU/WL | PTSD + 3 |
| Hinton 2009 | | CBT | Control | PTSD +1,2 or 3 |
| Cloitre 2002 | | Exposure alone | TAU/WL | Interpersonal |
| Dunn 2007 | | Exposure alone | Control | Interpersonal |
| Hinton 2011 | | Exposure alone | TAU/WL | Negative self-concept |
| Kubany 2003 | | Exposure alone | TAU/WL | PTSD |
| Jung 2013 | | Exposure alone | Control | PTSD |
| McDonagh 2005 | | Exposure alone | TAU/WL | PTSD +1.2 or 3 |
| Mueser 2008 | | Exposure alone | TAU/WL | PTSD + 2 or 3 |
| Ford 2011 | | Exposure alone | Control | PTSD + 1.2 or 3 |
| Resick 2002 | | CBT | Exposure alone | Interpersonal |
| Kubany 2004 | | CBT | Exposure alone | Negative self-concept |
| Suris 2013 | | CBT | Exposure alone | PTSD |
| Mueser 2015 | Attent ////// | CBT | Exposure alone | PTSD +1,2 or 3 |
| Steel 2017 | | CBT | EMDR | Interpersonal |
| Dorrepaal 2012 | HTT. | CBT | EMDR | PTSD |
| Keane 1989 | | CBT | EMDR | PTSD +1,2 or 3 |
| Ghafoori 2017 | | EMDR | Exposure alone | Interpersonal |
| Pacella 2012 | | EMDR | Exposure alone | Negative self-concept |
| Nijdam 2012 | | EMDR | Exposure alone | PTSD +1.2 or 3 |
| Krupnick 2008 | | EMDR | Exposure alone | PTSD + 2 or 3 |
| Azad marzabadi 2014 | | IPT | TAU/WL | PTSD + 2 01 3 PTSD + interpersonal |
| Biedel 2011 | | Mindfulness | TAU/WL | Interpersonal |
| Biedel 2011 Biedel 2018 | | TMT | Exposure alone | PTSD, interpersonal & emotion regulation |
| Butollo 2016 | | TMT | Exposure alone | PTSD + interpersonal |
| Bryant 2013 | | DET | CBT | PTSD + merpersonal PTSD + negative self-concept |
| Harned 2014 | | CBT + ER | CBT | PTSD + negative self-concept PTSD + negative self-concept |
| ter Heide 2011 | | DBT + exposure | DBT | |
| | | | STBT | PTSD + negative self-concept |
| ter Heide 2016 | | EMDR | SIBI | PTSD + interpersonal |

Karatzias et al. (2019) Psychological Medicine

Life events in a community treatment seeking sample

| N= 195 | | | | | |
|-------------------------------------------------------|---------|-------------------------------------|------------------------|--|--|
| Childhood Trauma | a (CTQ) | Adulthood Traur | Adulthood Trauma (LEC) | | |
| Emotional Abuse | 70.3% | Physical assault 80.5% | | | |
| Emotional neglect | 63.1% | Sexual Assault | 58.5% | | |
| Sexual abuse | 55.9% | Weapon Assault | 51.6% | | |
| Physical abuse | 54.9% | Transport Accident | 50.3% | | |
| Physical neglect | 52.8% | Other Unwanted Sexual Experience | 48.7% | | |
| Any Childhood Trauma | 82.1% | Multiple Life Events (2-12) | 94.6% | | |
| Multiple abuses | 70.8% | Adulthood Trauma only | 16.4% | | |
| Interpersonal Trauma (Childhood or Adulthood) | 93.7% | | | | |
| Interpersonal trauma only (Childhood or adulthood) | 10.3% | | | | |
| Childhood Trauma only | 0.0 % | | | | |
| Childhood and Adulthood Trauma | 82.1% | | | | |

Karatzias et al. (2016) Journal of Affective Disorders

Adverse Childhood Events Population Based Studies (2018 -19)

| Adverse childhood event | | Ireland | USA | Israel |
|------------------------------------------------------------|-----|---------|-----|--------|
| | % | % | % | % |
| Verbal abuse by a parent or caregiver | 36% | 36% | 21% | 27% |
| Physical abuse by a parent or caregiver | 34% | 28% | 16% | 23% |
| Sexual abuse by a parent or caregiver | 16% | 16% | 18% | 19% |
| Emotional neglect by a parent or caregiver | 36% | 30% | 17% | 23% |
| Physical neglect by a parent or caregiver | 10% | 10% | 5% | 5% |
| Parents separated or divorced | 31% | 20% | 34% | 16% |
| Witnessing physical violence between parents or caregivers | 16% | 13% | 12% | 9% |
| Alcohol or drug use in the family home | 18% | 26% | 25% | 8% |
| Mental illness in the family home | 25% | 23% | 16% | 15% |
| Household member went to prison | 7% | 7% | 8% | 3% |

*Karatzias et al. (2019), Depression & Anxiety

What do we know about the treatment of CPTSD?

Metanalysis of Group Therapies for Complex Interpersonal Trauma

- Phased 1 interventions can be useful for symptoms of general distress (e.g. anxiety and depression).
- Phased 2 (Trauma Focused) interventions are required for traumatic stress.

Mahoney, Karatzias, Hutton (2019). Journal of Affective Disorders

Pilot RCT of Phase 1 Interventions

- N = 86 female prisoners with interpersonal trauma.
- 10 sessions of Phase 1 (group psychoeducation) vs. standard care.
- Group psychoeducation achieved only small effect sizes in comparison to usual care across all outcomes including behavioural problems, emotional regulation and psychopathology.

Metanalysis of psychological and pharmacological interventions for PTSD following complex trauma

- Multicomponent interventions that include skills-based strategies along with trauma-focused strategies are the most promising interventions for emotional dysregulation and interpersonal problems in people with complex trauma.
- Multicomponent interventions that include cognitive restructuring and imaginal exposure were the most effective for reducing PTSD symptoms.

Modular therapy for CPTSD: A person centered approach

- 1. A thorough assessment of the patient's presenting problems resulting in a case formulation about the underlying causes.
- 2. Therapist and patient decide on specific CPTSD clusters to target based on preference, readiness and severity using appropriate evidence based interventions.
- 3. At the end of delivery of this module, an assessment is conducted and the next therapeutic target is selected.

A new modular treatment protocol for CPTSD

- Enhanced STAIR (ESTAIR) Narrative Therapy for CPTSD
- 25 sessions: 6 sessions per cluster (Selfconcept, affect regulation, interpersonal relationships, PTSD) + a formulation session prior to start of treatment.

ESTAIR: Resource Loss Model of Trauma

Traumatic stress is an experience of resource loss:

Social resources: sense of connection to others
 Emotional resources: ability to manage emotions
 Identity: loss of mastery, competency, "goodness"

ESTAIR Modules

Affect Dysregulation (AD) : Emotion management, distress tolerance, and acceptance of feelings and experiencing positive emotions.

Negative Self-Concept (NSC) : The impact of trauma on one's self concept, how to stay in the present moment and combat dissociation, compassion and mindfulness skills.

Disturbed Relationships (DR) : Effective assertiveness, awareness of social context, and flexibility in interpersonal expectations and behaviours that are displayed in social interactions.

Narrative Exposure (NA): Mild re-experiencing of the most distressing memory whilst eliciting and altering negative thoughts that are associated with traumatic events.

The RESTORE trial

- n=56 eligible veterans with CPTSD were randomised to either ESTAIR (n=28) or Treatment as Usual (TAU, n=28).
- TAU typically consisted of receiving a mental health assessment by a trained mental health professional (e.g. psychologist, psychiatrist) followed by offering a treatment package that includes psychoeducation and symptom-management.

RESTORE: CPTSD scores at end of treatment and 3-month follow-up

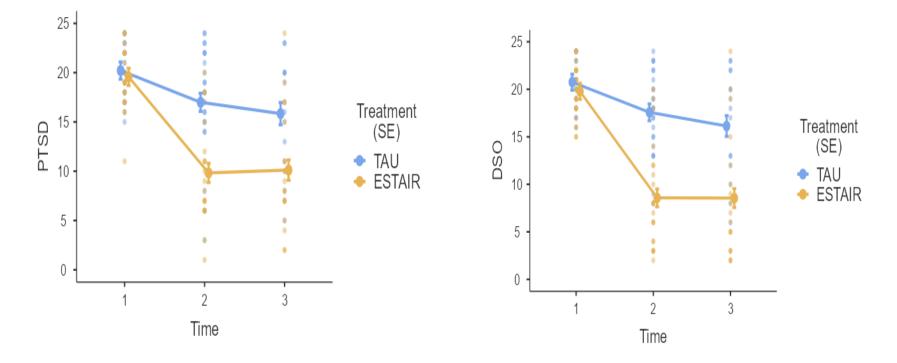


Fig. 2. Pre, post-treatment and follow-up mean plot of PTSD and DSO scores

Karatzias et al. (2024). Psychotherapy & Psychosomatics

RESTORE: Key findings

- Treatment dropout in ESTAIR and TAU was low and equivalent (18% vs. 11%; χ^2 (1) = 1.19, p = .275).
- No serious adverse effects and very few adverse effects occurred, none of which were deemed related to the study.
- ESTAIR provided significantly greater reduction in CPTSD severity across time for ITQ PTSD (p < .001) and DSO (p < .001) symptoms.
- CPTSD pre-to-post effect sizes for ESTAIR were large (PTSD d = 1.26; DSO d = 1.42).
- Remission of probable CPTSD diagnosis at post-treatment was substantially greater in ESTAIR compared to TAU with only 18.2% versus 84% (p < .001) retaining the diagnosis.

Conclusions & directions for future research

- CPTSD is very common in general and clinical populations including veteran populations.
- Modular / multicomponent therapies can be useful for the treatment of CPTSD.
- RESTORE 2.
- Testing the effectiveness, efficiency and costeffectiveness of ESTAIR in community samples.
- Testing the effectiveness of other established trauma treatments for CPTSD (i.e. TfCBT, EMDR).
- Testing whether new treatments for CPTSD (i.e. ESTAIR) can also be useful for those with PTSD.

Thank you for attending



Supporting America's Veterans From Discharge 'Til Death: the U.S. Department of Veterans Affairs



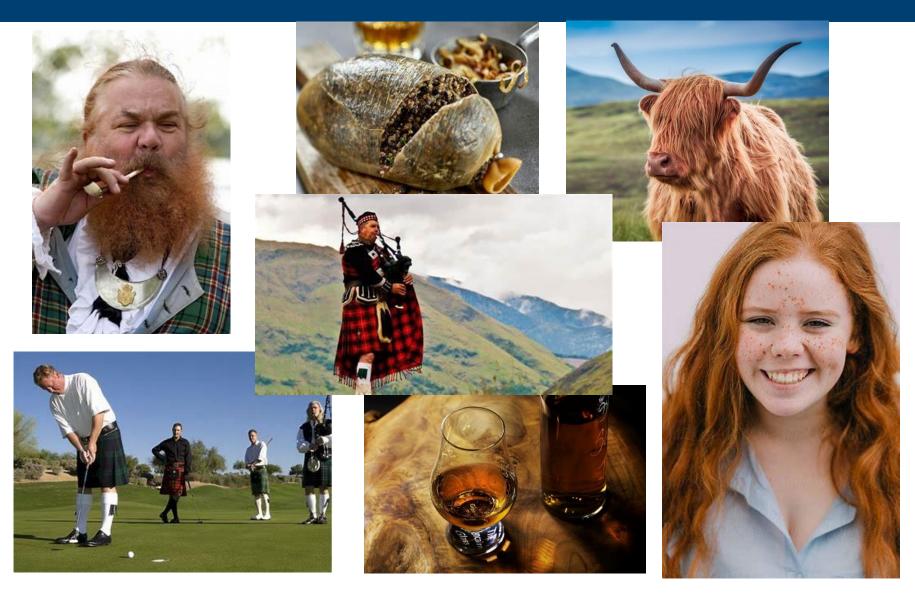
Gerard R. Cox, MD, MHA Associate Deputy Under Secretary for Health







What Americans Think of Scotland





Draft - Pre-Decisional Deliberative Document Internal VA Use Only



U.S. Department of Veterans Affairs

What Scots Think of America?





