North East Joint Health Overview and Scrutiny Committee

Regional Review of the Health Needs of the Ex-Service Community

Mental Health

Workstream Final Report
January 2011

NORTH EAST JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

REGIONAL REVIEW
OF THE
HEALTH NEEDS OF THE EX-SERVICE COMMUNITY

MENTAL HEALTH
WORKSTREAM FINAL REPORT

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Section 1 Foreword

In deciding to undertake this review the health scrutiny committees in the North East on England were mindful of public concern that ex-service personnel and their families should receive the best care from public services for the service commitment and sacrifices they have made for their county.

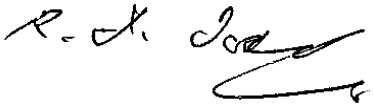
The vast majority of ex-service personnel experience few problems in continuing with their civilian lives and much more has been done in recent years to support the ex-service community where individuals are experiencing mental health problems. However this report has been produced with the intention of helping to make a positive contribution to improving the lives of ex-servicemen and their families in the North East region where problems continue to be experienced and where that are weaknesses in the system of healthcare provision. This report contains positive recommendations which I believe will help to achieve improvements where they are needed.

This report presents the evidence that has been received, the key issues emerging and makes recommendations relating to the provision of and access to Mental Health services for the ex-service community by a range of different bodies and organisations. This report will contribute to the production of a composite report of the North East Regional Joint Health Scrutiny Committee which will also include consideration of physical health issues and socio-economic issues for the ex-service community.

In producing this report we have sought the views of a wide range of organisations who have given their time and views in relation to the issues we have explored. I would therefore like to thank all the witnesses who gave evidence which has contributed this report.

I would also like to thanks my Councillor colleagues who worked with me on this scrutiny review and finally the officers who supported and advised the working group.

I expect that we will continue to observe and reflect on the extent to which our recommendations are being addressed by bodies responsible.



Councillor Robin Todd, Chairman of the Mental Health Workstream Task and Finish Working Group

[Durham County Councils Adults Well-being and Health Overview and Scrutiny Committee]

December 2010

Section 2 Executive summary

The purpose of this scrutiny review

This scrutiny review has been undertaken for the purpose of helping improve health outcomes for veterans in North East England. This workstream considered mental health issues and needs arising from the transition of service personnel into civilian life and the needs of the ex-service community.

Recommendations are produced in line with the Ministry of Defence/ Department of Health Partnership Board, on the health and well-being of the armed forces community, key themes for 2010:

- Veterans' mental health services
- The transition of Armed Forces personnel to NHS care following medical discharge
- Ensuring equality of access for Armed Forces families
- Promoting effective communication and coordination across agencies, providers and the third sector.

How we undertook the scrutiny review

This scrutiny review has been undertaken by Councillors drawn from local authorities in the North East region, who have worked together as a Task and Finish Working Group on this review The local authorities are:

Durham County Council

Darlington Borough Council

Gateshead City Council

Hartlepool Council

Middlesbrough Council

Newcastle City Council

Northumberland County Council

South Tyneside Council

North Tyneside Council

Redcar and Cleveland Borough Council

Stockton Council

Sunderland City Council

This group is accountable to North East Regional Joint Health Scrutiny Committee.

The Mental Health Workstream is one strand of the overall scrutiny review – the other strands have looked at the physical health needs of the ex-service community and the other at socio-economic needs. The Mental Health Workstream has been chaired by Councillor Robin Todd from Durham County Council and involved councillors from Newcastle City Council, South Tyneside Council, Northumberland County Council and Sunderland City Council.

Evidence captured has been focused around exploring gaps in services/pressure points for services. We asked organisations we approached to address the following issues:

- The role and responsibility of the organisation in respect of the mental health needs of ex-servicemen, women and their families.
- The extent of the knowledge of mental health issues of ex-service personnel.
- The action the organisation is taking
- The key challenges faced
- The areas for development (gaps & weaknesses in services)

A full list of witnesses who helped with the review appears in section 3 page?? of this report.

Recommendations

Following analysis of the evidence gathered, the Members wish to make a number of recommendations which are detailed in full in section 9 of this report. These are summarised below under the Ministry of Defence/ Department of Health Partnership Board key themes.

Veterans mental health services

- Joint Strategic Needs Assessments should specifically identify the mental health needs of the ex-service community including families and dependants.

- Local authorities and GP Consortia should be actively engaged in joint planning and commissioning of services with the NHS.

- All local authorities should consider appointing a Member Armed Forces Champion to drive improvements in services for service veterans.

- Local Authorities should consider adopting an approach similar to that set out in the NHS Operating Framework for veterans with a condition relating to their military service to be considered for priority treatment.

- The learning from the evaluation of the Community Veteran Mental Health Pilot is shared widely.

- There is need for improved awareness of veterans mental health issues among health workers including appropriate training and supervision.

- There should be better basic information provided to veterans, with clear diagnoses of PTSD, about their condition.

- There should be some regulation or accreditation of voluntary organisations for the purpose of providing quality assurance of their services.

The transition of Armed Forces personnel to NHS care following medical discharge

- Further work is undertaken to ensure that the Transition Protocol hand-over is understood

- That action is taken on discharge to ensure that Early Service Leavers are provided with effective advice and 'signposting'

- Encouraging primary care, third sector and local authority practitioners to prompt their patients to indicate that they are an ex-service person, and by asking the question 'have you served in the UK Armed Forces".

- Consideration should be given to the potential for an individuals NHS or National Insurance number to be used to identify their veteran status

Ensuring equality of access for Armed Forces families

- There is a need for enhanced awareness among primary care providers and GPs of the particular mental health needs of the ex-service personnel including training and written guidance.

- There is a need for the promotion of self-referral routes for ex-service personnel and accreditation of ex-servicemen's charities to refer to health services.

- More 'signposting' offenders subject to short sentences to veteran's charities is required.

- The creation of a support network in prisons and in probation trusts to encourage veterans to identify themselves and engage with services.

- Prison health services need to identify veterans and evaluate needs with a particular focus on mental health and PTSD.

- Local directories (including web-based) of services provided by the voluntary and community sector (and statutory provision) should be developed.

Promoting effective communication and coordination across agencies, providers and the third sector.

- That the new Health and Wellbeing Boards, PCT's and local GP Commissioning Consortia prioritise veterans' mental health issues

- A regional leadership role for driving improvements in services via key statutory and voluntary agencies in partnership with the Armed Forces should be established.

- Local authorities should be actively engaged in the NHS Armed Forces Network and consider how they can take on a leadership role in relation to veterans mental health issues

- As little is known about veterans in the criminal justice system more detailed work is required on the needs and nature of offending NOMS.

- The networks with referring organisations, essential to the effective operation of community mental health services, must be continually refreshed and repaired.

- There needs to be more leadership, co-ordination and co-operation across the voluntary sector.

