

Exploring Veterans' Views Regarding the Need for A Veteran-Focussed Psychological Intervention to Address Loneliness and Mental Ill-Health

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1. Executive Summary

Becoming a veteran is a significant life transition which can lead to psychological distress if not managed carefully. Moreover, these feelings have the potential to remain throughout veterans' lives. The Social Cure approach within social psychology argues that life transitions are stressful because they involve losing psychologically-meaningful group memberships, which in turn negatively affects health/wellbeing. The GROUPS4HEALTH (G4H) intervention was designed from the perspective of the Social Cure approach, and is intended to help people who have undergone life transitions to join new groups and reconnect with old ones. We believe that G4H has the potential to benefit veterans, but would require adaptation to be fit for purpose. We thus propose to adapt G4H into GROUPS4VETERANS (G4V).

It is important to hear the views of veterans on the proposed intervention before we proceed with the adaptation. To this end, we conducted three focus group with a diverse range of veterans. Participants talked about the significant psychological effects of the veterancy transition, including feelings of loneliness and mental-ill health. They also discussed how possessing meaningful social group memberships was an important way to reduce these feelings, which is what our proposed intervention would help veterans achieve. Participants spoke very positively about our proposed intervention, including the benefits of it being specifically tailored to veterans. Indeed, participants made various suggestions for how to ensure that the proposed intervention would be perceived by veterans as both relevant and useful. The focus group participants thus provided support for our plan to adapt G4V.

Our analysis of the data also led us to develop four recommendations which have the potential to improve the lives of service-members and veterans. These are: the bond between service-members in the Forces should be more valued and protected; service-members should receive more training in everyday civilian tasks; service-members should receive training in the psychological and emotional aspects of transition; and veterans' loneliness and mental health should receive more recognition. Together, we believe that these recommendations have the potential to enhance the lives of veterans. We also hope that our proposed G4V intervention will play an important future role in helping to achieve this important goal.

2. Introduction

The Psychological Challenge of Life Transitions

Our lives are filled with transitions: from leaving school to starting employment or university, to becoming a parent, leaving work, and becoming a retiree. While these transitions can bring practical challenges such as additional financial demands, they often also bring psychological challenges. In part, this is due to the significant identity change that is involved in many life transitions. For example, becoming a retiree involves leaving behind one's work-related identity and adopting a new retiree identity. This loss of what may be a much-valued identity can be psychologically problematic, especially if the group members associated with this identity (e.g., one's work colleagues) have been an important source of support for many years. It is perhaps unsurprising, then, that significant life transitions such as retirement are often associated with feelings of loneliness, social disconnection, and mental ill-health (Haslam et al., 2020).

Leaving the Armed Forces and becoming a veteran has the potential to be an even more psychologically challenging form of life transition than regular retirement. This can be due to the effects of conflict-related trauma (which can predict a more difficult veterancy transition; Morin, 2011), as well as the additional complexities of moving from what is often a highly supportive environment filled with camaraderie and structure (Woodward & Jenkins, 2011) to a less socially-supported civilian life. Such issues may be exacerbated by the fact that many veterans are young and can struggle to adapt to a civilian working life (Royal British Legion, 2016). Indeed, the Forces in Mind Trust (2018) recently reported on the significant mental and emotional challenges that many individuals face during the transition to veterancy, and the need for these challenges to be better-addressed in order to support veterans' mental health. Moreover, research by organisations such as the Royal British Legion (2018) has highlighted the high levels of loneliness that exist amongst veterans, which is known to promote mental illnesses such as depression (Cacioppo et al., 2010). In sum, there is a clear need to address the psychological challenges faced by veterans and those

transitioning to veterancy in order to help reduce feelings of loneliness, social disconnection, and associated mental ill-health.

The Social Cure

One way to cope with the psychological challenges caused by a life change is to enrich one's social landscape by joining new groups and reconnecting with old ones. This is because, as we have seen, life transitions often involve losing one's membership of psychologically meaningful groups, such as being a member of the Armed Forces. By joining new groups or reconnecting with old groups (e.g., family, friends, hobby groups, sports groups, etc.), the individual thus has the potential to mitigate the negative effects of this group membership loss. This advice comes from a growing literature within Social Psychology which highlights the importance of group memberships for our health/wellbeing, and how losing group memberships (or not possessing them in the first place) can thus be detrimental. Known as the Social Cure approach (Wakefield et al., 2020), this approach argues that social groups with which we *identify* (i.e., experience a subjective sense of belonging to, and feel commitment towards) have important benefits for our mental and physical health. For instance, researchers working within this approach have shown that identifying with social groups predicts reduced mortality risk in retirement (Steffens et al., 2016), increased wellbeing during recovery from a stroke (Haslam et al., 2008), reduced loneliness, depression, and sleep problems in the general population (Wakefield et al., 2019), and better ability to cope with distress and trauma (Kellezi et al., 2019), as well as many other physical and psychological benefits (Haslam et al., 2018).

