The 2021 census showed there were more than 1.85 million adults living in England and Wales who had previously served in the UK armed forces (referred to as veterans), which equates to around one in 25 adults (Office for National Statistics 2022). Many veterans experience a successful transition back into civilian life (Finnegan et al 2020), but some have reported challenges such as social, financial and psychological issues (Stevelink et al 2018) or feelings of a loss of role, structure and purpose (Kiernan et al 2018). Such factors can increase the risk of veterans developing mental health issues, including alcohol-related harm, a risk that is increased further in veterans who have experienced adverse childhood events (ACEs) (Ross et al 2022), trauma and foreign deployment (Stevelink et al 2018).

Despite the availability of veteran-specific healthcare services and referral pathways in the UK, some veterans are reluctant to access support for mental health and/or alcohol-related issues for several reasons, such as the influence of a military culture and identity that strongly promotes self-reliance, suboptimal illness recognition and perceived stigma from healthcare professionals (Randles and Finnegan 2022).
Nurses in all healthcare settings, including those in mental health and alcohol treatment services, are likely to encounter veterans in their practice. Therefore, they are ideally positioned to support this group by providing culturally competent compassionate care and signposting to relevant services.

**Alcohol use in veterans**

Alcohol use has long been an inherent part of military life as a way of mediating the challenges of foreign deployment and promoting camaraderie within a ‘work hard, play hard’ culture (Kiernan et al 2018). Many veterans in recovery from alcohol dependence have described how harmful alcohol use before military enlistment, and their military enlistment itself, are forms of ‘escape’ from ACEs (Koch et al 2019, Barrington et al 2023). This is significant because ACEs are a notable risk factor for the development of alcohol dependence in veterans (Palmer et al 2022). Alcohol dependence is the most serious form of alcohol-related harm, characterised by withdrawal, craving, impaired control and tolerance, and is associated with mental health, physical health and social issues (Pilling et al 2011).

Early exposure to alcohol, and the cultural expectations around alcohol use within the military, may explain why there is a higher prevalence of alcohol-related harm among current and former UK armed forces personnel compared with their civilian counterparts (Stevelink et al 2018, Rhead et al 2022). In addition, veterans have cited a lack of opportunities during their military service to address issues related to ACEs (Koch 2019, Barrington et al 2023). Such factors may explain why veterans are likely to delay presenting to healthcare services until they are at crisis point (Finnegan 2023), and why a culturally competent compassionate treatment approach – which includes an understanding of military culture – is advocated for this population (Murphy and Turgoose 2019).

**Barriers to seeking support and treatment**

In the UK, providing healthcare support for veterans is the responsibility of the NHS, which recognises this group’s distinct needs and advocates priority treatment and access to mental health professionals with an understanding of armed forces culture (NHS England 2024a). There has been significant investment and improvement in treatment services in the UK (Office for Veterans’ Affairs 2022a). One example is Op COURAGE: the Veterans’ Mental Health and Wellbeing Service (www.nhs.uk/nhs-services/armed-forces-community/mental-health/veterans-reservists), which provides a range of support for issues such as harmful substance and alcohol use (NHS 2021). However, evidence suggests that although veterans may be aware of support services they often feel inhibited from accessing them due to perceptions of stigma, cultural incongruence, isolation, mistrust and suboptimal illness recognition (Williamson et al 2019, Randles and Finneghan 2022).

**Perceptions of stigma**

Veterans may find it challenging to establish trust with civilians who do not share their experiences (Kiernan et al 2018), adding to their reluctance to disclose symptoms due to fear of stigma or negative occupational consequences during their military service (Stevelink et al 2018). Seeking support for mental health and alcohol-related issues within the military may be considered dishonourable and incongruent with military identity (Kiernan et al 2018) and may conflict with deep-rooted military values of discipline, duty and socialised masculine norms of self-reliance (Heath et al 2017). This may lead veterans to revert to alcohol use as a familiar support strategy and/or as a distraction from intolerable feelings, since it is regarded as an acceptable coping method within the context of their military identity (Barrington et al 2023).

A study commissioned by the military charity Combat Stress (Murphy et al 2016) found that veterans often waited until they were in their sixties before seeking support for harmful alcohol use. Those who engage with health and social care services often report experiences of uninformed and inappropriate care, resulting in disengagement (Kiernan et al 2018), which can lead to increased suicidality and mortality and/or the development of comorbid physical health issues (Pizer and Prentice 2011, Rabon et al 2019).

