

# A NEEDS MAP FOR VETERANS

## VULNERABILITIES

### In service Vulnerability Factors:

- Occupational mental health problems
- Institutionalisation

the 'disadvantaged' - In-service factors influence on post service vulnerability as yet unknown

### Transition Vulnerability Factors:

- Medical Discharges especially those with disability related to service
- Psychiatric discharges/ Temperamentally Unsuit Discharges
- Disciplinary Discharges
- Those who leave without formal Resettlement
- Those who do not complete Basic Training
- Those with mental health problems such as alcohol dependence or depression

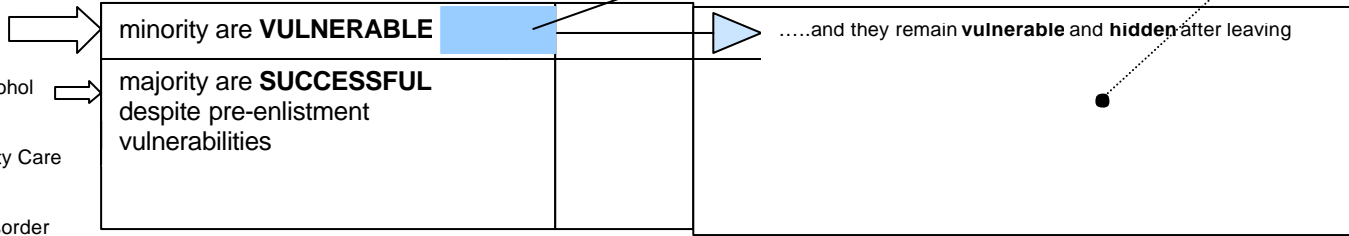
**LEGACY ISSUES:**  
? a role for cross-departmental partnership

### Today's veterans: an invisible heterogeneous group who are challenging to reach out to.

- Many don't consider themselves veterans
- Many are not known to services and not aware of what assistance may be available
- Particularly invisible groups maybe:
  - elderly veterans – especially those in care homes
  - war and service widows (who aren't claiming pensions)
  - those with chronic mental health problems
  - those who are homeless

### Potential Pre-enlistment Vulnerabilities:

- Economic adversity
- Social Adversity
- Parental Divorce
- Parental abuse of alcohol
- Time in Local Authority Care
- History of conduct disorder
- Low Educational Attainment
- Physical/Sexual abuse



### Social Exclusion

- Homelessness or hostel living
- Unemployment
- Job transience
- Crime
- Prison
- Mental Health Problems
- Alcohol Dependence

### IN SERVICE

### TRANSITION

### AFTER LEAVING

## NEEDS

### Tomorrow's Veterans need:

- Maintenance and fostering of pre-enlistment skills/civilian skills
- Encouragement to 'look forward' and plan for civilian life (e.g. housing, employment) – a shift in the culture of dependence
- Development of in-service communication networks to offer support and advice – internet may be ideal vehicle
- Work to reduce the stigma of help seeking for mental health problems
- Prompt recognition and effective treatment of mental health problems
- Easy routes to:
  - treatment for alcohol problems (e.g. AA)
  - help with marital difficulties

### At transition veterans need:

- To start transition thinking as early as practicable
- Foster life-long learning and skills acquisition
- Resettlement policy and discharge category to be consistently applied
- Avoidance of deployment during resettlement time
- Focus on wider/generic life skills and independence
- Recognition that the most vulnerable maybe the 'least deserving' at transition
- Importance of 'ceremony' at the time of leaving as a rite of passage

### After leaving veterans need:

- Follow-up; ideally everybody, but otherwise follow-up of the vulnerable
- Access to resettlement advice to be available in a flexible time frame – allowing people to 'come back'
- Communication networks to foster adaptive social links and to offer support to the veteran community
- Advice about how to link into primary care
- Access to competently executed, well-validated treatments for those with mental health problems.
- Treatment delivered in an environment with some military understanding

### Social Exclusion:

- Better epidemiological data is needed**
- How many veterans are in the prison system?
- What percentage of the current homeless population are veterans?
- Where are the elderly veteran population? Who is caring for them?