GROUPS4HEALTH

Applying the knowledge of the Social Cure approach, researchers at the University of Queensland have created GROUPS4HEALTH (G4H: www.groups4health.com), a psychological intervention which targets the development and maintenance of psychologically-meaningful group memberships that support health (Haslam et al., 2018). The original G4H intervention consists of five

sessions: i) *Schooling*, which raises clients' awareness of the frequently-underestimated connection between social connection and health, and helps them consider how to develop and use group-based social resources; ii) *Scoping*, which encourages clients to take stock of their current social world by creating a map depicting the nature of their social group memberships, and considering how they would like their map to change in the future; iii) *Sourcing*, which focuses on helping clients to make the most of the social groups they already possess; iv) *Scaffolding*, which encourages clients to create new social group connections (using the G4H group as a model), and create a plan of action for developing their social connections over the coming month; and v) *Sustaining*, which takes place one month after session iv, allowing clients to reflect on their progress by revisiting their social groups map, making a plan for the long-term maintenance of these benefits, and helping them to address any obstacles they encountered when trying to join new groups or reconnect with old ones. There is good evidence of G4H's efficacy: it has been shown to significantly improve mental health, well-being, and social connectedness (Haslam et al., 2016). Moreover, in a randomised controlled trial, G4H produced a greater reduction in loneliness and social anxiety than treatment as usual (Haslam, Cruwys, et al., 2019a).

While G4H is appropriate for use with the general population, it has been adapted for more effective use after specific transitions, including retirement (Haslam, Steffens, et al., 2019), commencing university study, and hospital discharge (Bentley et al., Forthcoming). However, G4H has not yet been adapted for veterans. This is an important limitation: as mentioned above, the transition to veterancy may be more psychologically challenging than the transition to a retiree identity, due to issues such as conflict-related trauma and the high level of support available whilst working within the Armed Forces. Thus, there is a need to adapt G4H to make it a maximally effective intervention through which veterans' social connectedness and mental health can be enhanced.

Our Proposed Project

With these issues in mind, we propose to conduct a research project which would involve creating a veteran-specific version of G4H (GROUPS4VETERANS: G4V). We propose creating face-to-face and online versions to maximise the intervention's accessibility. We would then recruit veteran participants to test the intervention's feasibility (e.g., Do veterans like it? Is it manageable and rewarding to take part in? Can it be delivered face to face or online?) and efficacy (e.g., Does engaging in it reduce loneliness and improve mental health?). We would listen to veterans' opinions throughout the project: from gathering their insights into how to design the intervention, to receiving their feedback on the intervention once it has been developed. These insights would then be used to adapt the intervention accordingly to gain a better fit with needs and requirements. This means that we would co-produce the intervention with veterans, allowing us to ensure that the intervention truly recognises and addresses veterans' experiences and opinions. To this end, we decided to gather the views of veterans before applying for funding for our proposed project. We wanted to ask veterans about their lived experiences of the transition to veterancy, and whether they experienced the social disconnection and mental ill-health that academic research has highlighted. We also wanted to ask them whether they felt that our proposed veteran-specific G4V intervention sounded like something that veterans would find beneficial, and whether it would be something they would be likely to engage with. So that we could gain a variety of opinions with regards to these issues, we conducted focus groups with a diverse range of veterans.

3. Data Collection and Analysis

We conducted online focus groups with nine veterans across three groups (8 *males*, 1 *female*, *mean age* = 46.22 years, *age range* = 29-71 years). The demographic information for each participant can be seen in in Table 1. As stated earlier, we deliberately recruited a diverse range of veterans, including participants of both sexes and with a wide range of ages, length of time served in the Forces, time since becoming a veteran, and the specific Force in which they served. Participants were recruited by advertising the study on veteran organisations' social media pages, as well as in veteran-specific social media groups. We also used our personal connections with veteran organisations, and word-of-mouth amongst veterans.

Table 1. Demographic information for each participant

Pseudonym	Focus Gp.	Age	Gender	Nationality	Force	Served	Time Since Becoming A Veteran
Graham	1	34	Male	Scottish/British	Royal Marines	7 years	Veteran for 3 years, then returned to the Forces: currently in Royal Navy
John	1	67	Male	British	Royal Tank Regiment	22 years	27 years
Richard	1	30	Male	Welsh/British	RAF	7 years	9 months
Chris	2	44	Male	British	Royal Signals	22 years	1 year
Daniel	2	42	Male	S.African/British	Royal Nursing Corps	18 years	22 months
Samantha	3	42	Female	British	Army	16 years	4 years
Vernon	3	71	Male	British	Royal Air Force	9 years	44 years
Derek	3	57	Male	British	Army	34 years	6 years
Bill	3	29	Male	Welsh	Royal Signals	9 years	2 years

