

### **Hidden in plain sight; the reality for older military veterans**

Services for ex-service personnel have improved in the UK in recent years with collaborative partnerships between the National Health Service and the Ministry of Defence. However, older veterans are left hidden in plain sight: misunderstood, excluded and overlooked. Military veterans are defined as anyone who has served in the armed forces for at least one day as a regular or reservist (Ministry of Defence, 2011), and therefore could have very different experiences regarding lengths of service and involvement in conflicts. The Mental Health Foundation report that 4% of UK military personnel experience post traumatic stress disorder (during and after service), but also that 19.7% report common mental health problems (anxiety/ depression) and 13% alcohol issues of which could be linked to a post-traumatic stress syndrome. International details on military mental health are hard to find.

The psychiatric category of post-traumatic stress disorder was 35 years old in 2015, though an attempt to understand the concept has a long history. Diagnostic criteria offers a medical perspective of mental health problems, but personal experience is far more nuanced where individuals seek to find personally meaningful explanations for their distressing experiences. Many people may struggle with violent thoughts or behaviours over a long period of time. Barriers to talking about mental health problems are well documented, but for those who are older veterans stigma maybe internalised from the sociocultural context of early life. They will have grown up understanding mental illness as 'lunacy' and something to be ashamed of as Bernard, whose story of growing older with post-traumatic stress disorder in this issue demonstrates. Combat stress (2015) report that the average time taken to seek help is 13.1 years. When help is sought, General Practitioners are often the first point of contact, and are therefore need to be able to provide intervention. Recognition of post-traumatic stress disorder may be a challenge particularly with older veterans who may have lived a lifetime not talking about their experiences and difficulties. For military veterans over the age of 60 whose experience of conflict is decades previously, they may still not recognise the origins of their mental distress and feel unable to share experiences and feelings about traumatic memories that impact everyday life and which no one else will understand. For many, sharing stories of conflict may be something to be avoided unless with a select group with special insights. It may feel as though it was a different, separate life, resulting in living with trauma long term without seeking support. Eric Lomax (1996) in his book *The Railway Man*, shows us how, having kept silent for decades, he was driven in his 70s to seek healing through revisiting the place of his torture and his torturer. These maybe hidden, private stories and they are not consigned to history, but alive in the minds of people in the present. Relying on diagnostic criteria may risk missing those who no longer meet diagnostic thresholds, but who continue to experience significant distress. Mental health problems in older people are more likely to be undiagnosed (WHO, 2015); their mental health may have improved over time, but they may still experience significant distress in later life. For a generation for which mental ill health was stigmatised and post-traumatic stress disorder did not exist, how can we be sure that older veterans' mental health is recognised and support received? Similarly, how as mental health nurses do we identify and support such people who have likely struggled for many years or for whom the effects of trauma has emerged in later life?.

Veterans are entitled to priority treatment where the condition relates to their service (Military of Defence, 2011) but this can only happen if the veteran identifies themselves as such to their General Practitioner. This is a key barrier; older veterans may no longer see its relevance and if it has been

buried for so long, how can self-identification be a reasonable expectation? General Practitioners and other health and social care professionals have to be proactive in asking, even if that person may be 50 years or more post service. Considering the potential challenges for recognising and ensuring older veterans receive the support they need, how can mental health nurses and services respond? Specialist mental health services such as Military Veterans IAPT service, Combat Stress and other charitable organisations encourage segregation. Segregated services could be part of the problem; the dilemma is, do we enhance and increase specialist services or do we improve the skills and knowledge more widely in the health and social care workforce? What is needed is a combination of ongoing development of specialist services and for all healthcare professionals to be more understanding of and engaged with the veteran community. For this to occur we all need to be more vigilant and understanding. The exceptional health visitor in Bernard's story in this edition, shows us how important this interdisciplinary commitment is. Without it Bernard's distress would have continued to remain hidden in plain sight.

## References

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