

Commentary on Rate of British Psychiatric Combat Casualties compared to recent American Wars

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After twenty five years, in general this paper reads correctly, however it needs to be emphasised that there were psychiatric assets ashore in the form of two dual qualified nurses embedded in the Surgical Support Team in Ajax Bay. They had been extracted from the psychiatric departments in the Royal Naval Hospital Haslar and the Royal Naval Hospital Plymouth, not because of their psychiatric qualifications but because of their SRN qualifications. Nevertheless they did function in this dual capacity within the Surgical Support Team and provided support for the surgeons and physicians on the ground in their triage.

It is not entirely correct to say that no Royal Army Medical Corps Psychiatrists were invited to the Falklands. I initiated the signal in the aftermath of the Battle at Goose Green when it became apparent that we were already beginning to experience psychiatric casualties amongst 2 Para. This signal requested the deployment of an Army Mental Health Team. My understanding is that this was over-ridden by more senior Staff Medical Officers who quite clearly failed to understand the importance of having mental health assets on the ground, and in particular Mental Health assets identified with the Units in question, i.e. with the Army as opposed to the Navy/Royal Marines. I believe this had a long term effect on the subsequent failure/unwillingness/difficulty in recognising psychiatric casualties amongst the returned combatants.

Whilst the Paper is entitled Rate of British Psychiatric Combat Casualties Compared to recent American Wars and by implication is addressing psychiatric casualties during combat, it needs to be emphasised that just because the shooting has finished, it does not mean that psychiatric casualties do not continue to present. This is amply born out by the number of Veterans on the Books of Combat Stress, the Ex-Services Mental Welfare Society (some 400) whose traumatic experience is identified as being the Falklands. It was certainly my experience before I left the Navy in 1996 that we continued to see casualties presenting from that conflict on a regular basis and indeed it was because of this that we set up the first PTSD

treatment programme in the country in the Royal Naval Hospital Haslar in 1987, to which Army casualties were referred who were suffering as a consequence of 1982.

It has been suggested that amongst the occult psychiatric casualties were a number of non freezing cold injury/trench foot cases. I have discussed this with Rick Jolly who was the MOIC in Ajax Bay, in addition to which I saw some of these cases myself on board Canberra and there was no doubt in my mind that whilst they may well have had some form of psychological symptomatology, their primary disorder was that of trench foot and to have retained them on the ground with the inadequate facilities experienced by the fighting units, would have added to the burden of those units.

Why were the figures so low? (and I believe the figures are valid). Well first and foremost of course, we won. Secondly the country was behind us as a whole as was witnessed by the send off which was exceeded only by the welcome on our return. Thirdly it was a relatively short conflict and there was virtually no record of atrocities. This was confirmed by the International Committee of the Red Cross who visited Canberra when it was hosting the 4,500 Argentinean prisoners of war who were returned to the Argentine. In addition there was virtually no night fighting other than in the final stages of the conflict and so the issue of combat exhaustion was a relatively minor problem.

The breakdown of the psychiatric casualties currently on the Books of Combat Stress by unit, reflects what we have come to expect. i.e. where there are significant numbers of physical casualties including fatalities, then there are psychiatric casualties in proportion.

Finally all are in agreement that the three week journey to the site of the conflict was a wonderful opportunity to complete preparation, if that can ever be completed, for going to war and by the same token the return journey, particularly for the sailors in their ships, even those which had sustained damage, gave all the opportunity for recovery.