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# He messaged me the other night and said you are my saviour; an interpretative phenomenological analysis of intimate partners' roles in supporting veterans with mental health difficulties.

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# 'He messaged me the other night and said you are my saviour': An interpretative phenomenological analysis of intimate partners' roles in supporting Veterans with mental health difficulties

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## ABSTRACT

**Introduction:** The limited research base regarding Veteran welfare has emphasized the adverse psychosocial aspects of being the intimate partner of a Veteran struggling with mental health difficulties. Despite this, previous research has identified that remaining in a romantic relationship can be a protective factor against mental health difficulties. This study aims to explore intimate partners' views of the role they play in supporting Veterans with mental health difficulties and the personal meanings they associate with this role. **Methods:** Six female partners of male Veterans were recruited using purposive sampling. Qualitative data were collected using semi-structured one-on-one interviews. Interpretative phenomenological analysis was used to gain an in-depth understanding of the lived experiences of partners of Veterans living with mental health difficulties. **Results:** Three superordinate themes were identified: 1) the multi-faceted nature of support, 2) vicarious psychosocial consequences of the caring role, and 3) reconstruction of a Veteran's identity after transition. **Discussion:** Intimate partners of Veterans described how they supported Veterans experiencing mental health difficulties, as well as detailing the challenges they faced. Future research topics are considered, and recommendations for further support for intimate partners are outlined.

**Key words:** caregiving, depression, interpretative phenomenological analysis, intimate partners, IPA, mental health, military, partners, PTSD, UK, Veterans

## RÉSUMÉ

**Introduction :** Des recherches limitées sur le bien-être des vétérans font ressortir les aspects psychosociaux indésirables pour les conjoints des vétérans aux prises avec des troubles de santé mentale. Malgré tout, des recherches antérieures ont établi que le maintien d'une relation amoureuse peut être un facteur de protection contre ce type de troubles. La présente étude explore les points de vue de conjointes sur leur rôle de soutien auprès des vétérans qui ont des troubles de santé mentale et la signification personnelle qu'elles donnent à ce rôle. **Méthodologie :** Les chercheurs ont recruté six conjointes de vétérans au moyen d'un échantillonnage raisonné. Ils ont colligé des données qualitatives dans le cadre d'entrevues individuelles semi-structurées. Ils ont également utilisé l'analyse phénoménologique interprétative (API) pour acquérir une compréhension approfondie des expériences des conjointes des vétérans qui éprouvent des troubles de santé mentale. **Résultats :** Les chercheurs ont dégagé trois thèmes génériques : 1) la nature multidimensionnelle du soutien, 2) les conséquences psychosociales indirectes du rôle d'aidant et 3) la reconstruction de l'identité du vétéran après la transition. **Discussion :** Les conjointes de vétérans ont décrit leurs façons de soutenir les vétérans qui avaient des troubles de santé mentale et leurs difficultés. Les futurs sujets de recherche sont évalués, et les recommandations pour apporter un soutien supplémentaire aux conjointes elles-mêmes sont soulignées.

**Mots-clés :** aide, analyse phénoménologique interprétative, API, militaire, partenaires, partenaires intimes, Royaume-Uni, santé mentale, trouble dépressif, TSPT, vétérans

## LAY SUMMARY

Previous research has shown that partners of Veterans with mental health difficulties can often struggle with their own mental health difficulties when supporting the Veteran. Despite this, many couples choose to remain in a relationship. The authors wanted to know whether there are any positive aspects to being in a relationship with a Veteran and whether the

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partners of Veterans have a role to play in supporting Veterans with mental health difficulties. Using semi-structured interviews, the interviewer asked six female partners of male Veterans to describe their experiences of being in a relationship with a Veteran with mental health difficulties. The partners described three main themes, suggesting that not only do partners have a role to play in supporting Veterans, and the specific ways they do this, but that this role has challenges as well.

## INTRODUCTION

Over the past decade, the number of UK Veterans diagnosed with a mental health disorder has almost tripled, rising from 1.8% in 2007-08 to 3.1% in 2017-18.<sup>1</sup> Within this population, almost one-fifth of Veterans have common mental health conditions such as depression and anxiety, and posttraumatic stress disorder (PTSD) is reportedly prevalent among 4% of the Veteran community.<sup>2</sup> Help seeking behaviour has increased, which may contribute to a disparity in the reporting of the true prevalence rate.<sup>3</sup> As mental health issues among Veterans become more recognized and understood, interest in their families has increased, with a number of previous studies focusing on families' views of Veteran mental health.<sup>4-6</sup> Despite this, little research has explored intimate partners' views of their role in supporting Veterans with mental health difficulties and whether this role is beneficial to the recovery process.

