

# Early Psychosocial Intervention Following Operational Deployment: Analysis of a Free Text Questionnaire Response

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**ABSTRACT** Background: United Kingdom Armed Forces personnel currently undertake arduous operational tours that can make homecoming psychologically challenging. To assist them in this transition, they undergo a process of “decompression” before returning to their base unit. This article reports their subjective impression of the process. Methods: Personnel completed a brief survey at the end of the decompression process conducted in Cyprus in 2008 and this study reports the analysis of the free text element of the questionnaire. Results: 6,734 comments were available for analysis from a total of 11,304 questionnaires. Although responses were largely positive, significant numbers indicated that decompression could be improved by allowing personnel more choice, improving air transport out of theatre, and greater flexibility in harmonizing decompression activities with the operational role and military characteristics of decompressing units. Conclusion: Although decompression is generally viewed positively by participants, elements of the process could be further developed to improve acceptability.

## INTRODUCTION

Since 2006, United Kingdom Armed Forces personnel from formed units begin their homecoming from deployment overseas by stopping in a safe environment away from the operational theatre and away from their home. Third Location Decompression (TLD) as the process is called takes place in Cyprus over a 24- to 36-hour-period and follows a relatively structured timetable of recreational activities and mandatory briefs, which target psychological readjustment and safe driving. TLD also provides a venue for the supervised and controlled reintroduction of alcohol. The guiding principle of TLD is that those who “fight together should unwind together.” In this way, TLD promotes relaxation when providing a relaxed opportunity for personnel to discuss their operational experiences. Social support, particularly from peers, has been found to be highly acceptable and to benefit those under substantial psychological strain.<sup>1</sup> Military personnel appear to favor peer support over other potential support sources: for example, 98% of British troops deployed on peacekeeping opera-

tions reported that they chose to confide in their peers and friends regarding operational stress.<sup>2</sup> Military peer reactions to the disclosure of distress and mental health issues appear to be positive and helpful.<sup>3</sup> Peer support may, therefore, be particularly important given the resistance of military personnel to seek help for mental health concerns.<sup>4,5,6</sup>

Since 1995, the United Kingdom military has mandated that troops returning home from operations receive a psychoeducational brief.<sup>7,8</sup> The briefings given at TLD aim to facilitate the homecoming process and encourage those that need support to access appropriate mental health care. Recent studies suggest that receiving these briefings has better psychological outcomes<sup>9</sup> and there is some evidence for their effectiveness in at-risk groups.<sup>10</sup> However, it appears that effectiveness of such briefings is linked to their quality and relevance.<sup>11</sup> The mental health benefits of TLD have not been formally assessed<sup>12</sup> and it is likely that, as has been demonstrated by Greenberg et al. in educational briefings, a successful TLD process requires those personnel being decompressed to find it acceptable.

This study focuses on assessing the subjective impression of TLD using free text data obtained from personnel, who had just been decompressed. The study aimed to identify both positive and negative appraisals to identify how TLD might be improved to maximize the potential benefits to attendees.

## METHOD

All personnel undergoing TLD between March and May 2008 and September and November 2008 completed a paper survey at the end of the process. All had completed tours of Iraq and Afghanistan. The survey tool contained a range of questions regarding combat exposure, stigmatizing beliefs about mental health and barriers to care, posttraumatic stress (PTS) symptoms, and questions about the subjective utility of the various TLD components and took 5 to 10 minutes to complete. The qualitative comments analyzed in this article were

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derived from the single free text question “What did you think about decompression and can it be improved in any way?” Analysis was undertaken by generating categories derived inductively from the free text responses.<sup>13</sup> Comments were initially coded into categories by analysis of a random sub-sample of over 400 responses. Ten responses of a similar kind represented 2.5% of the random sample of 400 and these grouped responses were used to generate the initial themes. We found that this was the minimum grouping threshold that could be used to avoid a flood of information of questionable value. The final coding of 9 meta-categories resulted from a further refinement of the categories initially derived. All coding was performed by HB, with supervision on theme and category choice by the NJ and NG; this obviated the need for transcription or a codebook and avoided issues of intercoder reliability and consensus as coding was achieved through discussion as the categories emerged. The free text data entry was performed separately to that of the quantitative data and the records were not linked as this was considered by the authors to add little value to this study as the quantitative data and the demographic associations have been described elsewhere.<sup>14</sup> Where comments repeated those already included in the analysis and therefore did not provide new or useful information they were used as a tally for the categories already generated. We excluded comments which were judged not to provide new or useful information such as “no comment” or equivalent statements, reiterations of answers to quantitative questions in the main body of the questionnaire, and comments unrelated to decompression.

