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A Conversation with Professor Sir Simon Wessely

By Dr Caroline Kamau

When I telephoned Professor Wessely I could not help blurting out immediately, "Congratulations on your knighthood! That was fantastic news!" In the Queen's 2013 New Year's Honours, Wessely was awarded a knighthood for his services to psychological medicine and military healthcare. A colleague in the British Psychological Society's Wessex branch committee, upon learning that Professor Wessely had been knighted, expressed delight and joked that that's what someone gets for being a keynote speaker at a Wessex psychology conference.

After studying medicine at Cambridge and Oxford, Wessely decided to specialise in psychiatry at the Maudsley Hospital in the 1980s. He also became interested in combining his medical practice with an academic career. He studied a Masters in epidemiology at the London School of Hygiene and Tropical Medicine before embarking on his doctoral research there. Around that time, Wessely became interested in chronic fatigue syndrome. He helped the NHS set up one of the first clinics specialising in chronic fatigue syndrome. When the first Gulf war began, Wessely found the news reports striking.

Wessely's work on the Gulf War Syndrome

"My interest in military health began, really, in the 1990s when the Gulf War Syndrome stories started," said Professor Wessely, "I started to read about service personnel. The cases were very similar to what I was seeing in normal clinical practice among chronic fatigue syndrome cases." Wessely and some colleagues secured funding from the United States. They conducted a large-scale cohort study and he found the research very rewarding. "We compared personnel who served in the Gulf with those who hadn't. We got on really well and I found I really liked working with military personnel," said Wessely.

By the second Gulf war, Wessely and his colleagues had stepped up their research and they helped define Gulf War Syndrome. They sampled 20,000 military personnel in a study that was later published by the Lancet. "We were very well placed to do what should have been done in Gulf War I, which was to launch a health surveillance study right from the start," said Professor Wessely. Since then, Wessely's findings have contributed to military health policies and practices concerning pre-deployment mental health screening, vaccination and health surveillance.

Those first studies formed the foundation for Wessely's blossoming interest in military health research, practice and policy. Today, this is his core area of research. "It has become my main research area now," he said, "a substantial majority of my actual research now is with the armed forces." Professor Wessely's research has highlighted the fact that PTSD among military personnel, following combat experiences, *is* a serious problem but there are other equally serious mental health issues that deserve attention. The issues include alcohol overuse and adjustment disorder.

The True Prevalence of PTSD in the Military

Professor Wessely's research has made very impressive contributions to what we know about various aspects of military mental health and what is done in practice. His studies have highlighted the fact that the prevalence of PTSD is overestimated. Wessely serves as an honorary consultant psychiatrist at civilian hospitals and for the army, alongside his academic roles at the Institute of Psychiatry in King's College London.

I asked Professor Wessely what he thinks about the new Diagnostic and Statistical Manual (DSM-V), and whether previous versions of the DSM might have led to an over-diagnosis of PTSD cases among military personnel. Professor Wessely replied, "I have a general concern about the medicalisation of normal distress. The expansion of categories in the DSM is a worry. DSM-V does represent a step towards further professionalising or medicalising normal distress. There are two problems the DSM has helped to create: one is in screening. There is less chance of picking up severe cases. Those who are suffering mental health problems are likely to avoid the screening process and therefore go undiagnosed, whereas those who are perhaps suffering normal mood changes, perhaps they are just a bit

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unhappy, will duly undergo the screening and get incorrectly diagnosed. It's not working either way."

Misdiagnosis can have a serious impact on the welfare of military personnel. As Professor Wessely noted, "People forget that it can have quite a severe impact. One of the studies we conducted, which I'm very proud of, investigated pre-deployment mental health screening. For every case that was correctly identified, five cases were wrong. The impact that the wrong decision can have on that person, their family is very serious."

This highlights the risk of some of the criteria used for the diagnosis, selection or screening of military personnel. Professor Wessely emphasised the need for further research in this area. "We'll never know unless we conduct a randomized control trial," he said, "Even then, when there are absolute selection criteria, when a potential recruit has an absolute disability, it can still be the wrong decision to screen them out. Lord Nelson, who had one eye, would have never made it through the present-day screening, and that would have been a real shame."

Psychiatry and Psychology: An Integrated Approach

I asked Professor Wessely his views about the similarities and differences between military psychiatry and military psychology. Wessely replied that he would like to see an integrated approach to military mental healthcare, with closer collaboration between military psychiatrists and military psychologists and greater representation of uniformed military psychologists than has so far been the case in the UK armed forces.