The sharing of best practice and information (data and needs analysis) needs to be promoted between prisons and probation trusts and other partners

Section 3 The Scrutiny review

Introduction

A review into the health needs of the ex-service community was initiated in the autumn of 2009 by the north east regional health scrutiny network (subsequently the north east Regional Joint Health Scrutiny Committee) at an Overview Event held at the Gala Theatre in Durham on 28th June that attracted national and local speakers and considerable interest from stakeholders and regional media.

The decision to undertake the review reflected concern that ex-service personnel and their families should receive the best care from public services for the service commitment and sacrifices they have made for their county, also reflecting the considerable level of public concern in this issue. The review attracted financial support from the Centre for Public Scrutiny the review commenced in early 2010 and all local authorities in the region have devoted considerable energies to this review.

Councillors involved in the review are keen that this review should help to make a difference to the services that are provided for our Armed Forces. Councillors have led the review as interested lay people supported by officers from all of the local authorities in the region. Councillors are not professionals in relation to the subject matter under review however some have served in this Country's Armed Forces, others work with statutory, voluntary and community organisations that provide services for the ex-forces community.

This review is not an academic study, nor does it provide a systematic analysis of the significant body of research and reports that exist in relation to the topic under review. It does however reflect, as accurately as possible, the views of organisations who were invited, and who agreed, to provide their considered views to us as part of our investigation.

The purpose of this scrutiny review

This scrutiny review has been undertaken for the purpose of helping improve health outcomes for veterans in North East England by identifying areas for improvement and making recommendations to tackle any inequalities to which they may be subject as a result of their service, with a particular focus on mental health issues affecting ex-servicemen and women and their families. This scrutiny review has considered mental health issues and needs arising from the transition of service personnel into civilian life and the needs of the ex-service community. Whilst impacting on the mental health of ex-service personnel and their families, it has been outside scope of this review to specifically consider the impact on the mental health of service personnel of in-service culture and deployment and combat experience.

Recommendations are produced in line with the Ministry of Defence/ Department of Health Partnership Board, on the health and well-being of the armed forces community, key themes for 2010:

- Veterans' mental health services
- The transition of Armed Forces personnel to NHS care following medical discharge
- Ensuring equality of access for Armed Forces families
- Promoting effective communication and coordination across agencies, providers and the third sector.

Policy context

The new Coalition Government has given emphasis to the need to meet the needs of ex-service personnel and their families and in particular those will mental health needs. *The Coalition Statement: our programme for government* (May 2010) stated 'We will work to rebuild the Military Covenant by ……..providing extra support for veterans' mental health needs.'

A study by Dr Murrison MP was commissioned by the Prime Minister into the relationship between the Defence Medical Service (DMS) and NHS, including veterans' mental health service provision. This study was published on 31st August and made thirteen recommendations for action – included as Appendix.

In June a revision to the NHS Operating Framework in England further emphasised the need to meet veterans' health needs.

Government policy for healthcare provision in England is radically changing the healthcare landscape. Proposals set out in the NHS White Paper together with the Public Health White Paper, expected to be published in December, will bring significant changes to arrangements for NHS commissioning as Primary Care Trusts and Strategic Health Authorities are to be replaced by GP commissioning consortia. Local authorities are expected to take on responsibility for public health functions and are to be responsible for promoting integration and partnership working between the NHS, social care, public health and other local services through new Health and Wellbeing Boards.

The process, governance and accountability

This scrutiny review has been undertaken by Councillors drawn from local authorities in the North East region, who have worked together as a Task and Finish Working Group. – refer to the Terms of Reference in Appendix 1. The local authorities are:

Durham County Council
Darlington Borough Council
Gateshead City Council
Hartlepool Council
Middlesbrough Council
Newcastle City Council
Northumberland County Council
South Tyneside Council
North Tyneside Council
Redcar and Cleveland Borough Council
Stockton Council
Sunderland City Council

This group is accountable to North East Regional Joint Health Scrutiny Committee.
The Mental Health Workstream is one strand of the overall scrutiny review – the other strands have looked at the physical health needs of the ex-service community and their socio-economic needs. The Mental Health Workstream has been chaired by Councillor Robin Todd from Durham County Council and involved councillors from Newcastle City Council, South Tyneside Council, Northumberland County Council and Sunderland City Council.

Evidence gathering

The Workstream Task and Finish Working Group evidence gathering has involved inviting organisations involved in the commissioning and delivery of services to meet the mental health needs of the ex-service community to share their views and evidence with us. Further evidence has been sought at times, including written evidence where appropriate.

Evidence captured has been focused around exploring gaps in services/pressure points for services. We asked organisations we approached to address the following issues:

- The role and responsibility of the organisation in respect of the mental health needs of ex-servicemen, women and their families.
- The extent of the knowledge of mental health issues of ex-service personnel.
- The action the organisation is taking
- The key challenges faced
- The areas for development (gaps & weaknesses in services)

It is recognised that there are inter-relationships, in terms of evidence gathering and issues arising, between each of the Workstream Task and Finish Working Groups, for example poor physical health may impact on mental health as well as economic and social wellbeing.

Some organisations approached the review team from at the outset keen to share views with us and in undertaking this review we have generally found organisations willing to share information. For a variety of reasons there are some organisations it has not proved possible to capture evidence from.

The following principles have underpinned our approach:

- The scrutiny review will provide 'critical friend' challenge to executives, external authorities and agencies responsible for policy development and decision making in a robust, constructive and purposeful way while developing a partnership with these agencies and authorities.
- The scrutiny review reflects the voice and concerns of the public and its communities and leads and owns the process on behalf of the public.
- The scrutiny review seeks to make a positive impact on the delivery of public services.

List of witnesses – check list of witnesses

- Caroline Thurlbeck, Strategic Head of Performance - NHS North East
- Symon Day, Lead Consultant Clinical Psychologist - Tees Esk & Wear NHS Foundation Trust
- Dave Belshaw Head of the North East Mental Health Development Unit
- Nigel Nicholson, Acting Lead Commissioner of the North East Commissioning Team for Mental Health
- Liam Gilfellon, Regional IAPT Lead - North East Mental Health Development Unit
- Lynn Summers, Regional Manager (Commissioning Support Services) - National Offender Management Service
- Les Pickering – Northumberland Care Trust
- Samantha Greener – Drug and Alcohol Action Team
- Rod Boles, Lead Nurse (Sunderland/South Tyneside) – Northumberland and Tyne and Wear Mental Health Trust
- Rachael Shimmin – Corporate Director of Adults, Wellbeing and Health - Durham County Council
- Joe Connolly, Welfare Officer – Royal British Legion

- Lieutenant Colonel Peter Pool, Director Strategy, Policy and Performance – Combat Stress
- Paul Nicol – Mental Health Matters
- David Sutton – Mental Health North East
- Stuart Dexter – MIND Gateshead
- Tony Wright – Forces for Good
- Gary Cameron, Director – Military Mental Health
- Michelle Winship, Diector – Resettlement Armed Forces Training
- Joe Chadanyika – Health Improvement Specialist (Mental Health), NHS Stockton-on-Tees
- Dr Kevin Meares, Consultant Clinical Psychologist, North East Traumatic Stress Centre, Northumberland and Tyne and Wear Mental Health Trust

Section 4 An overview of the mental health issues that may affect the ex-service community

Most ex-service personnel have no adverse mental health effects from their service however a significant minority of ex-service personnel do as indicated in the figures below. Of the Armed Forces, soldiers are most at risk of both physical and mental health problems, particularly young infantrymen. This may relate to both pre-service vulnerability as well as exposure to high levels of direct combat.