The responses were grouped into themes which were categorized as follows:

1. Global comments on TLD as a whole
2. Duration
3. Specific comments about the TLD process
4. Travel
5. Rest and Recuperation (R&R)
6. Briefings and mental health provision
7. TLD activities other than the briefing element
8. TLD facilities
9. Alcohol

To ensure that the major emergent themes were given proper consideration, it was decided a priori to only report on themes derived from at least 10 respondents other than when minority views directly related to themes identified by more than 10 respondents were identified (e.g., “briefings are too long” was mentioned by 30 respondents, however “briefings are too short” was mentioned by only 5, but was included as it was related to the former).

## RESULTS

Of the 13,000 distributed questionnaires, 11,304 (87%) were returned. We are unable to comment on the characteristics of the nonresponders as they simply did not return questionnaires. Some 6,734 individual comments were derived, after

exclusions, from the 5,963 (53%) questionnaires that contained any free text. Reported percentages (%) relate to the total number of comments (6,734) rather than the number of respondents.

Details of the main survey are reported elsewhere,<sup>14</sup> but in brief after excluding personnel from nonformed units (for whom decompression was not primarily designed), the sample was composed of Army personnel ( $n = 5,733$ ) and Royal Marines ( $n = 230$ ). Compared with the Army as a whole, there was an excess of combat troops (45.8% vs. 33.2%) and more junior ranks (38% vs. 35%). Additionally, females were marginally under represented (6% vs. 7.3%). Most respondents had completed at least 1 previous operational tour; 27% had completed at least 3.

### Comments on the Decompression Process as a Whole

Overall, most comments were generally positive and supportive of TLD. A comment was categorized as “generally positive” if it indicated that TLD has high quality or subjectively enjoyable; comments which were neutral in nature, such as “it’s alright” or “OK”, were not counted. In total, 42% ( $n = 2,853$ ) of all comments were generally positive with few overtly negative comments about the TLD process itself; instead, most “negative” comments were better categorized as constructively critical and could be organized into specific themes.

Some 8% ( $n = 565$ ) of all comments ( $n = 6,734$ ) are related to the overall decompression process. Of these, some 40% ( $n = 228$  of the 565) suggested that decompression was not appropriate for all personnel (many of these comments were not overtly negative). Instead, such comments suggested that TLD should be tailored to the individual or unit. Another 39% ( $n = 222$ ) of comments on the overall process stated that TLD was not relevant to the responding individual. Reasons for this view included having experienced a low threat or nonstressful tour, having been deployed as an individual rather than with a formed unit or a perception that the respondent’s age and maturity or personal circumstances negated the need for TLD. Some personnel suggested that units should not mix during decompression (13%,  $n = 73$ ). The remaining 42 comments represented the minority views or met the exclusion criteria described earlier.

### Duration of TLD

In total, 655 comments (10%) concerned the duration of decompression. Fifty-eight percentage ( $n = 381$ ) suggested a preference for lengthier decompression without specifying a specific duration. In contrast, only 1% ( $n = 7$ ) of comments suggested a shorter duration; these comments were all made by individuals who, for operational reasons, stayed for longer than the standard 24 to 36 hours. The remaining comments in this category related to a desire to have the specific duration of TLD be known to decompressing personnel before they arrived at the TLD facility (Fig. 1).

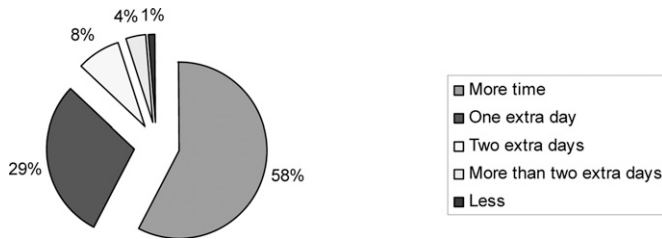


FIGURE 1. Distribution of comments on duration.

