Adapting CBT to treat depression in Armed Forces Veterans: qualitative study

Paul Farrand[1],*, Eugene Mullan[1], Kat Rayson[1], Alberta Engelbrecht[1], Karen Mead[2] and
Neil Greenberg[3]

[1]Clinical Education, Development and Research (CEDAR), Psychology, Washington Singer Laboratories, University of Exeter, Exeter, UK, [2]Help for Heroes, Tedworth House, Tidworth, UK and [3]King's Centre for Military Health Research, King's College, Weston Education Centre, London, UK
*Corresponding author. Email: p.a.farrand@exeter.ac.uk

Abstract

Background: The principles of the Armed Forces Covenant state that Armed Forces Veterans should be at no disadvantage resulting from their service compared with a general adult population. However, despite being at increased risk of experiencing common mental health difficulties, evidence indicates that 82% of Armed Forces Veterans receive no treatment, compared with 63% of the general adult population.
Aim: To gain a better appreciation of factors that inform the type of adaptations to cognitive behavioural therapy (CBT) interventions for depression and mainstream service promotion materials to enhance acceptability for Armed Forces Veterans.
Method: This is a qualitative study employing a focus group of 12 participants to examine the main impacts of depression on Armed Forces Veterans alongside attitudes towards terminology and visual imagery. Thematic analysis was used to identify themes and sub-themes with rigour established through two researchers independently developing thematic maps to inform a final agreed thematic map.
Results: A behavioural activation intervention supporting re-engagement with activities to overcome depression had good levels of acceptability when adapted to reflect an Armed Forces culture. Preferences regarding terminology commonly used within CBT adapted for Armed Forces Veterans were identified. Concerns were expressed with respect to using imagery that emphasized physical rather than mental health difficulties.
Conclusions: There is the need to consider the Armed Forces community as a specific institutional culture when developing CBT approaches with potential to enhance engagement, completion and recovery rates. Results have potential to inform the practice of CBT with Armed Forces Veterans and future research.

Keywords: adaptations; Armed Forces Veterans; CBT; depression; qualitative

Introduction

The prevalence of mental health problems amongst UK Armed Forces (AF) Veterans is equivalent to (Iversen and Greenberg, 2009; NHS England, 2016) or greater (Goodwin *et al.*, 2014) than that of the general adult population. The prevalence of depression and anxiety disorders in both populations exceeds that for post-traumatic stress disorder (PTSD) (Hunt *et al.*, 2014). To deliver the Armed Forces Covenant (Ministry of Defence, 2011) and ensure AF Veterans are not at a disadvantage to accessing evidence-based psychological therapies compared with a general adult population, 12 AF Veteran specific mental health services (Murrison, 2010) alongside six pilot statutory services adopting varied delivery models to accommodate AF Veterans (Dent-Brown *et al.*, 2010) were established. Protocols for one pilot service (Clarkson *et al.*, 2013) were informed by those established for the Improving Access to Psychological Therapies (IAPT) programme

(Clark *et al.*, 2009). Despite increased service provision, however, estimates indicate that 82% of AF Veterans with mental health problems still receive no treatment (Woodhead *et al.*, 2011) compared with 63% of the general adult population (Lubian *et al.*, 2016).

This rate is partly dependent on a significant number of help-seeking barriers faced by the AF population (Coleman *et al.*, 2017). Barriers include external factors related to service delivery such as unclear referral protocols (Dent-Brown *et al.*, 2010), alongside internal factors associated with beliefs and attitudes held towards service provision. These factors include beliefs that mental health problems can be handled by oneself (Britt *et al.*, 2011), NHS mental health service providers being untrustworthy, lack of confidence (Edlund *et al.*, 2008) and stigma (Sharp *et al.*, 2015). However, the lowest levels of acceptability are associated with not feeling understood by NHS services perceived as having little understanding about the experiences and common difficulties associated with the Armed Forces (Coleman *et al.*, 2017), alongside poor levels of knowledge about AF culture (Clarkson *et al.*, 2013).

Addressing these barriers has promoted interest in enhancing the cultural competency of professionals working with AF Veterans (Improving Access to Psychological Therapies, 2009; Meyer *et al.*, 2016; Royal College of General Practitioners, Royal British Legion and Combat Stress, 2011) with training programmes developed in the UK (Greenberg *et al.*, 2018) and USA for health (Nedegaard and Zwilling, 2017) and education settings (Cole, 2014).