The most obvious potential risk to the mental health of service personnel is violent or traumatic experience of combat which may include: body recovery following bombing, repeated mortar fire, the aftermath of explosions, dealing with severe disfigurement, near misses, or observing atrocities. Other risks to their mental health may include frequent or prolonged deployments; disruptions or instability in home life; making the transition from service to civilian life; and/or the consequences of the excessive drinking culture that is often found among service personnel.

Added to these military traumas can be childhood trauma as one might find in the non-Veteran population such as childhood emotional, physical or sexual abuse, neglect and so on. In some cases, this is further complicated by adult civilian trauma (for instance being mugged or assaulted) before, during or after their military career.

A distinction may be made between ex-service personnel who experience mental health issues evident on discharge and those who have no evident issues on discharge but go on to develop them later on in life.

Further facts and figures in relation to the health and mental health needs of ex-service personnel are as follows:

- There is no general database of veterans' health statistics.
- The numbers of veterans is uncertain. The Department of Health says "about 5 million" in England. Research last year by King's College London for the Department of Health and Ministry of Defence used an estimate of 3.8 million. About 20,000 personnel leave the forces each year.
- The location of veterans is unknown. The Ministry of Defence does not keep central records of where service personnel are recruited, where they go on leaving the services, or where they move to subsequently.
- The identity of veterans is often unknown. Some may be members of veterans' organisations, but not all. The Department of Health has issued new guidance about identifying veterans on medical records, but this remains optional – patients may prefer not to be identified this way.
- The Royal British Legion's Welfare Needs Research Programme reported in 2006 on the health of the "ex-Service community" – that is, veterans, their families, dependants and carers. The report found that:
    - The ex-service community in the UK was made up of about 10.5 million people, of whom just under half were veterans themselves.
    - The average age of the ex-service community was 63 years, compared with 47 years for the adult population. The number of people in the community aged over 85 was expected to triple over the period to 2020, with a small increase in the number of 16-24 year olds, and a fall in the numbers of those in-between.
    - Over half (52%) of the ex-Service community report having a long-term illness or disability, compared with 35% in the general population.
    - In the 16-44 age group the number of mental health disorders among members of the ex-service community was three times that of the UK population of the same age; this age group is more prevalent in the North of the UK

- When staff leave the Armed Forces, their healthcare transfers from the military to the NHS. Numbers leaving because of a psychological condition is very low (around 200 p.a.), and only 20-25 are diagnosed with post traumatic stress disorder (PTSD).

- The average delay from becoming unwell and seeking help is around ten years.

- Combat Stress has seen a 66% rise in referrals in the last 4 years and this is not expected to abate in the short term.

- The Ministry of Defence and the NHS have a partnership board for working on issues surrounding the health and well-being of the armed forces community – that is, including currently serving service personnel and their families, as well as veterans. In 2009, the Board commissioned the Centre for Military Health Research at King's College London to review recent and upcoming research publications. The King's Centre found that:

    - Among the 3.8 million ex-Service personnel in England, overall health was broadly comparable to the general population.

    - Those who leave the Services early and young were up to three times more likely to commit suicide than the general population.

    - These factors were identified by King's as increasing the risk of alcohol misuse and/or mental health problems:

        - being young;
        - being male;
        - being in the Army, rather than another branch of service;
        - holding a lower rank;
        - experiencing childhood adversity;
        - being exposed to combat;
        - a deployment length over the "Harmony Guidelines" (in the case of the Army, roughly 12 months front-line service over a 3-year period);
        - being a Reserve
        - having a mental health problem while in Service
        - being an early service leaver.

- Post-traumatic stress disorder makes up only a minority of cases of mental health disorders. An earlier study by King's found that "personnel who were deployed for 13 months or more in the past three years were more likely to fulfill the criteria for post-traumatic stress disorder". But this effect was substantially less marked than in similar studies of US personnel.

  (Source: "Health and social outcomes and health experiences of UK military veterans", presentation by Dr Nicola Fear, King's College London, to "Delivering Health and Social Care to the Armed Forces Community" a seminar run by the Ministry of Defence/UK Departments of Health Partnership Board, November 2009)

Section 5 The transition from the Armed Forces to civilian life for those with mental health problems

The transition to civilian life is a time of uncertainty for service leavers as they move from the 'family' of the services and the highly supported environment that it provides for service personnel, to a new and perhaps uncertain future. Most adapt successfully but a minority do experience problems.

Some service leavers will have a family and home to return to, others will not. Some service leavers will have jobs to move to – others will not, and perhaps over the coming years a higher proportion leaving the forces will not be entering employment due to the wider economic and employment circumstances of the county. Evidence suggests that younger aged service leavers with shorter period of service tend to find the transition more difficult (NAO report 2006-07, Ministry of Defence – Leaving the Services) and reconnecting to a civilian social life was most difficult but also the added strain on relationships with partners and children.

A particularly vulnerable group of ex-service personnel are the early service leavers who may have entered the service with vulnerabilities (unsupportive family backgrounds or low educational attainment etc), and with under four years service. This group of service personnel will attract minimal support and help when leaving the service.
Early service leavers generally return to civilian life with few acquired skills and qualifications

The Career Transition Partnership (CTP) offers a range of support to service leavers. However evidence suggest (NAO) that not all service leavers eligible for full resettlement packages attended courses. A survey suggests 10% did not access services, and some were not aware, a proportion highest in the army and particularly amongst lower ranks.

Early service leavers (those with under four years service or compulsorily discharged) are only entitled in exceptional circumstances for very limited support which includes:

- Counselling service for those referred to Career Transition Partnership who are considered vulnerable to social exclusion (by the Services)
- Signposting to relevant agencies for ongoing support.

For those with identified health problems on discharge a transition protocol exists operating across all the Armed Forces.

The **Transition Protocol** recognises that on discharge there is a potential dip in the care accessed/provided to ex-service personnel and attempts to address this improve the handover of medical and social care arrangements from in service to post service providers. It is recognised that an improved process is required to ensure that healthcare services are in place on day 1 of NHS responsibility for healthcare beginning on the day a person leaves the armed forces.

A Transition Care Planning Pathway has been identified which bring multi-disciplinary teams together to consider the needs of the service leaver, with an MOD case co-ordinator taking a lead role in pulling the case conference together.