Currently, there are many civilian psychologists working with the military but there are very few uniformed military psychologists in the UK. Referring to the number of uniformed psychologists in particular, Professor Wessely said, "In the UK context, military psychiatry is fairly well established whereas, up until recently, military psychology isn't. I think that has been a mistake. There is quite an absence of (uniformed) psychologists and I think there's been quite a bit of investment towards that." Having uniformed status in the military is important because a civilian practitioner has a different status. The lack of uniformed status can also make it difficult for a civilian psychologist to get deployed. "I am pleased to say that the very first (uniformed) military psychology trainee in the UK started at Sandhurst this year, which I think is all to the good. I think if you're going to operate a healthcare system, it's extremely difficult if psychologists are seen as being different," said Professor Wessely.

The absence of uniformed military psychologists in the UK armed forces is at odds with other major armed forces in the world. Professor Wessely noted, "I think we're probably the only major force without (uniformed) military psychologists," he said. In researching this article, I learnt that the US Department of Defence reportedly employs more psychologists than any other organization in the world. In 2009, there was a shortfall in the number of filled military psychology vacancies which led the American Psychological Association (APA) to lobby Congress for military psychologists to receive bonuses worth $25,000. I found it fascinating that the APA suggested the incentive and I am impressed that the APA is so active in public policy lobbying. Even in the 1940s, the US Department of Defence hosted what was reportedly 'the largest department of psychology in the world', because of the number of psychology personnel there.

In the military, as in civilian practice, psychiatrists and psychologists perform different roles. "Military psychiatrists tend to be in leadership roles, they deploy and they tend to be very good at delivering assessments, whereas psychologists tend to be very good at delivering the psychotherapy," said Professor Wessely. All the same, there is tremendous scope for collaboration. Wessely noted: "One of the things we're advocating in the military is to remove the barrier between psychiatrists and psychologists. In civilian practice we can see that the fragmentation is increasing, and that's not a good thing. Certainly, many mental health issues require integrated care. I hope that, as the IAPTS becomes more established, it will become integrated into the mental healthcare system."

One of the many things I liked about the conference at Sandhurst was what looked like blossoming collaboration between military psychiatrists and psychologists. In fact, it seemed to me that the military is one of the few contexts in which different types of psychologists (health, clinical, counselling, occupational) can collaborate frequently in the delivery of care. That is a good thing for psychology as a whole. In social cognition, we know that some contexts can unite people from different groups. As Professor Wessely noted, the military is a unique organizational context. "Military psychiatry and psychology are both occupationally-focused. That's different from any other civilian mental health service, which is not centred on the

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clients' occupations or the organization. There are unique risks faced by military personnel. The case mix is different from normal mental services. Another difference is that most civilian psychiatrists spend a great deal of their time on major psychosis whereas that's not a substantial part of the caseload of a military psychiatrist."

The Military as an Organizational Context: Health Implications

The military is a remarkable organizational context. I find the military's emphasis on group cohesion very interesting and it creates a unique atmosphere for military personnel. I asked Professor Wessely his views about whether group cohesion among military personnel is more pronounced than group cohesion in other organizations, and whether he thinks it plays a greater role in personnel functioning, compared to other sorts of organizations. "Yes it's quite unique," he replied, "It's sort of similar to the medical profession: the way that we bonded under the pressure of medical training. Of course in the military the group cohesion is instilled quite deliberately, whereas with us in medicine it was instilled accidentally. I think you're right, the role of group cohesion is more pronounced within the military. It's meant deliberately as a doctrinal issue; it's goal-directed."

As well as that, the military as an organizational context is unique because of military culture and the profile of personnel. "The military is different from other contexts because of the cultural aspects of working with the armed forces. Personnel are not a random sample of society in terms of gender and socioeconomic profile" said Professor Wessely, "As you know, the military often recruits from socially disadvantaged areas."

Such risk factors can predict adjustment problems among ex-military personnel, once they re-enter civilian life. Professor Wessely said, "Considering the structure and the discipline of the armed forces, not everyone responds to that well. Some just don't fit in and, when they leave, things are probably worse than if they had never joined the armed forces in the first place. The rejection and failure can be quite harmful, mentally."