Draft - Pre-Decisional Deliberative Document Internal VA Use Only



U.S. Department of Veterans Affairs

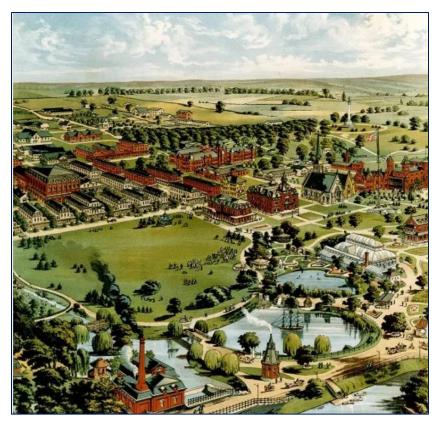
Our Mission

To fulfill President Lincoln's promise to care for those who have served in our nation's military and for their families, caregivers, and survivors.





History of VA



- 1790s: pensions for Revolutionary War Veterans
- 1849: Pension Bureau becomes part of the newly created Department of Interior, where it remains until 1930
- 1865: Congress creates National Homes for Volunteer Disabled Soldiers
- 1930: Veterans Administration created
- 1944: GI Bill assists WWII Veterans
- 1946: Department of Medicine and Surgery Act
- 1988: VA established as Cabinetlevel Department





Department of Veterans Affairs

How VA supports, Veterans, families, caregivers, and survivors







- Military service members who
 - enlisted after September 7, 1980, or entered active duty after October 16, 1981
 - must have served 24 continuous months or their full first enlistment
 - with discharge not characterized as "dishonorable"
- Current or former service members of the Reserve or National Guard if called to active duty for deployment
- Veterans who meet the basic service and discharge requirements and were exposed to toxins or other hazards while serving.





Veteran Statistics

- Approximately 22 million Veterans in U.S., including 2 million women
- More than 9.1 million Veterans enrolled in VA health care
- 5.8 million receiving disability compensation
- 1.4 million rated 100% disabled
- 46% of Veterans are 65 or older
- 2024 VA budget >\$331 billion

VETERAN POPULATION BY RACE/ ETHNICITY

| Asian | White | |
|----------------------|--------------------|--|
| 1.8% | 79% | |
| American Indian and | Black or | |
| Alaska Native | African American | |
| 0.8% | 12.9% | |
| Native Hawaiian and | Hispanic or Latino | |
| Pacific Islander | 8.5% | |
| 0.2% | Two or more races | |
| Another Race 1.8% | 3.4% | |

| FY2024 Appropriations (enacted) 5/6/7 | | |
|---------------------------------------|-----------|--|
| VA: | \$331.06B | |
| VHA: | \$124.46B | |
| VBA-GOE: | \$3.87B | |
| NCA: | \$480M | |
| OIT: | \$6.39B | |





Veterans Benefits Administration

111





Veterans Benefits Administration



- Compensation and Pension
 - Oversees delivery of disability compensation, a taxfree monetary benefit paid to disabled Veterans.

Pension and Fiduciary Service

 Provides program oversight that helps wartime Veterans, their families, and survivors with financial challenges by providing supplemental income

Insurance Service

Maintains life insurance programs that give financial security and peace of mind

Education Service

 Administers VA's education programs that provide education and training benefits

Loan Guaranty Service

 Oversees the VA Guaranteed Home Loan Program that assures home loans in varying amounts.





VBA Programs

- **GI Bill** benefits help Veterans pay for school and cover expenses while they're training for a job
 - Post 9/11 GI Bill & Montgomery GI Bill
 - Yellow Ribbon Program
- VA-backed loans help Veterans build, buy, or improve a home, or re-finance their current home loan
 - no down payment required
- Veteran Readiness and Employment
 - trains disabled Veterans to prepare for employment
- Benefits Delivery at Discharge Program (BDD)
 - may file disability claim 90-180 days before discharge
- Transition Assistance Program







11

VBA Programs (cont.)

- The PACT Act expands VA health care and benefits for Veterans exposed to burn pits, Agent Orange, and other toxic substances
 - Expands and extends eligibility for VA health care for Veterans with toxic exposures and Veterans of the Vietnam, Gulf War, and post-9/11 eras
 - Adds 20+ more presumptive conditions
 - Adds more presumptive-exposure locations for Agent Orange and radiation
 - Requires toxic exposure screening of every Veteran enrolled in VA health care
 - Helps VA improve research, staff education, and treatment related to toxic exposures







National Cemetery Administration







NCA is open to all members of the armed forces and Veterans who have met minimum active-duty service requirements and were discharged under

conditions other than dishonorable.

NCA Operates:

- 155 national cemeteries in 43 states and Puerto Rico
- 34 smaller soldiers' lots and monument sites



VA provides:

- The gravesite, grave liner, opening and closing of the grave
- Government headstone or marker
- U.S. burial flag, Presidential Memorial Certificate
- Perpetual care of the gravesite at no cost to the family.





Veterans Health Administration





Veterans Health Administration

VHA is the largest integrated health care system in the United States, providing care at more than 1,300 health care facilities

- 172 VA medical centers and 1,138 outpatient-only sites of care of varying complexity
- 410,000 employees, about 90% of all VA employees
- 25% are themselves Veterans
- 62.5% clinical, remainder nonclinical
- 28,000+ physicians
- 114,000+ nurses (CRNA, RN, LPN & NA)







VHA's Four Missions

Clinical Care

 full range of medical, surgical, mental health, and preventive care

Education

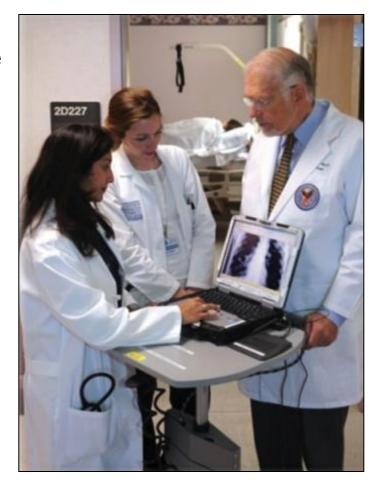
 nation's largest provider of medical education

Medical research

 one of the largest research programs in the U.S.

Emergency Management

 response to natural disasters and national emergencies







VHA Programs and Services



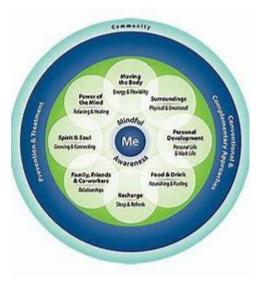
Clinical Care

- Primary care with embedded behavioral health and clinical pharmacists
- Inpatient and outpatient mental health
- Specialty care services
- Geriatrics and extended care
- Amputation care
- Prosthetics and rehabilitation services
- Blind rehabilitation
- Spinal cord injury and disease
- Polytrauma care centers/traumatic brain injury

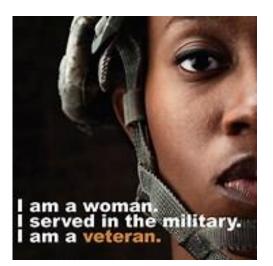




VHA Programs and Services (cont.)



- Suicide Prevention
- Whole Health
- Women's Health





- Homeless Veterans
- Caregiver Support Program and Home Health
- Pain Management and Opioid Safety

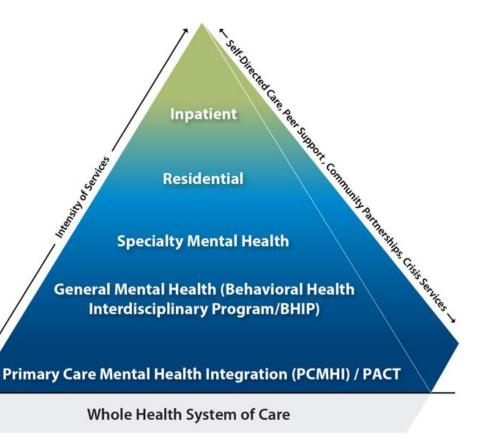




19

Mental Health Continuum of Care

- Stepped-care model to promote mental health treatment at the least intensive level of care appropriate
- Full range of inpatient, residential and outpatient specialty and general mental health services available in VA and through community partners
- Mental health integration into primary care
- Self-directed options such as mobile apps and online programming
- Transition between levels of care according to their Veteran needs







Suicide Prevention

- Preventing Veteran suicide is a top VA priority
- Suicide rate among Veterans is 57.4% higher than non-Veteran adults
- Veterans Crisis Line (VCL)







Care in the Community

- Veterans Choice Act (2014) and VA MISSION Act (2019) expanded options for Veterans to choose care outside VA
- Rapidly growing
 - Emergency and urgent care
 - Long term care and home health services
 - Dental services
 - Certain specialty care (oncology, orthopedics, cardiology, etc.)
 - Diagnostic imaging (MRI, CT angiography, etc.)







Adaptive Sports Programs





- National Wheelchair Games
- National Veterans Summer Sports Clinic
- National Disabled Veterans Winter Sports Clinic
- National Veterans Golden Age Games
- National Veterans T.E.E. (Golf) Tournament
- National Creative Arts Festival

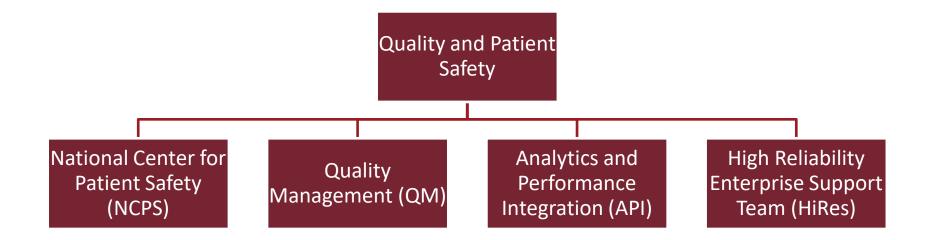






• Mission:

Lead VHA's transformation into a High Reliability Organization and support quality and patient safety professionals across the enterprise through policymaking, effective program management, data analytics and reporting, and continuous improvement.







HROs experience fewer than anticipated accidents or events of harm, despite operating in complex, high-risk environments.



Unclear Policy and Error in Data Report





Unjust Response to Adverse Event



Unique Veteran Health Care Needs





Community Partnership

Legislative Requirements

Fewer than anticipated accidents or events of harm

Harm in

Patient Care

An "accident or event of harm" could be more broadly defined as any event that causes disruption to safe and reliable operations across the system.

Operating in complex, high-risk environments

VHA leaders and staff members help manage business processes for the most complex health care system in the nation.





