English Summary

The purpose of this study is to map the living conditions among veterans in Norway that are either members of, or have been associated with, the veteran organization SIOPS (Skadde i Internasjonale Operasjoner, 'Wounded in International Operations'). The majority of the SIOPS members have developed mental health problems as a consequence of their participation in international military operations. In this study, mental health problems primarily refer to anxiety, depression and severe ongoing psychological disorders such as posttraumatic stress disorder (PTSD). In order to judge the extent to which these injured veterans score differently on various indicators of living conditions from veterans in general, we have designed a comparison group of international veterans compiled from Vernepliktverket’s records.

The study is based on two kinds of data: one questionnaire and eleven qualitative interviews. The questionnaire was sent out to the veterans in both samples, while the qualitative interviews were conducted with SIOPS veterans. The intention of the interviews was to achieve a more comprehensive knowledge of how the transition to civilian life has been for the soldiers experiencing mental health problems. We have focused on the soldiers’ experiences after leaving the Norwegian Armed Forces, with regard to working life, health care, and social welfare services, as well as their participation with family, friends and veteran networks. The number of support systems that are available to returning soldiers, as well as the ability to quickly identify soldiers that are injured or are at risk of developing mental health problems has a profound effect on the soldiers’ transition. The most important findings may be summarized as follows:

Support services before, during and after international operations

- Support services directed towards the SIOPS veterans that would have prepared them for participation in international operations have been inadequate. While 30.9 per cent of those who answered had completed a mine course, only 8.6 per cent had been trained in how to handle potentially traumatic events. In the comparison group, 18 per cent had been trained in how to handle traumatic events. 11.1 per cent of the SIOPS members reported that they had not been given any preparatory training before being deployed, while in the comparison group, this proportion amounted to 10.5 per cent.
The proportion who received support services has increased since the 1970s. The same has happened to the proportion who characterize their training as sufficient, in regards to the ability to adequately deal with situations experienced during deployment.

More than 90 per cent in the SIOPS sample have been in a situation where his/her own life or that of others was at serious risk. 86.4 per cent have experienced such a situation several times. Simultaneously, 77.8 per cent reported that they have neither participated in nor been offered a mental health check. Furthermore, 58 per cent responded that they have neither participated in nor been offered the opportunity to take part in an organized debriefing with other soldiers. With regard to conversation with senior officers the equivalent proportion is 67.9 per cent. The results reveal a lack of correlation between the soldiers’ actual experiences and assistance with how to handle these traumatic incidents.

There is a large gap between the number of SIOPS members requesting support programs and the actual use of offered programs, both during and after deployment. 54 and 50 SIOPS veterans, respectively, indicated that they were in need of an organized debriefing with co-soldiers and senior officers; yet, 18 and 14 veterans, respectively, have used these programs. Furthermore, 56 veterans indicated that they have been in need of guidance and information concerning their rights after ending their service, but only nine of them have actually been offered and taken advantage from such support (tree report that they have not taken advantage from such support, despite being offered).

In contrast to the comparison group, the SIOPS sample is characterized by a much more pronounced imbalance between the need and the actual use of support services at all three stages (before, during and after participation in international operations).

Several of the informants describe a situation where they have moved from a deployment setting characterized by fellowship and solidarity to a setting of isolation when returning to Norway. In interviews, the “camaraderie” established within a military unit is highlighted as one of the most positive aspects of serving in international operations. Paradoxically, the focus on companionship and solidarity, which is heavily emphasized during the operation, almost totally ceases to exist when the operation has ended and the soldiers are sent home. Removed from a structured existence in terms of defined work tasks, hierarchical structures and a rigid social framework, several of the soldiers indicated that upon returning home, they suddenly had to do things on their own, both socially and in the workplace. Several of the informants describe this experience as the most difficult aspect when returning home.
From the questionnaire and interviews we can derive that the opportunity to talk with other veterans is viewed as one of the most important offers. Respondents described the benefits of talking with someone with a shared experience.

A clear majority in both samples indicates that it is in the area of mental health care services that the Norwegian Armed Forces personnel could make the most important contribution with regard to improving the support system provided to veterans. 42 per cent of the SIOPS members believe that the most valuable thing to assist returning soldiers is to strengthen the knowledge within the civilian health care system, with respect to the mental health needs of injured veterans. The proportion who believe that mental health checks are the most important program is nearly identical in the two groups. Offers from the Norwegian Armed Forces, i.e. *Nasjonal militærmedisinsk Poliklinik* (NMP, the National Military Outpatient Clinic) and the Norwegian Armed Forces Veterans Administration, are considered the least important programs in this respect.

### Labor market participation, income and work capability

- Half of the veterans in the SIOPS sample received disability pension, while 32.1 per cent were employed. Receiving disability pension was the most common “main activity” in the sample. By comparison, only 3.8 per cent in the comparison group received disability pension, while 87.2 per cent had paid work as their main activity.

- Among the injured veterans there were great differences concerning how they judged their present and pre-deployment work capabilities. While 81.5 per cent rated their work capability before serving in military operation at the maximum (10 points,) only 9.9 per cent rated their present work capability at the same number. At the same time, the proportion that rated their own work capability at non-existent (zero points) increased from practically none, pre-deployment, to 32.1 per cent, post-deployment. In contrast, 73.7 per cent in the comparison group estimated their present work capability to be at the maximum. No one defined their own work capability to be non-existent.

- There is a much larger proportion who assess their present work capability as good among those who have never experienced a situation where his/her own life and/or that of others was at risk while serving in an international military operation.