Attention has also focused on ensuring language used to name services and interventions is considered less stigmatizing and more sensitive to an AF context (Zinzow *et al.*, 2012); for example, naming a mental health service for serving personnel the 'Defenders Edge' Program (Bryan and Morrow, 2011), a CBT psychological therapies service provided by an AF Veterans charity 'Hidden Wounds' (Farrand *et al.*, 2018) and a brief exposure-based PTSD intervention, 'Adaptive Disclosure' (Steenkamp *et al.*, 2011).

However, little attention has directly focused on culturally adapting psychological therapies and mainstream service delivery for AF Veterans (Farrand *et al.*, 2018; Zinzow *et al.*, 2012). This has resulted in the delivery of evidence-based psychological interventions and mainstream services remaining largely the same as those for civilians (Steenkamp *et al.*, 2011), potentially serving to maintain the AF Veteran mental health treatment gap (Woodhead *et al.*, 2011). Failing to culturally adapt psychological therapies and enhance the ecological validity of service delivery is surprising given benefits of adapting psychological therapies for specific populations (Hall *et al.*, 2016). Although predominantly focused on research into ethnically diverse cultures (Bernal *et al.*, 2009), culturally adapting psychological therapies has been identified to result in greater engagement with larger effect sizes (Hall *et al.*, 2016). Ensuring interventions represent a 'good fit' to the specific context may be especially important for AF Veterans given attention to detail (Palmer, 2012) represents a cultural norm.

This qualitative study seeks to understand the main impacts of depression alongside attitudes towards language and imagery to inform the practice of CBT for AF Veterans (Hunt *et al.*, 2014) and stimulate further research. Enhancing cultural awareness and adapting CBT may help to reduce the current treatment gap faced by AF Veterans (Iversen *et al.*, 2005) and improve access to an evidence-based psychological therapy.

Method

Setting

The study was based within 'Hidden Wounds', a Step 2 CBT psychological therapies service for the treatment of common mental health difficulties experienced by British AF Veterans, family members and family members of serving personnel (Farrand *et al.*, 2018). The service is provided by the UK charity 'Help for Heroes', with research undertaken in a recovery centre located in Southern England.

Design

A focus group methodology (Kitzinger, 1995) was adopted to gain an appreciation of the main ways that depression has an impact on the lives of AF Veterans, attitudes towards CBT terminology, and satisfaction with visual imagery commonly adopted within CBT self-help interventions (Richards and Farrand, 2010) or promote mental health services.

Recruitment

Advertisements introducing the study and inclusion/exclusion criteria were placed on a closed Help for Heroes 'Facebook' page. AF Veterans willing to consider participation were encouraged to contact a researcher to receive a study information pack detailing ethical rights. To maximize different perspectives, a purposive sample consisting of the first 12 participants drawn from three groups associated with the 'Hidden Wounds' service were invited to participate and asked to sign and return a consent form.

Participants

Participants were five male AF Veteran (four Army, one Air Force) service users, three Psychological Wellbeing Practitioners (PWPs) (one male, two female) and four non-clinical welfare staff (one male, three female).

Procedure

Focus group aims and ground rules were discussed prior to participants introducing themselves. A background to CBT was then provided with a topic guide, informed by previous research, examining adaptations to psychological therapies for an AF population (Alvarez *et al.*, 2011; Palmer, 2012; Steenkamp *et al.*, 2011; Zinzow *et al.*, 2012) directing subsequent discussion. Section 1 of the focus group was structured to enable participants to discuss the impact of depression on activities commonly undertaken by AF Veterans and recognize activities felt to be amongst the first to be avoided with depression. Participants were divided into three subgroups consisting of at least one participant from each group in Section 2. A list of commonly adopted terms used within CBT was then presented (Table 3; column 1). Participants were asked to discuss the acceptability of each term and generate alternatives if felt to have greater acceptability. Finally, 22 Help for Heroes stock photographic images focusing on AF Veterans and family members engaging in a number of everyday activities were individually presented. Participants were asked to consider the suitability of using each photographic image within a CBT self-help intervention or to promote mainstream mental health services. Participants rejoined the main focus group at the end of Section 2 where the collated list of acceptable terms and suitable photographic images identified during Section 2 were re-presented. Participants were asked to further discuss their attitudes and highlight reasons behind any disagreement or when consensus could not be reached. The focus group was led by P.F., who is experienced in focus group facilitation, with K.R. and A.E. acting as scribes.