HRO Pillars, Principles, and Values



SEVEN VALUES

- 1) It's About the Veteran
- 2) Support a Culture of Safety
- 3) Commit to Zero Harm
- 4) Learn, Inquire, and Improve
- 5) Duty to Speak Up
- 6) Respect for People
- 7) Clear Communications







Thank you!





Beyond Talk: How the openness of Haiku and visual arts can facilitate 'expressing the inexpressible' for injured Australian Defence Force (ADF) personnel











Soldier Recovery Centre Arts Workshop Program

> The Self@arts visual arts program is a two-day workshop that facilitates the development of communication skills through arts-based activities. Participants explore various ways to express their ideas and to communicate them to an audience. Started in 2019 as performance-based but based on feedback and evaluation of the program it was decided that visual arts component worked so well they dropped the performance aspect

Key idea: Engaging with imagery can facilitate the expression of feelings that words cannot.

This can lead to a better understanding of self. In collaboration with

Associate Professor Brad West, Sociology at Uni SA

Associate Professor Lisa Hodge,

Head of School (Social Work)

at the Institute of Health & Management in Melbourne







Soldier Recovery Centre Arts Workshop Program

Soldier Recovery Centre, Robertson Barracks, Darwin Soldiers who are either: Transitioning out of the military Or transitioning back into the military after injury (physical and or mental health)

Part of an 8-week program that supports the process of recovery from everyday service-related physical injuries and psychological problems





Open Door Initiative

Binder uteMberry



Not a new idea

> Art has been formally connected to veteran health at least since WWI in the form of art therapy (Haesler & Howie 2017). Art activities, such as drawing and painting, have been found to help participants bridge their memories of past traumatic events in order to understand and communicate their traumatic experience (Ramirez, et al., 2016).





Physical injury is a widespread problem amongst military personnel, which often initiates or worsens mental health problems (Chin & Zeber, 2020; Hynes et al., 2023).

This is especially the case when military personnel are moved from their units during recovery and suffer an associated loss of comradery, routine, and a sense of purpose (Fewster & West, 2023).



So what's new? I've developed a model run over 2 days developing skills in art making, providing ways to express ideas and self-understanding. (used by social work students)



Drawing to see, drawing to feel, painting feelings through colour and abstraction, introduction to possibilities in various mediums

- We argue that by observing and learning to use metaphors through Haiku and visual art concepts, recovering ADF personnel can reconfigure and understand their experience of injury in new and empowering ways.
- Learning to see can also develop a deeper understanding of oneself, others and the world through observation, reflection, and interpretation.

This has implications for recovery

- as the arts can provide the opportunity for ADF personnel to feel and experience complex emotional states related to current and past experiences,
- to improve communication skills,
- increase self-expression,
- and to assist with reintegration or transitioning into civilian life.



Identity Purpose and Belonging







Subsequent visits

We made it clear that there was a purpose to the activities

Discussion about what they might get out of participating

Haiku Poem

- Initiate reflections
- Inner thoughts

Art as a way

- to develop observational skills
- To express feelings
- To communicate ideas



Always 'green team' mentors and medical experts on hand



Day 1

- 8.00-8.15am Welcome and introduction
- 8.15-9.30am Visual literacy activity: 'seeing through drawing'
- 9-30-10.00am Break
- 10.00-10.30am Painting and colour
- 10.30-11.00pm Haiku Poem and expression through colour
- 11.00-12.00pm Language of art, key concepts of art Feelings through art
- 12.00-1.00pm *Lunch*
- 1.00-2.45pm personal artwork
- 2.45-3.30 Debrief and feedback







Day 2

8.00-8.15am Welcome and introduction

8.15-9.30am creating artworks relating to the Haiku poem,

exploring artistic intention, abstract ideas,

meaning-making and interpretation

9-30-10.00am Break

10.00-12.00 creating artworks relating to the Haiku poem,

12.00-1.00pm *Lunch*

1.00-2.00 pm finishing touches artworks

2-2.45pm

2.45- 3.30pm Flinders UNIVERSITY inspiring achievement Sharing meaningful artworks

Debrief and feedback

Elinears uselfhong



Haiku Poem exercise

- Form of poetry structured around 3 phrases/lines.
- First line 5 syllables, 2nd line 7 syllables, third line 5 syllables.
- Eg cat 1 syllable, water 2 syllables, computer 3 syllables
- 1. Miliary life in NT
- 2. Civilian life
- Writing the Haiku poetry early in the workshops is important, as it is designed to initiate reflections and inner thoughts on both military and civilian life (Bullock & Williams, 2022).





Haiku Poem exercise

- A haiku conveys an observation or an insight— often both.
- the best haiku elicit an emotional response in the reader.
- The Haiku poem will be used as a starting point and participants will explore various ways to express their ideas and to communicate them with an audience.
- Engaging with imagery can facilitate the expression of feelings that words cannot. This can lead to a better understanding of self.



Concerning useff treasure



Soldier examples: Haiku poems

| | Military life in NT | Civilian life |
|-----------|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Soldier 1 | The storeman denies stores How do we do job without stores? He who folds, knows truth | The grass is green here Family, peace, stable life equilibrium |
| Soldier 2 | On the range all day In the SED wanting to shoot Sandbags Brass party | No shaving today No hurrying and have to wait no feel sore awake |
| Soldier 3 | It was short lived The injury got worse I will be better | The freedom is real The opportunities are endless Life is a surprise. |
| Soldier 4 | It's move number nine Time to clean the bins again Internet won't work | Several buds fly Nice to see an open sky It's time for a pie |
| Soldier 5 | Do this, then do that When will these commands make sense Never will, that's when | The geese are laying We are waiting for the eggs The Cycle begins |



Open Door Initiative

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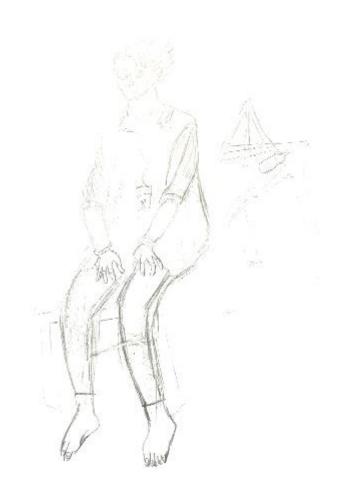


One of the basic premises of the visual art component of self@arts is that everyone can be taught to draw (Davis 2018)

Drawing is often understood to be something that involves some sort of innate talent but drawing, like other 'global skills' can be developed over time with consistent practice (Edwards 1987)

Outcome: Participants will develop basic skills in drawing while strengthening their observational skills. This includes attention to detail which is important for strategic situational awareness in the military.

You might also find that you enjoy drawing.



Open Door Initiative

Coherator usial (net





The language of visual arts

- Line
- Colour
- Shape
- Value/Tone (light/dark)
- Texture
- Space
- Form

as observation Learning to see Noticing what is there A way of noticing detail Discovery Understanding

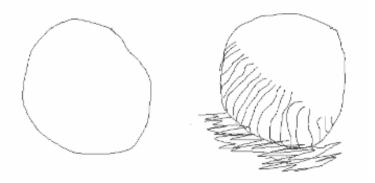
Drawing :

Develops through practice

Flinders

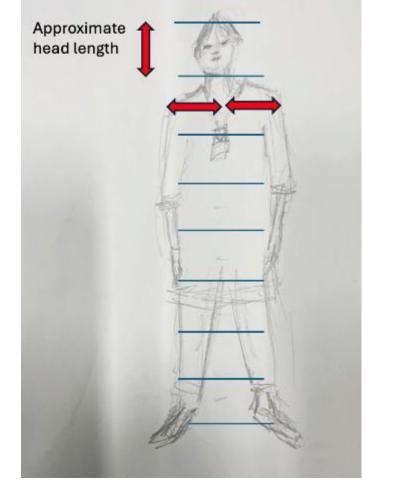
Leonardo da Vinci 1480

Key concepts



Adding tone create 3D effect

Practicing



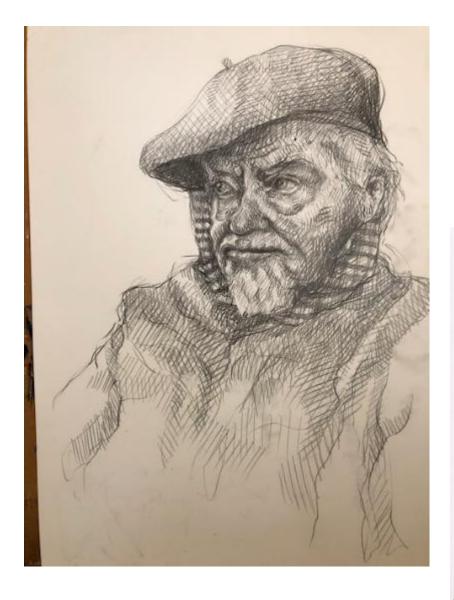
Knowledge of human proportion

Measuring, noticing shapes, comparing distances, spaces



State









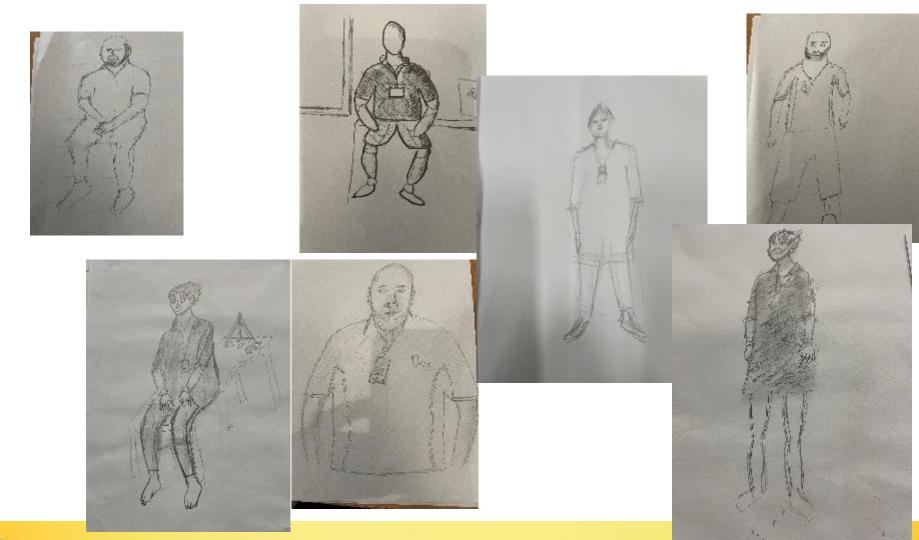








Drawing to see: workshop drawing from life





1hour 15 minutes practical drawing session







Sometimes it is the form of a funny drawing to perhaps give a message that I wouldn't say Like "no I'm too busy to make a drawing for you"

Drawing to 'feel'

- Drawing on Edwards (1986) in her work where she writes about drawings that consist only of marks that make 'thought visible',
- Paper and pencils
- Noted: similarities are made between the marks humans make when representing

different emotions



The participants are asked to represent the human feeling or emotion suggested by particular words using only marks, not 'real' images.