In the focus groups, we asked the participants to discuss topics such as their experiences of being in the Armed Forces; their transition to veterancy; whether they have experienced loneliness/mental ill-health as a veteran, and, if so, what helped them to feel better; their opinions of our proposed G4V intervention and what ideas/issues they felt it was especially important for the intervention to address; whether they felt that our proposed G4V intervention was likely to be perceived positively by veterans, and whether they felt it would be likely to enhance veterans' wellbeing. The focus groups were video-recorded via Microsoft Teams, transcribed, and analysed using Thematic Analysis (Braun & Clarke, 2013), which involves exploring patterns within the data and making sense of them using psychological and theoretical interpretations. In the next section, we summarise some of the key results we identified through our analysis of the focus group data. Ellipses (...) are used to indicate where an extract has been abridged for brevity. Pseudonyms are used and place names are redacted so as to maintain participant confidentiality.

4. Results

4.1 Sense of connectedness in the Forces

Supporting the literature discussed above, many participants highlighted the close connections they felt with fellow service-members whilst in the Forces. Consistent with the Social Cure approach to health, participants talked about this sense of shared identity in very positive terms, and highlighted how they felt supported by their fellow service-members:

John: We have a, a very big sense of family and loyalty and, we just, I don't know. I, I know I said, I did 22 years in the Forces. And there were guys in the Forces that I know better than I know my own family.

Samantha: You were very much in a team, you work really closely with people. Our postings lasted 3 years, so for 3 years, you were part of like a group that socialised together, eat together, worked together all day. So it really does like take over your life. It, well, it is your life.

Bill: You're in your own kind of bubble. You're not, it's like, not you're kept away from the civilian life, but you are same time. You're kind of like a family inside.

Participants did not always feel that they experienced similar levels of support from the military itself, however: for instance, Graham and Richard talked about feelings of reticence regarding formal help-seeking for mental ill-health in the military, due to the outcome of such help-seeking usually being that the individual is placed on down-graded duties for a set time-limit. This not only stigmatises the individual by implying that they are unable to complete their regular duties, but it also forces them to try to recover within this short period of time:

Richard: The military are getting very good at praising themselves for mental health support at the moment, but it's still absolutely shocking. The stigma is still horrific. You're basically

brainwashed that if you go and get downgraded for mental health, you're gonna tuck all your mates up, let yourself down. The first thing that they do when they do downgrade you for mental health is put you on a time limit to get better anyways so. It, it-

Graham: -Yeah, it's straight on with it-

Richard: It's sometimes not even, worth. It's not even. Well, I went on the mental health for depression and it caused me more harm than, than good. So I just withdrew from it, and that was that. I felt better for not being in their mental health system. It's just, not to talk too personally about my own thing, but it was just a joke.

An added problem with the military's response to service-members who formally seek help for mental ill-health is that it involves removing people from the social networks of fellow service-members that provide them with so much day-to-day support. This not only denies them of that support, but increases feelings of disconnection and stigmatisation:

Graham: 'Cause I've seen people under the similar circumstances. So the first thing they do with mental health, like you say, is put you on a time limit. But they'll also take you out of whatever establishment that you're in.

Richard: Yeah

Graham So they're taking you away-

Richard: I know

Graham: - from what little support you do have-

Richard: And they're highlighting it as well. They're, they're-

Graham: They're highlighting it, and yeah. Exactly. It's like putting you in cotton wool and putting you in a glass cube and saying "right get yourself sorted there shipmate, you've got 3 weeks to do it".

Participants talked about the negative mental-health effects of other military policies/practices which also caused disconnection between people and their fellow service-members, such as the move from collective living conditions to single-occupancy rooms:

John: I actually have dealt with a, a lad that who, who, who came across two suicides in his block. (...) I mean I, I was living in [military accommodation] before I got married but for a good 13, 14 years. And I never knew one suicide in any camp, in any accommodation. Whereas these days, it's manifested itself purely because the environment that the Forces live in. It's trying to explain to the lads these days that, you know, opening a door, you know like a corridor for everyone to see makes a hell of a difference.

In sum, most participants talked about the valuable social connections they had with other service-members, and noted the benefits of these connections, including much-valued social support. However, they also highlighted important shortcomings in military policy, such as the formal mental health help-seeking process and the nature of the living conditions, both of which serve to separate service-members from their support networks at times when they need it most.

4.2 Sense of structure in the Forces

Many participants also discussed the strong sense of structure they experienced when working in the Forces, such as having their finances, accommodation, and healthcare organised for them, as well as their day-to-day routine. This structure was generally perceived as a positive aspect, as it meant that life remained relatively simple:

Samantha: It's like its own little bubble. And although you, you know what's going on in the 'real world' as I like to call it, you are so sheltered from things and you just...it's routine everyday: you do the same things every day, same time every day, and it just sort of. They, they do everything for you. It's so easy to get your medical treatment, dental treatment, anything that you need, there's always someone there you can go to, or who will point you in the right direction.

