COMBAT STRESS
FOR VETERANS' MENTAL HEALTH

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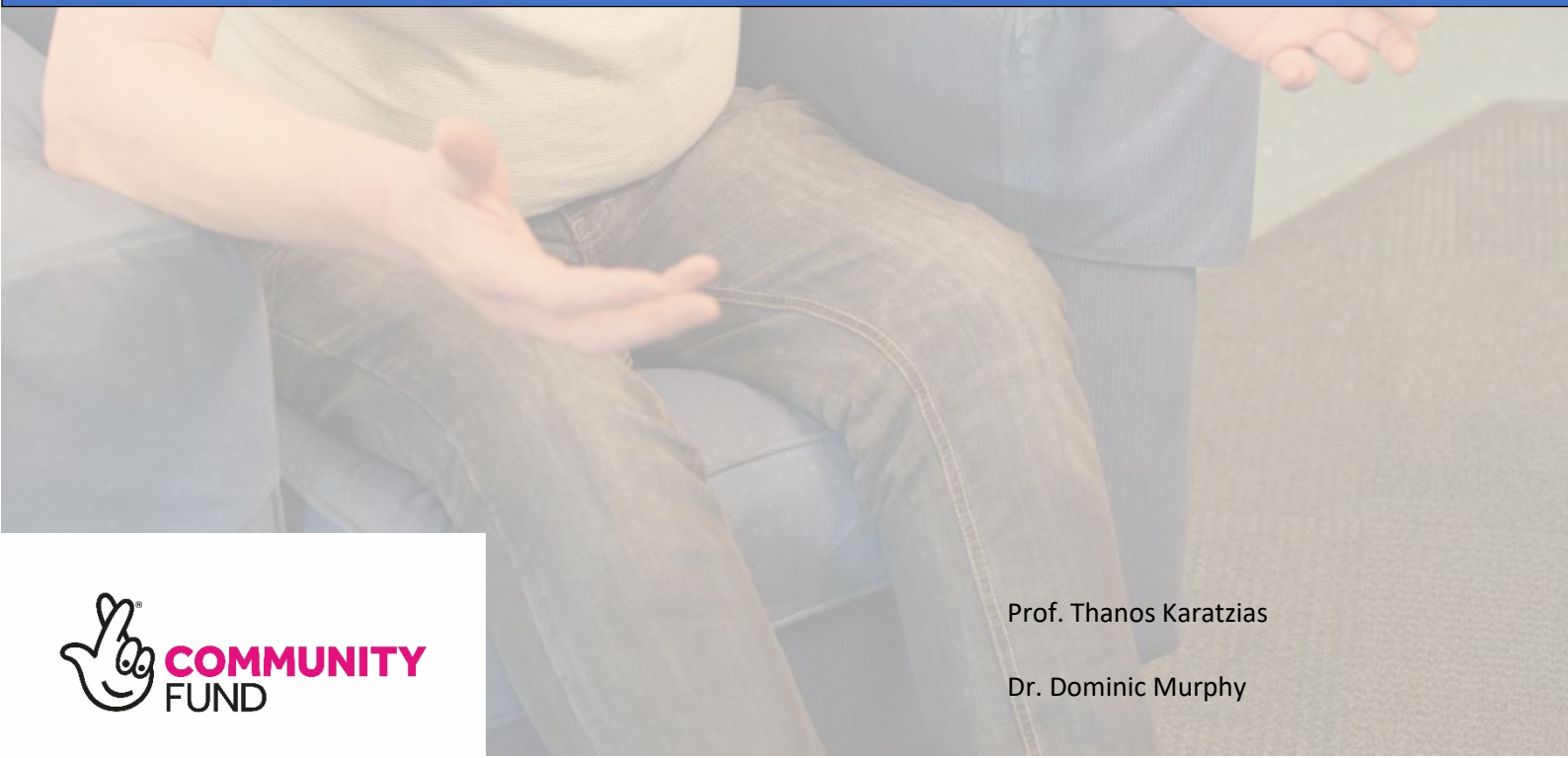
Edinburgh Napier UNIVERSITY

Complex Posttraumatic Stress Disorder in Ex-military Personnel

Executive Summary



COMMUNITY FUND

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Combat Stress

Combat Stress is a national veterans' charity in the UK that was established in 1919. It specialises in providing clinical mental health services for UK veterans with a history of trauma. Combat Stress receives approximately 2,500 new referrals per year. Clinical services are spread across the UK with 14 community teams and three residential treatment centres. Clinical services are delivered by a multi-disciplinary team of clinicians and are informed by NICE approved guidance for the treatment of PTSD. Further information about Combat Stress can be found at combatstress.org.uk.