The emotion/feeling words used for this activity are *anger, joy, calmness, fear, hunger, depression,* and *illness.*

Showing feelings through marks- no need to be 'good at art'





Key points: There is no 'wrong' It is a personal statement

Ability to express feelings through a variety of marks

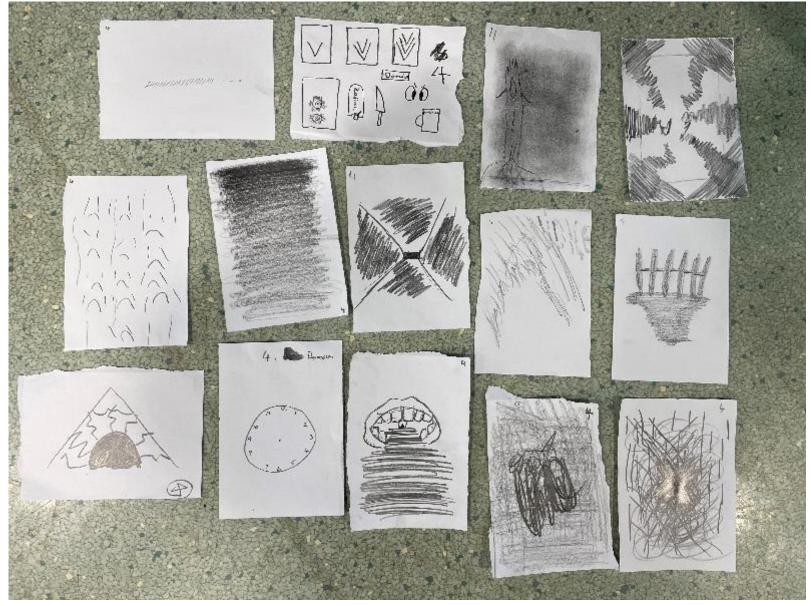


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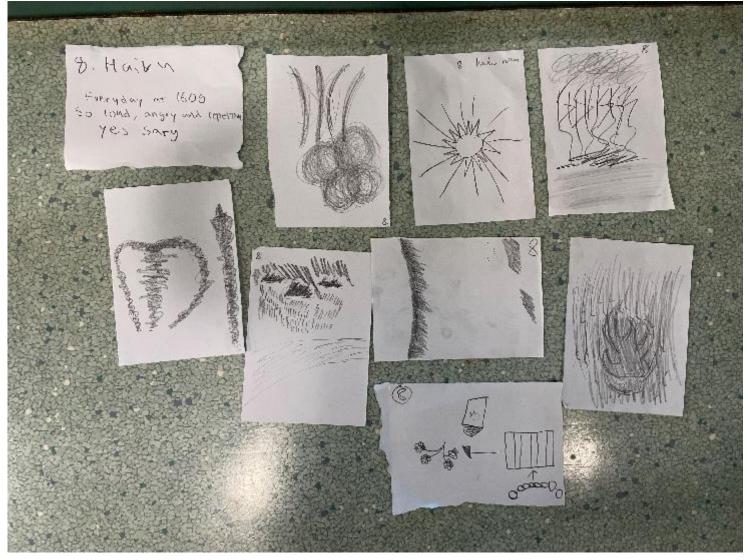




'depression'

Cristing Galling





Representing their Haiku poem visually



Clinders undiffusion



Feelings through colour and paint

Participants listen to a piece of music, shut their eyes and imagine the colors, shapes, lines, that they 'see' and then paint this as the music plays.

No 'real' objects

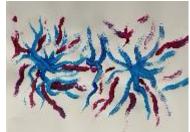
artworks are collected and displayed in groups according to the music played.











highlights another way to express feeling, this time through color and paint, reinforcing the idea that this is a personal expression and therefore there is no wrong or right way to do it.









Building confidence Practicing expressing feelings

After lunch: Personal artwork

Shown a range of materials and methods from drawing, painting, 3D work, to ephemeral art.









New ways of thinking and doing-

providing the freedom to explore different ways to express feelings.







Cut out silhouettes





cardboard



Collage Magazines, newspaper



drawing



bubblewrap

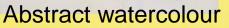






photoshop







watercolours



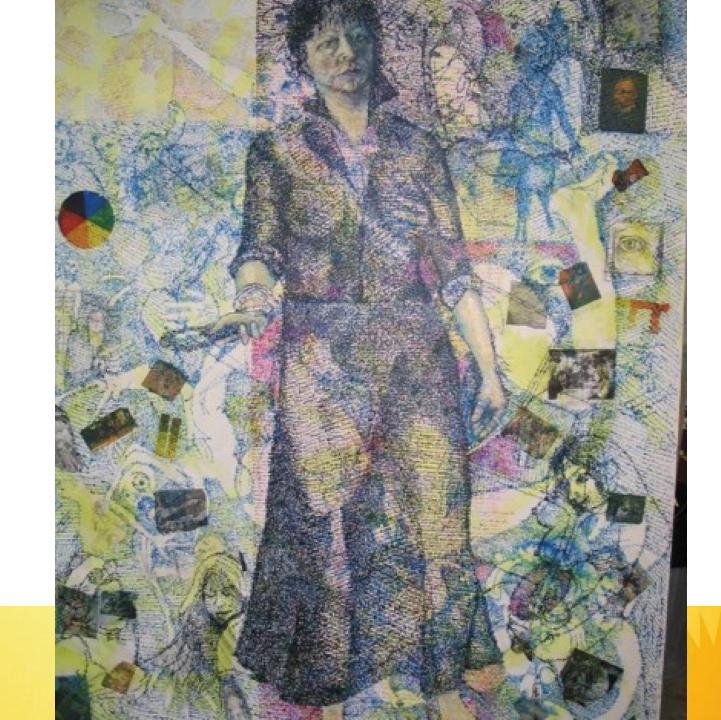
Collage with newsprint



Just like 'Alice' I stepped through the looking glass



Flinders UNIVERSITY inspiring achievement Thesis: autoenthographic study: what made me who I am? Why is art so important to me?





Most worked very hard to produce their artwork

 Some even asked to stay longer after the workshop

One person made a point of showing his blank canvas His finished 'artwork' Obviously not engaged





Open Door Initiative

Timbers up will being



The workshops culminate in 'an art exhibition' or 'display of works to a small audience drawn from military commanders, peers and family.

The soldiers can decide whether or not to show their work.





All expressed the desire for them to be seen

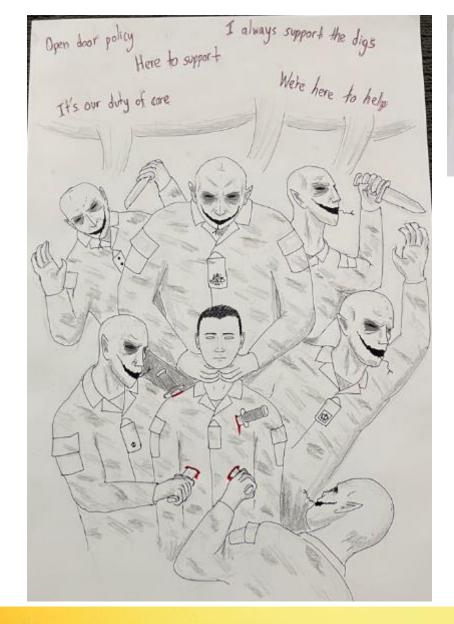
Even 'blank canvas guy'



He did participate in the painting to music



They were asked to write an artist statement to be displayed next to their work



Throw away lines speak louder than actions.

Throw away lines speak louder than actions

The phrases in the drawing 'here to support', 'it's our duty of care' and 'open door policy'

strongly contrast with the image, suggesting instead how violence is normalised

Flinders UNIVERSITY inspiring achievement

Open Door Initiative

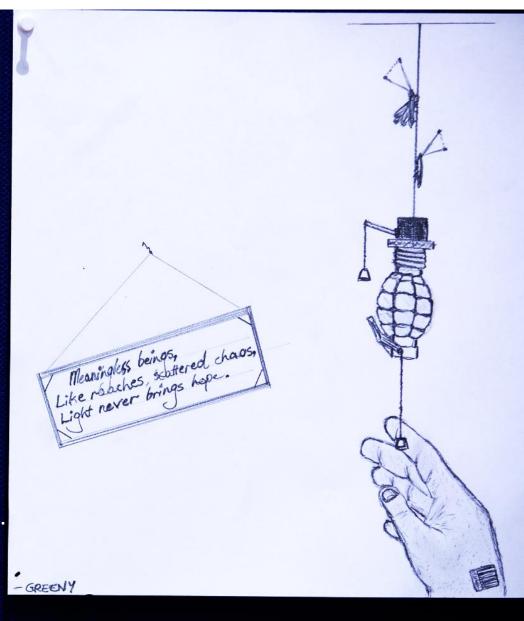
History Usebana



Artist: Brent Green Title: Life - Haiku Medium: Pencil

Statement: When we're stuck in that dark place and struggling to see, we reach for anything to bring light to our lives, but even then, it doesn't help. Pull the string, the grenade will go off, bring that short flicker of light, and throw us back down into the darkness. Roaches resembling other people, scatter at that flicker, avoiding the cry for light, cry for help.

When we are stuck in that dark place and struggling to see, we reach for anything to bring light to our lives, but even then, it doesn't help. Pull the string, the grenade will go off, bring that short flicker of light, and throw us back into the darkness. Roaches resembling other people scatter at that flicker, avoiding the cry for light, cry for help.





Meaningless beings like scattered chaos Light never brings hope...

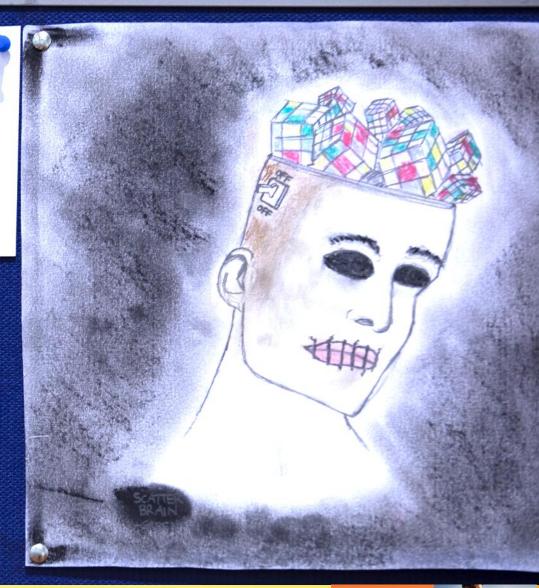
Artist: Brent Green

Title: Scatter Brain

Medium: Pastels

Statement: This piece resembles where my head has been at before and even more-so since my shoulder surgery.

- Rubix cubes represent that the colours/shapes/pieces are all there
 upstairs but nothing joins, nothing lines up, nothing is in order, nothing
 makes sense.
- Moving down, with the brain being in such a jumbled state I felt I was unable to see where I was at, whether to see where I was going, and even unable to see if someone there to guide me.
- Moving further down, from that I felt that in that state of confusion and pressure I put on myself that I couldn't talk, no matter how hard I tried, and no matter how hard I tried to talk and comprehend my thoughts, I couldn't switch my mind back on.









Scatter Brain

Rubics cubes represent the colours /shapes/pieces are all there upstairs but nothing joins, nothing lines up, nothing is in order, nothing makes sense.

Moving down, with the brain being in such a jumbled state I felt I was unable to see where I was at, whether to see where I was going, and even unable to see if someone was there to guide me.

Moving further down from that I felt that in that state of confusion and pressure I put on myself that I couldn't talk, no matter how hard I tried, and no matter how hard I tried to talk and comprehend my thoughts.

I couldn't switch my mind back on.