Conflicting reports exist of Veterans' actual risk of developing mental health difficulties. National Health Service England has suggested that the rate of Veteran mental health difficulties is similar to that among the UK general population,<sup>7</sup> whereas other research has suggested that the prevalence rate is almost double that of the general public.<sup>8</sup> Recent findings indicate that the prevalence rate of common mental health problems among a population of serving personnel during the Iraq and Afghanistan conflicts was around 22%.<sup>9</sup>

It seems clear that, although the true prevalence rate of mental health problems among Veterans remains unclear, findings from a variety of research are beginning to show the impact of deployment and military service on the mental health of Veterans and their intimate partners and families.<sup>2,10-13</sup> Although PTSD is the most widely researched form of mental health difficulty, Veterans with PTSD tend to have other comorbid mental health difficulties or substance misuse.<sup>14</sup> Intimate partners of Veterans are also at risk of developing mental health difficulties such as secondary traumatisation.<sup>15,16</sup>

It should be noted that help seeking behaviour within the Veteran population is different from that of the general population.<sup>14</sup> Estimates show that Veterans struggle to seek help for approximately 11 years after discharge from service.<sup>14,17</sup> Although this time gap in help

seeking behaviour often precipitates, and contributes to, Veterans developing more severe mental health difficulties,<sup>18</sup> the impact of this time gap on intimate partners is less researched and understood. When considered alongside research indicating that Veterans' partners are at increased risk of developing mental health difficulties,<sup>6,16</sup> this further adds to the question of what intimate partners experience during this time.

Qualitative studies have explored the impact of Veteran mental health on the well-being of their intimate partners,<sup>5,6,19,20</sup> and several positive factors that can facilitate positive well-being, including having social support and receiving education about PTSD,<sup>20</sup> have been identified. One study used interpretative phenomenological analysis (IPA) to explore the impact of PTSD on the Veterans' intimate relationships.<sup>19</sup> Recommendations include research exploring whether family relationships may aid Veterans' recovery from PTSD and that clinicians include family members in a Veteran's recovery.<sup>19</sup> The recommendations from this study suggest that there is further need to explore the role intimate partners play in supporting Veterans with mental health difficulties. Family relationships can positively influence mental health and well-being, as well as aid a Veteran's transition into civilian life, as stated in Lord Ashcroft's transition report.<sup>21</sup> Moreover, in Scotland, a number of projects include family members of Veterans in the recovery journey.<sup>22</sup>

Despite the seemingly negative evidence presented in previous work,<sup>4,6,16,23,24</sup> there is research suggesting that being in a romantic relationship offers some positive benefits, such as increased emotional well-being, as well as being a general protective factor against mental health problems.<sup>25,26</sup> There is, however, seemingly little research exploring whether these findings may be applicable to Veterans' partners. The current study sought to examine partners' specific role and experience of supporting Veterans with mental health difficulties.

## METHODS

### Participants

Several strategies were used to recruit study participants. Advertisements were placed around the University of

Strathclyde campus and at Veteran organizations and posted on social media. In addition, the researchers attended, and spoke at, events aimed at Veterans and military personnel to advertise the study and recruit participants. In line with the recommended IPA sample size of five to six participants, six participants were recruited for this study.<sup>27</sup> Table 1 shows participant demographic information that was collected using a background information questionnaire. All the participants and Veteran partners were given pseudonyms based on the first letter of their names, and these pseudonyms were used throughout the data collection and analysis.

### Data collection

Semi-structured, one-on-one interviews were conducted by the lead researcher (HJ) to collect data. Semi-structured interviews were used because this methodology allows participants flexibility with their answers and the opportunity to explore their experiences as fully as possible.<sup>28</sup> The interview schedule was developed for the purposes of the current study and was informed by previous work.<sup>6,13,16,19</sup> The interview schedule was first tested with one participant to ensure suitability. No changes were made, and the questions were deemed suitable and appropriate. The participants were asked a total of 17 questions. Six questions focused on the partner's understanding of their Veteran's experience of service, both before and after leaving the military. Two questions focused on whether being in the military affected intimate and family relationships. Two questions asked whether the military provided any support during and after service. Seven questions explored the Veteran's mental health difficulties, the impact these difficulties

had on the interviewee's own mental health, and the support they were therefore able to offer.