### The TLD Process

Three hundred and thirty (5%) comments concerned the conduct of TLD. Forty-nine percentage of these ( $n = 161$ ) suggested a more relaxed approach and 3.3% ( $n = 11$ ) suggested that a “civilian atmosphere” be adopted. By contrast, 1.2% ( $n = 4$ ) suggested a more disciplined environment. Thirty percentage ( $n = 100$ ) made generally positive comments on the attitudes of the TLD staff. Thirteen percentage ( $n = 43$ ) requested that more information be provided beforehand.

### TLD and Mid-Tour Leave

One percentage ( $n = 51$ ) of the comments addressed the relationship between R&R breaks and decompression. Of these, 26% ( $n = 13$ ) wanted TLD to be conducted before R&R and the remaining 74% ( $n = 38$ ) simply observed that there was no provision of TLD before R&R.

### Travel

Five percentage ( $n = 308$ ) of the comments related to the journey from theatre to the TLD facility. Of these, 87% ( $n = 268$ ) were negative in a general sense and the remainder were specific complaints about the length of time taken to reach Cyprus. Some 5% ( $n = 15$ ) commented on delays of up to 24 hours, 5% ( $n = 16$ ) of up to 48 hours, and 3% ( $n = 10$ ) of delays longer than 48 hours.

### Briefings

Four percentage ( $n = 259$ ) of comments related to the mandatory briefings. Fifteen percentage ( $n = 38$ ) of these indicated that the briefings were generally good, whereas 8% ( $n = 22$ ) stated that they were generally poor. Some 12% ( $n = 30$ ) indicated that the briefings were too long, 2% ( $n = 5$ ) requested longer briefings, and 3% ( $n = 7$ ) suggested that briefings should cease. Other comments related to the timing of the briefings, suggesting that they be delivered before arriving at TLD (17%,  $n = 44$ ) or should be delayed until personnel were back at home (12%,  $n = 30$ ). Furthermore, 11% ( $n = 28$ ) requested that TLD process should begin with the briefings. Ten percentage ( $n = 23$ ) of comments related to the briefings being overly focused upon married personnel and 9% ( $n = 22$ ) suggested they should be differentially tailored to combat and noncombat personnel. Further 5% ( $n = 11$ ) suggested that briefings should be provided for the families of returning personnel.

### TLD Activities

Some 9% ( $n = 624$ ) of comments concerned TLD activities most of which requested an increased availability of a broader range of activities (21%,  $n = 132$ ), although 3.2% ( $n = 20$ ) requested for more organized activities (such as group sport). Ten percentage ( $n = 64$ ) of comments suggested that activities be optional, 12% ( $n = 74$ ) requested off-base activities, 3.3% ( $n = 21$ ) requested more physical training, and 2% ( $n = 13$ ) requested for mental health-based activities such as access to mental health providers.

Forty-eight percentage ( $n = 300$ ) of comments concerned the evening entertainment show. Twenty-seven percentage ( $n = 167$ ) gave positive views and another 19% ( $n = 121$ ) requested that it be longer (particularly the performances by comedians).

### Beach

The beach visit was the focus of 5.6% ( $n = 374$ ) of the comments. These comments included requests for more beach time 45% ( $n = 170$ ) and some 3% ( $n = 13$ ) requested less beach time. Many of the comments related to the flexibility of the beach arrangements: 23% ( $n = 86$ ) requested that it be optional and 24% ( $n = 84$ ) requested an opportunity to rest or perform personal administration tasks before going to the beach.

### Alcohol

Overall, 344 (5.1%) comments were related to the provision of alcohol during decompression. Of these, 44% ( $n = 151$ ) were requests for greater availability both in quantity and choice; in contrast, 22% ( $n = 78$ ) requested less alcohol. Twenty-four percentage ( $n = 83$ ) of respondents requested longer drinking hours; this was often cited as a “pacing” issue rather than access.

### Facilities

Two percentage ( $n = 149$ ) of comments related to TLD facilities and amenities. Eighteen percentage ( $n = 27$ ) concerned the facilities and accommodation. Twenty-three percentage ( $n = 34$ ) identified a lack of drinking water near to the accommodation and 16% ( $n = 24$ ) criticized the washing facilities (in particular a shortage of hot water). Sixteen percentage ( $n = 24$ ) were complaints regarding access to telephones and the internet (particularly early closing given time zone differences) and 13% ( $n = 20$ ) criticized the quality of food.