This person did step out at one stage to talk to the support people

| Evaluation | | |
|------------|----------------------------------------------------------------------------------------|--------------------------------------------------|
| | What did you like best about the workshop? | |
| | The ability to express feelings through art. Realizing I still had some artistic skill | Challenging attempting art, a thing I've avoided |
| anonymous | The instructors were polite | The final product |
| | Hearing stories behind others' art | Fun…the ideas they gave you to make your artwork |
| | Something I don't usually do-different from the norm | Judgement free zone |
| | Seeing everyone's work 1111 | Learning I can draw |
| | Refreshing about artwork I always enjoyed it | Opening up and expressing myself 1111 |
| | Learning how to draw 111 | Basic understanding of drawing |
| | Nothing-boredom | See how others interpret art |
| | Showing what I can't say 111 | The painting of emotions 111 |
| | Just looking at what you can achieve when you try | Sharing my artwork with the group |
| | Seeing I can do it | Being creative not told what to do |
| | Drawing instruction | Making something physical |



Open Door Initiative

University University



Comments from interviews with CoC and mentors

- "Yeah. Like I barely get a word out of the guy and then to have him do something like that I think is definitely a positive."
- "He's one person who like I have seen not really talk much and to see him actually engage in it and say it was really rewarding."
- "..and I saw the introverts and they're suddenly, it really put them out of their shell. Whether or not they realized it at the time it pushes them out there"
- "It was great to see them sharing and talking about their work in the group"
- "I asked *** "can I get you a canvas?" he said "I'm not doing it" but when we took the music list from them and we put on his request, he just got up and got himself a canvas.
- "He produced a very detailed artwork, very good artwork."



Coherate used aaroo





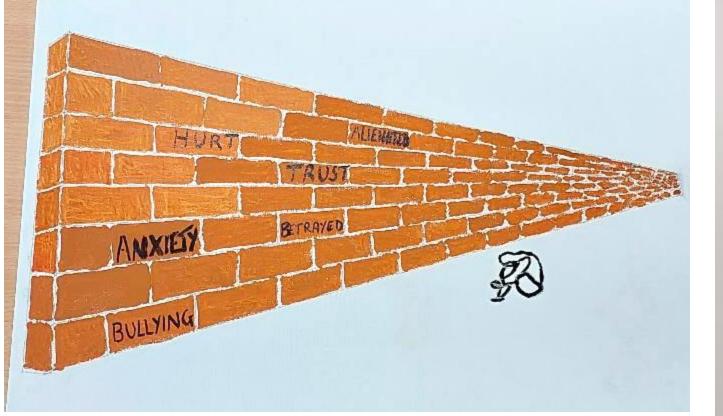














The persuasive power of imagery offers participants a vital alternative to conventional communication where they can

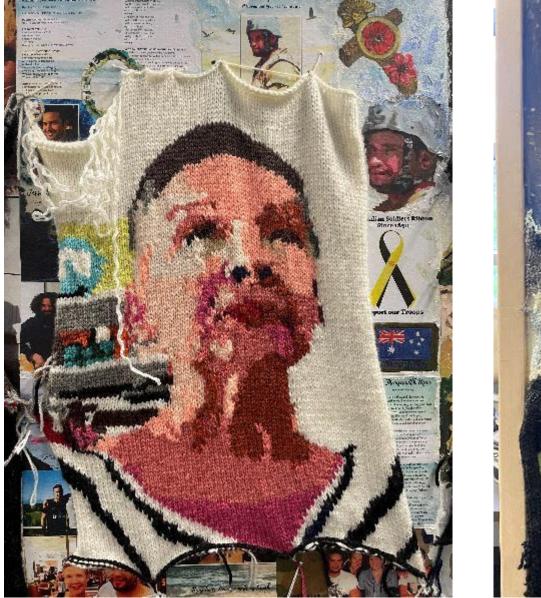
'get at' and 'get out' difficult feelings and social relations not readily accessed because they are hidden or shielded (Sinding & Paton, 2014, p. 192).



This military case study is a powerful way to inform education and practice in disciplines such as social work











'Open Door': reasons for being part of it Identity Purpose and Belonging













Championing life after loss for the armed forces family

Jilly Carrell

I thought I knew everything about being a military spouse...



In MoD speak:

- High Mobility
- SFAs x 12
- Continuity of education
- Repeat deployment
- The deployment cycle
- Lack of adherence to the harmony guidelines
- 'Dependent' challenges
- Reintegration
- PTSD risk



In real life speak

We're moving again –

"It'll be an adventure!"

"But I've got a job and the kids will miss their friends, and you're not even going to be here"

To a different red brick box with magnolia walls

"Don't worry we can bleach the mould off"

"But if you paint the walls a different colour, they'll charge us on march out.."

"You can join a book group"

"But I don't know anyone who can watch the girls"

"It's exciting, we'll be in the heart of Wiltshire"

"But my family are in Edinburgh and I really like my new job"

"I'll only be gone for 8 months"

"Where is Daddy? Is he coming home yet? I don't want him to go"

"Will my daddy be killed there?"

"Is that my Daddy?"

"Why is Daddy angry? Can he go away again soon?"

I'd like to introduce my family



This was Nick's final homecoming....

3 years ago on 8 March 2021, my husband of 17 years, Colonel Nick Carrell, died from a rapid and aggressive form of brain cancer, whilst still serving.

Our daughters were 12 and 14.



It was then I realised that I didn't know everything about being an army spouse, and that I knew nothing about being an army widow.

Things I didn't know: (Part 1 of 1000)

- We would have 93 days to vacate our home
- My children would soon become ineligible for their educational bursaries, and would have to leave their school, their friends and their community
- My MoD 'support' in the form of a 'Visiting Officer' would be permitted to assist my devastated little family for just six weeks, as they had other more important assignments for her elsewhere



I learned that after two weeks, no one from the MoD calls.

That they think when they're handed you a purple pack and an indecent pension that they have "extracted from the bereaved family as clinically as possible." Their words not mine.

I learned that no one talks about transition for the spouse or breakfast clubs or drop ins.

And for our bereaved children they lose their home, their school, their identity and their parent.

I learned that no one talks about transition for the spouse or breakfast clubs or drop ins.

And for our bereaved children they lose their home, their school, their identity and their parent.



We had to leave the community we'd lived in for almost 2 decades.

Aren't we a service family anymore?

No, you're not serving.

Are we veterans?

No, YOU never served.



So who are we?

We're adrift and so are so many other military bereaved families.

And I have almost 3000 emails in my inbox which say the same thing...



Who are our bereaved armed forces community?

Why is bereavement different for them?

What are the challenges they face?

Do they need support?

What does that support look like?



I am working to change the narrative around our military bereaved, to bring together the families, the MoD, the armed forces charity sector, the NHS and other support pathways because we must do better for families who have lost their loved ones whilst serving this country



"It's time to renew our promise to our bereaved military families"

John Healey MP, Secretary of State for Defence



Beyondthewire.org.uk

Thank you for listening.

Please ask me some difficult questions.

THERNIRELAND



Development of an Evidence-Based Suicide Bereavement Pack for the Armed Forces Community

Dr Sharon McDonnell

Suicide Bereavement UK

Edinburgh Napier University

28th August 2024



© Suicide Bereavement UK 2024

Armed Forces Suicide Bereavement Study Why Suicide Bereavement UK?

I understand



- Military life (8 years)
- Personally bereaved by suicide (Catterick) <u>Civilian</u>
 <u>brother aged 29 years</u>
- My bereaved brother (aged19 years) was serving (basic training)
- I made the transition (alone) to become a civilian
- Academic: suicide bereavement research (20+ years)

Why Suicide Bereavement UK?

- Internationally recognised award-winning organisation: specialises in suicide bereavement research, training and consultancy
- Contributor to Help is At Hand guide for civilians bereaved by suicide
- Led the national Suicide Bereavement Survey (largest suicide bereavement survey internationally)
- Host the largest suicide bereavement conference internationally
- Funded by NIHR to develop/deliver PABBS evidence-based, suicide bereavement training for professionals. First of its kind internationally.
- Skillset to translate research findings into evidence-based resources





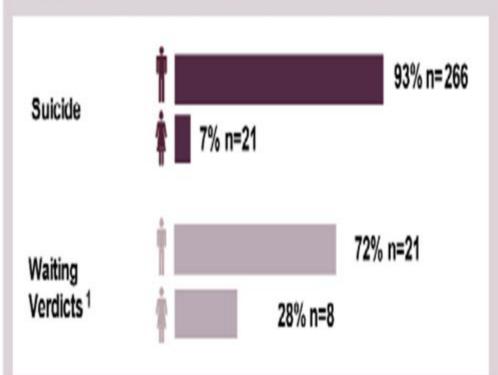


Suicide Bereavement in the UK

- On average 6,000 suicides registered in the UK annually
- Economic cost of each suicide in the UK: £1.7 million (HM Govt, 2017)
- 135 people are affected by each suicide (Cerel et al., 2018)
- Those bereaved by suicide are significantly at risk of dying by suicide
- Estimated 810,000 people are bereaved by suicide each year in the UK
- England's Suicide Prevention Strategy: '*Provide better information and support to those bereaved or affected by suicide*' (DHSC, 2012)

Suicide in the UK <u>Regular Armed Forces</u>

Figure 1: UK regular armed forces suicide and waiting verdict deaths¹ by gender, numbers and percentages² 2003-2022



Source: Defence Statistics Health ¹ Deaths awaiting coroner verdict since 2018. ² Percentages (%) have been rounded to the nearest whole number. **287 suicides in 20 years (**2003-2022)

- Suicide rates lower than UK general population over 35 years
- Since <u>2017</u> number of male suicides in the Armed Forces has increased
- Risk of suicide among men in army <u>same</u> as UK general population first time since 1990's
- Suicide rates in the army among men aged 20-24 years significantly higher than general population in UK

MoD, (2023)

Suicide in the Veteran Community (Rodway et al 2023)

- Retrospective study (1996-2018) 22 years
- **1,086** veterans died by suicide **Male:** n = 1,046, **96% Female** n = 40, **4%**
- Army (74%) Naval service 15% RAF 11%
- Suicide risk 2 to 4 times higher in male veterans aged under 25 yrs than same age group in the general population
- Suicide rate in veterans is **not greater** than the general population

Veterans at greater risk of suicide:

- male
- those that served in the <u>Army</u>
- left the Armed Forces between the ages of 16-34
- those who leave service on a non-voluntary basis
- service of less than 10 years
- untrained when discharged

UK Armed Forces Suicide Prevention Strategy (MoD, 2023) (serving personnel)

Focus Areas:

- 1. understand high risk groups within the Armed Forces
- 2. educate the Armed Forces about suicide
- 3. enable individual resilience and personal support needs
- 4. enable safe military environments
- 5. enhance organisational management of those at risk
- 6. enable access to support for those at risk
- 7. develop accessible postvention support
- 8. improve organisational learning

HEROES Veterans Suicide Prevention Strategy?



Help for Heroes Campaign: suicide prevention policy for veterans

Recommend Govt & devolved nations make it <u>mandatory</u> for local authorities to:

- Identify veterans as a 'high-risk' group when developing local suicide prevention action plans, to ensure that tailored approaches are taken to support veterans
- Have clear signposting for local veteran-specific support services, such as mental health services and bereavement support.
- Veteran champions attend FREE online veteran suicide awareness training

Suicide Prevention



- <u>Prevention</u>
- Intervention
- <u>Post</u>vention

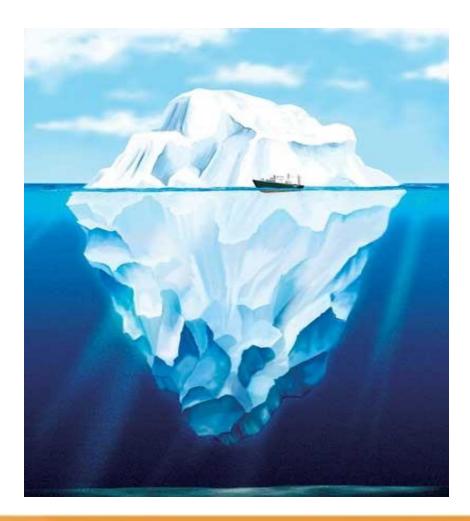
Suicide in the Armed Forces Community

Tip of the iceberg:

The small perceptible part of a much larger problem that remains hidden.