- There is a considerably larger share who perceive their present work capability at a maximum among those who judge the military education they went through as sufficient for handling their experiences during service.
Physical and mental health and experiences of public services

- 15 SIOPS veterans (18.5 per cent) rate their overall state of health as either ‘very good’ or ‘rather good’. 47 persons (58 per cent) rate their state of health as ‘rather bad’ or ‘very bad’. 17 persons rate it as ‘neither good nor bad.’ In contrast, 86.5 per cent of the veterans in the comparison group rate their state of health as either ‘very good’ or ‘rather good’. Six respondents classify their own state of health as ‘rather bad’, while none classify their own state of health as ‘very bad’.

- 58 SIOPS veterans (73.4 per cent) think that their participation in international operations has, to a considerable degree, caused mental health problems. 10.1 per cent answered ‘not at all’ to the same question. Among the veterans recruited from the general veteran population, 12.3 per cent identified that serving in international operations has caused them, to some extent, to have mental health problems. This result indicates that among “veterans in general” there is a certain occurrence of mental health problems that can be related to participation in international operations, thus accentuating the need for a more comprehensive mental health survey within the framework of an extensive study of living conditions among Norwegian veterans.

- Slightly more than 50 per cent of the SIOPS veterans report that they sensed changes in their physical and/or mental health state one year or more after ending service. For one out of four, six years or more passed before they sensed such changes. The implication of this is that only systematic support services over time will secure that all soldiers displaying mental health problems are discovered.

- To the question of which public services veterans had been in contact with during the previous twelve months, 72 per cent of the SIOPS veterans answered that they had been in contact with their regular doctor. 21 per cent declared that they had been in contact with local mental health care services, while 27.2 per cent had been in contact with their District Psychiatric Center. Taking into consideration that 86 per cent feel that their participation in international operations has caused them mental health problems, the actual use of specialist mental health care services must be described as rather low.

- Veterans are far more likely to have negative, rather than positive experiences regarding competence and understanding within the mental health care system. These results may indicate that the mental health care services have not sufficiently adapted to the needs of veterans with the most severe problems. Veterans reported more positive experiences with their regular doctors; two out of three fully or partly agreed to the statement that “the doctor takes me and my problems seriously.”
We find indications that problems affiliated with anxiety and depression are widespread among the SIOPS members that have participated in the study. Between 75 and 83 per cent answered that they ‘all the time’, ‘much of the time’ or ‘some of the time’ have struggled with nervousness and internal unrest, have been afraid or anxious and have felt helplessness with regard to the future (indications of anxiety). Further, more than 80 per cent reported that they ‘all the time’, ‘much of the time’ or ‘some of the time’ had been depressed and melancholic and had felt concerned and worried (indications of depression).

Among the veterans in the comparison group, 23 and 31 per cent, respectively, reported that they ‘all the time’, ‘much of the time’ or ‘some of the time’ had been depressed and melancholic and had felt concerned and worried (indications of depression). In the population sample the equivalent proportions were 20.6 and 21.4 per cent. Thus, the proportion shows that indications of depression are somewhat greater in the general veteran sample than in the population sample matched on age.

The tendency to link mental health problems with participation in international operations was most common among those who had experienced several situations where the soldier’s own life and/or that of others was at risk. In this group, 77 out of 136 persons were of the opinion that their deployment had inflicted mental health problems. When polling those who had experienced such a situation once, 4 out of 32 persons believed that military service is to blame for their mental health problems.

55 of the SIOPS veterans (67.9 per cent) reported that they had been in contact with the Norwegian Labour and Welfare Service (NAV) during the last 12 months. Of these, 18 had received help with regard to assessment of work capability. Two veterans received support services to assist with their transition to ordinary work. In the comparison group, 18.8 per cent reported that they had in the same period been in contact with the Norwegian Labour and Welfare Service.

**Family, friends and participation in veteran groups**

While almost two out of three in the comparison group were married at the time of the study, the ratio was one out of three for SIOPS veterans. Furthermore, approximately 30 per cent of the SIOPS veterans were separated or divorced compared to barely 10 per cent in the comparison group.

Among the veterans in the SIOPS sample 38 per cent live alone, 28 per cent live in a household with 2 persons, and the remainder live in a household with 3 or more persons.
• 58 of the SIOPS veterans (71.6 per cent) say that they have someone that they are close to and with whom they can talk confidentially, while 21 per cent answer that they do not have anyone whom they are close to. Among the veterans in the comparison group 91 per cent report that they have someone that they are close to, while 6.1 per cent report that they do not have someone whom they are close to.

• More than half of those who are members of one or more veteran organizations describe the benefits from participating as ‘very good’ or ‘rather good’. The interviews revealed that veterans value a fixed meeting place where they can talk with others that share similar experiences. These networks also have a practical benefit function, whereas the meetings serve as arenas where veterans can exchange experiences from their interactions with civilian services and authorities.

Overall, the results indicate substantial challenges with respect to the living conditions among the SIOPS veterans. Generally, these veterans have lower income, are more often disability pensioners, have a poorer state of health and judge their own work capability as much poorer than the veterans in the comparison group. The study shows that there is a high rate of living conditions problems among SIOPS veterans. Furthermore, the reported experiences with health care services show, to a substantial degree, that most of the services and follow-up offers fail to meet the actual needs of the veterans. Neither the Norwegian Armed Forces nor the civilian society has had any general, systematic strategy for how veterans who struggle with mental health problems should be discovered and cared for.