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What does the literature say about the needs of veterans in the areas of health?

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Table one – outlines the inclusion criteria for the review

Initially refereed academic journals only
Appropriate MOD reports
Studies relating to UK service personnel only
That the study addressed a required area of health
Tested an intervention or experience
Covered military personnel either in service or as veterans and related family

Table two – outlines the exclusion criteria for the review

<p>If the same paper was replicated in different journals by the same group of authors, in which case the papers with the most citations were included in the review.</p>
<p>The report was a book chapter unless it was related to a journal refereed article.</p>
<p>Where the intervention was unclear or the paper concluded with calls for further research.</p>
<p>Where the intervention is directive but not related to current policies and often provided as recommendations for future interventions in a manner which was no longer relevant, (for example because they had been superseded by Government papers and new policies).</p>
<p>Where a studies design could not be identified, either in the abstract or the full paper.</p>
<p>Where the articles were descriptive or attitudinal rather than providing clear data and recommendations for interventions.</p>
<p>Where articles reviewed health outside the United Kingdom.</p>

Table three – summary of the articles used within the review

Authors	Title	Methods	Outcomes /Conclusions
Buckman, J. E., Forbes, H. J., Clayton, T., Jones, M., Jones, N., Greenberg, N., Sundin, J., Hull, L., Wessely, S., Fear, N. T., (2012)	Early service leavers: a study of the factors associated with premature separation from the UK Armed Forces and the mental health of those that leave early.	A cross-sectional study used data on ex-Serving UK Armed Forces personnel.	The study suggests that operational Service is not a factor causing personnel to become an ESL.
Finnegan, A.P., Finnegan, S.E., Jackson, C., Simpson, R., Ashford, R. (2010).	Predisposing Factors and Associated Symptomatology of British Soldiers Requiring a Mental Health Assessment	A survey that detailed the predisposing factors and symptoms leading to the referral. SPSSv10 was used for data management and analysis of the data by description and inferential statistical methods	The majority of personnel accessing the Army MH Services present with multi-factorial problems and symptoms that should result in colleagues being aware of their distress
Finnegan, AP., Finnegan, S, Thomas, M., Deahl, M, Simpson, R., Ashford,R.(2013 epub March 26).	The Presentation of Depression in the British Army.	Utilising a Constructivist Grounded Theory, phase 1 consisted of 19 interviews with experienced Army mental health clinicians. Phase 2 was a validation exercise conducted with 3 general practitioners.	Depression in the Army correlates poorly with civilian definitions, and has a unique interpretation.
Harvey, S. B., Hatch, S.	The Long-Term Consequences of	Postal questionnaire, June	Demonstrated that, 5 years after

L., Jones, M., Hull, L., Jones, N., Greenberg, N., Dandeker, C., Fear, N. T., Wessely, S., (2012)	Military Deployment: A 5-Year Cohort Study of United Kingdom Reservists Deployed to Iraq in 2003	04 -March 06. Between November 07 - September 20 (an average of 4.8 years from the completion of any TELIC deployment), an attempt was made to follow up all participants with a phase 2 questionnaire	returning from deployment to the Iraq War, the majority of UK Reservists do not have evidence of mental illness. Those who deployed remained at increased risk of post traumatic stress disorder (PTSD) and relationship problems 5 years after returning from Iraq
Jones, N., Seddon, R., Fear, N. T., McAllister, P., Wessely, S., Greenberg, N., (2012)	<i>Leadership, Cohesion, Morale, and the mental health of UK Armed Forces in Afghanistan.</i>	Completed a self-report survey about aspects of their current deployment, including perceived levels of cohesion, morale, leadership, combat exposure, and their mental health status	Outcomes were symptoms of common mental disorder and symptoms of PTSD. Combat exposure was associated with both PTSD symptoms and symptoms of common mental disorder.
Mulligan, K., Jones, N., Davies, M., McAllister, P., Fear, N. T., Wessely, S., Greenberg, N., (2010)	Effects of home on the mental health of British forces serving in Iraq and Afghanistan.	Surveys were conducted with 2042 British forces personnel serving in Iraq and Afghanistan.	The armed forces offer many support services to the partners and families of deployed personnel and ensuring that the efforts being made on their behalf are well communicated might improve the mental health of deployed personnel
Du Preez, J., Sundin, J., Wessely, S., Fear, N. T., (2012)	Unit cohesion and mental health in the UK Armed Forces.	A sample of 4901 male UK armed forces personnel participated in a cross-sectional postal questionnaire study between June 04 March 06.	Unit cohesion had a linear association with less probable PTSD and common mental disorder.
Woodhead, C., Wessely, S., Jones, N., Fear, N. T., Hatch, S. L., (2012)	Impact of exposure to combat during deployment to Iraq and Afghanistan on mental health by gender	The current study used data from a representative sample of UK Armed	The current findings suggest that, although gender differences in mental health