Discussion observed at the NHS Armed Forces Form Launch Event in September clearly indicated that where responsibility is to be taken by the PCT or local authority for the continuing care package there are challenges faced by all parties in ensuring that these responsibilities are assumed and acted upon.

Key issues:

- The particularly vulnerable group are the Early Service Leaver group (with less than four years service or compulsorily discharged).
- Early Service Leavers are entitled for minimal support from the services.
- Other service leavers also fail to access support available on service discharge.
- Ensuring that the continuing healthcare needs of ex-service personnel are identified. The responsibilities of parties to multi-disciplinary teams are sometimes not properly understood and mandates for action provided.

Recommendations:

- Further work is undertaken to ensure that the Transition Protocol hand-over is understood by local authorities and Primary Care Trusts (and successor bodies as PCTs are abolished) and that specific individuals are mandated appropriately to take on these roles.
- That action is taken on discharge to ensure that Early Service Leavers are provided with effective advice and 'signposting' in relation to the mental health issues they may experience on discharge from service.
- That the new Health and Wellbeing Boards prioritise veterans mental health issues, taking a lead in ensuring that on day 1 of discharge into civilian life that services are in place to meet the needs of the ex-service community in relation to both NHS and social care provision. This will need to be underpinned by sound information in relation to the needs of those discharged and their number and location, built on partnership working arrangements with the Armed Forces discharge services as well as with voluntary sector organisations.

Section 6 Evidence: strategy and commissioning

NHS North East (Strategic Health Authority) – the strategic context and role

Caroline Thurlbeck, Strategic Head of Performance - NHS North East provided the national and regional strategic context for meeting the healthcare needs of armed forces personnel, their families and veterans – see Appendix 5.

Guiding principles and commitments are set out in the Service Personnel Command Paper: The Nation's Commitment: Cross-Government Support to our Armed Forces, the Families and Veterans, July 2008. The key healthcare objectives of the paper were:

- The essential starting point – no disadvantage should be experienced by ex-service personnel
- Service people and their families should be able to manage their lives as effortlessly as anyone else
- Continuity of public services when required to frequently move home
- Proper return for sacrifice - service personnel and their families will receive the treatment and welfare support they need for as long as they require it.

There are MoD and DH partnership arrangements in place across government and a Joint Executive Team. It was also noted that each SHA was developing its own network: the North East NHS Armed Forces Network – see below.

NHS commitments to veterans include:

- A guarantee that all those seriously injured will receive an early and comprehensive assessment of their long term needs before they leave the armed forces.
- High quality care for life with continuing healthcare needs based on a regular review of their needs overseen by an NHS case manager.
- Grant funding with Combat Stress (that they are matching) to work directly with mental health trusts to ensure that the services they provide are accessible to and appropriate for military veterans.
- Closer NHS links with a full range of third sector partners and charities with extensive experience of working with veterans, to share advice, knowledge and best practice to improve services for veterans.
- Improved transfer of medical records to the NHS on retirement from the armed forces, including greater GP awareness of the veteran status of new patients to ensure veterans receive their entitlement to priority treatment for any injuries or illnesses attributable to their time in the Armed Forces.

The **NHS Operating Framework for 2010/11** reaffirmed a number of commitments to members of the armed forces, their families and veterans. In particular the framework highlights the importance of:

- Ensuring that commissioning plans provide a smooth transition into NHS care for the increasing numbers of returning personnel who have been injured in the course of duty;
- Ensuring that their dependents are not disadvantaged by their circumstances (e.g. if they move location); and
- Providing priority treatment, including appropriate mental health treatment for veterans with conditions related to their service, subject to the clinical needs of others.

The revision to the Operating Framework published in June 2010 highlighted the need to ensure that military veterans receive appropriate treatment. This includes ensuring a

smooth transition for injured personnel as well as providing priority treatment for conditions relating to their service.
In order to support the delivery of services, the SHA is taking a number of actions including the identification of lead personnel across the region and the establishment of a **North East NHS Armed Forces Network.**

It is envisaged that the North East Armed Forces Network will provide regional NHS leadership and points of liaison for Military Health issues. The network will work with regional military, social services and third sector organisations to ensure that delivery of services for the armed forces, their dependent and veterans. It is intended that the network will bring together military and health managers, clinicians (including GPs and mental health), and military and family welfare bodies. The network will also inform and feedback to the Department of Health and Ministry of Defence (via the Partnership Board and its working groups) on their approach to the delivery of physical and mental health services to the armed forces, their dependents and veterans.

The network was launched in September 2010 by NHS North East and early objectives for the forum are to be presented to the NHS North East Chief Executives Forum in November 2010. – check progress?

SHA Actions: The SHA has taken a number of actions to the delivery of NHS services to members of the armed forces, their families and to veterans. (should there be a reference to responsibility after 2013/ in this section to tie with key issues)

Lead personnel have been identified:

- SHA Lead Director: Richard Barker, Director of Operations and Performance
- SHA Operational Lead: Caroline Thurlbeck, Strategic Head of Performance
- Lead Chief Executive: Martin Barkley, Chief Executive, Tees Esk and Wear Valleys Foundation Trust
- NHS Armed Forces leads have been identified within each PCT Cluster

Cluster Actions: Each of the Primary Care Trust (PCT) clusters has included reference to the health care of the armed forces, their dependents and military veterans in the Annual Operating Plans for 2010/11.

NHS County Durham and Darlington - have identified a lead Executive Director (Director of Delivery and Performance) and commissioning manager to ensure that the needs of military personnel, their families and veterans are taken into account across all sectors of the health economy. A wide-ranging communication programme will be undertaken which includes additional communication work with GPs to increase awareness of guidance which will be shared with Patient Advice and Liaison Services (PALS). The PCT cluster is working with providers to re-iterate the requirements of providers and to ensure this standard is delivered.

NHS North of Tyne - The PCT cluster has identified a lead for armed forces issues (Associate Director of Planning & Practice Based Commissioning). A baseline assessment has been undertaken across the local health community to establish current provision of access to services for military personnel their dependents and veterans. All providers have agreed to put plans in place to ensure they are not disadvantaged in terms of access timely to healthcare. In particular, where possible it is ensured priority is given to outpatient appointments for military personnel and veterans. GPs have been asked to record patients' military veteran status when making referrals. In addition, acute providers with dedicated contact centres will record veteran/military status where known. For military personnel, veterans and dependents moving in to the area who are on a hospital waiting list, local acute

providers will ensure the individual retains their previous waiting time with them. Access to dentistry for dependents of military personnel in North Northumberland will be addressed through the PCT cluster dental strategy.

NHS South of Tyne and Wear - has identified a lead for armed forces issues (Associate Director Acute Services Commissioning and Performance Management). The cluster has issued guidance to GPs and providers in order to promote awareness of the Department of Health guidance in respect of the armed forces, their dependents and veterans. A review of compliance is being undertaken against the operating framework requirements. The PCT cluster is undertaking an audit and developing a work plan with the data quality team to ensure GP Practices are able to identify patients by READ (spell out) code. NHS South of Tyne and Wear will also undertake an audit of Foundation Trust access policies to ensure that references to guidance in respect of the armed forces, their dependents and military veterans are explicit within policy.