The interviews were audio recorded using a digital voice recorder and then transcribed verbatim. The interviews ranged in length from 49 to 86 minutes (mean = 60.17 min, SD = 13.69 min). Interviews took place in the participants' homes and via Skype. During the interviews, the researcher made reflective notes to collate any nonverbal information that might later inform analysis.

### Data analysis

IPA was used because this approach allows for an in-depth exploration of how participants make sense of their own life experiences and the personal meanings they associate with them.<sup>27,30</sup> In addition, IPA was selected not only because the lead researcher had personal insight into the experiences of Veterans' intimate partners but also because of the complex nature of living alongside mental health difficulties — a dynamic process and time of change that is well suited to this methodology.<sup>27,29,31</sup> This insight allowed the lead researcher to better make sense of the participants' experiences.<sup>29</sup>

In IPA, the analysis is phenomenological in that it is concerned with the perceptions and experiences of individuals and interpretative in that it acknowledges the significant role the researcher plays in making sense of these individuals' experiences.<sup>29</sup> This type of research involves a double hermeneutic; the individual tries to make sense of their experiences, and the researcher tries to make sense of the individual trying to make sense of their experiences.<sup>29</sup> Although the researcher attempts to understand what it is like for the individual to have a particular experience, they cannot access such

**Table 1.** Participants' demographic information

Participant pseudonym	Age, y*	Partner's gender	Still together	Partnered before deployment?	Service of the Veteran	Veteran's length of service, y†	Diagnosed mental health problem?	Severity of mental health diagnosis
Elaine	60–64	F	Y	Y	Army (regular and TA)	15–20	Depression	Moderate
Ruby	50–54	F	Y	Y	Army (TA)	20–25	Depression	Mild
Charlotte	30–34	F	Y	N	Army (regular)	5–10	PTSD	Severe
Shelia	45–49	F	N	Y	Army (regular)	20–25	None	N.A.
Julia	30–34	F	Y	Y	Army (regular)	20–25	PTSD	Mild
Betty	55–59	F	Y	N	Army (regular)	20–25	None	N.A.

\* Age ranges are given to maintain participants' confidentiality.

† Veteran's length of service is given as a range because many participants did not know the exact length of service.

F = female; Y = yes; TA = Territorial Army; N = no; PTSD = posttraumatic stress disorder; N.A. = not applicable.

experiences directly, and so their own perceptions and interpretation of the experiences are recognized.<sup>32</sup>

Following the IPA guidelines, the lead researcher conducted an initial reading to become familiar with each of the participants' interview transcripts.<sup>27,29</sup> A re-reading of the transcripts then occurred, and any statements of interest were noted. These initial notes were then collated to develop emergent themes.

The lead researcher, aided by the co-researcher (NC), then condensed these themes through a process of connecting similar thoughts. Once refinement of the emergent themes occurred, it became clear that three superordinate themes best described and encompassed the remaining emergent themes. Analysis did not explore differences between participants' understandings according to their different demographic characteristics. The Consolidated Criteria for Reporting Qualitative Research checklist was used to guide the reporting of the findings.<sup>33</sup> Full ethical approval was gained from the University of Strathclyde Ethics Committee.

### Positionality of the researcher

It is necessary to acknowledge how the researcher's experiences and biases may affect the research process.<sup>34</sup> Investigating the views of Veterans' spouses and partners is of personal significance to the lead researcher, who is the daughter of a Royal Air Force Veteran who experienced mental health difficulties after deployment to Iraq during the 2003 Gulf War. This experience, coupled with family anecdotes about the support having a partner brings, allowed for an insider perspective.<sup>35</sup> This insider perspective allowed for an ability to build a rapport with the participants interviewed for this study, an important aspect of IPA research.<sup>27,29,36</sup> An inside knowledge of military life, as well as a thorough understanding of the challenges faced by intimate partners, may have influenced the interpretation of the interview transcripts. Regular reflective supervision with the co-researcher to explore and recognize potential biases, and how one's own experiences may have influenced the interpretation of the data, was found to be a useful means of addressing such issues. Potential biases were further addressed by having the co-researcher cross-check the emergent themes throughout the analytical process.