An evaluation of opinion polls and surveys on the perceptions of veterans in UK society indicated that the public – including health and social care professionals – may hold ‘erroneous and negative beliefs’ about veterans, for example that they are ‘traumatised’ (Phillips 2020). In addition, a survey of public perceptions (again including healthcare professionals) of UK veterans reported that around half of the general public associated veterans with anger management issues (Office for Veterans’ Affairs 2022b). While it is important to be
aware of the likelihood of trauma exposure in veterans and to recognise this as a significant risk factor for the development of mental health issues, uninformed assumptions may discourage disclosure of issues such as alcohol dependence. Importantly, the survey found that none of the healthcare professional respondents (n=549) were aware of the Op COURAGE pathway, while those with no personal experience of working with veterans often formed their views based on negative media portrayals of this group (Office for Veterans’ Affairs 2022b).

Shame
Shame is a common obstacle to alcohol recovery in veterans (Eaton et al 2020). Although many veterans often use alcohol to facilitate connection with peers, when used at harmful levels it can exacerbate relationship issues, inducing feelings of isolation and shame, which subsequently maintain harmful alcohol use. Shame is distinct from guilt, which is normally associated with a particular act or omission triggering remorse and atonement (Eaton et al 2020). Shame is often internalised and is associated with feelings of worthlessness and over-attribution of responsibility (Luoma et al 2019, Braehler and Neff 2020). Feelings of shame are more likely when reparation cannot be made (Eaton et al 2020), such as situations which may occur during combat deployment (Battles et al 2019).

Self-compassion is an important aspect of addressing feelings of shame among veterans experiencing alcohol-related harm (Eaton et al 2020, Forkus et al 2020). Self-compassion has been conceptualised as offering oneself care and empathy in the face of perceived inadequacy through three interrelated elements: self-kindness, common humanity and mindfulness (Neff 2003). These interrelated elements seek equilibrium in targeting three opposing negative states of self-criticism, isolation and over-identification with their feelings and thoughts (feeling as though they are true) which may lead to a loss of perspective.

Self-compassion is associated with reduced barriers to support-seeking and reduced adherence to masculine norms among military personnel (Heath et al 2017), thus enabling a process of accepting and transmuting challenging emotions (Eaton et al 2020). In addition, self-compassion has been found to be a feasible, effective and acceptable approach to managing harmful alcohol use among veterans in alcohol treatment services (Held et al 2018) and offers a teachable set of coping skills (Steen et al 2021).

Culturally competent compassionate care
Culturally competent care is an essential aspect of nursing practice and has been defined as care which is ‘sensitive to people’s cultural identity or heritage’ (Care Quality Commission 2024). Nurses, including those working in mental health and alcohol treatment settings, may have a significant role in reducing barriers to veterans seeking treatment by using a culturally competent compassionate approach to care that incorporates veterans’ unique experiences, recognises their individual needs (Finnegan and Randles 2023) and understands the importance of developing trust within therapeutic relationships (Phillips 2020, Barrington et al 2023).

The following sections of this article, informed by the authors’ previous research (Barrington et al 2023), may assist nurses to deliver culturally competent care interventions to support veterans to develop self-compassion, which subsequently may enable them to seek support and/or engage in recovery.

Self-compassion
A qualitative study by Barrington et al (2023) explored UK military veterans’ experiences of self-compassion within the context of harmful alcohol use and recovery. The researchers discussed the symbiotic relationship between shame and alcohol use, and reinforced the importance of understanding military values, such as integrity and honour, when supporting veterans to find purpose in their recovery experiences. Barrington et al (2023) suggested that understanding the relevance of military identity, which may not align with traditional ideas of self-compassion as ‘soft’ or ‘gentle’, may support nurses to deliver culturally competent compassionate care and inform their chance interactions to ‘make every contact count’ (Public Health England 2016).