NHS Tees - The Tees PCT cluster has identified a director lead for armed forces issues (Director of Strategic Intelligence) and has established a number of work streams to ensure that the needs of military personnel, their families and veterans are addressed across the health economy.

Key issues:

- It is recognised that there is a changing policy environment as Government policy for healthcare provision in England is radically changing the healthcare landscape. The NHS White Paper and the Public Health White Paper will bring significant changes to arrangements for NHS commissioning as Primary Care Trusts and Strategic Health Authorities are to be replaced by GP commissioning consortia. Local authorities are expected to take on responsibility for public health functions and are to be responsible for promoting integration and partnership working between the NHS, social care, public health and other local services through new Health and Wellbeing Boards.

- The Comprehensive Spending Review has confirmed significant resource reductions for local authorities, the NHS and other public sector organisations. There will be impacts on staffing levels with organisations cutting back in some areas inevitably affecting on the effectiveness and continuity of the planning and delivery of services.

- There is a need for co-ordination of service planning, commissioning and delivery of services for the ex-service community across all public sector agencies: the NHS, local authorities, the voluntary sector, and others working with the Armed Forces.

- There is an opportunity for the development of strong leadership at a regional level.

- It is recognised that tracking service leavers is a significant problem and it is intended that the North East NHS Armed Forces network would work closely with the MoD to eradicate these problems. When service personnel do not know where they are going to settle on discharge the transfer of records will continue to be problematic.

Recommendations:

- That plans to develop Health and Wellbeing Boards, local GP Commissioning Consortia (including current continuity planning by PCTs and local authorities) prioritise ex-service community mental health issues as this review notes the significant impact of:
  - a changing policy environment and healthcare landscape which is to be implemented, bringing changes in structures, responsibilities and personnel;
  - the Comprehensive Spending Review which has confirmed significant resource reductions for local authorities, the NHS and other public sector organisations that will inevitably impact on the effectiveness and continuity of the planning and delivery of services.
- A regional leadership role for driving improvements in services via key statutory and voluntary agencies in partnership with the Armed Forces should be established. Consideration should be given as to whether the North East NHS Armed Forces network has the potential to take on this leadership role and become the key mechanism for leading and co-ordinating.
- Local authorities have an important role to play in addressing wider health inequalities amongst the ex-service community within the network.
- In relation to the transfer of medical records to the NHS and greater GP awareness of veterans status of new patients – it is suggested that this approach is enhanced by encouraging primary care practitioners to prompt their patients to indicate that they are an ex-service person, and by asking the question 'have you served in the UK Armed Forces?' (This should be accompanied by guidance to primary care practitioners as to what steps they should take to deliver priority treatment for these patients).
- Clear evidence that ex-service community mental health issues are being prioritised by PCTs.

North East Mental Health Development Unit

The role of the North East Mental Health Development Unit (NEMHDU) in the development of mental health services in the region was provided by Dave Belshaw - Head of the Unit. He advised that the unit is an arms length body that supports services and provider organisations. It does this by focusing its activities around four strategic objectives:

- Improving early access to services.
- Improving the mental health of the public in the North East.
- Giving people the skills and opportunities to control their care.
- Supporting the development of specialist mental health services.

An overview of military mental health facilities was provided for context: Defence mental health services are provided by military Departments of Community Mental Health (DCMH). There are 15 DCMHs across the UK, and other sites abroad, offering psychiatric services similar to NHS community health teams, and include psychiatrists, community psychiatric nurses, clinical psychologists and mental health social workers. In 2007 staff at these

departments assessed more than 5,600 personnel and diagnosed 3,930 with a mental disorder (around 2% of the military population). In patient care is provided by the NHS contracted by the MoD, and in 2007 the armed forces had 249 new inpatient admissions. For personnel on operations abroad there are Field Mental Health Teams in operation. When staff leave the Armed Forces their healthcare transfers from the military to the NHS. Numbers leaving because of a psychological condition is very low (around 200 p.a.), and only 20-25 are diagnosed with post traumatic stress disorder (PTSD). For those with a medical discharge on mental health grounds, a military social worker works with them for up to 12 months to help them gain access to NHS services.

For ex-service personnel the situation is different to in-service personnel as their healthcare is the responsibility of the NHS. For the majority this works well, but for some as they have complicating conditions, they have needs that differ from the general population, and therefore may need additional support in the transition to civilian life and in accessing services.

Some veterans are reluctant to access NHS services (and this is likely to be in part because of a feeling that other civilians will not understand what they have experienced) and it is recognised that a range of agencies - many of whom are service charities - have a role to play in supporting veterans to access the services they need.

In addition to services offered by the NHS and service charities, the MoD makes provision for some veterans including:

- Access to a comprehensive assessment at the Medical Assessment Programme (MAP) based in London, for any mental health problem a veteran may consider to be related to their service, for veterans with operational service since 1982.
- Access to assessment and out-patient treatment from the Defence Medical Services for current or former reservists who have been de-mobilised since 2003.
- Welfare support to veterans medically discharged
- The MoD is also piloting projects to identify vulnerable service leavers before they leave and to provide a 'light-touch' mentoring service to Early Service Leavers (<4years service).

The NEMHDU undertook a scoping exercise to determine what work on a regional basis was currently taking place in relation to veterans and mental health, with a view to identifying any gaps or areas in which NEMHDU could support. This scoping included a report to inform development of the Improving Access to Psychological Therapies (IAPT) programme which is the key mechanism for delivering improved services for ex-service community – see Appendix 7.

North East Mental Health Commissioning Unit

The North East Mental Health Commissioning Unit commissions a range of mental health services across the region to meet the needs of the region's communities. Nigel Nicholson, Acting Lead Commissioner of the North East Commissioning Team for Mental Health and Learning Disabilities, advised that the Unit places great emphasis on early intervention and improving access to services. A key aspect of its work is creating positive links with a range of different services in line with the Improving Access to Psychological Therapies (IAPT) programme. This programme was developed with the aim of supporting Primary Care Trusts in implementing National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders.

The **Improving Access to Psychological Therapies** (IAPT) programme was explained in more detail by Liam Gilfellon, Regional IAPT Lead - North East Mental Health Development

Unit. An IAPT Veterans Positive Practice has been developed – see Appendix 8. This guide has identified that veterans face a number of barriers in accessing psychological therapy services. High levels of social exclusion can mean that some veterans do not register with General Practitioners (GPs) and therefore have poorer access to healthcare. This can be for a range of reasons including a belief that mental health problems are shameful and they hide them, and feeling that GPs will not understand their military experience, or poor experience of military mental health services.

