Dispatches from the editor: military psychology, a force multiplier

doi:10.1136/jramc-2018-001110

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There is a fundamental and essential association between the military and the profession of psychology. The understanding and promotion of human behaviour is a core priority within the study, use and promulgation of armed force.¹ Military psychology reflects that application of psychological science towards the optimisation of personnel and systems.² The utilisation of this profession is intrinsic to the through-life and deployment cycle of all tri-service personnel, including selection and recruitment, training and resiliency, well-being and healthcare, fitness and suitability for service determinations, human factors effectiveness, leadership and command success, and the generation of scientific data across all such domains.³ The *Journal of the Royal Army Medical Corps* (JRAMC) promotes both current expertise and the emerging advances within military healthcare. Few specialties have had as much relevance, impact and influence as military psychology,⁴ and this special issue highlights the history, development and the current scope of the discipline, along with its enduring contributions to the UK Armed Forces.

A young Lieutenant in 3 PARA wrote in his journal...: *'This was a different kind of war. They were fighting day in and day out; facing danger again and again; experiencing a lifetime of trauma in a week'*.—Brigadier (Ret'd) Ed Butler, CBE DSO⁵

The UK military has deployed on continuous asymmetric operations in Iraq, Afghanistan and beyond for over 15 years, which illustrates the ongoing values, objectives, breadth and tempo of Britain's contributions to international peace and security. These contemporary

campaigns have brought both traditional and emergent demands on the UK's military healthcare systems, along with a particular milieu of severe physical and psychological injuries. Traumatic brain injury, genital wounds, loss of limbs, enduring and complex medical rehabilitation, psychological trauma, alcohol misuse, performance attrition, and social and occupational dysfunction are just some of the clinical and organisational realities arising from these changing operational demands. Evolving deployment roles, shifting rules of engagement and the introduction of new weapon systems have also required a greater understanding of the biological, psychological and social consequences of such factors on service members and their ability to conduct operations, along with the attainment of optimum responses from command. It is within this context that military psychologists have continued to demonstrate their responsibilities,⁶ utility and efficacy towards the fitness and well-being of both the patient (or consultee) and the operational priorities of the Armed Forces.

...in 1916 [Dr Charles Myers] was made Consulting Psychologist to the Army...He set up the first special treatment centre... and appointed Dr William Brown, a highly qualified academic psychologist and former pupil of Myers, to run it. The British Army, it seemed, was getting into bed with psychology.⁷

From *'shell-shock'* (ie, a collection of specific trauma-associated emotional, behavioural, psychophysiological and neuropsychological symptoms) to *'battle fatigue'*, and *'operational exhaustion'* to *'Post-Traumatic Stress Disorder'*, the evolution of our understanding of psychological stress, trauma and treatment is reflected in the major military campaigns of the 20th century. Indeed, the current dynamic and multidisciplinary military mental healthcare service model of proximity, immediacy, expectancy and simplicity can be associated with the groundbreaking work of Dr Myers.⁸ This is further reflected, for example, in the evolving development and use of psychometric measures throughout the last century to ascertain the psychological suitability and fitness of personnel for

military service, leadership appointments, pilot training and special operations duties.⁹ Many of these clinical and organisational advances within military psychology have since been disseminated into civilian environments over recent decades, including input to psychological and pharmacological practices across the NHS, forensic facilities, civilian aviation and spaceflight contexts, and also among austere and extreme human performance settings.

There are now more than 100 psychologists serving as either crown servants with the UK Ministry of Defence (MoD) or as officers in the Royal Army Medical Corps. These professionals perform a key role in enhancing and sustaining operational effectiveness, with clinical psychologists contributing within the UK's Defence Medical Services (DMS) by conducting assessments, diagnoses, treatments, consultations, training, supervision and research.¹⁰ In recent years, additional advances have occurred in the breadth and depth of duties delivered by these psychologists. These have included deployment to Africa as part of Op GRITROCK and the provision of visiting clinical and consultative psychology services to UK military medical formations in Iraq, Afghanistan, Germany, Cyprus and elsewhere. Members of this cadre have served as the MoD's Deputy Head of Healthcare, with others undertaking clinic lead appointments within the UK's network of multidisciplinary military Departments of Community Mental Health. Having developed psychological training programmes at the British Army's Infantry Training Centre, these clinicians also provide ongoing psychological consultation to special operations units. They serve as scientists at the Defence Science and Technology Laboratory, within the North Atlantic Treaty Organization's Science and Technology Organization, and as consultants and academics at the King's Centre for Military Health Research. The UK's military psychology personnel have been instrumental in establishing the Defence and Security Section of the British Psychological Society (BPS), and sustaining the success of the annual BPS Military Psychology Conference.

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Operational readiness is the primary mission of military psychology, and this must be emphasized at every opportunity.¹¹

This seminal publication of the *JRAMC* is written by leading psychologists working across varied sectors of the UK military, and the papers that follow offer an insight into their diverse contributions to the Armed Forces. The guest editor and editor in chief of this publication wish to acknowledge the efforts of all who have made this special issue possible. These clinicians and scientists continue to function as crucial assets for healthcare throughout the DMS, while maximising human and organisational performance for current and future national security endeavours.

Correction notice This article has been corrected since it was published Online First. The affiliations for Dr Mathew McCauley were corrected.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent Not required.

Provenance and peer review Not commissioned; internally peer reviewed.

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To cite McCauley M, Breeze J. *J R Army Med Corps* 2019;**165**:63–64.

Received 4 November 2018

Accepted 4 November 2018

Published Online First 30 November 2018

J R Army Med Corps 2019;**165**:63–64.

doi:10.1136/jramc-2018-001110

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