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## **The impact of in-Service physical injury or illness on the mental health of military veterans**

### **Abstract**

#### **Background**

Each year approximately 2000 UK service personnel are medically discharged with physical and/or psychological injury or illness. While there is much research on both psychological injury and physical injury, the challenges of transition relating to the intersection between the two has received less attention. This article reports on the first phase of a two-year funded study with the aim to understand the lived experiences of veterans who have been discharged from service with a physical injury or illness and the impacts of this on their mental health.

#### **Methods**

Using a qualitative methodology, 22 veterans who had been discharged from service within the last eight years were interviewed to identify key aspects of their experience of the transition process.

#### **Results**

The article highlights two key themes: how some veterans adjusted to life with a physical injury or condition; and, the intersections that became apparent between physical injury and mental health. The challenges that veterans faced were shaped not only by the transition process, but also by the way in which the medical discharge process was conducted.

#### **Conclusions**

Consideration of improvements to the medical discharge process could influence better outcomes for those who have left with a physical injury or illness and later find themselves struggling with mental health issues.

#### **Key messages**

- **Discharge due to physical injury or illness can have long term implications for mental health**
- **The discharge and subsequent transition process can impact on veteran wellbeing over a significant period of time**
- **There is a need for mental health support both before and after discharge for Service Personnel with physical injuries or conditions**

#### **Introduction**

Each year approximately 14,000 personnel leave the Armed Forces, of whom about 2,000 are wounded, injured and sick (WIS) (1,2). Data suggests that the percentages for physical injuries leading to discharge are much higher than those attributed to mental health (1,3). Indeed, over the period from April 2014 to March 2019, musculoskeletal disorders (MSDs) alone accounted for 59% of discharges from both the Army and Navy, and 48% of discharges from the RAF (1).

Much existing research provides important quantitative data on the prevalence and impact of particular conditions and injuries, e.g., musculoskeletal conditions (4,5), traumatic brain injuries (TBI) (6–10), and limb loss (11–13); however, we recognise that behind the statistics are individual Service leavers who are adjusting to life with a physical condition/injury. For those who acquire a physical injury or condition while in Service, there may be a requirement for medical discharge relatively quickly, whereas others may experience an initial downgrading of their role, followed by a subsequent medical discharge (or in some cases voluntarily leaving Service) (14).

Previous studies show that some veterans can experience frustration, confusion and poor psychosocial integration when discharged due to a physical injury/condition. These experiences relate to a number of factors, including the difficulties adjusting to the shift from being 'able-bodied' to 'disabled' (15), difficulties with accessing civilian health services (16), and the adjustment required in relation to a career change (17). All of the aforementioned, together with the experience of chronic pain and unexplained symptoms may lead to feelings of anxiety and stress contributing to

mental ill health (18). There has been recognition of the stigma surrounding access to mental health support (19), of the support needs of those with diagnosed mental health issues (such as PTSD) (20–22), and that early Service leavers should be given support with their mental health to mitigate later issues (23). However, the lived experiences of those making the transition to civilian life with a Service acquired physical injury or condition and how their physical health impacts on their mental ill health remains largely unknown (5,22). Our study therefore provides important insights for policy and practice in relation to how veterans narrate the intersections between their physical and mental health (24).

### Methods

Purposive non-random sampling techniques (25) were used to recruit our veteran participants. Recruitment was supported by a diverse range of organisations, using the following inclusion criteria: having served in the British Armed Forces, having left Service since 2012, and having a physical condition as a direct result of, or acquired during, Service. The timeframe of eight years was chosen for a number of practical reasons: to correlate with the timeframe of both the literature review and changes that were made to the transition process, and to ensure sufficient time had lapsed since the height of conflicts in Afghanistan and Iraq so that the sample of participants was not dominated by those who had been critically wounded and/or traumatised.

As part of a wider longitudinal study on people both who had already left Service and who were in the process of leaving Service, a total of 22 veteran participants were interviewed between October 2019 and May 2020. The interviews lasted approximately 60–90 minutes, and the majority took place face-to-face, though a small number were undertaken via telephone due to availability and preference. The interviews focused on providing a comprehensive overview of each person’s health condition, how they had experienced discharge from the Armed Forces, and how they had subsequently experienced the transition to civilian life. The interviews were audio recorded and transcribed verbatim. Analysis was undertaken by three members of the research team who were each given an allocation of transcripts for analysis. Prior to analysis, the researchers had met to agree the themes and the approach to coding, i.e. thematic analysis (9), and to ensure consistency in the approach. To protect anonymity, each participant was given an identifying code, beginning with ‘WIS’, and all identifying information was removed from quotes before their use.

As a qualitative study, we do not claim to be representative of the WIS veteran population. Rather, our study aimed to reflect the diversity of physical injuries/conditions that can be acquired during Service, and the diverse challenges that accompany such injuries/conditions. Table 1 below provides an overview of our sample of ex-Service Personnel. The ‘Injury/condition summary’ lists the conditions that participants stated were attributed to, or had been acquired during, Service. Injuries/conditions had occurred due to a number of activities (combat, training) or cumulatively over time. It should also be noted that, while some participants had PTSD listed as one of the reasons for their discharge, our inclusion criteria stated that the primary reason for discharge was a physical condition.