The IAPT guide acknowledges that GPs and other primary care professionals can inadvertently prevent veterans from accessing psychological therapy services for reasons including: lack of awareness of the specific needs of veterans and time constraints not allowing them to diagnose problems effectively. Specialist services can lack the confidence to work with veterans.

The programme acknowledges that veterans should be able to access services through whichever route they feel most comfortable with – and often this will be a service charity such as The Soldiers, Sailors, Airman and Families Association (SSAFA) or Combat Stress. The IAPT report also recommends that local NHS services liaise with veterans organisations so that care can be specially tailored for veterans needs and GPs can refer to veterans charities and the other way round.

Key issues:

- Veterans with mental health issues face a number of barriers in accessing psychological therapy services. These can include high levels of social exclusion, their own anxieties about the ability of services to help them or stigma associated with mental health issues. However self awareness and self-referral are important in accessing services.

- There are also barriers presented by the services themselves in understanding the needs of veterans and in diagnosing a problem and identifying help.

- Requests for NHS priority treatment may not be acted upon either because primary care providers or GPs are unaware that this is a requirement, or that the mechanisms do not exist to prioritise services for veterans.

- The Improving Access to Psychological Therapies (IAPT) programme has identified that GPs should accept referrals from ex-service charities. This sometimes doesn't happen in practice can happen partly due to GP lack of awareness of the particular needs and circumstances of some veterans and lack of knowledge of the referring organisation.

Recommendations:

- There is a need for enhanced awareness among primary care providers and GPs of the particular mental health needs of the ex-service personnel and specifically of the need for priority treatment for health care arising from their service. It is suggested that:
  - Appropriate training is provided and required by commissioners of NHS services;
  - Guidance should also be developed specifically for primary care providers and GPs to:
    - explain the priority healthcare entitlement;
    - encourage them to identify ex-servicemen and women (for example, by asking patients to indicate that they have serviced in the UK Armed Forces);
    - explain how they can adapt their systems to accommodate priority treatment for ex-service community; and
    - explain how to accept referrals from ex-service charities, including the Royal British Legion and Combat Stress, but also smaller local organisations who are providing for some of the most marginalised/excluded ex-service personnel (see recommendations in Section 6).
- There is a need to promote self-referral routes for ex-service personnel in a wide range of different ways that will help maximise their opportunity to access services.
- Consideration should be given to a form of accreditation to be available to ex-service charities (particularly the newly emerging charities) to enable them to refer directly to GPs.

Public Health services

The view of NHS Public Health on services for ex-servicemen was provided by Joe Chidanyika, Health Improvement Specialist (Mental Health), NHS Stockton-on-Tees (a Primary Care Trust) – see Appendix 9.

The PCTs role is to commission services in line with robust Joint Strategic Needs Assessments however local evidence and knowledge around numbers and specific services for ex-service communities is very scarce and limited. Further development is required in this area to help deliver the services that are required.

The prevalence of mental disorders in serving and ex-service personnel has been broadly reported to be similar to that of the general population. Depression, anxiety, PTSD, alcohol and substance misuse that lead to Mental Health disorders, are most in this group.

The re-organisation of the NHS and new GP commissioning arrangements are noted as expecting to alter current and future commissioning and service provision. There are also a large number of voluntary organisations currently investing a lot of effort which needs to be synchronised.

Key issues:

- Joint Strategic Needs Assessments can often contain little information relating to the ex-service community population including families and dependants.
- The difficulty of identifying veterans is an issue.
- Re-organisation of the NHS and commissioning arrangements will impact on current and future provision.
- There is a need to synchronise the considerable efforts of the voluntary sector.

Recommendations:

- Joint Strategic Needs Assessments should specifically identify the mental health needs of the ex-service community including families and dependants. This requires significantly improved data collection including identification and referrals of ex-service personnel. This also requires improved information sharing between different organisations across the statutory and the voluntary sectors.
- NHS commissioners must ensure that GP consortia arrangements prioritise the needs of the ex-service community.

Social care services

Local authorities have a statutory responsibility to provide social care services to vulnerable people in the community and Rachael Shimmin – Corporate Director of Adults, Wellbeing and Health at Durham County Council provided a thorough presentation at the Overview Event on 28th June.

In addition to mental health issues there are a range of socio-economic factors including unemployment which is greater in young service personnel, and homelessness where ex-service personnel tend to be older and homeless for longer periods than their civilian counterparts. In the Criminal Justice System it is estimated that between 5-17% are ex-service personnel.

Statistics that are relevant to the provision of social care services and imply the social care needs of the ex-service community may be different than a general population:

- 31% of the ex-service community live alone compared to 19% of adults in a UK population;
- 52% of veterans have a long term illness or disability;
- 20% of veterans have multiple health conditions

The government is driving social care reform including the provision of personal budgets to transform social care provision, to provide individuals with greater choice and control and has prioritised extra support for veteran mental health needs.

Social care services are available to ex-service personnel, such as for people with physical difficulties, for people with sensory difficulties and for people with substance misuse issues, though acknowledges that some may not know of the existence of such support services. The care includes:

- Fair Access To Care – Service focus on those with critical and substantial needs.
- Range of service provision:
  - Equipment and adaptations. For example Telecare.
  - Community Transport.
  - Day Care activities for older people, physical disabilities and learning disabilities.
  - Resource Centres offering activities for those with mental health problems.
  - Domestic Abuse Outreach Services.
  - Community Alcohol and Drugs Services.
  - Carer's Support Services.

In addition welfare rights services; housing services; adult learning and employment interventions provide for the ex-service community.

An MoD consultation was undertaken during 2009 - The Nation's Commitment to the Armed Forces Community: Consistent and Enduring Support.' The ADASS, ADCS and LGA Consultation Response:

- Indicate that dialogue with Armed Forced Community is needed to understand/address needs.
- Do not support any additional duties on public bodies to deliver support to the Armed Forces Community.
- Recognise benefits of creating a network of local advocates to act as champions for the Armed Forces Community.
- Support a system through a welfare pathway for providing co-ordinated advice and information.
- Agree with a greater role for DirectGov website in providing accessible advice and information.

Areas for improvement were identified as:

- The provision and accessibility of information;
- Appropriate engagement and assessment of need;
- Removing the stigma from seeking help and support;
- Improving local networks between Local Authorities, Armed Forces and local armed forces support groups;
- Preparing people for discharge from the armed forces.
- Local Authorities as potential employers.

- Local authorities have a key role to play in meeting social care needs that ex-service personnel and their families may have, and in helping to tackle health inequalities they may experience.

- Accessible information needs to be made available to ex-service personnel and their families.

- Local authority services should be in a position to be able to identify ex-service personnel and their families.

- Local authorities can play a leadership role in providing for their population who have serviced in the Armed Forces.

- Local authorities should be actively engaged in the NHS Armed Forces Network and consider how they can take on a leadership role in relation to veterans mental health issues – perhaps linked to the formation of the new Health and Wellbeing Boards.