Suicide Bereavement

What lies beneath?



Armed Forces Covenant



Aims to remove disadvantage and ensure that the <u>Armed Forces</u> <u>community</u>, including their families receive the same support as civilians.

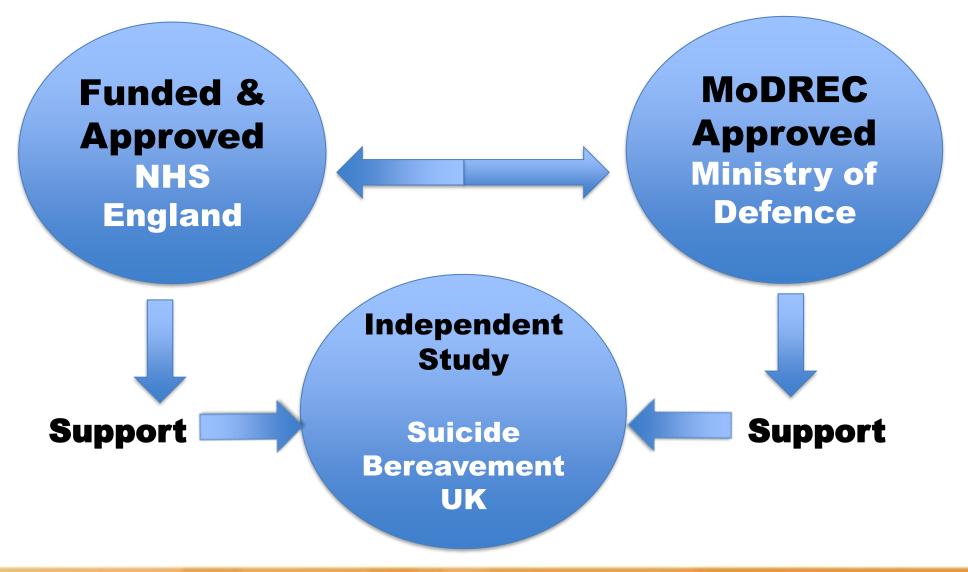
Civilians Bereaved by Suicide



Armed Forces Community Bereaved by Suicide

- Serving personnel
- Veterans
- Bereaved families

Study: Partnership Approach



Armed Forces Suicide Bereavement Study

Aims

- Conduct research and translate findings into an Armed Forces suicide bereavement pack
- Identify experiences and needs of those who have lost serving personnel or a veteran to suicide
- Produce an evidence-informed suicide bereavement pack to support the AF community and <u>complement</u> existing guidance

Method and Approach

Conducted qualitative in-depth interviews with those who had lost someone who was serving/veteran to suicide

Explore their experiences/needs and views on what should be included in an Armed Forces (AF) suicide bereavement pack

We interviewed:

- serving personnel (Army, Navy and RAF)
- veterans (Army, Navy and RAF)
- families

Findings informed the development of the AF suicide bereavement pack

Those Who Have <u>Died</u> by Suicide (n=19)

- 13 serving and 6 veterans (range of ranks)
- 15 male and 4 female
- All were white
- Age of the deceased: teens middle age
- Married, single, recently separated, one parent family
- 2 were female (LGBTQ+)
- Several were parents
- One potentially part of a cluster
- Year of death: 2007-2022
- **Method:** similar to general population (firearms)
- **Died:** where they lived, public place, on leave, whilst deployed
- Served: Army, Navy and RAF

<u>Who took part in the study?</u>

- 30 participants aged 19-63 at the time of their loss (11 female; 19 male). Army, Navy & RAF represented
- 13 serving personnel (range of ranks, lost 1 4 people)
- 6 veterans (range of ranks, and one lost 15 veterans in 12 months)
- 11 family members lost either serving personnel or veteran to suicide
- Many had also lost civilian family members to suicide

Suicide in the <u>Armed Forces Community</u>:



Complex Web of Relationships



FINDINGS

Development of a Suicide Bereavement Pack for the Armed Forces Community

- Three guides required in the AF suicide bereavement pack to address the needs of the Armed Forces community
 - 1. serving personnel
 - 2. veterans
 - 3. families



 We need to take into account the needs of serving personnel/veterans who also lose a civilian family member

Findings

Six themes identified

Theme 1: Suicide and It's Impact

Veteran Family

'Suicide needs to be talked about. Because otherwise, we're just doing what everyone else does and shoving our heads in the sand.'

Veteran wife lost veteran husband to suicide

Theme 2: Grief Responses

Lost serving and veteran colleagues

'You're going to feel like a bag of shit and that's normal, that's okay.'

Theme 3: What Helped Others

Lost a friend

'I've dug my head out of the sand and put my hand up and gone , actually, you know what I need to speak to someone.'

Captain, lost a veteran friend

Theme 4: Practical Matters

Veteran family

"You need to have people around you who can help you to navigate through all the logistics of it, the paperwork, the planning, the organisation, the arranging."

Veteran wife, lost veteran husband to suicide

Theme 5: Children and Young People

Serving Family

'These (kind) gestures are important to give children the confidence that their father was valued independently of the way that he died, gives them those tools to face life.'

Service wife lost serving husband

Veteran Family

'I found it helpful to know that we all grieve differently, and a lot of it depends on the relationship that you had with that person and that your own grief is individual and as unique to you [...] You seek what works for you. And I think that's the same for kids really.'

Veteran wife, lost veteran husband

Theme 6: The Need for Key Resources

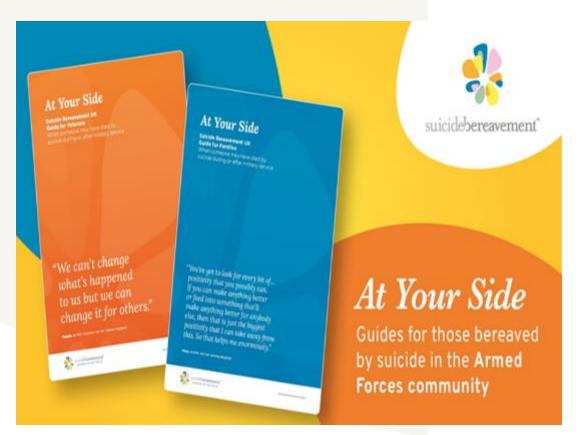
"People need to know where to go for what."

Mother lost serving daughter to suicide

At Your Side Guides

Each guide covers the following:

- 1. suicide and its impact
- 2. grief reactions
- 3. coping strategies
- 4. practical matters
- 5. talking to children about suicide
- 6. useful contacts & resources



Download for free: suicidebereavementuk.com

Translating Research into Evidence-Based Resources

Suicide Bereavement pack for the AF community:

'At Your Side' guides



sty mum (who was diporced from my dad), explained to my son.... that my dad had died by micide. Obviously, she explained it in, like, child terms... because obviously I didn't want to have that chat with him in four- or five-years' time, 'well, actually this is what happened. I'd rather he had like a 'PG' version now, so he always knows, to it's not like ... in five years' time then he finds out he died by suicide and it's a double heartbreak."

Altern, muchter lost her serving fame



The children and young people on this page are all bereaved by suicide

Section 5

Explaining suicide to

children and young

people: quidance for

parents and other adults



At Your Side' Suicide Bereavement Guides



- Acknowledge
- Reassure
- Inform
- Guide
- Signpost
- Empower
- Generate hope
- Potential to help save lives

Launch of 3rd *'At Your Side'* Guide for Serving Personnel



Suicide Bereavement: Reaching Out and Generating Hope

Suicide Bereavement UK's 13th International Conference



More info : suicidebereavementuk.com

At Your Side

Suicide Bereavement UK Guide for Service Personnel When someone may have died by suicide during their military service

'Being bereaved by suicide is a tough subject. But at the same time, I'm not going to shy away from it. If [talking about my loss] helps others and makes it easier, or makes sure that others can get access, or know where to go, then something good can come out of it."

Paul, lost a family member



O Solida Beisarment LW 2029







Suicide Bereavement UK

- Piloting Armed Forces Responding To Suicide (RTS) training
- Evidence-based CPD accredited Responding To Suicide (RTS) Armed Forces training available January 2025
- Increase knowledge, confidence and skills responding to those bereaved by suicide in the Armed Forces community



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PROMOTING VETERAN WELLBEING: WHAT IF THE BEST WAY TO PREVENT SUICIDE IS NOT TO LOOK AT SUICIDE?

Karl Hamner, PhD; Paulette Risher, MA, (Maj. Gen., US Army, Retired); Sierra Rodgers-Farris, MA (US Army dependent); Christopher Gill, MA (Veteran, US Marine Corps)

Made possible in part by funds from Flinders University/Dr. Ben Wadham and Open Door

TRIGGER WARNING

- This presentation will discuss suicide among the general and veteran populations
- The presenter may describe specific instances of suicide to illustrate points

As long as we are willing to send our sons and daughters to war, we have an obligation to walk the path home with them.

- Paraphrase of Rita Nakashima Brock and Gabriella Lettini in their book, SOUL REPAIR, Recovering from Moral Injury after War.

SUICIDE IS A COMPLEX, WICKED PROBLEM

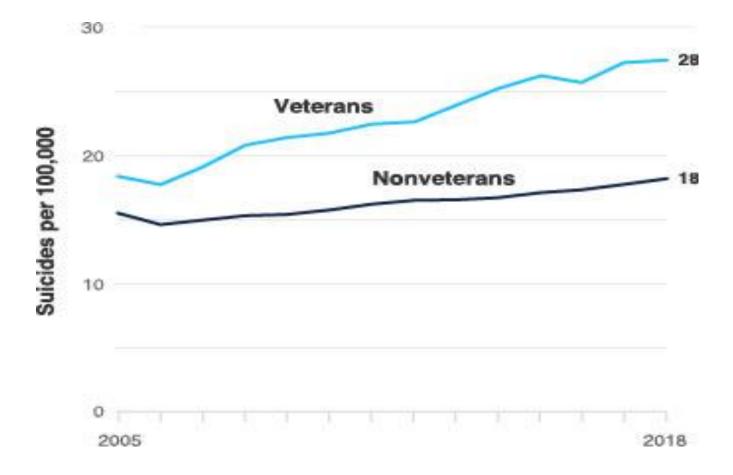
"A wicked problem defies any standard attempt to find a solution because it is a symptom or result of multiple, contingent, and conflicting issues. Environmental degradation, social and economic inequity, and terrorism are some of the classic wicked problems that we face in the twenty-first century" (Rittel, and Webber, 1973)

• Suicide prevention fits the definition of wicked problems

THE US EXAMPLE

- Statistics on suicide from the Centers for Disease Control and Prevention (CDC, 2022) show:
 - Suicide rates in the US have steadily risen over the past 50 years
 - Suicide is now the IIth leading cause of death for adults
 - Nearly 50,000 people in us died from suicide in 2022
 - This is despite billions of dollars being spent to "prevent" suicide.

