



Empowering Veterans to thrive in Workplace & Community

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Theoretical Underpinnings of the Veteran Connection Programme (VCP)

The Social Identity Approach to Health

VCP is underpinned by the Social Identity Approach to Health (SIAH)¹. This social psychological theory posits that while people define themselves based on their individual traits (e.g., 'me' and 'I'), they also define themselves in terms of their *social identities* – the group memberships they share with others (e.g., 'us cyclists', 'us Royal Engineers', or 'us young people'). A person's sense of self is thus informed by their social group memberships, and these memberships affect how they think and behave, as well as how others think and behave towards them. For example, we tend to give preferential treatment to people with whom we share a group membership (ingroup members): we are more likely to help them, accept help from them, listen to them, and be persuaded by them. This is especially true if we *identify* strongly with the group in question (i.e., experience a subjective sense of belonging to the group)¹.

The SIAH also posits that our group memberships impact our health. Identifying with a group has been shown to provide a person with access to valuable psychological resources²⁻⁴, which in turn allow them to meet important psychological needs⁵ and cope better with stress⁶, and thus experience enhanced physical health⁷, longevity⁸, mental health, and general well-being^{2-4,9}. Although numerous health-enhancing psychological resources are 'unlocked' when a person identifies with a group (e.g., self-esteem, meaning, belonging²⁻⁴), there has been a particular focus within the SIAH literature on the relationship between *social support* and positive health outcomes¹. Importantly for the proposed research, social support has been identified as a protective factor against poor well-being during life transitions (e.g., becoming a student/parent/retiree/veteran, etc.)¹⁰⁻¹². This is because it provides individuals with emotional, material, and informational resources which serve as a source of comfort and aid during times of uncertainty¹³.

This uncertainty means that our sense of self is often disrupted during life transitions, leading to social isolation, disconnectedness, adjustment difficulties, and mental ill-health¹⁰⁻¹². Research has repeatedly shown that such difficulties are exacerbated by the loss of group memberships during life transitions. For example, young people report group membership loss after starting university, especially if this transition involves them moving abroad, and this loss is associated with poor health outcomes^{10,14}. Similarly, a decrease in group memberships after having a baby is associated with increases in depressive symptomology in new mothers^{15,16}. Furthermore, poor retirement adjustment is predicted by reduced social participation, including a reduction in number of group memberships¹⁷.

VCP's Theory of Change: The Social Identity Model of Identity Change

The Social Identity Model of Identity Change (SIMIC, see Figure 1) is the way in which the SIAH conceptualises life transitions¹². It posits that the negative adjustment and wellbeing-related impacts of transition are reduced by two processes: (a) *maintaining* valuable group memberships through the transition, and (b) *gaining* new group memberships after the transition (assuming these groups are compatible with each other, i.e., that they share broadly similar norms and values). A large body of empirical evidence supports the SIMIC. Research across a wide range of life transitions, including becoming a student¹⁴, a parent^{15,16}, and a retiree^{11,17,18}, shows that the positive effects of group membership maintenance/gain enhance physical health, longevity, mental health, and general well-being.¹⁹ These benefits demonstrate how psychologically meaningful social groups (e.g., family, friends, classmates, community groups) are particularly beneficial during life transitions. For instance, students who maintain or increase their group memberships in their first semester of university report less depression and greater life satisfaction¹⁰. Furthermore, retirees who have two group memberships prior

to retirement and maintain both those groups have only a 2% risk of death during the first six years of retirement, compared to a 12% risk for those who lose both groups²⁰. We recently demonstrated that SIMIC processes can also be observed in UK veterans. Specifically, veterans' social group maintenance/gain predicts enhanced psychological resources, which in turn predicts enhanced mental health¹⁹.