Acknowledgments

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Background

The World Health Organization (WHO), in the 11th version of the *International Classification of Diseases* (ICD-11), recognised two distinct disorders related to post-traumatic stress: Post-Traumatic Stress Disorder (PTSD) and Complex PTSD (CPTSD). PTSD is a condition comprising three clusters of symptoms: re-experiencing of the traumatic memory, avoidance, and a sense of threat. CPTSD includes these PTSD symptom clusters and three additional clusters of symptoms: affective dysregulation, negative self-concept, and disturbances in relationships. This differentiation between PTSD and CPTSD has not been investigated within military samples as yet.

This project utilises the International Trauma Questionnaire (ITQ), which has been developed for the assessment of ICD-11 PTSD and CPTSD but has never been validated in a military population before, to investigate how common CPTSD is in a veteran population and to determine what risk factors are associated with this dibilitating condition.

Objectives

This work has been conducted in three separate studies:

- Part One comprises an initial study to validate the ITQ and the disagnosis of CPTSD in a cohort of UK ex-military personnel seeking help for mental ill health.
- Part Two describes a study exploring the risk factors for and comorbidity of PTSD and CPTSD in this cohort.
- Part Three describes the findings of a qualitative interview study on the needs and service utilisation of veterans with CPTSD.

Methods

Part One

Responses on the ITQ of 177 veterans seeking care for mental health-related problems with the charity Combat Stress were analysed to determine whether CPTSD could be differentiated from PTSD.

Part Two

Further responses from this cohort of 177 veterans were examined for associations between CPTSD and life events, traumatic stress, and comorbidities with other difficulties.

Part Three

Barriers to seeking help and experiences with service utilisation were investigated in a group of eight veterans with CPTSD.

Findings

Part One

We assessed for the first time the structure of the ITQ in a sample of UK treatment-seeking veterans. Our results indicated that PTSD and CPTSD are two separate conditions. Findings are consistent with clinical and general population studies, and findings from other multiply exposed groups; such as refugees, war exposed youths and victims of interpersonal trauma.

We found that 57% of this cohort were suffering CPTSD, compared with 14% with PTSD; this finding that CPTSD is a more common condition than PTSD concurs with existing evidence in other clinical populations and the general public.

Part Two

Risk factors for CPTSD identified in this study are similar to those found in previous research on the general population. Participants with CPTSD were younger and took longer to seek help than those with either PTSD or no PTSD. In addition, those with CPTSD reported higher rates of childhood adversity and being more likely to have been the victim of emotional or physical bullying during their military careers. The relationship between childhood adversity and CPTSD replicates findings observed in non-military samples. In line with previous research, reporting exposure to multiple traumas is the norm in this population group, which might partially explain why veterans profit less from PTSD treatments than other populations.

Childhood trauma appeared more strongly associated with CPTSD than PTSD, and different types of traumas were associated with each diagnosis: PTSD (physical neglect and sexual abuse), CPTSD (physical abuse) and both disorders (emotional abuse and emotional neglect). There is evidence that CPTSD symptoms that resulted from childhood trauma might benefit less from exposure-based interventions such as Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR).

Those with CPTSD were more likely to report comorbidities, more likely to report feeling socially isolated and lonely, and more likely to report higher rates of functional impairment. These findings are in line with findings from non-military clinical samples and general population trauma-exposed samples. In addition, those with CPTSD reported a greater impact for potentially morally injurious events than those with PTSD or no post-traumatic disorder; it has been suggested that moral injury is associated with potentially more complex emotional responses (such as shame and guilt) which are also closely related to CPTSD.