## RESULTS

Superordinate themes were identified as a result of the researchers' active role in data collection and analysis

**Table 2.** Superordinate themes and descriptions

Superordinate theme	Description
Multi-faceted nature of support	Partners of Veterans offer everyday support by knowing the warning signs, allowing the Veteran to be their true selves, and being a supportive person in general.
Psychological consequences of the caring role	Through supporting their Veteran, partners can suffer psychological consequences that can affect their own mental health and well-being.
Reconstruction of Veteran's identity after transition	After discharge from the military, Veterans often lose their identity and sense of purpose. Partners and spouses help to reconstruct this.

in accordance with the steps outlined in the IPA guidelines (Table 2). Quotes from participants are presented.

### Multi-faceted nature of support

Participants identified a number of mechanisms by which they supported their Veterans with mental health difficulties on an everyday basis. Participants described that simply "being there" (Julia) was a key mechanism for support.

Ruby described how she supported her husband by "sorting him out." This description, although simple, encompassed a sense of ongoing support that aided her husband on a daily basis:

There'd be times see I can't remember what he would comment on ... you know like newly meeting somebody else ... I can't remember when the last time that was when he'd say oh yeah this is Ruby who sorts me out. Keeps me going. Something like that. (Ruby)

In addition, Charlotte suggested, for her partner, being emotionally invested was a key aspect of support. For Charlotte's partner, being a consistent source of support "helped him massively," allowing him the space to talk about issues when he needed to:

You know he always says that I've helped him massively ... and I think one of the things that stands out to me the most about one of the things he's said to me before is that I'm the only person that's actually bothered to take an interest so previous relationships and things, you know, he never really has spoken to anybody about this sort of thing. (Charlotte)



Participants also discussed the ability to identify when their Veteran partner may have been struggling more than usual. This vigilance allowed the partners to know when support needed to adapt. This vigilance, however, meant that participants needed to fulfil a new role — that of a vigilant caregiver. For Julia, being hypervigilant, and knowing her partner's warning signs, allowed for changes to be made and increased support to be given:

You know there are worse days and I've said to him, you know, I can tell straight away because he's quite, erm I mean John is like one of the most laid back guys but he's quite he's quite short with me and he's quite sort of agitated. I can always tell if he's kind of going to go because he has really bad nightmares. (Julia)

In addition, knowing their Veteran partners' warning signs meant they were able to support them in seeking professional help when needed, as captured in Ruby's account:

Actually he sorted of coped with it very well in that he didn't go on for years ... not going to the GP or anything like that which you know some people do get stuck don't they and not ... so he did react reasonably quickly actually so ... yeah in that respect I suppose that was a time he was doing what he could to help himself. (Ruby)

### Psychosocial consequences of the caring role

Despite identifying that support aided on a day-to-day basis, every participant described a range of psychosocial consequences as a result of caring for their partners. Psychosocial consequences participants faced included a sense of isolation, an increase in anxiety, and a lowering of overall mood. While expressing the difficulties often faced while they cared for their Veteran partners, participants described a sense of both loss and grief, which they attributed to the impact of caring and supporting. Elaine described how it “probably rubbed off on me” in reflecting on how caring for her husband during difficult mental health episodes adversely affected her own well-being. Also, needing to be vigilant regarding their partners' mental health difficulties could have increased strain on the participants. This, coupled with experiencing their partners' mental health difficulties firsthand, could have contributed to the psychological consequences participants described.

Julia expressed a sense of feeling overwhelmed when her partner was struggling more than usual with his mental health, as well as a sense of grief and loss when describing how her partner would withdraw and become less communicative:

There are days when I can get really upset because John is, you know, he's hardly spoken to me or he's not been as affectionate with me or he'll come in from work and he just doesn't really speak to me and that can be upsetting ... but you know sometimes it is there's times where he doesn't want to go out and I'm you know your immediate reaction is [sighs] right so we're not going out then erm you know and I probably am more a wee bit like that. ... It breaks my heart to see him, to know what he's going through. (Julia)

Charlotte experienced an increased sense of anxiety as a result of her partner's mental health difficulties. For Charlotte, engaging in everyday tasks, such as taking care of the household, became increasingly difficult because of the sense of “constant worry” that she felt, particularly when her partner expressed and engaged in suicidal ideation with intent:

I'd come home from work sometimes and I would walk in the house and he'd be in the bedroom and have a rope wrapped round his neck ... or there was a time I was in [the supermarket] and I was doing the shopping before I was about to go home and I got a phone call and I had to abandon my shopping in the middle of the shop to get home because he was just so frightened to be in the house on his own ... so it's things like that and it's the constant worry. (Charlotte)

Despite experiencing some negative consequences of caring for their partners, Elaine stated, “the experience has made us who we are,” suggesting that, without the experience of supporting her husband through his mental health difficulties, their relationship would not be what it is today.