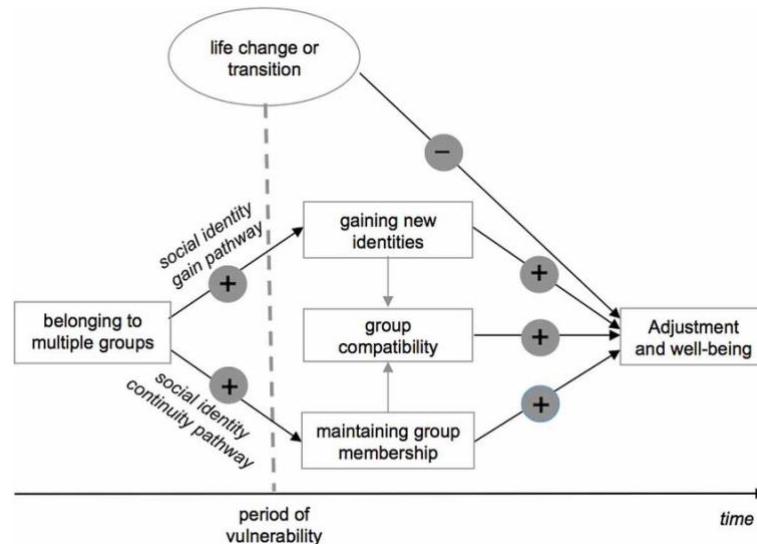


Figure 1: Social Identity Model of Identity Change (Haslam et al., 2018)

Applying SIMIC to Develop a Mental Health Intervention: GROUPS 4 HEALTH

The principles of SIMIC were applied to develop the intervention GROUPS 4 HEALTH (G4H²¹), which has been extensively tested in clinical populations²¹⁻²³, and has been shown to significantly reduce social anxiety, loneliness, and depression, by helping participants develop the skills needed to join/maintain groups in ways that support their wellbeing²²⁻²⁴. G4H is acceptable and feasible²⁵, and non-inferior to the gold-standard of Cognitive-Behavioural Therapy (CBT) for treating depression²⁶. It also had an advantage over CBT in treating loneliness under conditions of social threat during COVID lockdowns²⁶. The underlying theoretical concept of G4H has been successfully adapted for people retiring from the civilian workforce (G4H: RETIREMENT¹⁸) and from elite sport (MORE THAN SPORT)²⁷. Our work builds on these past successes of G4H.

Adapting G4H for Veterans: Veteran Connection Programme

In 2023 we co-developed a new adaptation of G4H with veterans from the British and Australian military. The **Veteran Connection Programme (VCP)** builds on G4H's past successes by addressing, in the context of a group-based intervention, the specific identity and disconnection issues faced by military veterans.

VCP allows veterans to make sense of their experiences, cultivate the resources

Testimonies from Participants

"You'd see the look in their eye of like 'I'm not by myself anymore... I'm not abnormal. This is okay... They're not alone.'"

"[They] were vulnerable, which you don't usually see, and you don't see it in uniform. Seeing the vulnerability... that's the strength of the program."

"[The program] creates an opportunity where there's reciprocation of information that creates an environment of respect, empathy, compassion."

"I think it was a week after we did the first sessions, I rang [another participant] and said, 'mate, let's catch up on the weekend and we'll just bring your family.'"

"[VCP] just helped me refocus in on being more tolerant to people around me."

necessary for civilian life, and develop their self-efficacy in a friendly veteran co-facilitated environment alongside peers, allowing them to find and sustain meaningful group memberships. **VCP is designed to be co-delivered by a psychologist and a trained veteran who has successfully transitioned.** An overview of the **VCP's** modules can be seen in Table 1.

Proof of Concept

VCP's cross-national co-development provided proof of concept beyond the UK military context and ensured its applicability to veterans from different militaries. Additionally, in 2024, we conducted a **VCP** proof-of-concept study with UK/Australian cohorts ($N=21$). Participants showed significant improvements in thriving, group gain, self-efficacy in managing social identities, and military-civilian adjustment and reintegration. In post-intervention interviews, participants discussed how **VCP** helped to normalise their feelings of isolation, reduced their feelings of stigma, allowed them to show vulnerability, and gave them the opportunity to increase their connections (both with other veterans and with their wider community). They particularly highlighted the need for **VCP** to be delivered preventatively to ensure *“young lads [...do not] go through what I went through”*.