In fact, as Professor Wessely's research has shown, personnel who leave the military early, and reservists, are most likely to suffer mental health problems. I asked Wessely his thoughts about the main explanations for the prevalence of mental health problems among early-leavers. He replied, "I think there are a number of reasons. There is the issue of fitting in; those who leave early are likely to have a number of social risk factors anyway, such as broken homes and coming from a socially disadvantaged area. When they leave, they are in a bit of a cloud and the problems begin. They go home and are at risk of poor housing, unemployment and that can lead to drug or alcohol abuse."

It is also probable that there are individual differences, if we compare personnel who leave early with those who serve in the military for longer. "There's also selection bias. The longer you serve, the more robust you are," said Professor Wessely. "If you made it to sergeant major at 40, you are one tough cookie. After leaving, such a military veteran will walk into a new occupation, career, and probably do quite well. The veterans' charities will look after them."

Wessely's Work on Military Health: Policy Implications

Professor Wessely raised an excellent point about some human resource management challenges faced by the UK military, when it comes to policies about veterans' retirement benefits. "The army is very old-fashioned in the sense that the more you give, the more you've done your bit, the more you get back when you leave the military. Those who are seen not to have done as much don't get as much." This poses a policy dilemma, considering that the ex-military personnel who need the aftercare services most are those who leave early.

What is particularly remarkable about Professor Wessely's work is its direct impact on specific military health policies and procedures. Firstly, Wessely's collaborative work with the military has made a vital contribution to health surveillance: he has influenced the frequent gathering and monitoring of military health data. Wessely's research on the Gulf War Syndrome helped it gain recognition as a legitimate condition, even if the name itself was a misnomer, following a public inquiry about it, and there were important policy implications. Gulf war veterans received war pensions that they otherwise would not have received. It is likely that there have been spill-over effects on military human resource policies concerning retirement benefits for veterans of other wars or military missions.

Thirdly, Professor Wessely's work has helped unearth the real prevalence of PTSD among military personnel and veterans, relative to other mental health issues,

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and to ensure that problems such as alcohol abuse and adjustment disorder are not overshadowed by assumptions about PTSD. This is important from the point of view of policy-making, particularly as far as resource allocation is concerned.

Fourthly, Professor Wessely has had a significant impact on military vaccination practices and our understanding of the neurological effects of particular vaccines in military contexts. His work has helped shape vaccination policies.

The Contribution of Military-Based Research to Science

I would say that Professor Wessely has helped emphasize the importance of the military as a UK research context. I agree with Professor Wessely's point that, historically, military-based research has made a substantial contribution to psychology and other sciences. "The origin of much of what we know about certain topics is from the military. We can trace much of it back to military research in the 1940s", said Professor Wessely.

Military-based research has helped to uncover important phenomena in psychology. In World War II, about one in four US psychologists were involved in military research. In Britain, in the 1940s, the Medical Research Council's Applied Psychology Unit was likewise involved with military psychology research. Although we cannot overlook the controversy about some military-based research in general, given that some military-based psychological research was or is ethically questionable, much of the military-funded or military-based research has been useful to psychology's growth as a subject. For instance, 10 sets of major psychological studies on leadership were funded by the US military, including Zimbardo's prison experiment and the Ohio State Leadership studies.

Military-based research has also shaped psychometric testing, which is now at the heart of occupational and industrial/organizational (IO) psychologists' work on personnel selection and assessment. For example, the Stanford-Binet intelligence test was taken by 170,000 US army recruits during World War I and that formed the foundation for occupational psychologists' role in military recruitment and selection. Today, a substantial proportion of psychologists working with the military comprises occupational/IO psychologists.

I mentioned the Ohio State Leadership studies and Professor Wessely, in his excellent humour, told me about how he had once attended a seminar whereby

"Some people from the NHS were lecturing a room full of military personnel about management and stress, and I was sitting there thinking ... this is so much the wrong way round, it is so the wrong way round. I think grandmas sucking eggs did spring to mind because I think the military personnel are the actual experts in this area." We laughed and I asked him how the lecture was received. He replied, "It was met with bemusement. They were very polite as ever, of course."

Whether one supports or opposes any given war or military conflict, the fact is that the services of psychologists, psychiatrists and other practitioners are vital. They help look after the psychological wellbeing of people who work in the military and offer treatment to those who need it. Professor Wessely said, "My work in military health is the thing I am most proud of. Working with the armed forces is a great pleasure and I enjoy it. It's nice to see some of what you've done having some impact, however small. It's very gratifying."

Professor Sir Simon Wessely is a vice-dean at the Institute of Psychiatry, and heads the Department of Psychological Medicine at King's College London. He directs the centre for military health research there.

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