Analysis

Informed by a model of behavioural activation (Richards, 2010), activities identified during Phase I of the focus group were separately categorized by two researchers into 'Routine' (regular and important life routines making people comfortable in their surroundings), 'Pleasurable' (resulting in enjoyment and leading to people feeling positive about themselves) and 'Necessary' (important and required to be done to avoid aversive consequences). Analysis of data obtained during Phases II and III was informed by an inductive approach with thematic analysis (Braun and Clarke, 2006)

Table 1. Themes and sub-themes with representative quotes

Themes	Sub-themes	Representative quotes
Impact of depression on activities undertaken by AF Veterans	Enhancing intervention acceptability by focusing on activity	'*When I was at my lowest, it was really hard like. I knew I should be doing things but didn't feel up to it. I was offered the chance to just talk to someone about it, but I didn't want that, it would've been hard. But something showing ways to cope is great, it focuses and sort of prioritizes the things I want to get back to doing.*' (AF Veteran – Air Force)
	Benefits of promoting group-based activity	'*I worry about being forgotten about, that I'm not part of the machine, that I've lost my Army family. Promoting activities undertaken as part of a group could really help*'(AF Veteran – Army)
Acceptable language for AF Veterans	Straightforward terminology	'*Simple, basic terms that avoids jargon and actually helps describe what they mean are the best.*' (AF Veteran – Army)
	Language promoting active engagement	'*Armed Forces Veterans don't like to be seen as helpless, so adopting terms that indicates they are actively engaged with a CBT approach can be really helpful.*' (PWP)
	Non-stigmatizing terms	'*At times it can be really difficult, because terms such as "therapy" and "mental health" which are used all the time are, from my experience, seen by the Veterans as being really stigmatizing, and are best avoided.*' (PWP)
	Potential to cause distress	'*Especially with some of the squaddies, it's not unusual for them to have, well not the best of school days. So, saying stuff like "homework" could take 'em right back there, you know.*' (AF Veteran – Army)
Characteristics of acceptable imagery	Enhancing acceptability	'*Personally, I think the photographs of people doing things in groups are the best, it reminds me of a team, like I was in, in the Army.*' (AF Veteran – Army)
	Imagery as metaphor	"*I like* [photograph], *to me it represents the road to recovery, the journey ahead or going in the right direction.*' (AF Veteran – Army)
	Inappropriate emphasis on physical injury	'*Too much emphasis on prosthetics – there is an over representation that* [AF Veteran] *support services are all about physical injury, but they're about emotional and everyday problems also.*' (non-clinical staff member)
	Considerations regarding photographic imagery	'*It's good that their back is to the camera as it makes it more anonymous, but anyone who served with that Vet is still likely to know who it is.*' (AF Veteran – Army)

used to identify emerging themes and sub-themes. Following data familiarization, items were labelled to generate initial codes with rigour (Mays and Pope, 1995) established through two researchers separately aggregating similar coded groupings to derive sub-themes. These were compared, with a final agreed thematic map created following discussion and refinement. To inform final analysis of the data, a title capturing core data features was created for each sub-theme with representative data extracts identified.

Results

Themes and sub-themes were derived from the three main sections covered by the topic guide (Table 1).

Table 2. Types of activities associated with AF Veterans

Engaged in without depression			First to be avoided with depression		
Pleasurable	Necessary	Routine	Pleasurable	Necessary	Routine
Family activities Gardening Going to the cinema Running Seeing friends or other AF Veterans Social media Team sports	Getting up, out of bed Going to work Learning new skills Looking for work Maintaining house Paying bills	Dog walking Gym Noisy activities '3 S's in the morning' (personal hygiene) Sleep pattern	Running Seeing friends or other AF Veterans Team sports	Getting up, out of bed Learning new skills Looking for work Maintaining house Paying bills	Gym Noisy activities

Theme 1: Impact of Depression on Activities Undertaken by AF Veterans

The main impacts of depression associated with reducing activity and behavioural avoidance are consistent with the phenomenology of depression in the general population. Two sub-themes highlighted how focusing an intervention on increasing activities commonly undertaken by AF Veterans, in particular activity undertaken as part of a wider group, could enhance the acceptability of CBT.

Sub-theme 1: Enhancing intervention acceptability by focusing on activity

All participants highlighted that no longer engaging in activities was a key symptom of depression experienced by AF Veterans. Given the increased priority placed on activity when serving, engaging in fewer activities with depression was considered to have considerable impact. The acceptability of CBT interventions was felt to be enhanced if they focused on, or made reference to, types of activity AF Veterans commonly engaged in (Table 2). Whilst participants highlighted engaging in all types of activities when not experiencing depression, 'Necessary' activities such as going to work, paying bills or looking for work were identified as being among the first to be avoided with depression.

Sub-theme 2: Benefits of promoting group-based activity

To re-establish a sense of belonging and connectedness to others perceived as being lost when leaving the Armed Forces, all participant groups highlighted the value of promoting group-based activities as part of any CBT intervention. Working as part of a team was something identified as being synonymous with Armed Forces life.