THINGS ARE WORSE FOR VETERANS: US VETERAN SUICIDE (RAMCHAND, 2021)



NECESSARY BUT NOT SUFFICIENT: REFOCUSING FROM CRISIS RESPONSE TO WELLBEING PROMOTION

- 50 years of research on predicting and preventing suicide has yielded no meaningful way to predict who will die by suicide (Franklin et al., 2017); our ability to do so remains no better than chance
- Billions of dollars have gone to the US Department of Veterans Affairs over the past two decades to increase Veteran mental health care, yet there has been no appreciable impact on veteran suicide rates in the US
- Our dominant response model of "prevention" relies on screening and referral to treatment, so it is really "intervention on the edge of the ledge" (Cain, 2019)
- In not addressing social factors such as Identity, Purpose, and Belonging we are falling short in addressing our epidemic of veteran suicide

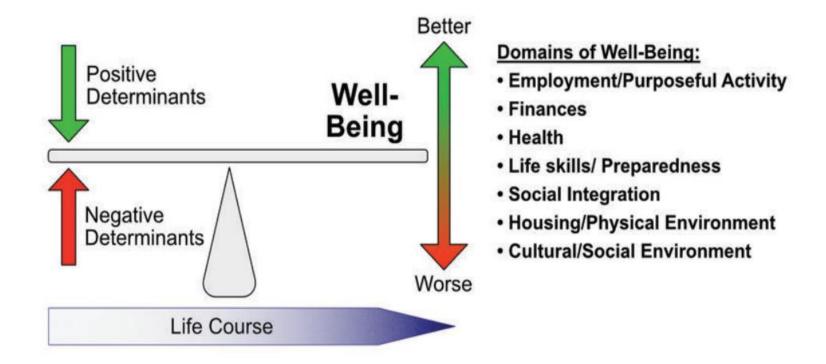
WHY WELLBEING?

- Wellbeing has emerged in past 20 years as a key goal/indicator of progress/improvement worldwide, for both individuals and communities and across multiple disciplines (health, economics, environment, etc.)
- Wellbeing has been suggested as a higher-level, integrative concept that can serve to bring together seemingly disparate research, policy, and practices from multiple disciplines which are geared in various ways to promote flourishing people and communities

WHY WELLBEING AND WHAT IS WELLBEING?

- Many countries have adopted some variant of a wellbeing model for guiding care of and support for veterans and families
- There are literally hundreds of models of well-being ranging from Seligman's influential PERMA model (Seligman, 2013) to one advanced by the U.S. Center for Disease Control and Prevention (CDC) (2022).
- There is no commonly accepted understanding or operationalization what wellbeing is/means/encompasses

DOMAINS OF WELLBEING, VA CANADA



Thompson et al. (2019). Life course well-being framework for suicide prevention in Canadian Armed Forces Veterans. *Journal of Military, Veteran and Family Health*. doi:10.3138/jmvfh.2018-0020

VETERAN WELLBEING DOMAINS SCOPING REVIEW (IN PROCESS)

Objectives

- What domains are being assessed concerning veteran wellbeing in the scientific and policy communities?
- How do they compare/differ from domains in the general population?

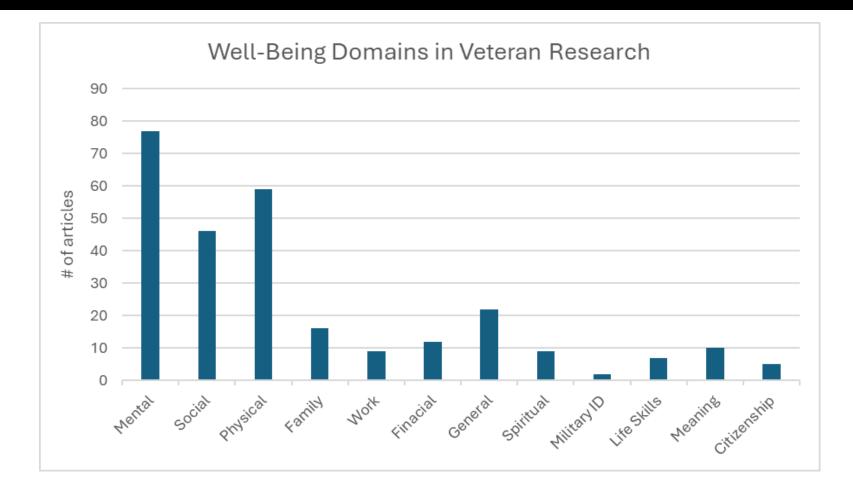
SCOPING REVIEW METHODS/PROGRESS

- Search Terms/Inclusion Criteria
 - Veteran Well-Being/Wellbeing;Well-Being/Wellbeing;Wellness; Flourishing;Thriving; Quality of Life
 - Written 2010 or later; Peer Reviewed; Research Study/Government Scale; In English; Veteran population
- Data Bases
 - APAPyschArticles; APAPsychExtra; PubMed; Academic Search Premier; JSTOR; SocIndex Wiley; EBSCO; Sociological Abstracts; GenderWatch; Military & Government Collections; National Institutes of Health Library; Cochranelibrary.com

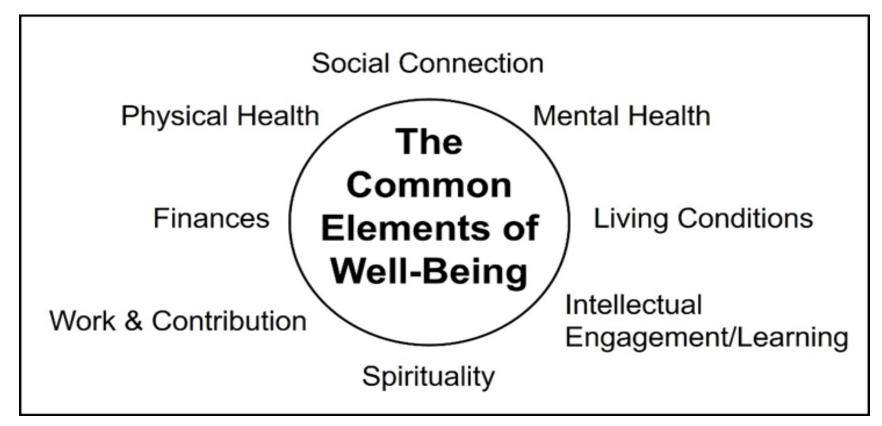
Current Scoping Review Numbers

• 1,166 identified studies about veterans incorporating the above search terms; data presented here from 100 randomly selected studies

DOMAINS ASSESSED IN THE VETERAN-FOCUSED LITERATURE: A RANDOM SAMPLE OF 100 CURRENTLY IDENTIFIED STUDIES



A NOTIONAL AND GENERIC MODEL OF WELL-BEING



Risher, P. (2024). A Conceptual Framework for Empowering Veterans in Transition. Learning for the Journey, LLC

WHAT NOW? HOW DO WE PROMOTE WELLBEING

 "Viewing well-being as a multi-domain concept offers a holistic approach that can resolve ambiguities in the use of relevant terminology (e.g., health, wellness, quality of life, or flourishing)"

Thompson, Vogt, , & Pedlar (2022)

- Understand that wellbeing is a process more than an end-point.
- Broaden our research, practice and policy to include wellbeing research, practice and policy to include families and survivors.
- Explore how we help service members, veterans have a "life well lived?"
- What is working in the field? Identify practice-based evidence!



Thank you!



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ADF ARRTS PROGRAM

Australian Defence Force Arts for Recovery, Resilience, Teamwork and Skills Program

Artistic Director Lieutenant Colonel Geoff Grey CSM Australian Army

Adjunct Associate Professor Centre for Creative and Cultural Research, University of Canberra

Please note: The opinions expressed in this presentation are those of the presenter, and not the Department of Defence



No rank, uniform or judgement

- A four-week long residential, immersive program, held twice per year

Exploring Creative Writing, Music & Rhythm, and Visual Arts

- Non-clinical environment

Not art or music therapy

- Mentored by experienced artist educators

379 participants over 17 cohorts

346 ADF + 33 Emergency Services or recently retired veterans, to date

ADF ARRTS core objectives

- Build confidence and resilience
- Enhance self-expression
- Gain new skills and exposure to new experiences
- Reduce social isolation
- Enhance communications with their families
- Enhance initiative and teamwork
- Have a voice and a chance to express their individuality

+ Application of empathic and egalitarian principles

- + One-to-one mentoring, group workshops & field trips
- + 1)Explore 2)Develop 3)Consolidate 4)Celebrate...

5) Beyond!

•Research Quantitative and Qualitative



85% of research respondents remain engaged with creativity years later

The no rank/no uniform setting establishes an appreciated and effective no-judgement environment, in turn enabling confidence, introspection, alternative life concepts and growth

In creating their optimum chance to be artistic, participants focus on freeing their minds from the 'learned responses' of the uniformed workspace, embracing empathic values towards others, and developing their understanding of what egalitarian principles may look and feel like if nurtured in their communities





Realising they have different identities to the dominant <u>one</u> they associate so completely with...

"This rank is who I am"

... and developing an understanding that they are *allowed* to have multiple identities beyond the uniform was a constant theme among those surveyed

Dominant identity: 'Rank, name, service number'

Actual, oft lost identities: Sibling, parent, partner, lover, friend, collector, mentor, wine fiend, work colleague, teammate, runner, foodie, film buff, volunteer, cyclist, associate, golfer, musician, enthusiast, club member, bookworm, footy supporter...





Bonus!

Creative engagement is an excellent tool for revealing life possibilities, whether staying in service or career transitioning

Current/Future research

- Can exposure to creative engagement prior to injury or illness assist in force preservation?
- Is there an appetite for creative prehabilitation, requiring a cultural shift in thoughts and practices?
- Are there financial benefits in utilising creative engagement, in addition to the human wellbeing gains so evident?

ENQUIRIES: drgeoffgrey@gmail.com

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geoff.grey@defence.gov.au

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ADF ARRTS PROGRAM

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Artistic Director Lieutenant Colonel Geoff Grey CSM Australian Army

Adjunct Associate Professor Centre for Creative and Cultural Research, University of Canberra



The Historical Contingency of Veteran Suicide: WW1 veterans and their post-war experiences in Australia, 1914–1945

KAREN BIRD & MEGGIE HUTCHINSON

OPEN DOOR - FLINDERS UNIVERSITY

> E D I N B U R G H - N A P I E R C O N F E R E N C E

22-28 AUGUST 2024

The Contingency of Veteran Suicide:

• What is Australia's Royal Commission into Defence and Veteran Suicide?

Royal Commissions are Australia's highest form of inquiry on issues of public importance. This commission was established to look at the high rates of suicide in Defence and Veteran communities and make recommendations to government.

• What is the Royal Commission doing?

The commission is investigating issues related to suicide and suicidal behaviours in the Defence and Veteran communities, exploring possible changes that can be made, by undertaking public hearings, listening to people's stories, talking to experts and looking at evidence and research.

The Contingency of Military & Veteran Suicide: Why an historical approach?