Compassion-focused interventions, which aim to support individuals to develop self-compassion and self-acceptance, have been shown to be effective in supporting veterans with alcohol-related harm (Steen et al 2021). However, those who are experiencing shame and self-criticism may find self-compassion challenging, particularly if the shame is associated with ACEs where compassion was lacking (Gilbert 2009). Self-compassion may also be experienced as conflicting with socialised masculine military norms if it is considered by the person to be weak or self-absorbed (Bayir and Lomas 2016, Campion and Glover 2017, Ramon et al 2020). In contrast, self-criticism may feel protective and motivational (Braehler and Neff...
2020), with shame experienced as a driver to repair relationships and maintain sobriety (Luoma et al 2019, Barrington et al 2023). Barrington et al (2023) indicated that self-compassion was more likely to be a positive factor in veterans’ recovery from harmful alcohol use when it was reframed as either ‘fierce self-compassion’ or ‘relational compassion’. Fierce self-compassion can be described as using feelings of healthy outrage against injustice as a way of protecting, caring for and motivating oneself. Relational compassion can be described as accepting compassion from others and may involve positive role modelling – something that veterans found conducive to their military identities (Barrington et al 2023). Nurses may find that understanding the role of these two concepts as part of the wider compassionate recovery narrative – that is, moving away from shame and towards recognising the role of alcohol use in the individual’s behaviours – is helpful when supporting veterans to engage in self-compassion during treatment and recovery.

Fierce self-compassion
Veterans may recognise the healthy anger and assertiveness that is characteristic of fierce self-compassion (Brachler and Neff 2020) and relate to the strong, confrontational behaviour required to motivate change (Makransky 2016).

Self-compassion requires reframing the perception of oneself from being ‘inherently bad’ towards a more compassionate narrative of having ‘done bad things’ (Sawer et al 2020). Nurses may consider using compassion-focused interventions framed as fierce self-compassion to support an engaged, active response for positive change that embraces challenging emotions (Tallberg et al 2022). By focusing on culturally competent aspects of self-compassion which are aligned with military values and skills, such as courage and duty, problem-solving and boundary-setting (Milton 2010), veterans may be able to accept feelings of fierce self-compassion (Brachler and Neff 2020), which can subsequently promote acceptance and healing during their recovery from alcohol dependence (Barrington et al 2023).

Relational compassion and role modelling
Barrington et al (2023) found that veterans were more willing and able to give themselves permission to experience compassion when they observed peers modelling self-compassion during their recovery, which enabled them to visualise that change was possible. Veterans in Barrington et al’s (2023) study also described using learned tools and behaviours to apply a ‘fake it till you make it’ strategy to recover from harmful alcohol use. Such strategies draw on core military values such as discipline, cohesion, respect for others and chain of command, which have been associated with reduced disengagement from treatment (Kiernan et al 2018).

Barrington et al (2023) found that in recovery environments which prioritised trust and safety, veterans were able to heal through reparative, compassionate relationships and to ameliorate shame. This builds on previous work which advocated role modelling self-compassion throughout recovery to encourage distress recognition, accept mistakes and facilitate growth through the experience of shared suffering (Shreffler et al 2022). Trusted peers can act as role models by demonstrating recovery behaviours and challenging beliefs that frame support-seeking as dishonourable, which can provide reassurance and a template for veterans to address their own sense of shame (Sawer et al 2020, Finnegan and Randles 2023).

Evidence also suggests that veterans can find purpose and meaning in reciprocity, becoming role models to new group members and challenging self-beliefs of inadequacy (Koch 2019). This reflects findings in alcohol treatment and recovery services, where reintegration, role modelling, giving back and social connectedness correlated with lower levels of shame and increased self-compassion (Sawer et al 2020). Since interacting with others has been shown to help veterans feel less alone in their suffering (Eaton et al 2020), group interventions may embody the common humanity element of self-compassion to strengthen personal relationships, social connection and a sense of belonging that is reminiscent of positive military experiences (Chen 2019).

Enhancing healthcare professionals’ cultural competence
Despite barriers to seeking support, veterans are often willing and able to form strong therapeutic relationships once a sense of trust has been established (Koch 2019, Barrington et al 2023). To facilitate this sense of trust, nurses, who are often the first point of contact with a veteran reaching out to treatment services, should be knowledgeable about armed forces culture and relevant healthcare services. An e-learning programme, NHS Healthcare for the Armed Forces (www.e-lfh.org.uk/programmes/nhs-healthcare-for-the-armed-forces) was launched in 2018 to enhance the care delivered to veterans and their families by health and social care professionals (NHS England 2024b). However, NHS staff may