Theme 2: Acceptable Language

Reported by PWPs, welfare staff alongside two Army and Air Force Veteran service users, a strong association was perceived to exist between the terms 'Army' and 'Military'. This resulted in a preference being expressed for initial use of the collective noun 'Armed Forces', until the specific service had been established from which point that should be adopted. Four sub-themes emerged with respect to the acceptability of language adopted within CBT (Table 3).

Sub-theme 1: Straightforward terminology

There was an awareness that at times technical terms could not be avoided. However, participants expressed a preference for terms that better described what they were referring to and helped to promote understanding whenever possible. For example, 'understanding difficulties' had much greater acceptability than 'formulation' that was identified as 'technical jargon' requiring further unnecessary discussion to describe meaning that could provide a source of confusion.

Table 3. Acceptability of common CBT terms with alternatives

Commonly used term	Main comments (with quotes where appropriate)	Alternatives
Military	Considered to represent the Army, rather than the Air Force or Navy	Armed Forces (however, when possible refer to specific service)
Straightforward terminology		
Client/ service user	Did not reflect the role of someone receiving help for a problem	Patient, beneficiary, individual, AF Veteran
Diagnosis	Unacceptable unless accompanied by information to help the person understand the wider meaning: '*Diagnosis is a label and can feel like being pigeonholed, but if education is also given then it's OK.*' (AF Veteran – Army)	Problem, outcome, identification
Formulation	Dislike of technical terms requiring knowledge to understand: '*Formulation too technical, better to use terms that clearly indicate what they mean.*' (AF Veteran – Army)	Understanding difficulties
Language promoting active engagement		
Interventions	Alternatives reflecting more of an active approach to getting on top of psychological difficulties was preferred	Self-help, ways to cope, coping mechanisms
Issues	Associated with pity and inactivity, whereas alternatives represented something that needed to be actively addressed	Challenges, problems, difficulties
Treatment	Felt to: '*…sound like something being done to you.*' (AF Veteran – Air Force). Preference for term to clearly represent what treatment consisted of	Self-help programme, support
Non-stigmatizing terms		
Anxiety	Directly describe how someone was feeling	Feeling anxious, stressed
Depression	Strong preference to avoid when used to describe someone generally, except when directly used to describe their feeling	Feeling down, feeling low
Mental health problem	Term and related terminology identified as '*…too stigmatizing.*' (PWP) and better avoided to engage an Armed Forces population	Emotional problem, psychological problem, psychological difficulty
Therapist	Stigmatizing term implying the person receiving treatment was passive. 'Practitioner' felt to better represent the need for the patient receiving treatment to be active in the process. The focus on 'wellbeing' was viewed as having positive characteristics	Psychological Wellbeing Practitioner, Emotional Wellbeing Practitioner
Therapy	Stigmatizing	Support sessions
Potential to cause distress		
Assessment	Negative reaction as it may be associated with failure: '*It reminds me of school and that I could fail an assessment.*' (AF Veteran – Army). Alternatives were felt to better describe the aim and general characteristics of assessment sessions	Discussion, feedback, consultation, appraisal, shared understanding, initial contact, chat
Discharge	Potential to raise distress if discharged early from serving: '*Discharge sounds too much like being forced to leave the Army and should be seen as potentially upsetting during a difficult time.*' (AF Veteran – Army)	Next steps
Homework	More of an 'active' term; however, brought back thoughts of unhappy school days	Finding out for yourself

Sub-theme 2: Language promoting active engagement
Participants highlighted preference for terms that reflected active engagement with treatment. Terms associated with 'self-help' or promoting 'ways to cope' were especially well received.

Sub-theme 3: Non-stigmatizing terms.
Considerable attention was directed towards terms identified as being highly stigmatizing and could prevent help-seeking. On many occasions these were terms such as 'therapy', 'therapist' and 'mental health' commonly associated with psychological therapies and adopted within mental health services.

Sub-theme 4: Potential to cause distress
There was a preference to avoid terms that may be easily related to negative life events. For example, although representing activity, 'homework' was felt to have the potential to be associated with unhappy school days with 'discharge' associated with having to leave the Armed Forces too early.

Theme 3: Characteristics of Acceptable Visual Imagery
Four sub-themes emerged regarding the acceptability of visual imagery for inclusion in CBT self-help interventions and promote mental health services that accommodated AF Veterans. However, some concerns were also highlighted regarding the use of photographic images.