In addition, Betty discussed a sense of safety she felt with her partner, despite his mental health difficulties:

So I think his anxiety levels are reduced. ... I think he relaxes a lot more, I mean I feel very safe with him because I just feel that you know he would just protect me. (Betty)

For Betty, once her partner's mental health difficulties started to resolve, a sense of safety and overall positivity emerged.

## Reconstruction of a Veteran's identity after transition

Participants identified that they aided their Veteran partner in finding a sense of purpose once they finished service. Shelia explained that, for her partner, his purpose was intrinsically linked to his military identity. Moreover, this loss of purpose encompassed a sense of grief and disappointment:

Yeah I think he lost his purpose and didn't, he didn't have a sense of belonging in what was next I think ... he was quite, you know, quite a resilient man and he'd got to warrant officer one so he'd got to a senior post in the military and whatever and I think all of that he suddenly became just Tim. (Shelia)

Julia described how her husband, after being medically discharged, lost not only his home but also additional support from his peers. For her partner, being in the military was more than just a job:

It was, it was a huge change for him because John was based in Southampton so that was his home for 15 years ... so you know it wasn't just leaving, he was leaving his home, he was leaving his you know all his friends and things. (Julia)

Despite this sense of loss, participants described how Veteran partners often found solace in their relationships. Betty's partner let her know that, despite the mental health difficulties he faced, she was — and remained — the person with whom he found “safety.” The sense of safety Betty described was echoed by nearly all participants, suggesting that, for intimate partners of Veterans, being the saviour for their Veteran comes with a sense of pride and privilege:

He messaged me other night and said you are my saviour. (Betty)

Elaine mentioned that she felt “quite privileged to live it” when describing her experiences of supporting her husband throughout his military career, and Charlotte suggested that she “cherishes the good days.”

## DISCUSSION

This study aimed to gain an in-depth understanding of the role of intimate partners in supporting Veterans with mental health difficulties. IPA resulted in three superordinate themes that captured the intense and complex nature of the role intimate partners play and the personal meaning they associate with this role.

Participants described the multi-faceted nature of support they give their Veterans on a daily basis. This theme described the everyday nature of support, as well as exploring the role participants performed when supporting Veteran partners. For the participants, support meant not only providing a psychological sense of safety but also being physically and emotionally available. In addition, participants discussed a sense of vigilance. This sense of vigilance has been found in previous research, with Beks suggesting that being vigilant is a “tumultuous experience.”<sup>37(p. 13)</sup> However, for participants in this study, being vigilant allowed for an ability to identify when their partners were struggling more than usual with mental health difficulties, therefore allowing for a change in support and, in some cases, accessing professional help.

The findings from this study shine a light on the role partners of Veterans can play — that of a vigilant caregiver. There was a sense of hypervigilance that allowed the partners to be aware of their Veterans' mental health. Partners needed to know when the Veterans' mental health was poor so that they could not only support them further, if necessary, but also allow themselves a chance to protect their own mental health. This understanding of being a vigilant caregiver could provide valuable insight into family- and couple-based interventions, such as those proposed by Turgoose and Murphy.<sup>38</sup> The findings from this study suggest that many forms of intervention, such as psychoeducation, Internet-based interventions, and residential retreats, are successful in improving the mental well-being of intimate partners; however, group-based interventions were especially highlighted for the connections formed between participants.<sup>38</sup> Sharing an understanding of the difficulties faced while supporting a Veteran, as well as unpacking their role as a vigilant caregiver in a social context, may have contributed to the connections that were formed and could form the basis for future interventions.

Participants discussed the negative and positive psychosocial consequences of supporting Veteran partners. The nature of their partners' mental health difficulties meant they had to fulfil various roles, such as confidant and help seeker, as well as trying to maintain a sense of normality. Despite various negative experiences, some participants described a sense of acceptance, suggesting that, without the negative, there would be no positive.