Key points
- Factors that can increase the risk of military veterans developing mental health issues, including alcohol-related harm, include challenges when transitioning back into civilian life and adverse childhood experiences.
- While veterans may be aware of support services, they often feel inhibited from accessing these due to perceptions of stigma, cultural incongruence, isolation, mistrust and suboptimal illness recognition.
- Nurses can support veterans who are seeking treatment for harmful alcohol use by using a culturally competent compassionate approach to care.
- Nurses may benefit from the inclusion of armed forces cultural awareness in existing mandatory equality, diversity and inclusion training, and preregistration nurse education programmes could incorporate culturally appropriate concepts.
require greater awareness of such e-learning programmes and/or they may find it challenging to engage with voluntary training due to competing priorities, so a different approach to delivery of such training may be required (Helle and Steele 2021, Randles and Finnegan 2022).

Finnegan et al (2020) evaluated an education programme that aimed to provide nursing students with insight into the armed forces personnel community, veterans and their families, and increase their knowledge of the biopsychosocial implications aligned to their care, health and well-being. Nursing students demonstrated an increased awareness of armed forces culture and veterans’ needs following the programme, and it improved their confidence to deliver holistic care to this population (Finnegan et al 2020). A similar initiative, the Royal College of General Practitioners’ Veteran Friendly Accreditation general practice programme, which aims to enable GP surgeries to better identify, treat and refer veterans to dedicated NHS services, was found to improve communication between GPs and veterans, since veterans recognised that the GP had an awareness of military culture (Finnegan et al 2022).

Nurses could benefit from the inclusion of armed forces cultural awareness in existing mandatory equality, diversity and inclusion training. This might address issues related to lack of awareness of e-learning programmes (Randles and Finnegan 2022), ensure such training was available to a wide pool of healthcare staff and provide the flexibility to undertake training at any time (Helle and Steele 2021). In addition, given the importance of understanding military culture when caring for veterans, preregistration nurse education programmes could incorporate culturally appropriate concepts such as fierce compassion and relational compassion.

To augment training and education, healthcare organisations may consider introducing veteran or armed forces champions – a role that could be taken up by nurses who are interested – as a way of raising awareness of military culture and enhancing care (Office for Veterans’ Affairs 2022b).

Future considerations
All veterans might benefit from psychosocial support to help them to ‘normalise’ the changes they have experienced as a result of deployment and combat exposure (Castro et al 2015). This could be delivered via a culturally competent compassionate intervention as part of the resettlement pathway that supports armed forces personnel approaching or entering transition back into civilian life (Ministry of Defence 2022). In addition, an intervention such as compassionate mind training, which aims to help individuals develop compassionate attributes and skills that influence regulation of emotions (Gilbert 2009), could provide a foundation for further psychological support, if required, and a bridge between military and civilian identities.

Involving and training military leaders in the delivery of compassionate principles during the resettlement process, alongside collaboration between the military and NHS treatment services, could improve symptom recognition of alcohol-related harm and address issues related to cultural stigma and low treatment engagement (Randles and Finnegan 2022).

Evidence is emerging of differences between male and female armed forces personnel’s experiences of alcohol use and self-compassion, military identity and help-seeking behaviours (Garner et al 2020, Grimell and van den Berg 2020, Godier-McBard et al 2022). This supports the UK government’s aim to improve health services for female veterans (Cabinet Office et al 2023) and suggests that future interventions and research relating to harmful alcohol use in veterans should examine and consider the perspectives of this group.

Conclusion
Most veterans transition back to civilian life successfully, but some experience challenges that can lead to mental health issues, including alcohol-related harm. Although veteran-specific healthcare services are available, there are several barriers to seeking treatment and support among this population. To empower veterans to seek support and/or engage with alcohol recovery services requires a culturally competent compassionate approach that recognises the unique cultural influences and experiences of this group.

Developing self-compassion is an important aspect of recovery, but some veterans may find this a challenging concept to accept. A culturally competent compassionate intervention would be to reframe this concept as ‘fierce self-compassion’ or ‘relational compassion’. The development and delivery of such interventions requires cultural competence on the part of the nurse. While e-learning programmes are available for NHS staff, it might also be useful to include armed forces cultural awareness in existing mandatory training programmes and to incorporate culturally appropriate concepts in preregistration nurse education programmes. Further research is required to explore the experiences of female armed forces personnel of military identity, alcohol use, self-compassion and help-seeking behaviours.
References