Sub-theme 1: Images enhancing engagement
Participants from all groups expressed a strong preference towards using visual images representing physical activities, small construction exercises or groups. Such imagery was preferred to that depicting people engaging in passive and solitary activities such as painting, yoga or other forms of relaxation. However, there was a lack of agreement with little consensus regarding the use of photographs representing relationships and family status. In particular, three welfare staff participants felt the use of photographs depicting families may serve to exclude AF Veterans without children, although this was not raised by the Veterans themselves. This issue was further explored with a compromise reached to adopt images representing the wider 'Armed Forces family', in addition to those representing traditional families. Additionally, whilst it was recognized that not all members of the Armed Forces had tattoos, they were identified as synonymous with the Armed Forces and may represent a quick way to help engage AF Veterans.

Sub-theme 2: Visual imagery as metaphor
Especially amongst AF Veterans and welfare staff, photographic imagery reflecting outdoor activities and people in natural surroundings was identified as having the highest levels of acceptability. AF Veterans also identified some of these images as having the potential to promote acceptable metaphors. Many images of groups in general were identified as metaphors representing group cohesion and 'esprit de corps'. For example, a group working together on a construction exercise was felt to represent 'rebuilding lives'.

Sub-theme 3: Inappropriate emphasis on physical injury
Lower levels of acceptability were associated with an over-emphasis on images used by AF Veteran specific services regarding physically injured Veterans, especially amputees from more recent conflicts. Solely focusing on physical injury was felt to exclude those experiencing mental health difficulties and reduce help-seeking. Adequately representing all AF Veterans in imagery, regardless of the mental or physical difficulty being experienced, age or rank was stressed as important.

Sub-theme 4: Considerations regarding photographic imagery
Two Army AF Veteran service users highlighted the need to consider the nature of the photographic images used with members of the AF community. For example, a photograph of sunlight

shining through leaves into an enclosed shaded wooded area was felt to have potential to 'trigger a flashback' associated with PTSD (AF Veteran – Army). Additionally, concern across all groups was raised regarding the potential to compromise the confidentiality of Veterans appearing in photographic images. Solutions identified an increased use of illustrations to replace close shots of Veterans, or for scenes that could raise concerns.

Discussion

Results of this focus group are helpful in beginning to identify acceptable characteristics of CBT for depression in AF Veterans, with potential to inform current practice and future research. Appreciating the specific impact of depression on activities representing common features of Armed Forces life appeared to be especially helpful in promoting engagement with CBT. Additionally, adapting CBT practice with consideration to the use of language and imagery emphasizing group-based activities with potential to represent metaphors consistent with features of AF culture is particularly suited to an AF Veteran population.

The acceptability of CBT for treating depression in AF Veterans is enhanced by adopting interventions that place emphasis on overcoming behavioural avoidance. This emphasis could be accommodated by CBT interventions such as behavioural activation (Richards, 2010), with certain models also promoting physical activity to improve both mental and physical health outcomes (Farrand *et al.*, 2014).

Within a general adult population, depression is commonly recognized as first causing significant disruption to 'Routine' activities (Jacobson *et al.*, 2001). However, whilst being aware of limitations associated with classifying activities for others within an idiographic model of behavioural activation (Richards, 2010), 'Necessary' activities were predominantly identified in this study as being amongst the first to be avoided by AF Veterans. This is of particular concern given that failing to complete these activities can have significant negative impacts and represent an especially important consideration during the transition of AF Veterans into civilian life (Binks and Cambridge, 2018). Although most AF Veterans cope well with this transition (Iversen and Greenberg, 2009), there is a significant minority who experience difficulties (Iversen *et al.*, 2005). With an emphasis on supporting engagement with 'Necessary' in addition to 'Routine' and 'Pleasurable' activities, behavioural activation may represent a suitable CBT intervention to overcome depression in AF Veterans experiencing difficulties such as finding employment and housing during transition back into civilian life.

Ensuring language is consistent with characteristics of the AF culture was also identified as important to inform the practice of CBT and intervention development. This result suggests that, as far as possible, CBT terminology should be self-explanatory, emphasize active engagement in treatment and ideally be straightforward, thereby avoiding jargon. Additionally, terms such as therapist or therapy have potential to create stigma and making use of alternatives may increase engagement. Reducing stigma is especially important in the AF Veteran population given a significant deleterious impact on help-seeking (Sharp *et al.*, 2015). Greater consideration given to language has also been shown to reduce stigma associated with mental health in other settings, for example with respect to the label 'schizophrenia' (Lasalvia *et al.*, 2015).

Adopting metaphors and analogy commonly used within the Armed Forces (Zinzow *et al.*, 2012) was further recognized as one way to enhance understanding. For example, adopting the phrase 'test and adjust', representing controlled breathing and taking aim with a long-barrelled weapon may have utility if adopted as analogous to 'Recording and Testing Out Automatic Thoughts' and 'Constructing Realistic and Balanced Thoughts'. Furthermore, unless known in advance, engagement was felt to be enhanced by initially adopting the term 'Armed Forces' at the beginning of assessment but making reference to the specific service during subsequent sessions. This potentially helped to reinforce an Armed Forces norm associated with attention to detail (Hall, 2011).