The presence of CPTSD risk factors, such as childhood adversity and having served within a

combat role, as well as CPTSD comorbidities such as dissociation, anxiety and depression, have been observed to be predictors of poorer treatment outcomes in veteran samples. It is currently unknown if existing treatments for PTSD are suitable for CPTSD; further work is required to test the effectiveness and acceptability of existing and new interventions for CPTSD in the military.

Overall these findings suggest that treatment seeking veterans with CPTSD report more severe comorbid health difficulties and a greater impact on functioning than those seeking support for PTSD or other mental health difficulties.

Part Three

In our study we sampled veterans meeting case criteria for CPTSD; here we highlight some of the concerns they reported as barriers to their seeking help. It is important to note, however, that barriers below may not be restricted solely to veterans with CPTSD; veterans with PTSD or other common mental health disorders may share similar concerns.

The veterans with CPTSD held concerns about being perceived as weak for having a psychological problem and felt unworthy of receiving formal treatment. Stigma regarding not being seen as tough is concerning as previous studies with Afghanistan and Iraq war veterans have found that higher levels of emotional "toughness" (e.g. over self-reliance, suppression of displays of distress) to be significantly associated with poorer mental health.

The veterans also expressed concerns regarding confidentiality, and some veterans were concerned that they would be sectioned if they came forward.

The veterans also highlighted a lack of resources within mental health services, and that their care was sometimes limited and sporadic. They perceived that exposure to combat trauma produced post-trauma responses that were poorly recognised by GPs, and felt that clinical care teams were dismissive of their difficulties. When they did receive support, some veterans found it difficult to build rapport with clinicians. They also felt that they received little follow-up care, and they would have benefited from more regular contact after treatment.

The veterans reported that contact with other veterans with similar experiences was helpful, as were supportive family members. However, as treatment seeking was often delayed, their mental health conditions were often a cause of harm to family memers.

Nonetheless veterans did identify that treatment could produce positive results, including learning strategies to manage symptoms and advice regarding available support.

Summary of key findings

- The ITQ is a reliable and valid instrument for use with military personnel.
- CPTSD is a more prevalent condition and more comorbid condition than PTSD.
- History of childhood trauma and combat role were found to be unique risk factors to CPTSD.
- Veterans with CPTSD take longer to access services to address their difficulties, compared to veterans with PTSD.
- Qualitative interviews revealed that stigma regarding mental health treatment and feelings of unworthiness might impair formal help-seeking of those with CPTSD.
- CPTSD-specific symptoms, such as negative self-concept, may act as a barrier to help-seeking for those with CPTSD.
- Barriers to help-seeking expressed in this study may not be restricted to veterans with CPTSD, but veterans with CPTSD were the specific group under investigation in this study.
- CPTSD is not only a debilitating condition for veterans but it can also have a negative impact to veterans' families.

Recommendations for practice and research

- Clinicians should be aware of the symptom profiles of ICD-11 PTSD and CPTSD, and consider a diagnosis of CPTSD to be especially pertinent in the presence of childhood trauma. We also recommend routine screening of childhood trauma in clinical services that provide interventions to this population group. In line with the results of our study, clinicians should also be cognisant of the fact that history of a combat role can be associated not only with PTSD but also with CPTSD.
- Our study suggests that the ITQ is a valid psychometric measure to explore and measure veterans with CPTSD to distinguish them effectively from veterans with PTSD.
- Health care professionals should be aware of the psychology services and specialist veteran mental health services in their locality to appropriately refer veterans with CPTSD.
- Early identification and treatment of CPTSD in veterans might lead to better outcomes for veterans and their families.
- Mental health services need not only to consider the impact of CPTSD on veteran wellbeing but also the needs of their family unit and ensure that appropriate familial guidance and support is readily available. This is particularly important as this study found that veterans with CPTSD have more difficulty with interpersonal relationships than those with PTSD.
- There is a pressing need to test existing therapies, and develop and test new effective interventions for CPTSD in the military.
- Further work is required on why people with CPTSD take longer to access support services.