However, once they transitioned to veterancy, participants often noted that the resultant loss of structure meant they struggled with 'real-world' tasks, such as securing accommodation, managing finances, or obtaining healthcare. This sense of challenge was particularly pronounced for participants who joined the Forces at a young age, before acquiring these 'adult' skills:

Bill: Not free will, but it's kind of no rules really [pre-joining], and then suddenly, you you're on that train going down to your training centre. And the next thing, you know, you're getting told what to do, when to eat, when. Everything is, is structured in your life. Which is a good thing. But (...) when we came out, it didn't really help for me because then you had to do everything for yourself. So it kind of had the opposite effect of when leaving. So that's how it felt for me.

Graham: So, because I joined the Royal Marines at 15 and 9 months, obviously I'd never officially...I'd had jobs outside, but living with parents and went straight to that [Marines] (...) never took any responsibility of bills, rent, no adult stuff. Basically. I was living in Peter Pan Land. So when I left in the end of 2009, as I, as you can imagine absolute shitshow. If it wasn't for the fact that my parents had a second property, and I had that opportunity I have no doubt I would've ended up staying in the shittest one-bed flat going. And even then, expenditure in the military – you're, you're not really taught how to sort out your finances. 'Cause it's all beer tokens when you're a young single man, basically. So you could quite easily get pissed, and then, 'cause it wasn't pay-as-you-dine, you, you could eat and go to the gym and you had a roof over your head for the rest of the month.

Samantha: And then, they basically said “you’re leaving in 6 months [due to your injury]”. So I said “so what do I do about my [medical] treatment?” and they said “well, you’ve got to sort that out yourself”. So while I was in, they were like putting me for my scans. I was getting all the medical treatment I needed, all the mental health support I needed, and then (...) I burst into tears when I saw my PRO [Personnel Recovery Officer] because I mean how do you navigate the medical system when you’ve got no idea where to start?

Participants also mentioned the lack of support they received from the military in obtaining these practical skills, which only stood to worsen the problems they faced upon leaving:

Richard: I didn’t find it too bad but that’s because before I joined, I, you know, I knew how renting a house worked and stuff like that. But if I’d gone straight from, say living with my parents into the military, I wouldn’t have had a clue when I, when I left. And the military certainly wouldn’t have educated me on it. So you give so much of your sort of, life skills development outside of the military. It just doesn’t take place while you’re in the military, so they kind of, they should really owe you that bit at the end but they just don’t sort you out. They just, kinda just say “oh, you’re leaving, alright, off you go”.

Participants thus considered the high levels of structure within the Forces to be a double-edged sword: while it meant that life remained uncomplicated by practical aspects during their service, it also meant that they felt relatively unprepared to face these tasks upon leaving: a feeling that was exacerbated by the lack of support they felt they had received from the Forces in order to develop these skills before becoming veterans.

4.3 Perceived lack of support for veterancy transition

The participants’ observations regarding their general perceived unpreparedness for ‘real-world’ tasks upon leaving the Forces reflected a larger issue: many participants felt that they had not been adequately prepared by the military for the many challenges they would face during and after

their transition. Some participants described the preparation they had received as being too brief and overly focused on generic practical aspects, thus neglecting much-needed psychological and emotional preparation:

Richard: I left in February, and I think that the amount the military emphasised how much they help you while they're in, is totally contrasted with when you leave. There's just, you, you there's no help. You just, they couldn't care less. There's generic briefings on housing and stuff, but that's really, just to tell you the legalities, that you can't stay in married quarters to be honest.

Sarah: And although they do send you on courses, nothing prepares you for what life is really like outside. Nothing. All the courses they send you on, they tell you "oh be careful what you say to people when you get to your new job, don't sort of be inappropriate when you say things."

Bill: They tend to put you on these career courses, but when you come out to civilianry, you're just a baby. You're starting from the start again.

Participants also lamented the lack of support (or even acknowledgement) they received in the months and years after becoming a veteran:

Graham: So I went through my resettlement in 2009 as well, and compared to how much they blab on about, "oh we'll look after you, we'll always look after the lads" it seems like it's all token effort. They put in small little pieces here and there, but the way it came across to me was, it literally was for ticks in the boxes. So literally it was they're care taken care of. But there was no extra, no oomph put into it. (...) And then, the next correspondence I had from the military, was the stupid "tell us where you live and your name and we'll give you some money". "Yeah cheers, get knotted on that one, that's the first time I've heard from you in how long?". No check-up letters, no nothing.

In conclusion, participants described a lack of military support during and after their transition to veterancy, which tended to exacerbate the already challenging psychological aspects of the transition: a topic we will explore in the next section.