Imagery was also identified as having potential to promote engagement and enhance the delivery of CBT. In particular, several visual images were identified as representing metaphors

for features of AF culture associated with group cohesion and 'esprit de corps'. For example, an image of a group of walkers hiking along a path was identified as representing the 'road to recovery'. Furthermore, the use of mental imagery to support high-intensity CBT techniques (Hackman *et al.*, 2011), such as reliving or re-scripting in the treatment of PTSD (Grey, 2009), may highlight imagery as being particularly suitable when working with AF Veterans. However, consideration should also be given to characteristics associated with the visual images adopted. In particular, greater effort should be taken to enhance inclusivity by ensuring images better captured the diverse nature of difficulties and personal characteristics of all AF Veterans. Several visual images presented in our study focused on younger physically injured AF Veterans from recent conflicts who were often amputees. However, focusing on this imagery alone has potential to reinforce beliefs that such difficulties take priority over mental health. This might inadvertently reduce help-seeking for mental health difficulties.

Overall, acknowledging the AF community as representing a specific institutional culture emphasizing trust and loyalty as core values, norms associated with discipline, attention to detail, cohesion, 'esprit de corps', professional ethos, alongside placing importance on ceremonial displays (Snider, 1999) represents the potential to enhance the acceptability of CBT for AF Veterans. Furthermore, enhancing cultural competence in the CBT workforce at both Steps 2 and 3 within a Stepped Care service delivery model (Bower and Gilbody, 2005) may be especially important in achieving service access rates specified by the Armed Forces Covenant (Ministry of Defence, 2011).

Working effectively with AF Veterans, serving personnel or family members (Hall, 2011) should therefore inform proposals to direct greater attention within health and social care settings towards distinct features of the Armed Forces (Sharp *et al.*, 2015; Zinzow *et al.*, 2012). This is especially important with respect to mental health given that the AF culture may shape attitudes and opinions that serve as a barrier to treatment seeking and engagement (Langston *et al.*, 2007). Furthermore, the Armed Forces having a distinct institutional culture highlights the importance of considering other emergency first responders (for example paramedics, police, firefighters) as also having their own culture (Kleim and Westphal, 2011).

This study has several limitations associated with generalizing results from a single focus group, particularly accounting for AF Veterans varying by service, age, rank, discharge type in addition to family members. However, based within the Pre-clinical and Phase I of the MRC framework (Craig *et al.*, 2008), study results have the potential to inform further research to examine necessary adaptations across groups of AF Veterans. Furthermore, as adapted interventions risk losing their link to the evidence base justifying adoption (Castro *et al.*, 2004), there remains a need for ongoing research to examine effectiveness of interventions adapted for groups of AF Veterans. Enhancing the cultural competence of the CBT workforce with respect to the Armed Forces, in addition to culturally adapting the delivery of CBT more generally, may enable statutory mental health services to better accommodate the specific needs of AF Veterans and family members to encourage uptake of mental health services by those who need them.

References

Alvarez, J., McLean, C., Harris, A. H. S., Rosen, C. S., Ruzek, J. I. and Kimerling, R. (2011). The comparative effectiveness of cognitive processing therapy for male Armed Forces Veterans treated in a VHA posttraumatic stress disorder residential rehabilitation program. *Journal of Consulting and Clinical Psychology*, *79*, 590–599.

Bernal, G., Jiménez-Chafey, M. I. and Domenech Rodríguez, M. M. (2009). Cultural adaptation of treatments: a resource for considering culture in evidence-based practice. *Professional Psychology: Research and Practice*, *40*, 361–368.

Binks, E. and Cambridge, S. (2018). The transition experiences of British Military Veterans. *Political Psychology*, *39*, 125–142.

Bower, P. and Gilbody, S. (2005). Stepped care in psychological therapies. Access, effectiveness and efficiency: narrative literature review. *British Journal of Psychiatry*, *186*, 11–17.

Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*, 77–101.

Britt, T. W., Bennett, E. A., Crabtree, M., Haugh, C., Oliver, K., McFadden, A., et al. (2011). The theory of planned behavior and reserve component veteran treatment seeking. *Military Psychology*, *23*, 82–96.

Bryan, C. J. and Morrow, C. E. (2011). Circumventing mental health stigma by embracing the warrior culture: lessons learned from the Defender's Edge program. *Professional Psychology: Research and Practice*, *42*, 16–23.

