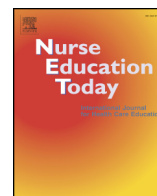




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What does the literature say about the needs of veterans in the areas of health?

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ABSTRACT

This paper reports on a systematic review undertaken in 2013 aimed at identifying evidence and dismissing some of the myths surrounding the needs of the veteran community. Papers were retrieved from a wide range of sources to ensure that literature covered the key areas of health concerns and focused also on time spent in service. Of the twenty eight papers reviewed categories relating to mental health (including PTSD and suicide), the use of alcohol, trauma, hearing loss, cancer and obesity were identified. Outcomes from the review established that while early service leavers were the most vulnerable there were also aspects within service that had an impact on future life events such as the type of leadership experienced, the cohesion of the unit and facing combat situations. The use of alcohol as a coping mechanism is also considered prevalent with adverse effects as is the worry of family situations at home. The impact of service life on the veteran, especially if suffering trauma will have long lasting psychological and physical outcomes, although it is recognised that veterans in the main have excellent physical and psychological strength and many physical illnesses are not greatly exaggerated from that of the general public.

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1. Introduction

As of 1st February 2016 the trained and untrained strength of the UK Regular Forces (which excludes Gurkhas) was 150,950, of which 137,790 were trained personnel. The majority of trained UK Regular Forces personnel are in the Army followed by the RAF and the RN/RM (MoD, March, 2016). There continues to be a stream of Service personnel who will become veterans due to being medically discharged through being wounded, injured or sick (WIS) or through redundancy and time served discharge. Some of those discharged due to WIS may face life changing circumstances and may also be physically and psychologically disabled. Spending time away from family and friends means that Service personnel men and women have to live with constant uncertainty, threats and the possible long term consequences to personal health. In Lord Ashcroft's report (2012) nine out of ten members of the public thought it common for men and women leaving the armed forces to have some kind of physical, emotional or mental health problem. It is likely that this belief has occurred through reporting in the

press and misperceptions of the resilience of Service personnel. Without doubt a percentage of those returning from deployment will have ongoing health and social care problems. For example Ramasamy et al. (2008) highlight that improvised explosive devices (IEDs) account for 70% of mobility issues due to disability through loss of limb. However many conditions leading to medical discharge and associated health and social care problems as a veteran are also equal to or less than the general population (Burgmen and Miller, 2000). The recent conflicts within Iraq and Afghanistan have reintroduced the cyclical need to explore the issues and subsequent discourse relating to British veterans. Therefore this review considered qualitative, quantitative and randomised control trials as they provided an inclusive approach as advocated within systematic reviews (Brown and Sutton, 2010).

Leaving service and making the transition to civilian life can bring many challenges for the veteran and their family and while the majority makes this transition successfully a small percentage may struggle. The Ministry of Defence (MOD) has therefore become proactive in helping to meet these challenges and currently focus on health, housing, education, employment and welfare. The focus of this paper is to gather evidence from reliable resources to dispel existing myths that may be held in relation to health issues and as such time experienced within service is reviewed as this has impact on the health of military veterans (Royal British Legion, 2013).

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2. Scope

The UK Government define a veteran as everyone who has undertaken at least one day of military service and received a minimum of a day's pay (MoD, 2011). Yet for many, a veteran is visualised as the older man or woman who were apart of previous great wars. It is fair to say that the term veteran does not have a universal definition but that the term does hold certain perceptions and also provides certain benefits in civilian life (Burdett et al., 2012). Young service men and women who leave the forces and do not refer to themselves as veterans may be placing themselves at a disadvantage. It was clear that this systematic review undertaken in 2013 needed to consider other terms such as 'armed forces' and 'military' in order to be inclusive of the appropriate research papers and be flexible in approach when searching and selecting studies. Initially searches were made over the last 25 years to encompass key military activity in this time. However the sheer volume of data obtained within that time frame would have been impractical to manage and the last 10 years (2003–2013) were considered adequate. Papers were also initially restricted to those written in English and filtered to those that were UK only.

3. Methods

Scoping searches were initially performed in order to identify relevant search terms and key words. This was followed by comprehensive searches of the following databases CINAHL, MEDLINE, PsychINFO, MENTAL HEALTH ABSTRACTS, Cochrane Database of Systematic Review.