Participants also emphasised the value of **VCP** being co-delivered by a veteran. This is because perceived conflicts between ingroup military norms/values (e.g., being disciplined, physically fit, following orders) and outgroup civilian stereotypes (e.g., ‘civilians are lazy, undisciplined, and have no work ethic’) are at the core of many of the difficulties experienced by veterans during the military-to-civilian transition, so having a co-facilitator who shares the ingroup identity can reduce such conflicts during VCP delivery. Furthermore, experiences in military life have been argued to lead to a ‘chronically salient’ military identity (i.e., a social identity that frequently impacts the person’s thoughts and behaviour), and that this chronic salience underpins the disconnectedness and social isolation experienced by many veterans after separation from the military²⁸. Having a co-facilitator who understands this is thus very important.

VCP's Intervention Logic Model

Our logic model (v1.0) has been developed using the Mechanisms of Action in Group-Based Behaviour Change Interventions (MAGI) framework²⁹ to clearly identify the particular mechanisms and processes by which we envision VCP to influence veterans’ behaviour change, resulting in increased well-being and quality of life, self-efficacy in managing social relationships, and better military-civilian adjustment. The MAGI framework reflects the fact that groups provide a useful tool for influencing individual behaviour change by enhancing access to peer support; facilitating the sharing of experiences and ideas; encouraging development of self-efficacy; allowing participants to collectively identify solutions to barriers; and allowing them to engage in reappraisal of current practices, norms, and stereotypes²⁹.

Due to the aforementioned evidence highlighting the importance of social identity processes for military veterans’ health/wellbeing, **VCP's** logic model is informed by two interrelated models of behaviour change. The first is the Social Identity Model of Behaviour Change (SIM:BC)³⁰. Drawing on the ‘group gain’ process within the SIMIC, this approach posits that the development of a shared and positive identity within the intervention group can substantially influence the effectiveness of the intervention. This is because the intervention group itself not only becomes a vehicle for psychoeducational knowledge and motivation for behaviour change but also develops into a source of group resources (e.g., connection, social support, changed health-related norms, increased agency, sense of purpose). Indeed, a meta-analysis showed that group-based interventions were more effective if they successfully encouraged participants’ identification with the intervention group itself³¹. Relatedly, the Social Identity Approach to Group Therapy Leadership suggests that effective identity leadership can lead to increased clinical outcomes via greater engagement with the therapy group, development of new health-promoting norms and social identities, and promotion of stronger therapeutic relationships (provided that the leader/therapist is perceived by participants as ‘one of us’)^{32,33}. **VCP** has been

deliberately designed to take advantage of this process through its co-facilitation by a veteran and a psychologist.

What Does VCP Involve?

Veterans who have left the armed forces in the last four years are eligible to participate in **VCP**. They will be recruited via invite/direct referral from GPs and Mental Health Services; direct referral from Social Prescribers, Health Coaches and Care Coordinators; The Joy Social Prescribing app, self-referral via charities; self-referral via social media adverts. Once a participant is recruited onto **VCP**, they are sent a link to the T1 version of the online survey, enabling us to gather baseline data on our variables of interest. Participants are then randomised into either the **VCP** Treatment Group or to the Waitlist Control Group. **VCP** Treatment Group participants (hereafter 'participants') are then invited to a 30-minute online orientation meeting. During this meeting, the structure of **VCP** is explained to the participant, they have an opportunity to ask any questions, and they are interviewed about their experiences in the armed forces, about their transition out of it, and about what they would like to gain from completing **VCP**. This interview allows us to check whether the participant has any mental health diagnoses, and, if so, that they are receiving professional support (a pre-requisite for participating in **VCP**). For the purposes of our research project, the orientation interviews will be transcribed and analysed.