Castro, F. G., Barrera, M. Jr and Martinez, C. R. (2004). The cultural adaptation of prevention interventions: resolving tensions between fidelity and fit. *Prevention Science*, *5*, 41–45.

Clark, D. M., Layard, R., Smithies, R., Richards, D. A., Suckling, R. and Wright, B. (2009). Improving access to psychological therapy: initial evaluation of two UK demonstration sites. *Behaviour Research and Therapy*, *47*, 910–920.

Clarkson, P., Giebel, C. M. and Challis, D. (2013). *Military AF Veterans Improving Access to Psychological Therapies (MV IAPT) Services*. Final Report of an Independent Evaluation to Pennine Care NHS Foundation Trust (Discussion Paper: M277). Manchester: Personal Social Services Research Unit.

Cole, R. F. (2014). Understanding military culture: a guide for professional school counsellors. *Professional Counsellor*, *4*, 497–504.

Coleman, S. J., Stevelink, S. A. M., Hatch, S. L., Denny, J. A. and Greenberg, N. (2017). Stigma-related barriers and facilitators to help seeking for mental health issues in the armed forces: a systematic review and thematic synthesis of qualitative literature. *Psychological Medicine*, *47*, 1880–1892.

Craig, P., Dieppe, P., Macintyre, S., Michie, S., Nazareth, I. and Petticrew, M. (2008). Developing and evaluating complex interventions: the new Medical Research Council guidance. *British Medical Journal*, *337*, 979–983.

Dent-Brown, K., Ashworth, A., Barkham, M., Connell, J., Gilbody, S., Hardy, G., et al. (2010). *An Evaluation of Six Community Mental Health Pilots for AF Veterans of the Armed Forces: A Case Study Series*. Report for the Ministry of Defence. Sheffield: University of Sheffield.

Edlund, M. J., Fortney, J. C., Reaves, C. M., Pyne, J. M. and Mittal, D. (2008). Beliefs about depression and depression treatment among depressed veterans. *Medical Care*, *46*, 581–589.

Farrand, P., Jeffs, A., Bloomfield, T., Greenberg, N., Watkins, E. and Mullan, E. (2018). Mental health service acceptability for the armed forces veteran community. *Occupational Medicine*, *68*, 391–398.

Farrand, P., Pentecost, C., Greaves, C., Taylor, R. S., Warren, F., Green, C., et al. (2014). A written self-help intervention for depressed adults comparing behavioural activation combined with physical activity promotion with a self-help intervention based upon behavioural activation alone: study protocol for a parallel group pilot randomised controlled trial (BAcPAc). *Trials*, *15*, 196. Available at: http://www.trialsjournal.com/content/15/1/196

Goodwin, L., Wessely, S., Hotopf, M., Jones, M., Greenberg, N., Rona, R. J., et al. (2014). Are common mental disorders more prevalent in the UK serving military compared to the general working population? *Psychological Medicine*, *45*, 1881–1891.

Greenberg, N., Lewis, P., Braidwood, A. and Hunt, E. (2018). *The Armed Forces and Mental Health: Part 1 – Mental Healthcare in Military Service*. Royal College of Psychiatrists CPD Online. Available at: http://www.psychiatrycpd.co.uk/learningmodules/armedforcesandmentalhealth.aspx

Grey, N. (2009). Imagery and psychological threat to the self in PTSD. In Stopa, L. (ed), *Imagery and the Threatened Self: Perspectives on Mental Imagery and the Self in Cognitive Therapy*. London: Routledge.

Hackman, A., Bennett-Levy, J. and Holmes, E. A. (2011). *Oxford Guide to Imagery in Cognitive Therapy*. Oxford: Oxford University Press.

Hall, G. C. N., Yip, T. and Zárate, M. A. (2016). On becoming multicultural in a monocultural research world: a conceptual approach to studying ethnocultural diversity. *American Psychologist*, *71*, 40–51.

Hall, L. K. (2011). The importance of understanding military culture. *Social Work in Health Care*, *50*, 4–18.

Hunt, E. J. F., Wessely, S., Jones, N., Rona, R. J. and Greenberg, N. (2014). The mental health of the UK Armed Forces: where facts meet fiction. *European Journal of Psychotraumatology*, *5*, 23617. Available at: https://doi.org/10.3402/ejpt.v5.23617

Improving Access to Psychological Therapies (2009). *Veterans: positive practice guide*. http://www.iapt.nhs.uk/silo/les/veterans-positive-practice-guide.pdf

Iversen, A. C., Dyson, C., Smith, N., Greenberg, N., Walwyn, R., Unwin, C., et al. (2005). 'Goodbye and good luck': the mental health needs and treatment experiences of British ex-service personnel. *British Journal of Psychiatry*, *186*, 480–486.