**Table 1: Veteran sample**

Participant code	Gender	Age	Armed Forces Service	Service length (yrs)	Time since leaving Service	Injury/condition summary
WIS 1	Male	37	RAF	8	8 years	Foot injury.
WIS 2	Male	Not given	Army	38	4 years	Osteoarthritis (legs/hips), hip degeneration, spinal degenerative disease.

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WIS 3	Male	31	Army	4.5	4.5 years	Complications after leg surgery for a suspected varicose vein.
WIS 5	Female	Not given	RAF	12	4 years	Downgrading due to pregnancy. Voluntary discharge.
WIS 6	Male	40	Army	16	7 years	Hearing loss.
WIS 7	Male	40	Army	18	In discharge process	Ankle injuries, hip fracture, quad damage, nerve damage, hernia.
WIS 8	Male	34	Army	15	In discharge process	Back injury.
WIS 10	Female	37	RAF	10	1 month	Breast cancer, chronic fatigue syndrome.
WIS 11	Female	32	Royal Navy	3	8 years	Hip and spine injury, Chronic Regional Pain Syndrome.
WIS 12	Male	42	Army	17	4 years	Back injury.
WIS 13	Male	44	Army	20	2 years	Back injury.
WIS 14	Male	38	RAF	18	1 year	Back injury, slipped discs, Achilles injury, knee injury.
WIS 15	Female	42	RAF and Army	22	1 year	Hip problems, tendonitis.
WIS 18	Male	47	Army	21	4 years	Knee injury, heel injury, back pain.
WIS 19	Male	56	Army	39	4 months	Knee injury.
WIS 21	Male	47	Royal Navy and Royal Marines	7	19 years	Double knee injury, spine damage, slight loss of hearing and sight.
WIS 22	Male	Not given	Army	10	In discharge process	Shoulder injury.
WIS 26	Male	36	Army	13	6 years	Lower back and leg injuries, PTSD.
WIS 27	Female	44	Army reserve	4	2 years	Knee injury.
WIS 31	Male	65	RAF	30	10 years	Knee injury.
WIS 32	Male	Not given	Army	37	8 months	Heart problem, PTSD.
WIS 37	Male	41	Army	16	7 years	Ulcerative colitis.

## Results

### ***Adjusting to life with a physical injury/condition***

Similar to the existing data referred to above, MSDs were prevalent across our sample. However, regardless of the nature of the condition/injury, all participants described a difficult process of having to adapt to their condition. For a number of veterans, it was evident that their physical condition/injury imposed limitations on their ability to carry out routine (and taken for granted) everyday tasks, but also limitations to their civilian employment prospects. This required people making both practical and mental adaptations to address these issues:

*I massively have to restrict my lifestyle now. I used to go and do a lot of running. I don't do that so much... and then just making sensible life choices. I bought my car, I got an automatic, I just found it easier. Emptying the tumble dryer, I've got a little stool thing like that that I sit on, and just little things, don't stand in one position too long, don't sit too long (WIS 8).*

*You sit back and you think, 'what am I going to do, it's like I can't work on tools any more, I can't work overhead, I've got to be careful with the weather when it's cold...' You're trying to mitigate all the problems that you're going to face... I can't do any of that ever again [referring to roles within the Armed Forces], and I'm now in office work (WIS 22).*

However, the impacts of managing day-to-day life were not just related to them as an individual, and it was evident that there were often significant knock-on effects on relationships with spouses and children. The account of the veteran below illustrates this in detail. This participant had recently been discharged from the RAF due to a back injury, but also had secondary issues relating to his knees and Achilles tendon. These physical conditions had fundamentally impacted upon his role as a father, but also on his spouse who was his primary carer:

*I wake up in pain. Getting down the stairs, the house I'm going to have to buy now is a bungalow, because I can't go up and down stairs easily. In fact, coming downstairs is getting harder and harder... I get up in the morning, and then I go downstairs, and then I don't go back upstairs until I go to bed, which is hard because I've got kids and, at the moment, my wife's working, so I'm the sole care provider, really for my one-year-old ... I can't go for long walks... no more than 200 metres...I can walk to the shop and back, and then I have to sit down for a while, and then obviously that affects what I then do with my son. I can't pick my [four-year-old] daughter up, which, that's horrible for anyone. When I used to throw my eldest son around the pool in Cyprus, I can't do any of that with any of the children. Basically, I can't really cook because I can't bend down into the oven. My wife's my carer, really (WIS 14).*

### ***Intersections between physical injury and mental health***

A common theme across our interviews was a complex interplay between adjusting to life with a physical injury/condition and the consequent impact on participants' mental health. Indeed, many participants described experiencing a deterioration in their mental health since their injury or condition – and the subsequent discharge from the Armed Forces. In some cases, people made reference to suicidal thoughts – though it should be noted that no participants had made an attempt to take their own life, and that the research team had access to a range of organisations that they could refer participants to if support was required.