Janet (the inter-university library services) Soc Index, and ASSIA. These were selected because they cover a range of perspectives in relation to the topic areas and were therefore likely to produce a comprehensive set of data. A variety of subject headings were combined for each area. For example when searching for the health element the search combined armed forces/veteran with the following; mental health, post-traumatic stress disorder, alcoholism, hearing loss, substance misuse, melanoma, physiotherapy and rehabilitation. The search, initially taking the last 25 years into consideration, located 32,139 papers hence a decision was made to consider only the last 10 years as outlined above. This brought the quantity to 18,638 studies. The studies were then filtered considering the inclusion criteria in Table 1. Studies were excluded from the review if they met one of the criteria highlighted in Table 2.

This helped to refine the search to 1538 articles for potential inclusion in the study. These papers were further filtered for their strength and relevance. The titles and abstract of all the references were scanned to determine their relevance for the review and full papers were obtained for those deemed relevant. These papers were checked against the inclusion criteria and those meeting the criteria were critically appraised with 28 articles selected for inclusion a summary of which can be found in Table 3.

4. The Review (Veterans and Health)

The initial research question asked in relation to health was 'What research evidence is available regarding the health and wellbeing of armed forces veterans and their families?'

It would not be surprising to find that the majority of initial search demonstrated that much of the literature in health was linked to papers

Table 2

Outlines the exclusion criteria for the review.

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| 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. |
| The report was a book chapter unless it was related to a journal refereed article. |
| Where the intervention was unclear or the paper concluded with calls for further research. |
| 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). |
| Where a studies design could not be identified, either in the abstract or the full paper. |
| Where the articles were descriptive or attitudinal rather than providing clear data and recommendations for interventions. |
| Where articles reviewed health outside the United Kingdom. |

outside of the UK and predominantly within the United States of America. However rich data was obtained from the search and was able to be categorised into the following themes; mental health (including PTSD and Suicide); alcohol misuse; anti-social behaviour; amputation; acquired brain injury; hearing loss; cancer; and obesity.

4.1. Mental Health

The majority of the identified articles related to mental health issues within which there existed a range of considerations. These papers ranged from the mental health of early service leavers (ESLs) through to the follow up of those who had undertaken several tours of duty and faced combat situations. Additionally some of the studies about to be discussed highlighted the significance of unit cohesion and good leadership on mental health outcomes.

Early service leavers (ESL's) are considered to be one of the most vulnerable groups to leave service. Buckman et al. (2012) highlight the concern that ESL's have poorer mental health outcomes than non ESL's. This led to their study considering data on ex serving UK armed forces personnel comparing ESL's who left service before completing their 3–4.5 years minimum service with non ESL's. Of the 845 service leavers, 80 (9.5%) were ESL's. Being an ESL was associated with younger age, being female and not being in a relationship. It was also associated with lower rank, serving in the Army and there was a trend in the reporting of higher levels of childhood problems. However the study demonstrated that being an ESL was not linked to deployment, which at the time was to Iraq. Buckman et al. concluded that operational service is not a factor for in Service personnel leaving service early however mental health problems were more commonly reported among ESL's in comparison to other service leavers and that there may be a need to target ESL's on leaving service to make their transition smoother. In support of this Finnegan et al. (2013) conducted an in depth study relating to the presentation of depression in the British Army. The study which had a two phased approach followed a previous study by Finnegan et al. (2010) that concluded "Nearly half of young, junior rank, male soldiers (N = 101) who accessed the Army Mental Health Services reported that their primary stressor was a desire to leave the Army". The conclusion from the 2014 study by Finnegan et al. was that in the first instance depression in the Army is different than that in civilian life and should be termed 'military depression'. This term is particularly pertinent to young soldiers who wish to leave service but are tied in by terms and conditions.

The long term consequence of deployment on mental health has also created much debate with previous reference being made to the 'Gulf War syndrome' from the first combat situation there in 1993 (Cohn et al., 2008). Redeployment to Iraq in 2003 rekindled a concern. Harvey et al. (2012) conducted a cohort study of 552 UK reservists who deployed to Iraq in 2003 and 391 non deployed reservists. Data on mental health and social functioning were collected at 16 months and 4.8 year period from return of deployment. At the initial

Table 1

Outlines the inclusion criteria for the review.

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|--|
| 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 |

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