4.4 The psychological challenge of transition

Participants talked in detail about the psychological challenges that they (and veterans they know) have faced due to transitioning to veterancy, and in the years that followed. Consistent with the Social Cure approach's assumption that life transitions are stressful (and potentially problematic for one's health) due to the loss of important social group memberships, participants talked about their feelings of social disconnection and loneliness once they became veterans:

Richard: I did miss the social side and the brotherhood side of, of leaving the military and I think what impacted me more was that I was geographically separated from all of that. I was nowhere near these links and stuff, just 'cause I, I you know, I wanted to settle back in [name of place], and that, that was that. So I had to come to terms with that I was gonna have to become a lot more self-reliant, learn to, to be on my own a lot more. And that was, that did feel quite isolating. Yeah, and it's just the, the change of pace in life was quite jarring.

Bill: 'Cause I think I was quite naïve when I was leaving. And I think everyone is when you kind of have your year's notice. You just kind of like "I've had enough of this job, you know, I want to leave now". And every seed of grass is greener on the other side. And you do your courses and you think everything is gonna be perfect, you know. You're gonna come home and, for me, the reality was. It was completely different. I think everything hit me at once. And I think that was just the stress of moving, like I said, losing my friends that I used to be with daily.

Participants also talked about the sense of culture shock they experienced, especially when entering civilian employment. This was often due to the norms and expectations being very different to those in military employment, and the sudden move from feeling like a valued team-member in the military to feeling like a faceless individual in a civilian job was psychologically jarring, especially

when coupled with the aforementioned lack of awareness about how to obtain support outside of the Forces:

Derek: But I didn't anticipate the impact of, going from being 'someone' to being nothing and, and then also (...) you shine if you're part of a strong team in the military. Outside, and I'm not saying it's everyone, but there was distinct pockets of toxic people that were just trying to further their career at any expense. At which point, included mine. And I found that, very challenging. To the point where I had a breakdown, which considering, where I've been, what I've done, situations I've been in. Then just to break down because somebody's been nasty to you in the office, or in the boardroom, and that shocked me. I was more disappointed in myself. Sent me even further down (...) I wasn't quite sure where to reach out to because in the Army, I knew exactly what the process was. Outside, it's a little bit slower. It's a little bit more challenging, and I don't know. I guess, pride? You didn't want to reach out too early either.

Ryan: When I, when I came out, I went into a, a role with the police in [name of place] on their welfare team. So kind of like psychology stuff as well. But I felt it, it was really weird. My, my pace was way too high, having come from the military to work with civilians. So I felt like really disjointed (...) It just felt odd. I just felt like a fish out of water to be honest. (...) I didn't want to stay in the military but I didn't, I didn't feel like I fit in outside the military. And I thought the police would be the closest sort of thing that would, would get to it, but, but no joy. (...) The way you are wired to function in the military is just not really compatible with civvy life in, in my opinion. And you either need time to calm down or you need more training, or more support when you come out, which isn't there.

Participants also noted that loneliness and mental ill-health can be significant problems in elderly veterans and people who transitioned to veterancy many years ago, and that these problems have been exacerbated by loss of important groups, such as the closure of Royal British Legion clubs within communities:

John: The Royal British Legion had brilliant clubs set up around medium, small towns, and they were fantastic (...) We, we got one up in [name of place] that is still open. It's one of the very few Royal British Legion institutions. It's just a little bar, just a little meeting place. I used to go there and just have, have a chat. (...) Our meetings are once a month, and those meetings attract always more than 70 people to them. It was really a sad day when the Royal British Legion started shutting down its clubs. (...) I think the old British Legion clubs would've helped them, would've gone a long way to, to helping the problem, not solving the problem. The problem of feeling isolated.

In conclusion, the participants talked about how veterans from all walks of life commonly experience feelings of loneliness and mental ill-health. Newly-transitioned veterans often experience a strong contrast between their socially-rich life in the Forces and their less social civilian life, which can be exacerbated by the culture shock they may experience when attempting to engage with civilian employment structures and ways of life. Meanwhile, older and more established veterans are also prone to feelings of loneliness and disconnection, especially if group memberships which provided them with much-needed meaning and purpose (e.g., Royal British Legion clubs) are lost.