		Forces personnel to examine gender differences among those deployed to Iraq and Afghanistan.	exist, the impact of deployment on mental health is similar among men and women.
Hatch, S.L, Harvey,S.B., Dandeker, C., Burdett, H., Greenberg, N., Fear, N.T., Wessely, S., (2013)	Life in and after the Armed Forces: social networks and mental health in the UK military.	Data were collected from regular serving personnel (n=6,511) and regular service leavers (n=1,753), from a representative cohort study of the Armed Forces in the UK	Service leavers were more likely to report common mental health disorders (CMD) and PTSD symptoms. Maintaining social networks in which most members are still in the military is associated with alcohol misuse for both groups, but it is related to CMD and PTSD symptoms for service leavers only.
Goodwin, L., Jones, M., Rona, R. J., Sundin, J., Wessely, S., Fear, N. T., (2012)	Prevalence of delayed onset posttraumatic stress disorder in military personnel: is there evidence of this disorder.	Investigates the prevalence of delayed-onset PTSD in 1397 participants from a two-phase prospective cohort study of UK military personnel.	Delayed-onset PTSD exists in this UK military sample. Military personnel who developed delayed-onset PTSD were more likely to have psychological ill-health at an earlier assessment.
Ministry of Defence., (2012)	A Study of Deaths Among UK Armed Forces Personnel Deployed to the 1982 Falkland's Campaign 1982 – 2012	Deployment records were sourced from information held by the MOD Medals Office and matched by the NHS Central Registry (NHS-CR) to the UK deaths registry in order to obtain death certificates for any individuals in the cohort.	As at 31 December 2012: 21,432 (86%) Falkland veterans were flagged by either NHS central records or General registrar's office (GRO); 1,335 (5%) had died; 398 (2%) had emigrated; and 1,857 (7%) were lost to follow up.
MacManus, D., Dean, K., Iverson, A. C., Hull, L., Jones, N., Fahy, T., Wessely, S., Fear, N. T., (2011)	Impact of pre-enlistment antisocial behaviour on outcomes among UK military personnel	Baseline data from a cohort study of 10,272 UK military personnel in service at the time of the Iraq war in 2003 were analysed.	Results of this study suggest that those already demonstrating anti social behavior (ASB) prior to joining the military are more likely to

			continue on this trajectory
MacManus, D., Dean, K., Iverson, A. C., Hull, L., Jones, N., Fahy, T., Wessely, S., Fear, N. T., (2012)	Violent behaviour in UK military personnel returning home after deployment	This study used baseline Data from a cohort study of a large randomly selected sample of U.K. Armed Forces personnel in service at the time of the Iraq war (2003). Data was collected by questionnaire.	Experiences of combat and trauma during deployment were significantly associated with violent behaviour following homecoming in U.K. military personnel.
Fear, N., Iversen, A., Meltzer, H., Workman, L., Hull, L., Greenberg, N., Barker, C., Browne, T., Earnshaw, M., Horn, O., Jones, M., Murphy, D., Rona, R., Hotopf, M. and Wessely, S. (2007)	Patterns of drinking in the UK armed forces	Large cross-sectional postal questionnaire study. A random representative sample of the regular UK Armed Forces who were in service in March 2003. (.	Excessive alcohol consumption is more common in the UK Armed Forces than in the general population. There are certain socio-demographic characteristics associated with heavy drinking.
Rona, R. J., Jones, M., Fear, N. T., Sundin, J., Hul, L., Wessely, S. (2012)	Frequency of Mild traumatic brain injury in Iraq and Afghanistan: Are we measuring incidence of prevalence.	A total of 3763 personnel deployed to Iraq or Afghanistan who completed a questionnaire between 2007 and 2009.	Comparisons of Mild Traumatic brain injury (mTBI) rates should take account of length of deployment when based on last deployment.
Nnaemeka, C.E. Okpala, (2007)	Knowledge and Attitude of Infantry Soldiers to hearing conservation.	Data were collected through focus group discussion and semi structured interviews.	An effective Army hearing conservation program should be comprehensive. It should incorporate appropriate knowledge, sociological issues, and economic considerations such as choice making and opportunity cost.
Gregory, T., Lang, M. C., Harrigan, M. J., (2012)	Changes in hearing thresholds as measured by decibels of hearing loss in	Survey responses were combined with audiometric	Hearing was better than predicted at nearly all