- To enable the identification and provision of services for service veterans - local authority services should actively ask the question of those they provide services for: 'have you served in the UK Armed Forces?

- All local authorities should consider appointing a Member Armed Forces Champion to drive improvements in services for service veterans.

- Local Authorities should consider adopting an approach similar to that set out in the NHS Operating Framework for veterans with a condition relating to their military service to be considered for priority treatment.

National Offender Management Service

The National Offender Management Service (NOMS) is an executive agency of the Ministry of Justice that brings together the headquarters of the Probation Service and HM Prison Service to enable effective delivery of services. Prison and probation services ensure the sentences of the courts are carried out . They also work with offenders to tackle the causes of offending behaviour.

NOMS is responsible for commissioning and delivering adult offender management services, in custody and in the community, in England and Wales. It manages a mixed economy of providers. There are currently 137 prisons in England and Wales, 126 of these are run by the public sector through Her Majesty's Prison Service and 11 are operated by private sector partners. Probation services are provided by 35 Probation Trusts across England and Wales. All of the above receive funding from NOMS to which they are accountable for their performance and delivery.

Lynn Summers, Regional Manager (Commissioning Support Services) for NOMIS presented a report into the position for veterans in the North East - see Appendix 13. NOMS North East does not have any special arrangements in place for the management of veterans,. However, they are now identified as a target group for resettlement purposes. A number of surveys have been undertaken showing variations in the estimates of the veteran prison population. NOMS believe that a figure of 3% may be accurate nationally, but the figure in the North East may be a little higher at 5%. A range of issues are explored in the report – the key issues are identified below.

Key issues:

- There is a research gap as very little is known about veterans in the criminal justice system and until recently NOMS did not engage with veterans.
- Work is now being done to identify veterans in the criminal justice system.
- Offenders subject to longer sentences allow for identification of additional support needs and enables 'signposting' to veterans charities, but for those on short sentences this may be less likely to happen.

Recommendations:

- As little is known about veterans in the criminal justice system more detailed work is required on the needs and nature of offending NOMS.
- More 'signposting' offenders subject to short sentences to veteran's charities is required.
- A support network should be crerated in prisons and in probation trusts to encourage veterans to identify themselves and engage with many sources of help. Prisons and probation trusts should adopt the Veterans in Custody Manual, and identify veterans at the reception or induction stage.
- Prison health services need to identify veterans and evaluate needs with a particular focus on mental health and Post Traumatic Stress Disorder.
- The sharing of best practice and information (data and needs analysis) needs to be promoted between prisons and probation trusts and other partners in the statutory and voluntary sectors.

Section 7 Public sector providers of mental health services in primary and community care settings

Community Veteran Mental Health Pilot – Tees, Esk and Wear Valleys NHS Foundation Trust

The experience of the Community Veteran Mental Health Pilot was provided by Symon Day – Lead Clinical Psychologist at Tees, Esk and Wear Valleys NHS Foundation Trust who presented evidence to the review on the work of the pilot project – see Appendix 6.

The NHS has held the responsibility for the health care of military veterans almost since its conception. In December 2007, David Nicholson, CEO of the NHS renewed a directive that the NHS should make priority provision for military veterans and merchant seamen (directive HSG(97)31).

The definition of "veteran" is someone who has served in the military for one day or more, and whose injuries (including psychological) are a result of their service. This may range from combat stress in theatre to bullying in the barracks. With increasing media attention, it is becoming clear that there is an anticipated rise in Post Traumatic Stress Disorder (PTSD) and other mental health issues amongst ex-military personnel, particularly in the wake of Iraq, Afghanistan and other fields of operation.

The government in response have set up eight national pilot projects across the country to begin to engage the NHS in treatment provision for this client group. Tees Esk and Wear Valleys NHS Foundation Trust, in contract with Department of Health, the Strategic Health Authority and the MOD hosts one such national-award-winning pilot site.

The scale of the problem:

- The armed forces consist of 2/3 Army, 1/6 Royal Air Force and 1/6 Royal Navy - approximately 200,000 combined regular personnel. There are 20,000 discharged each year - 2,000 discharged on health grounds – and only 200 discharged with MH conditions.
- PTSD prevalence in UK population is approximately 5%.
- PTSD prevalence expected in veteran communities is approx 15%.
- Pilot site data suggests nearer 30%.
- Main mental health issues are adjustment disorder, depression and alcohol abuse.

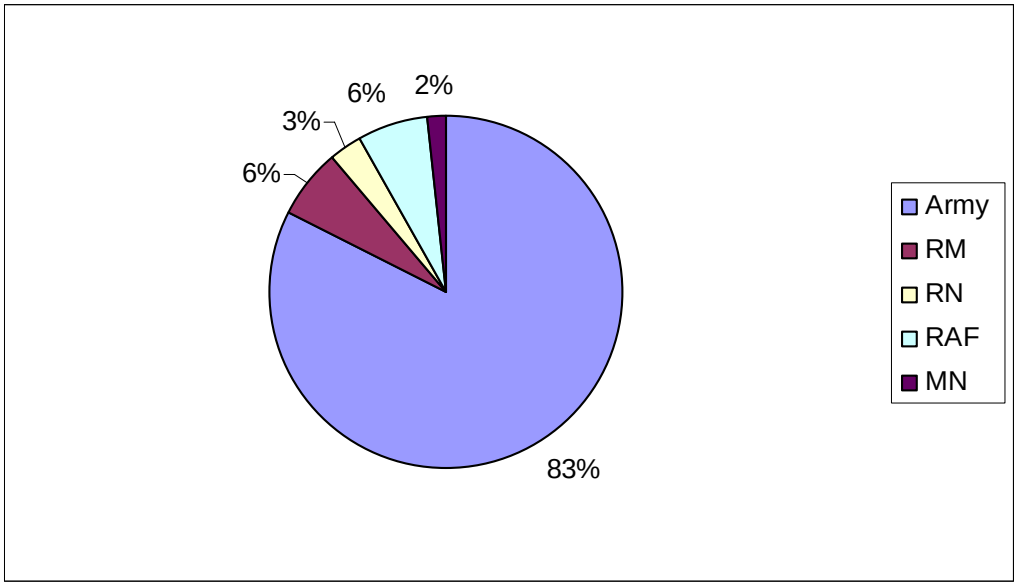
Only about 1 in 1,000 military personnel are discharged from the service each year with mental health problems equating to about ten people per mental health trust. However, the project has collected about eighty referrals in little over a year this would suggest that most mental health problems occur following service discharge.

The main issues were thought to be depression and adjustment disorders, alcohol misuse and about 15 – 20 % PTSD. The national pilot sites returned a figure for PTSD approaching nearer 30%, and this site, taking a very informal approach to diagnostics indicated about 60% of referrals having a significant trauma element. The "average" presenting veteran will be male, in his late 30's, will have served for 9 years in the army and will have been suffering from PTSD for about 11 years, according to our statistics.