4.5 Sources of help during and after the transition

Although participants generally felt that the military was ineffective at providing psychological and emotional support during and after the transition to veterancy, they did mention various other potential sources of support, which varied in terms of their perceived efficacy. Many participants talked about how they found it useful to join new social groups and to reconnect with old ones, especially ones which they felt understood them and were consistent with who they were as a person (an observation consistent with the Social Cure approach's assumption that groups are particularly beneficial for our wellbeing when we feel that they are compatible with our values). For instance, even though Samantha noted that the veterans at her breakfast club were predominantly male, she was able to bond with them due to their shared veteran identity, leading to her gaining much-needed support:

Samantha: I think the best thing- the most positive thing that I've found is the veterans' breakfast clubs, but I didn't find out about those till maybe last year. And I don't think many people realise that their there and I don't go very often because usually it's all blokes and their all like, you know, [laughs] you know what blokes are like. So like, being a female there's not many of you, veterans-wise but you know, they're a really nice bunch of people, you know you can talk to them, there's lots of banter there, it's the same as, you know going back to your unit and you'll have a laugh. So I think that's been really positive, but I think that needs to be put out there a bit more, that there are things like that out there, cause it isn't very well known.

Further supporting the idea that a psychological sense of compatibility with the group is necessary in order for group membership to benefit the individual, Derek explained that his perceived *lack* of connection to the veterans at his breakfast club (due to him perceiving them as being much older than him) means that he feels relatively unsupported by the group:

Derek: I'll still go [to the veterans' breakfast club], you just get less support. It depends on what table you're sat at, whether they spit their beans in your face 'cause they haven't got any teeth left [everyone laughs] I'll keep going, it just that, you know [sigh]... yeah their alright, their- theirs some nice people there, it's – it's literally two hours once a month.

On the other hand, and consistent with the Social Cure approach's assumption that the stressfulness of life transitions is buffered by possessing important social group memberships that are maintained across the transition, Derek felt highly connected to his civilian rugby group throughout his time in the Forces (and after becoming a veteran), and he described this pre-existing group membership as supporting him with the social side of the transition to veterancy.

In sum, participants identified group membership (including both joining new groups and reconnecting with old ones) to be an important way in which veterans can cope better with the transition to veterancy, and with the months and years which follow. However, participants caveated this observation by discussing the idea that such groups are only likely to be perceived as supportive and beneficial if they are compatible with the person's interests and values. These

observations are highly consistent with the principles underlying the proposed G4V intervention (i.e., the Social Cure approach).

4.6 Views on the proposed G4V intervention

Participants were generally very positive about our proposed G4V intervention, feeling that it would be likely to help many people who are transitioning to veterancy:

Vernon: Yes, I think it would have [benefited me] at the time [of my transition to veterancy], yes certainly. And I think it is- sounds really great, it really does, you know, I'm sure It's going to help a lot of people. (...) But I think, the way you've explained it, I think it- it sounds good. I wish I'd, you know, I wish it was something that would have been available 40 years ago, to be fair, and I can see it helping today, I really can.

Ryan: When I'd left and I'd identified in myself that I was struggling, after a few months, I essentially did what you're suggesting [in this intervention] for myself. But it was a real struggle to come to those conclusions. But if there was something in place that highlighted 'this is normal', it would've been very validating (...) That sort of feeling of the unknown and ambiguity that you get when you leave is really, really paralysing. And it leaves you feeling daft as well. You're like "should I be feeling like this?". And because you've got no one around you telling you "it's normal to feel like this", that's probably what would've helped to be quite validating. 'Cause I feel like I fumbled through the process that you're actually proposing [that this intervention will guide veterans through].

Chris: I think most of my friends literally went school- army, so they went from being at home, Mum looking after them, army, army looking after them. Now you're out in the big wide world and there's nobody looking after you, just to give them the- the tools that they need to- to make that step, I mean I think yeah, that would definitely be useful.

Participants also saw potential benefits of the proposed intervention for people who had transitioned to veterancy some time ago:

Ryan: And I was in for a relatively short time, so the longer you're in the more difficult it's gonna be. Like, but kind of objectively. But I was almost in danger of...if I hadn't just struggled through and reconnected, I was in danger of never doing that. So I could've stayed very isolated for the foreseeable future. So you could've come across me say, with this intervention in 10 years, and if I hadn't have learned those skills, it would probably be helpful, be quite helpful to be honest.

Participants thus appreciated that veterans need to gain the skills in order to connect (and reconnect) with social groups around them, both at the point of transition and later on in their veterancy. Importantly, participants perceived the proposed G4V intervention as a helpful way to meet this need, and they spoke positively of its potential to help veterans manage the psychological and emotional complexities of veterancy more effectively.

4.7 Ideas for how to improve the proposed G4V intervention

Although participants spoke very positively about our proposed G4V intervention, they also made some valuable suggestions regarding ways in which it could be improved. One issue that various participants discussed was that the intervention materials should be delivered in carefully chosen language. Participants talked about the need for “plain and simple language” that did not involve medical or psychological phrases, and that would allow potentially complex ideas to be presented in a clear and straightforward manner. Participants also suggested certain words and phrases that they recommended for inclusion in the intervention, because they felt that these would be particularly understood and appreciated by veterans. For instance, participants talked about how the concept of ‘camaraderie’ would be more readily understood by veterans than phrases such as ‘group identification’ (which is a term within the Social Cure literature used to describe a person’s subjective sense of belonging to a social group). Graham and Ryan also suggested that the military term ‘oppo’ would neatly and effectively encapsulate this concept of belongingness and mutual support:

Ryan: Yeah, so going away from the medical and psychology terms, more towards, the brotherhood, camaraderie, military terms. Is, is you know, it's not gonna be a bad thing.