Iversen, A. C. and Greenberg, N. (2009). Mental health of regular and reserve military veterans. *Advances in Psychiatric Treatment*, *15*, 100–106.

Jacobson, N. S., Martell, C. R. and Dimidjian, S. (2001). Behavioral activation treatment for depression: returning to contextual roots. *Clinical Psychology: Science and Practice*, 8, 255–270.

Kitzinger, J. (1995). Qualitative research: introducing focus groups. *British Medical Journal*, 311, 299–302.

Kleim, B. and Westphal, M. (2011). Mental health in first responders: a review and recommendation for prevention and intervention strategies. *Traumatology*, 17, 17–24.

Langston, V., Gould, M. and Greenberg, N. (2007). Culture: what is its effect on stress in the military? *Military Medicine*, 172, 931–935.

Lasalvia, A., Penta, E., Sartorius, N. and Henderson, S. (2015). Should the label 'schizophrenia' be abandoned? *Schizophrenia Research*, 162, 276–284.

Lubian, K., Weich, S., Stansfeld, S., Bebbington, P., Brugha, T., Spiers, N., et al. (2016). Chapter 3: Mental health treatment and services. In S. McManus, P. Bebbington, R. Jenkins and T. Brugha (eds), *Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014*. Leeds: NHS Digital.

Mays, N. B. and Pope, C. C. (1995). Rigor and qualitative research. *British Medical Journal*, 311, 109–112.

Meyer, E. G., Writer, B. W. and Brim, W. (2016). The importance of military cultural competence. *Current Psychiatry Reports*, 18, 18–26.

Ministry of Defence (2011). *The Armed Forces Covenant*. London: Ministry of Defence.

Murrison, A. (2010). *Fighting Fit: A Mental Health Plan for Servicemen and Veterans*. Ministry of Defence. Available at: https://www.gov.uk/government/publications/fighting-fit-a-mental-health-plan-for-servicemen-and-veterans–2

Nedegaard, R. and Zwilling, J. (2017). Promoting military cultural competence among civilian care providers: learning through program development. *Social Science*, 6, 1–11.

NHS England (2016). *Developing Mental Health Services for Veterans in England*. Oxford: NHS England.

Palmer, I. P. (2012). UK extended Medical Assessment Programme for ex-service personnel: the first 150 individuals seen. *The Psychiatrist Online*, 36, 263–270.

Richards, D. A. (2010). Behavioural activation. In J. Bennett-Levy, D. A. Richards, P. Farrand, H. Christensen, K. M. Griffiths, D. J. Kavanagh, *et al.* (eds), *Oxford Guide to Low Intensity CBT Interventions*, pp. 141–151. Oxford: Oxford University Press.

Richards, D. A. and Farrand, P. (2010). Choosing self-help books wisely: sorting the wheat from the chaff. In J. Bennett-Levy, D. A. Richards, P. Farrand, H. Christensen, K. M. Griffiths, D. J. Kavanagh, *et al.* (eds), *Oxford Guide to Low Intensity CBT Interventions*, pp. 201–208. Oxford: Oxford University Press.

Royal College of General Practitioners, Royal British Legion and Combat Stress Meeting (2011). *The Healthcare Needs of Veterans: A Guide for General Practitioners*. Available at: www.combatstress.com/media/21792/gp_guidance_doc_rgcp_rbl_cs_17jan11.pdf

Sharp, M.-L., Fear, N. T., Rona, R. J., Wessely, S., Greenberg, N., Jones, N., et al. (2015). Stigma as a barrier to seeking health care among military personnel with mental health problems. *Epidemiological Review*, 37, 144–162.

Snider, D. M. (1999). An uninformed debate on military culture. *Orbis*, 43, 11–26.

Steenkamp, M., Litz, B. T., Gray, M. J., Lebowitz, L., Nash, W., Conoscenti, L., et al. (2011). A brief exposure-based intervention for service members with PTSD. *Cognitive Behavioral Practice*, 18, 98–107.

Woodhead, C., Rona, R. J., Iversen, A. C., MacManus, D., Hotopf, M., Dean, K., et al. (2011). Mental health and health service use among post-national service veterans: results from the 2007 Adult Psychiatric Morbidity Survey of England. *Psychological Medicine*, 41, 363–372.

Zinzow, H. M., Britt, T. W., McFadden, A. C., Burnette, C. M. and Gillispie, S. (2012). Connecting active duty and returning AF Veterans to mental health treatment: interventions and treatment adaptations that may reduce barriers to care. *Clinical Psychological Review*, 32, 741–753.