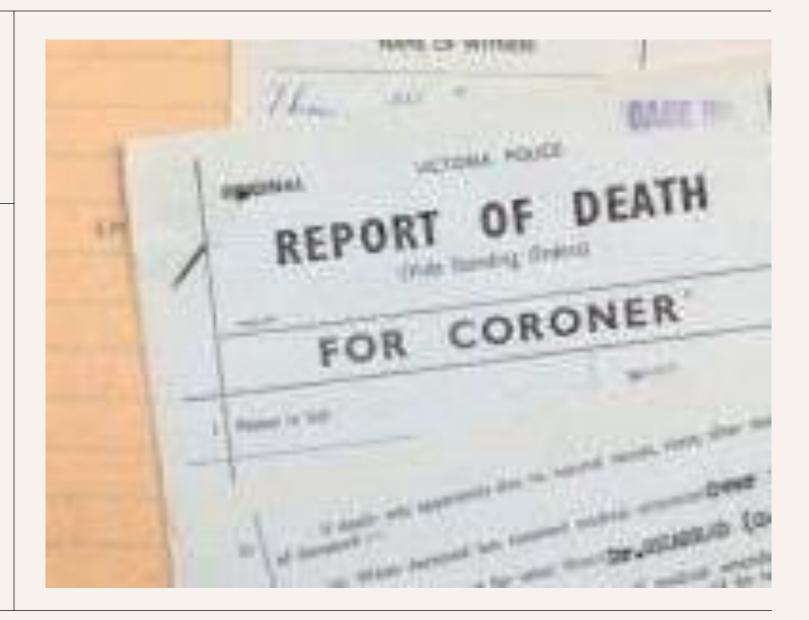
- Suicide
- Not a new problem
- An inconvenient and poorly understood truth; poignant reminder of the unresolved & ongoing cost or war and service
- How it has been constructed
- How it has been approached
- How it has been governed
- How it has been serviced



JSTRALIAN WAR MEMORIAL

The Contingency of Veteran Suicide: Why methodology of microhistories?

- ARC Longitudinal 1914-2024
- Aspires to answer *"large questions in small places"* (Thank you, Wikipedia)
- Aligns with interview approach sociological autopsies
- Beyond medical and legal frameworks - tend to diminish and camouflage - multifaceted nature of war & service trauma



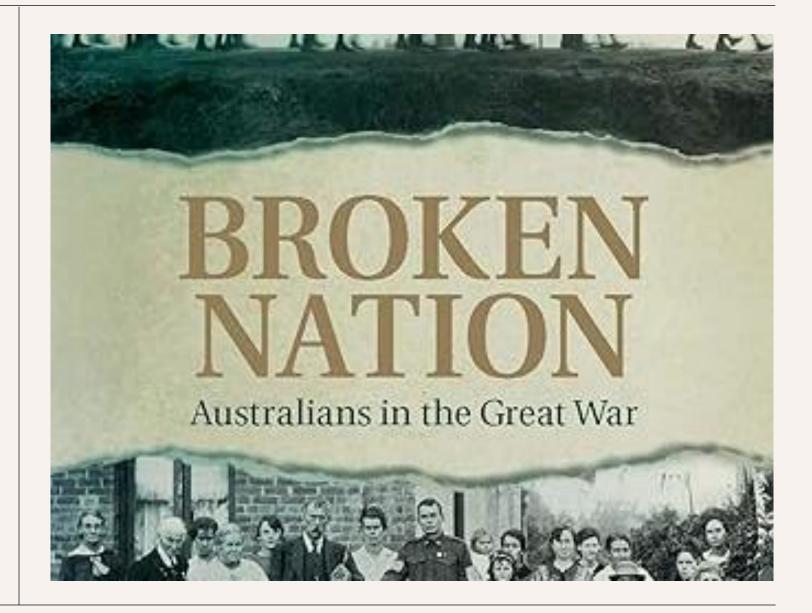
The Contingency of Veteran Suicide: Australia's statistics

- During WW1 Australia's total population about 4 million.
- Over 324,000 Australians served overseas, with two-thirds becoming casualties - death or injury/physical and mental
- Equates to 41 Australians killed per day
- 1 in 5 chance of survival
- Those who survived, returned home in this shadow.



The Contingency of Veteran Suicide:

For the men and women who served in the First World War, the first cohort to experience the horrors of mass industrialised warfare, their transition from service to civilian life, was significantly shaped by a post-war context as well as their wartime experiences and the government promised support they were, or were not, able to access after separation from the military.



The Contingency of Veteran Suicide: Microhistory **Trooper David Molloy SN2437**

- A "neglected" child from a "black camp"
- Indigenous "half-caste"
- British subject classified non-citizen
- Self-Enlisted Cairns August 1917
- 11th Light Horse A.I.F.
- Trained Rifle Range Camp Enoggera, leaving Australia December 1917

Aboriginal Protection and Restriction of Sale of Opicin Rebusn of Host pregormed by the police for the Rechector and others at Auranda Station Juring month ending 30 hours 1903 Where Committed How Sespend Remarks Offence Sale Restanton Offender Comp R. Barson Als Hate, that from Resey (Half Cash) Being Regliched Child Rifle Greek Mount holly Schen & Cain for Freak 5-11-03 Police lecenica he-presended to Refle Beach St. there he found Instart the two Maifes. Lavey (Hay Cash) Being hegleched Child Refle had mount molloy Suber to Com Children which he 5-11-03 Police look charge of and ouncered them to Causio mithe w For to be deally with hatter Erect I beliefy the above to be a forech leturn. Const Rey ho 587

The Contingency of Veteran Suicide: Enlisted "Half-Caste"

- Served in Suez and "Malarial infested Jordan Valley"
- Contracted Malaria, suffered psychiatric side-effects of antimalarial drugs that would only become known much later
- Forced extended hospitalisation

 Straight Jacketed Delusional Insanity – reported as
 "untrustworthy and hears false
 voices" by the unsympathetic



The Contingency of Military & Veteran Suicide:

 Trooper David Molloy was hospitalised with Delusional Insanity when the 11th Light Horse was photographed in Lebanon, 9 December 1918.



AUSTRALIAN WAR MEMORIAL

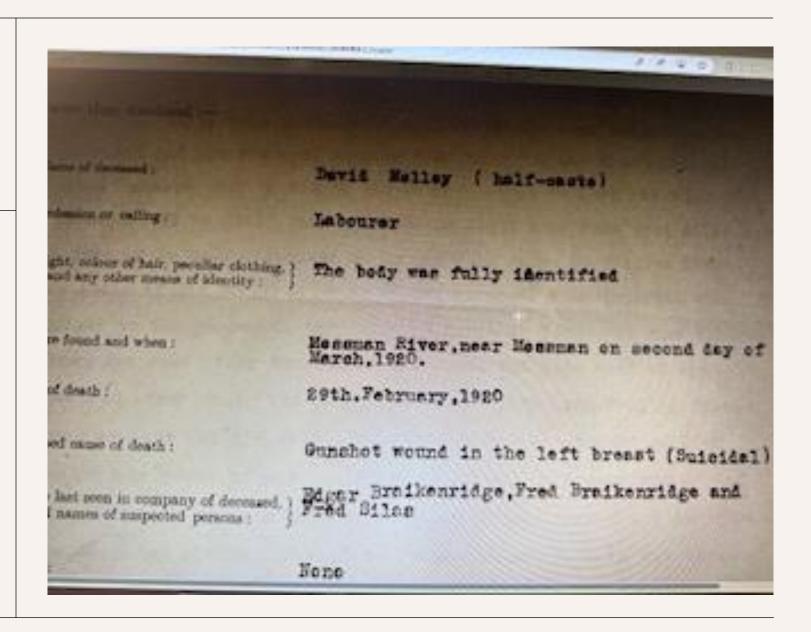
The Contingency of Military & Veteran Suicide: Repatriation File

- Shipped home from Cairo/Suez
 hospitalised Brisbane April
 1919.
- Discharged August 1919 travelled home to Mossman - Far North Queensland with a promise of a 50% "In-cap" pension due to service-related mental health injuries

| 4. | Enlisted at (place) (State) Llaud (date) 27.8.17. Where served |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. | Returned to Australia-per H.M.T. MAROA. on (date) 10.5 19. |
| 6. | Discharged at Probane on 24.8.19 |
| 7. | Discharged at Drisbane on 24.8.19 Reason for Discharge Delusional Intanit Discharge Certificate No. |
| | Conduct Record |
| 9. | Conjugal ConditionDependants |
| | Physical Condition at time of Discharge (according to Final Medical Board Proceedings) |
| 11. | De 10 (63. D. 10 P.132. |
| 19 | Deterred Pay ± 0.5 $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ $- 0.5$ |
| 14. | Other Dependants |
| | Defence Records Labour |
| 13. | Occupation before Enlistment { Form No. 2 |
| | Last Employer (before Enlistment) and Address |
| 14. | Last Employer (before Emisthene) and Address |
| 15 | Nature of Employment desired |
| 15. | |
| | OFFICE MEMORANDA. |
| | |

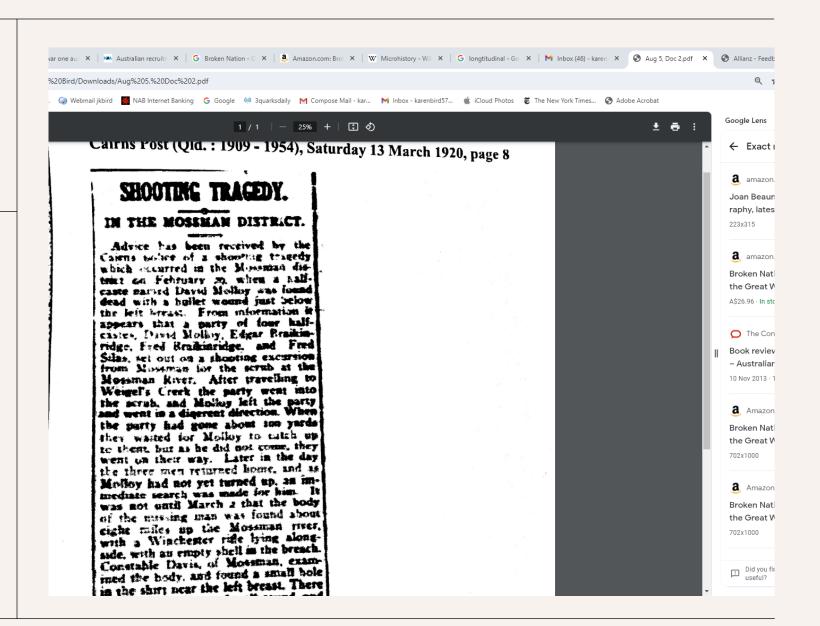
The Contingency of Military & Veteran Suicide: Qld Coronial Inquest File

- Described by friends, family and local police officer at Coroner's Inquest as troubled, despondent, "Shell-Shocked" – "not feeling good" with "pains in head and chest"
- Noted as "temperate", a good bushman who could not "get lost", who went shooting with friends and did not return
- "Gunshot to the left breast (suicidal)" 29 February 1920 finding



The Contingency of Military & Veteran Suicide: Reportage of David's Suicide

- Racially branded "Half-Caste"
- Noted 2 years A.I.F. service
- Popular but prone to despondency
- Suffered from "Shell Shock"
- Description of gunshot wound
- No pension entitlement or support mentioned
- A tone of unextraordinary occurrence



Conclusion:

- Individuals selected for this study were identified amongst the Queensland coronial inquest files as servicemen who had suicided in the aftermath of the First World War.
- The purpose of our approach is to underscore the historical and cultural contingency of military and veteran suicide and highlight how the skills and methods of the historian are essential to investigating this phenomenon more completely.
- We do not claim that First World War experiences offer any neat solutions to the current surge in Australian military and veteran suicides.
- Rather, we challenge the anonymity of Veteran suicide, hoping to draw greater political and social attention to the long-term cost of war and service in all societies.

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