Graham: I've always liked the term 'oppo' or 'oppos' plural.

Ryan: Yeah, so your opposite number, whoever your partnered with, and yeah that's a pretty common term.

Graham: That sounds like a good term

Ryan: Yeah, or "you could use this [intervention] to find your new oppo in your new veteran life", or whatever.

Participants also highlighted the need for the intervention to touch on issues that are likely to be relevant to veterans. For instance, they discussed how veterans might use alcohol consumption to manage feelings of loneliness and mental ill-health, and that the intervention should ideally recognise this whilst simultaneously providing veterans with healthier (and more effective) coping techniques:

Daniel: In military traditionally, and I think even now, alcohol has been the go-to, for a good- you know, that shallow representation for a good time where you are socialising and not being lonely. So they might take that- that it might be there only crutch that- that they can take away from the military is- well if I'm drinking, I'm going to be having a good time, and actually, 'cause they are not having any [social] connection, because it's so superficial, that there actually all they doing is getting drunk and more depressed. You know, there a serotonin going out the window or whatever, so actually just becomes a cycle spiralling downwards, and that's the same for drugs (...) yes I'll go to the local region working man's club but actually (...) you're not actually bonding with anyone or having those personal relationships (...) just 'cause you're at a party doesn't mean you're not lonely.

Participants also discussed the potential challenges of getting veterans to engage in the proposed intervention, and how to overcome these. One frequently discussed obstacle to

participation was veterans' potential reticence to engage with an intervention that is likely to involve them discussing sensitive issues, such as loneliness and mental ill-health:

Daniel: I'd say that you can take a horse into a water, but you can't make it drink. (...) Some people, even if you literally, you know, you put it in their hand you know, they might still struggle, or not, for whatever reason, you know, personal, historical, before they joined the military, you know, in the military, who knows?

The issue of rank within the Forces was also seen as an important reason why veterans may be unwilling to disclose their feelings as part of an intervention, primarily because they may not want veterans who had a higher/lower rank than them to know about their struggles, for fear of being seen as weak or vulnerable:

Bill: I think a lot of people are quite personal with their stuff, so a lot of people wouldn't want to open up. I think veterans are one of the most stubborn people when it comes to opening up as well. So, you know, you could generally have a chat, generally, but I wouldn't be surprised if a lot of people wouldn't want to open up there and then, or they would contact you individually want to talk to you one to one, because it's a lot of that pride that I don't want someone like, you know like Derek, now you know [he is an] ex-Major, people can see it like "I don't want [him] to know that I had problems" or stuff like that. Could be the same for Derek, "I wouldn't want a junior soldier [to know] that I struggled from my career", and I think it's a lot of pride when it comes to stuff like that.

In order to combat this obstacle, the participants suggested that veterans are discouraged from discussing their rank during the intervention, and that a superordinate 'general veteran' identity was emphasised instead:

Derek: You can set certain ground rules, like saying nobody's to say what they were in the past apart from the [name of the] service.

Bill: At the end of the day, we're all human (...) everyone suffers from mental health and stuff like that.

Participants also felt that keeping the intervention group small would reduce feelings of potential embarrassment, and allow for more honest and productive conversation:

Derek: It wasn't 'till I got out that I started going downhill mentally. And I was so ashamed at myself for that- so ashamed. So to open up to somebody that- that you don't want to be ashamed in front of is- is always going to be hard. So the smaller the group, definitely (...) the smaller the group the better it will be I think.

Vernon: It [proposed intervention] is good, as long as it's managed correctly and it's small enough. You know, maybe half a dozen [veterans], something like that, because you start getting more than that (...) you'd lose the impact, the benefits of the people would be lost.

Finally, participants discussed the need for the intervention to be advertised effectively (such as via veterans' charities, organisations, and Facebook groups) so that veterans will know how to engage with it if/when they feel ready:

Chris: I think- I think ultimately, as long as you get the word out there and everyone knows how to contact you, the obstacles really going to be people's own minds. Because if somebody has that brick wall up of "I'm a big rough tough squaddie and I don't need to speak to anybody" there's nothing you can really do about it, 'cause they need to change their mindset themselves. (...) I think it's just making sure that you got the signpost out there and the gate is open, that when people are ready people can walk through themselves. I don't think you can push people through it.

In conclusion, the participants provided useful insights into how the proposed intervention could be improved, including the specific style of language and key words that should be used, specific topics that should be addressed, and ideas for overcoming potential obstacles to participation. We would endeavour to take these insights (as well as insights from a wider range of veterans) on board when designing the intervention.