	British Army Air corps Lynx and Apache pilots	data in retrospective cohort of Lynx/ Apache pilots.	frequencies in both ears for Lynx and Apache pilots.
McFarlane, G. J., Biggs, A. M., Maconchie, N., et al (2003)	Incidence of cancer among UK Gulf war veterans: cohort study.	A cohort study with follow up from 1 April 1991 (the end of the Gulf war) to 31 July 2002.	There is no current excess risk of cancer overall nor of site specific cancers in Gulf war veterans.
Jones, M., Sundin, J., Goodwin, L., Hull, L., Fear, N. T., Wessely, S., Rona, R. J., (2012)	What explains Post Traumatic Stress Disorder (PTSD) in UK service personnel: deployment or something else?.	Participants completed the PTSD Checklist-Civilian Version (PCL-C) and provided information about deployment history, demographic and service factors, serious accidents and childhood experiences.	For the majority of UK armed forces personnel, deployment whether to Iraq, Afghanistan or elsewhere confers no greater risk for PTSD than service in the armed forces per se but holding a combat role in those deployed to Iraq or Afghanistan is associated with PTSD.
Browne, T., Iversen, A., Hull, L., Workman, L., Barker, C., Horn, O., Jones, M., Murphy, D., Greenberg, N., Rona, R., Hotopf, M., Wessely, S., Fear, N. T., (2008)	How do experiences in Iraq affect alcohol use among male UK armed forces personnel?	A random representative sample participated in a cross-sectional postal questionnaire study.	Deployment experiences and problems at home during and following deployment, as well as the occupational milieu of the unit, influence personnel's risk of heavy drinking.
Kings Centre for Military Health Research (September 2010)	A fifteen year report	A compiled document of studies.	
Murrison, A., (2011)	A Better Deal for Military Amputees	This review through its twelve recommendations suggests a way forward that will honour the Armed Forces Covenant and benefit the wider amputee community.	Ten recommendations are founded and reported within the document
Benfield, R. J., Mamczak, C. N., Vo, K. C., Smith, T., Osbourne, L., Sheppard, F. R., Elster, E. A., (2012)	Initial predictors associated with outcome in injured multiple traumatic limb amputations. A Khandahar based	A database of trauma admissions presenting to a North Atlantic Treaty	Early 30-day follow-up demonstrated that IED injuries with bilateral lower extremity

	combat hospital experience.	Organization (NATO) Role 3 combat hospital in southern Afghanistan over a 7-month period was created to evaluate the care of this particular injury pattern.	amputations with and without pelvic and perineal involvement are survivable injuries.
Dharma-Datta,S., Etherington, J., Mistlin, A., Rees, J., Clasper, J., (2011)	The outcomes of British combat amputees in relation to military service.	Casualties were assessed at mean 2.4 years after injury and graded by a Functional Activity Assessment (FAA) ranging from 1 (fully fit) to 5 (unfit all duties) to score vocational functional outcome	This study is the first to report the outcomes, with regards to return to work, of the UK military amputees injured in Afghanistan and Iraq Soldiers are surviving more severe and complex injuries than before and the majority are able to return successfully to military work.
Fear. N T, Sundin. J, Rona. R J, (2011)	Obesity in the United Kingdom Armed Forces: prevalence Based on Measured and Self reporting data.	A quota sample from all UK services, of 2,448 men and 311 women aged 17–55 years.	The risk of obesity is highest in the Army and Royal Navy. BMI and waist circumference should be used together as measures of obesity.
Sundin, J., Fear,N.T., Wessely, S., Rona, R. J., (2011)	Obesity in the UK Armed Forces: risk factors.	A quota sample from all UK services, of 2,448 men and 311 women aged 17-55 years.	The risk of obesity is highest in the Army and Royal Navy,
Murrison, A., (2010)	Fighting Fit : A mental health plan for servicemen and veterans The Murrison Review	Policy document stating "We will work to rebuild the Military Covenant by providing extra support for veterans' mental health needs."	Established models of care should be used in designing the programme.
Holmes, J., Fear, N. T., Harrison, K., Sharpley, J., Wessely, S., (2013) Veterans. .	Suicide among Falkland War Veterans	Editorial.	We may never know how and why the meaningless and misleading sound bite about absolute numbers of suicides among Falkland veterans arose