The participants' experiences echoed numerous pieces of past research exploring the impact of Veteran

mental health difficulties on intimate partners, and they highlight the need for improved support and services to be established.<sup>5,6,19,20</sup> The most concerning consequence, however, was the self-reported decline in mental health and well-being. This finding concurs with previous research that intimate partners are at greater risk of experiencing poor mental health than the general public. For participants in this study, low mood and increased anxiety were the main changes in their mental health, echoing previous findings in the field. It seems clear that, although they consider supporting their Veteran a valued role, intimate partners must be supported themselves. Previous research has proposed interventions specifically for intimate partners, with findings suggesting that more work must be done. When considered alongside the findings that participants gained a new role as a vigilant caregiver, it is clear that, when contemplating the welfare of Veterans and their partners, greater scrutiny must be placed on treatment providers to ensure partners are not under too much strain and, fundamentally, are not being used in place of providers themselves.<sup>39</sup>

The reconstruction of a Veteran's identity after transition was a task many of the participants identified as requiring the most energy. Participants identified Veterans as struggling with difficulties in the immediate aftermath of leaving the military, and the sheer nature of the change caused the most issues for partners. This concurs with previous research exploring the difficulties Veterans face during transition.

### Strength, limitations, and future research

The findings of this study support and build on previous research reporting that partners of Veterans often face challenges while living with a Veteran experiencing mental health difficulties.<sup>5,6,16,23,24</sup> This study also identifies numerous areas of further support that must be explored. A new understanding of the role intimate partners play in supporting Veterans has been provided, and some of the positive aspects participants experienced during this process have been highlighted.

Although this innovative piece of research has strengths, it also has limitations. All participants were female, and all partners were male and had served in the military for at least a decade. There were differences in age between participants, as well as a considerable difference in the length of time they had been in the relationship. No comparisons were made between groups of partners. Further work would benefit from exploring such factors, as well as diverse relationships, such as

same-sex relationships, and intimate partners of female Veterans.

Research exploring the intricacies of support mechanisms provided by the wider family unit (e.g., extended family, children), as well as using a larger participant group, would be illuminating. Future research should also further explore how to best support partners of Veterans with regard to Veteran transition, as well as the types of support partners of Veterans would find helpful. All of the Veterans had served in the British Army, which led to a more homogeneous participant group. Future work exploring other service leavers, such as those retiring, those exiting, or early leavers, would be of interest.

### Implications

The findings of this study suggest that intimate partners of Veterans believe they provide an important source of support to Veterans struggling with mental health difficulties; however, they struggled to be included in Veterans' treatment. Partners may benefit from being involved in Veterans' treatment or, at the very least, given adequate information by professionals regarding what they can do at home. Recognizing the complexity, intensity, and challenges of the role intimate partners play in supporting Veterans experiencing mental health difficulties may equally enhance engagement with professional services. The results of this study highlight the challenges partners face when supporting Veterans and the consequent impact on their own mental health. In support of previous research findings, the current study's findings add to the already burgeoning call for Veterans' partners to be given adequate support themselves in order to continue providing support. The need for family members to be included in the resettlement process, and for the military, as a whole, to understand the impact intimate partners have on a Veteran's transition once they leave service, is evident.

### Conclusions

This study explored the views and lived experiences of intimate partners in terms of the role they believe they play in supporting Veterans with mental health difficulties. Participants identified some of the mechanisms that help them to support their Veterans, as well as the personal challenges faced. Importance was placed on the impact leaving the military can have on intimate relationships and the consequent effect on both partners' and Veterans' mental health. Implications of this



research are far reaching, not only for clinical practice but also regarding the inclusion of Veterans' partners in the resettlement process. It is clear from these findings that partners may need support alongside Veterans in order to provide continuity of care and support for Veteran partners.

Finally, it is important to note that, for many of the partners interviewed, being supportive came part and parcel with the role of being the intimate partner of a Veteran. Although this role came with personal challenges, the strengths, dedication, and pride associated with being part of the Veteran community — and supporting Veterans facing mental health difficulties — held important meanings for Veteran partners.

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### **COMPETING INTERESTS**

The authors have nothing to disclose.

### **CONTRIBUTORS**

Hannah Johnstone and Nicola Cogan conceived and designed the study. Hannah Johnstone collected and analyzed the data and drafted the manuscript. Both authors revised the article and approved the final version submitted for publication.

### **ETHICS APPROVAL**

The study protocol was approved by the School Ethics Committee of the School of Psychological Sciences and

Health, University of Strathclyde, Glasgow, Scotland, United Kingdom.

### **INFORMED CONSENT**

N/A

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### **PEER REVIEW**

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