5 Conclusions and Recommendations

Conclusions

Our analysis of the focus group data revealed important insights regarding veterans' experiences and opinions. When discussing their time in the Forces, participants noted various complexities and contradictions: for instance, the sense of belonging and mutual support experienced when engaging with fellow service-members was highly valued by participants, but it could be tempered (or even directly undermined) by military policies/practices which led to individuals being physically and/or psychologically distanced from their colleagues. Moreover, the highly-structured and straightforward military lifestyle may have seemed beneficial whilst serving, but it often led to a sense of unpreparedness and panic on leaving: something that participants felt that the military itself did little to assuage. This lack of support was felt in other aspects of veterancy, as participants described how they generally felt psychologically and emotionally unprepared to face civilian life. In turn, this unpreparedness risked exacerbating the feelings of loneliness, isolation, and mental ill-health that are common during significant life transitions, and that may continue to affect veterans for the rest of their lives.

Participants also talked about the ways in which they coped with these feelings during and after their transition to veterancy. Consistent with the Social Cure approach, they highlighted the comfort they have gained from engaging with social groups, especially groups to which they feel a sense of belonging, as well as feeling a sense of commonality with the group's members. This observation speaks to the need for veterans to gain the skills that will allow them to select and join groups to which they will be able to feel this sense of belonging: something that our proposed G4V intervention will be specifically designed to achieve.

Indeed, the focus group participants explicitly stated that they felt our proposed G4V intervention would be beneficial for many veterans, including those who have recently transitioned

and those who have been veterans for many years, thus supporting our belief that such an intervention is needed and would be welcomed by veterans. Indeed, the participants felt that there was a need for a specifically veteran-focussed intervention (as the proposed G4V would be), and they highlighted aspects (such as language use and topic choice) which could be woven into the intervention in order to make it highly relevant to veterans, and to its increase uptake. We have taken these valuable insights on board, and we intend to integrate them into G4V.

In conclusion, our focus group research has highlighted the high levels of loneliness and mental ill-health experienced by veterans, and that these feelings can be reduced by engaging with psychologically-meaningful social groups: something that the G4V intervention would help veterans to achieve. Most importantly, the veterans we spoke to confirmed that G4V is much-needed, and that it would be likely to help improve the lives of veterans from all walks of life. We thus feel that we have obtained valuable evidence to suggest that our proposed G4V intervention should be developed.

Recommendations

While our primary aim for this research study was to explore veterans' opinions about our proposed G4V intervention, it has also led us to develop a list of four recommendations which have the potential to improve the lives of service-people and veterans.

First, our research highlighted participants' highly-valued bond with their fellow service-members, which facilitated the mutual exchange of support. Care needs to be taken within the Forces to celebrate and promote this bond, and to change any policies/practices which might risk undermining it. This includes mental health policies which distance the mentally unwell individual from their fellow service-members, as well as accommodation policies which reduce interactions between service-members.

Second, service-members who are soon to retire from the Forces (especially those who joined at a young age) require more training in everyday civilian tasks, such as managing finances, securing accommodation, and obtaining healthcare, as well as practical guidance regarding civilian employment norms and practices. Providing this training will help to reduce the feelings of unpreparedness and culture shock that our participants described.

Third, service-people who are soon to retire from the Forces require training that covers a wider range of topics, including the psychological and emotional challenges that the transition frequently produces. An intervention such as G4V, which will be specifically designed to support veterans, would be an ideal addition to the training that these individuals receive, and we hope that we would be able to make this resource available to service-people in the future.

Fourth, there needs to be more recognition of the loneliness, isolation, and mental ill-health that veterans frequently experience at all stages of their veterancy journeys. This recognition should manifest itself in more media and charity campaigns that are designed to raise awareness and signpost people to sources of support, but it should also include the implementation of policies/practices that are designed to help reduce these negative feelings. This should include more governmental funding to support veterans' mental health; better training for soon-to-be veterans which addresses psychological and emotional topics in an unstigmatized manner, including discussing the importance of joining new social groups and reconnecting with old ones (our proposed G4V intervention is designed to do just this, and we hope that it could be delivered to soon-to-be veterans in the future); more frequent check-ins with veterans in the months following their exit from the Forces; and more funding for/development of community groups that veterans may wish to join (e.g., veterans' breakfast clubs). The issue of the widespread closure of British Royal Legion clubs also needs to be addressed, perhaps by providing alternative meeting spaces for these important social groups. Our proposed G4V would also help veterans who transitioned some time

ago to increase their sense of connection with social groups, which is likely to reduce feelings of loneliness and mental ill-health.

Together, we believe that these recommendations have the potential to enhance the lives of veterans. We also hope that our proposed G4V intervention will play an important future role in helping to achieve this important goal.

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