Participants are then invited to attend a **VCP** workshop. These take place in an accessible and welcoming space (e.g., in a building owned by one of our charitable partners). The workshop is delivered in one day, with lunch and morning/afternoon snacks and beverages provided. **VCP** is co-delivered by a psychologist and a trained veteran, who begin the day by introducing themselves and explaining the content and structure of the workshop, before asking the participants to introduce themselves. Each participant receives a colour-printed VCP workbook, which contains the key information covered in the workshop, and provides space for participants to complete activities and make notes. Although the modules contain structured content, group discussion is encouraged throughout the day, and many of the activities require such discussion.

Module 1 (lasting about 3.5 hours) is delivered in the morning and involves three topics. The 'Appreciating Groups' topic involves a period of psychoeducation interspersed with activities. Participants learn about the concept of social identity by being encouraged to make the link between social groups and their identity. They are also encouraged to understand the role played by groups in affecting mental health and well-being. Finally, they are taught how to harness group connections to better support successful life transitions. The 'Mapping Groups' topic introduces participants to the concept of Social Identity Mapping^{34,35}. Participants are invited to create a visual representation of their current groups in their workbooks. This process supports participants in investigating issues of identity, belonging, and support associated with their current groups. The 'Strengthening Groups' topic then gets participants to reflect on their social identity maps. Participants are invited to identify group connections that are especially beneficial for mental health and well-being during transition, with a focus on development of evidence-based skills and strategies to achieve this aim.

Module 2 (lasting about 3 hours) is delivered after lunch and involves two topics. The 'Expanding Groups' topic involves participants recognising that there is likely to be loss of important groups during transition. The facilitators work with participants to develop new group connections that are aligned with their current goals, values and interests. Participants create a social plan to support their development of new group ties. Finally, the 'Sustaining Groups' topic connects learnings from the previous four modules and focuses on trouble-shooting difficulties or issues that might arise for participants when implementing their social plan. At the end of the workshop, participants are sent the link to the T2 version of the online survey, enabling us to gather post-intervention data on our variables of interest.

Finally, one month later, the workshop group reconnects for a one-hour online follow-up session. The members share progress and successes and adapt their action plans to troubleshoot challenges

and barriers. At the end of the follow-up, participants are sent the link to the T3 version of the online survey, enabling us to gather longitudinal data on our variables of interest. A sub-group of the participants are also invited to participate in a post-VCP interview so that we can obtain data about their opinions and perceptions of the intervention.

Table 1: Outline of Veteran Connection Programme Modules

Module	Topic	Content
Orientation (Online: 30min)	Programme Induction	Familiarisation with VCP and what it involves, screening, and opportunity to raise any questions. Participant interviewed about their transition experience.
Module 1 (Face-to-Face: 3.5hrs)	Appreciating Groups	This helps people to (i) make the link between social groups (e.g., family, work-related, friendship, sporting, etc.) and identity, (ii) understand the role of such groups in mental health and well-being, and (iii) learn how to harness group connections to better support successful life transitions.
	Mapping Groups	Participants will create a visual representation of their current groups using Social Identity Mapping. This process supports participants in investigating issues of identity, belonging, and support associated with their current groups.
	Strengthening Groups	Drawing on their social identity maps, this section will help participants identify those group connections that are especially beneficial for mental health and well-being during transition, with a focus on development of evidence-based skills and strategies to achieve this aim.
Module 2 (Face-to-Face: 3hrs)	Expanding Groups	Recognising there is likely to be loss of important groups during transition, we will work with veterans to develop new group connections that are aligned with their current goals, values and interests. Recognising there is likely to be loss of important groups during transition, we will work with participants to develop new group connections that are aligned with their current goals, values and interests. A social plan will be created to support the development of new group ties.
	Sustaining Groups	A final topic connects learnings from the previous four modules and focuses on trouble-shooting difficulties or issues that might arise for participants when implementing their social plan.
Follow-up (Online: 1hr)	Check-in and supporting progress	In this follow up session the group re-connects, shares progress and successes, and adapts their action plans to troubleshoot challenges and barriers.

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