### Main Findings

This study aimed to identify the main themes of relevance to the potential usefulness of the TLD process; 9 key themes were found. The most frequent theme concerned the formality and freedom of choice of activities during TLD. Approximately half of the comments requested a more relaxed administration style and a tenth suggested that TLD activities be optional including that personnel be allowed to leave the base. The most frequently commented upon element of this theme related to

the provision of a greater range of alcoholic drinks and longer drinking hours. Substantial numbers felt that TLD was not a “one size fits all” strategy and that careful thought should be given to who should be included and how activities, including the briefing elements, should be conducted. Travel to the TLD facility was a major source of negative comment (Table I).

**Limitations of the Study**

This article reports the outcome of just 1 open question, which respondents were not guided as to how they should answer. Although this might be advantageous as it avoids the intro-

duction of bias, the openness of the question may also have encouraged the personnel to comment on minor issues. In common with other qualitative articles, the frequency of reported concerns should not be taken as indicative of their potential impact. This is because, in part, some issues were not uniformly encountered by the whole sample. For example, travel issues appeared to be an important cause of concern but were not frequently reported on; this may well have been because many units did not encounter delays.

The desire for informality might seem at odds with military lifestyle, however, similar findings concerning a desire

**TABLE I.** Examples of Comments by Respondents

Category	Theme	Examples
Overall Comments	Generally Positive	“Very good opportunity to wind down with the troops” “Wasn’t looking forward to it but now having completed it I’m very happy I went through decompression”
	Stop Decompression	“Would rather go straight home” “Disregard it for all non combat troops”
	Not Relevant to the Individual Optional	“A useful process more suited to troops involved in combat” “Make it voluntary” “It should be at the discretion of unit commander”
Duration of TLD	Too Short (General)	“Thought it was great but could be done for longer” “Make it a little longer so everything is not rushed”
	Too Long	“Cut the length down” “Due to delays leaving theatre we had to stay a second night in Cyprus. I believe one night would have sufficed”
TLD Process	More Relaxed	“Making the time here more informal and not making the lads do things” “Staff not to treat returning troops like children and let them do as they please” “More info available in theatre about programme & facilities”
TLD and R&R Travel	No Provision of TLD Before R&R Generally Negative	“Why go on R&R with no decompression but finish a tour and have one” “Movement process more stressful than the tour” “No rest from flights due to delays but straight out when we arrived – more time needed”
Briefings	Generally Poor	“Less briefs, it’s the same old stuff” “Briefs were patronising”
	Perform Earlier	“Far too many briefings, these should be conducted prior to leaving theatre”
	Move to Home Base	“Could be carried out at our unit by the people who would provide direct support to the soldiers if it were required”
	Overemphasises Married Personnel	“Decompression is far too concerned and directed to married personnel; single soldiers are not concerned.”
Activities	Provide to Families	“The padre’s relationships/coming home brief would be useful for the wives to be give, prior to our return”
	More Activities	“More activities, these I found more helpful than being told about ways to self help”
	More Organized Activities	“Include a sports match e.g. volleyball or football tournament”
	Leave Base	“Let us go into town”
	Mental Health Support Good Combined Services Entertainment (CSE) Show	“Some group or one-on-one sessions” “CSE show was brilliant keep it going”
Beach	Longer Comedy Show	“Comedy needs to be longer”
	More Time	“Beach time could be lengthened”
	Optional	“The beach should be optional; people who don’t appreciate beaches should be allowed to stay in camp”
Alcohol	Rest Before Beach	“Need to think of soldiers rest time too. Especially when coming from flight without any sleep.”
	More	“More beer tokens for beer – sorry but it’s the truth!” “Could other alcoholic drink be sold e.g. cider or wine? Not everyone likes beer”
Facilities	Negative	“Facilities here are even poorer than what we had on tour”
	Water Availability	“More bottled water should be available, especially in the morning!”
	Ablutions	“Shower block could be improved, ran out of hot water”
	Communications Access	“Maybe need more phones as they were nearly full all the time”