*I think I'm still a little bit depressed now, to be honest about it, because your back plays up and you're thinking, 'well, I'm letting my family down, letting myself down', but it's not my fault I understand that. At one stage in my transition I thought about ending it, but... with no real conviction. I thought, 'I'd be better off if I weren't here'. I had a couple of rough days thinking, 'what am I going to do...?' I miss the Army every day (WIS 13).*

However, it was evident that for some participants a deterioration in mental health was not just experienced upon entering civilian life. In some cases, it began while they were still in Service, often in cases where attempts had been made to continue with their normal duties while injured, or where they had been downgraded for a period of time, before being discharged. For example, one participant described how injuries to his hip and spine – and the consequent loss of ability – had been the catalyst for a ‘breakdown’ during his rehabilitation period. Now, as a veteran, he indicated that this manifested as aggression:

*"I'd been for rehab after surgery, and I broke down in that. I was broken. I was absolutely broken. My mental capacity had just gone ... I suffer with road rage. I suffer with shopping-trolley-aisle rage, anybody in my way...I get panic attacks around people; my temper goes up. I've never done anything wrong, I've never hit anybody, don't get me wrong, I feel sometimes I want to just smash people out of the way. I have no tolerance for anybody, nothing. I used to be one of the most tolerable, likeable blokes. I look in the mirror and I don't know who I am. I hate myself every day for what I've become." (WIS 2)*

Another participant described seeking pre-discharge treatment for anxiety and low mood, due to limited support with the discharge process and a feeling of being ‘pushed out’:

*I fell through a lot of cracks, which obviously didn't do my head too well...constant pushing from my line manager saying I was leaving [due to physical injury], that led to the start of the anxiety issues and the low mood. A month or so before I came out, I started being treated for that low mood, depression aspect of things, because I just felt broken inside, not just physically, but mentally as well (WIS 1).*

Many participants looked back on their career in the Armed Forces with a significant sense of pride; however, in some cases their perceptions of the Armed Forces had been ‘tainted’ by their experience of being injured:

*"For the first 13, 14 years of my career, I was volunteering to go everywhere, deploying on everything, all the tours, keen as mustard...Just loved it, loved deploying and then, when my injury got bad and I was saying, 'Look, I need to, this is what I need to do now', just it becomes a different, nasty, horrible environment. Psychologically, that's bad. It makes you feel really low, you have low self-esteem...You're just stood there, and people are running past you going, 'Look at the biff', it's just such a bad, negative environment if you're injured in the Army" (WIS 8)*

On this environmental aspect, several participants spoke of the sudden change in their feeling of ‘membership’ within the Armed Forces once they had been injured – with some describing feeling “abandoned” or “segregated”. Participants contextualised their experience of injury with reference to a perceived ‘culture’ within the Armed Forces – to “man up” and “griz through it”, which appeared to be at odds with subsequent transition experiences where veterans were required to acknowledge and discuss their injuries in order to access support.

## Discussion

Service Personnel who are medically discharged with a physical injury or condition face a number of compounding challenges: they firstly have to contend with an injury or condition which often has life-changing impacts; secondly, they are losing their careers in the Armed Forces along with what that means to them (e.g. service, belonging, camaraderie); and thirdly, they are facing the often sudden and unexpected transition to civilian life, with all of the consequent changes in, decisions about, and planning around finances, skills, employment, housing, etc., for themselves and their families (14). It is therefore unsurprising that this process may have an impact on mental health.

How they experienced the process of discharge, and follow-up after discharge, greatly impacted on the participants in this study. Indeed, it appeared that experiences in civilian life differed depending on how they perceived the medical discharge process was managed. Those who were experiencing the most significant difficulties in the transition to civilian life were those for whom the process was described as being highly stressful, unclear and confusing and with what they felt was inadequate time and support to prepare for leaving the Armed Forces.

Although focusing on the experiences of veterans, our study also demonstrates the blurred line in relation to pre and post discharge experiences of mental ill health. This raises concerns around the need to ensure appropriate support is provided during the medical discharge and resettlement process. The experiences of our participants reiterate the findings of existing research highlighting the need to improve the mental health assessment of those who are being discharged with a physical injury (26). Furthermore, the culture of self-sufficiency ingrained in Service personnel plays a significant role in whether and how they access support during the transition to civilian life. Participants felt there should be ongoing follow-up of veterans to ensure that they weren't 'falling through the cracks' potentially opened up by leaving Service and trying to navigate civilian life with a physical injury/condition.

## Conclusions

Our research provides important insights into the lived experiences of those who have left Service with a physical injury/condition, revealing aspects of the transition process where improvements could be made to existing policy and practice. Participants' accounts demonstrated a need to provide greater mental health support to those medically discharged with a physical injury or condition, both before and after discharge. Ensuring that the medical discharge process is fully understood by those experiencing it, with appropriate time to prepare for civilian life, would improve the overall experiences of Service leavers, and mitigate some of the difficulties that can occur in the transition process.

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