

Veterans-CHECK Study Summary

Objectives

To investigate the impact of the COVID-19 pandemic on the health and wellbeing of UK ex-service personnel (veterans) before and during the pandemic, and to assess the associations of COVID-19 experiences and stressors with mental health, alcohol use and loneliness.

Design

An additional wave of data focused on the impact of COVID-19 (Veterans-CHECK study) was collected from a longitudinal cohort study of the UK Armed Forces.

Setting

Online survey June-September 2020

Participants

Cohort members were included if they had completed a questionnaire at phase three of the KCMHR health and wellbeing study (2014-2016), had left the Armed Forces after Regular service, were living in the UK, had consented to follow up, and provided a valid email address. Invitation emails were sent to N=3547 with a 44% response rate (n=1562).

Primary outcome measures

Common mental health disorders (CMD) (as measured using the General Health Questionnaire, 12 items – cut off ≥ 4), hazardous alcohol use (measured using the AUDIT, 10 items – cut off ≥ 8) and loneliness (UCLA-3 Loneliness scale – cut off ≥ 6).

Results

Alcohol

- **Veterans reported a statistically significant decrease in hazardous drinking of 48.5% to 27.6%.**
- We found the Veterans-CHECK sample to be consuming alcohol, as measured by the AUDIT-C (cut off 5+), at higher levels in the high risk drinking category (49.2%), than the general population in England (38.3%) during the pandemic [1].
- Despite reductions in hazardous drinking and alcohol misuse, veterans are still using alcohol at higher rates than the general population.

Common Mental Health Disorders (CMD)

- **CMD in veterans remained stable from phase three at 24.5% to 26.1%, in Veterans-CHECK.**
- Rates of CMD are similar to general population levels seen during the pandemic – general population studies range from 26%-30% [2-4] – however, general population levels have seen significant increases from pre-pandemic levels – UKHLS report 7.6% increase [2].

Loneliness

- **27.4% of veterans reported feelings of loneliness during the pandemic.** (Similar to the general population 27%-39% [5, 6])
- Individuals were more likely to report being lonely if they knew someone who died from COVID-19, were a health and social care key worker (compared to other key workers), lived alone, were responsible for one/two or more children (compared to none), and had usual caring responsibilities (compared to none).

COVID-19 Experiences and Stressors

- The large majority of the sample had no change in employment or were furloughed (91.6%).
- Just under half of the sample reported being key workers (46.2%), within this group of key workers, 19% were health and social care key workers.
- Just under half of those who had children they were responsible for had to change childcare arrangements because of the pandemic (47.6%).
- Of the group that had to change childcare arrangements, 44.7% reported the change to have had a negative impact on their life.
- 17.9% reported extra or new caring responsibilities because of the pandemic.
- The most frequently reported COVID-19 stressors were boredom (24.9%), having to change or delay major plans (23.7%) and difficulties with family/other social relationships (19.5%).
- The COVID-19 stressors of reporting difficulties with family or social relationships, boredom, and difficulties with health, were statistically significantly associated with higher rates of CMD, hazardous drinking and

loneliness, even after adjustment for previous mental health/hazardous alcohol use, suggesting a COVID-19 impact.

What does the study tell us?

- The absence of an increase in CMD caseness in the veteran group may indicate resilient responses in this group who have been previously trained in readiness for deployments, resilience and coping strategies.
- Whilst absolute numbers potentially needing clinical treatment for CMD remain similar, there may be new individuals that need to engage with mental health services, as 56.6% of the veteran group reporting CMD, newly reported CMD compared to phase 3.
- COVID-19 pressures associated with negative CMD outcomes included families with children and those with caring responsibilities.
- Alcohol reduction – may be that restrictions have reduced social drinking behaviours; may represent a general population trend observed in the UK population where high risk drinkers have reduced their alcohol consumption; additionally drinking less during the pandemic was associated with being male and the Veterans-CHECK sample is predominantly male.
- Few COVID-19 stressors were associated with hazardous drinking and therefore we could surmise that alcohol was not being used as a coping mechanism in this community during the pandemic.
- Lower levels of loneliness than general population – could be timing of study June-Sept (less restrictions) and protective factors in veterans regarding the majority being in a relationship.
- Of note is parents with children under 18, those with caring responsibilities and health and social care key workers (compared to other key workers) more likely to report loneliness.

Implications/Conclusions

- Overall veterans are experiencing the pandemic in similar ways to the general population.
- Whilst stable levels of CMD and reduction in alcohol use are good news stories – still remains a group of veterans that need to access mental health and alcohol treatment/support services – therefore need to focus on delivering these services remotely.
- COVID-19 impact on families, those with caring responsibilities and health and social care key workers may call for specific interventions to support those groups.
- Social support interventions needed for veterans and families to address loneliness.
- Even when controlling for previous mental health/alcohol use, veterans who experienced COVID-19 stressors, particularly difficulties with family or social relationships, were more likely than those who had not to report adverse CMD outcomes, hazardous alcohol use and loneliness, suggesting a COVID-19 impact.
- Need to continue to follow up the long-term health and wellbeing of this group to assess mental health and wellbeing over the pandemic.

Strengths and Limitations of this Study

- Recruitment from a longitudinal cohort study where underlying characteristics are known.
- Rapid roll-out and use of validated measures for mental health and wellbeing outcomes aligned with KCMHR previous health and wellbeing study and other UK general population studies.
- Only generalisable to veterans who were in military service during the recent Iraq/Afghanistan era.
- The study is limited to the context of the COVID-19 pandemic in the UK, June-September 2020.

References

1. Jackson, S.E., et al., *Association of the Covid-19 lockdown with smoking, drinking, and attempts to quit in England: an analysis of 2019-2020 data*. *Addiction*, 2020.
2. Pierce, M., et al., *Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population*. *The Lancet Psychiatry*, 2020. **7**(10): p. 883-892.
3. Fancourt, D., A. Steptoe, and F. Bu, *Trajectories of depression and anxiety during enforced isolation due to COVID-19: longitudinal analyses of 36,520 adults in England*. *medRxiv*, 2020.
4. Niedzwiedz, C.L., et al., *Mental health and health behaviours before and during the initial phase of the COVID-19 lockdown: longitudinal analyses of the UK Household Longitudinal Study*. *J Epidemiol Community Health*, 2020.
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