for more informality were reported in a Dutch survey of their 2-day decompression process.<sup>15</sup> Operational deployment is characterized by austerity, rigid drills with little personal choice, and, for some, frequent exposure to traumatic events.<sup>16</sup> Personnel undergoing TLD may well recognize that the introduction of more informality into TLD might give a strong signal that personnel have disengaged from the operational deployment and are starting the process of postdeployment adjustment. Informality would allow them to begin to exercise personal choice in a way that had not been possible when they were deployed. A linked theme is that of inclusion. Many respondents felt that the briefings and/or TLD itself were not relevant, given their duties, experiences or backgrounds and some personnel felt that the TLD mandatory briefings were overly focused on married personnel. This is unfortunate as there is evidence suggesting that briefings may be beneficial for mental health if delivered in an appropriate manner, that an irrelevant or badly delivered brief has no more benefit than no brief at all<sup>11</sup> and that not receiving a homecoming brief is associated with a greater risk of PTS symptoms.<sup>9</sup> The results of this study suggest that the briefings may be more acceptable if they can be tailored to the audience so that they appear more relevant to those receiving them. However, whether or not it is feasible for different briefings to be provided for different sub-groups is a matter for those that plan TLD.

Another key theme related to the frustration over travel delays where respondents who commented on travel suggested that a poor travel experience before decompression would adversely affect their ability to engage with TLD. It appeared that travel delays both suggested that leaders were unconcerned about welfare and those experiencing extreme delays reported feeling rushed and sleep deprived. Those who had been delayed wanted more rest and personal administration time before attending the beach activities. This finding correlates with other evidence, which suggests that troops who experienced considerable delays before going on leave after deployment reported a negative impact upon mental health.<sup>12</sup> These data suggest improvement in travel arrangements would, most likely, increase the acceptability of TLD and, therefore, improve its potential to be beneficial.

Another theme of relevance to the TLD process was that of mixing units on TLD. Our data suggest that mixing units such as infantry and medical or other combat support services appeared to detract from the subjective utility of TLD. This finding may be relevant as previous studies have suggested that unit cohesion<sup>9</sup> is an important determinant of mental health. Other research has reported on the potentially adverse effects of "culture clashes" between units<sup>17</sup> and Service arms<sup>18,19</sup>; this study also suggests that culture clashes may result from mixing units during the TLD process.

Although alcohol was frequently commented on, it is difficult to draw clear conclusions from the information provided. Given that military personnel report higher levels of alcohol consumption than an age and gender matched sample of the general population,<sup>20,21</sup> it is perhaps surprising that the cur-

rent findings suggest that about a third of those making comments on alcohol suggest that availability be further restricted. This seems to indicate that the current practice of restricting alcohol during the TLD process is often perceived as helpful. Future studies could examine the effects of alcohol use during TLD upon subsequent drinking at present alcohol provision is about 5 to 8 units of alcohol per person; however, this does vary by individual decompressing units.

### **Relevance of Findings**

This study details a number of key areas that are likely to be of use to the organizers of TLD. First, we suggest that military commanders consider whether troops who experience travel delays should continue on to TLD, if they cannot be guaranteed to receive sufficient rest. Second, where TLD goes ahead after a travel delay, there may be benefit in altering the program to ensure it focuses more on providing rest rather than mandated activities. Third, we suggest that briefings should be tailored to those who are going to receive them (e.g., unmarried troops, those who have had noncombat roles). However, it is also notable that there appears to be little appetite for longer briefings if the duration of TLD remains the same. Fourth, where possible, TLD should avoid mixing units. Fifth, decompressing troops should be given as much choice as possible in various aspects of the TLD process to ensure that it is a step change in decoupling from the rigidity of operations. Lastly, if commanders consider extending the TLD process, the preference appears to be for 1 additional night. It is notable that the United Kingdom Ministry of Defence has responded to the experience of decompressing personnel by undertaking a refurbishment of the TLD facility with the aim of improving their TLD experience.

### **CONCLUSION**

In the main, the qualitative data reported in this study support the quantitative findings reported elsewhere<sup>14</sup> in suggesting that the decompression process is viewed positively by most participants. However, as a result of the qualitative methodology this study provides military commanders with potentially valuable information about how the acceptability of a TLD program might be improved. Because, TLD has not been subject to a high quality randomized trial, a methodology which could indicate its effectiveness in preventing longer-term mental health problems or in aiding readjustment, we suggest that the results of this trial support that TLD should not be viewed as a "one size fits all" approach to dealing with the homecoming process. However, given that the use of TLD is now policy for United Kingdom, Canada, and the Dutch military, our results suggest that there is a pressing need to undertake high quality outcome studies to ascertain the effects that TLD have in terms of personnel's mental health. Should TLD be shown to be psychological beneficial then, informed by the results of this trial, efforts should also be made to identify the active ingredients of TLD.

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