Summary of referral by theatres served:

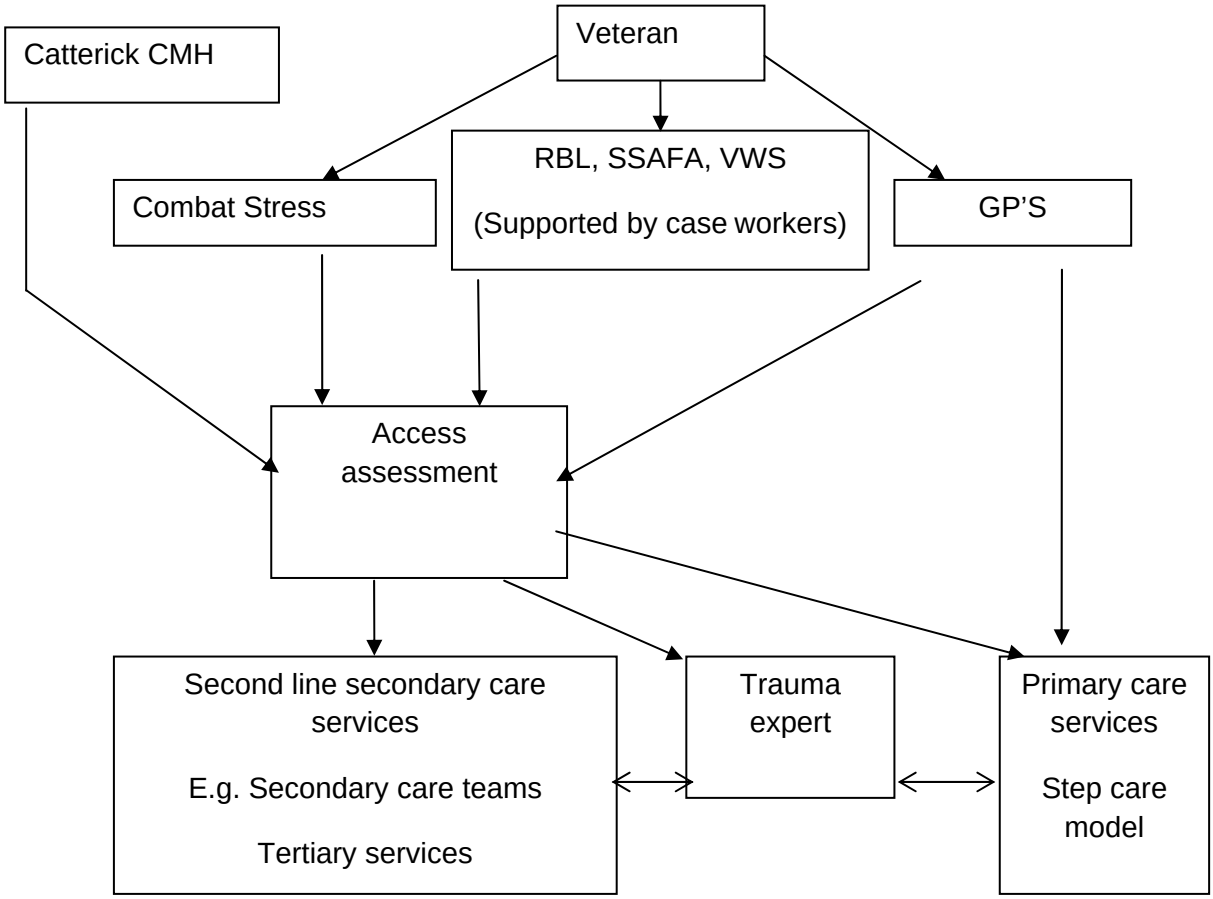
- Northern Ireland – 24
- Iraq – 20
- Bosnia – 10
- Aghanistan – 9
- Gulf War 1 – 8
- Falklands – 4
- Sierra Leone – 3
- Nigeria – 1
- Korea – 1
- Bornio – 1
- 3 or more theatres – 10 (16%)

Proportion of referrals by service:



The TEWV community Veteran Mental Health pilot has taken an integrative model rather than a stand alone model in its approach to service provision. Given its geographical size, rather than housing a central resource which would be geographically difficult to access for many, instead it built an infrastructure that is woven into the fabric of the Trust. Over 170 mental health workers and trauma workers are residing within 60 teams across the trust localities ready to engage and work with veterans (as well as their other cases). They have received training in military culture, veteran awareness, and applying therapy skills in the military context. Referral pathways have been set up between the Trust and veteran organisations such as Royal British Legion (RBL) and Soldiers, Sailors and Airmen's Family Association (SSAFA) to facilitate supported referrals.

The referral pathway:



There is very little literature regarding working with military veterans, and the project is on a sharp learning curve. It has learned that veterans find access to services extremely difficult for reasons ranging from:

- perception that presenting to services indicates a weakness;
- the NHS does not understand or in incapable of providing for their needs;
- lack of awareness of services;
- or the belief that their condition is untreatable,

through to extreme shame and guilt felt for surviving when their friends have not, or even for surviving when victims of atrocities have not.

It has also been recognised that many veterans present chaotically, and good and thorough stabilisation work is imperative before trauma-focused work is commenced. Social support and integration may be important aspects to consider.

The pilot project has learned that the therapeutic alliance is crucial but often very difficult to form, and which needs time and nurturing. It is likely to hit issues of abandonment (by the military – who were akin to family and who no longer are) mistrust and misaligned expectations. Some of these issues lie within the clash of military and civilian cultures. Most importantly these cultural differences need to be understood by the therapist. In many cases the process of therapy is likely to be hijacked by war pensions / compensations claims, and ongoing assessments made by external doctors who are perceived by the veteran as incompetent or biased against them, leading to intense anger. Some veterans wear PTSD

as a badge of honour symbolising the extent of their suffering, and may be reluctant to let go.

The TEWV veteran project, as a pilot, has formally come to an end. Nevertheless, the Trust is committed to the appropriate care of veterans and has agreed to support continued work in maintaining and expanding our veteran network. Furthermore, it has agreed to further develop Trauma services that will be in the interest of veterans and other service users.
Areas identified as requiring further work:

- Continually repair the network of partner organisations in the referral pathway
- Set up supervision support network
- Boost training in PTSD for all trauma workers
- Boost training in stabilisation for generic MH workers
- Develop in house veteran awareness training using our own staff veterans
- Establish better links with forces discharged personnel to pick up those identified as having mental health issues.

Northumberland Tyne and Wear Mental Health Trust

Rod Boles, Lead Nurse (Sunderland/South Tyneside) advised that the Trust are committed to providing veterans mental health services and nurse consultants are working to carry out training and awareness with staff. They work with organisations such as Combat Stress to be a point of contact and to signpost people to services.

He also pointed out that many veterans did not want to be identified and did not want to discuss any problems that they were facing - a legacy of the Armed Forces culture where the last thing people would do is admit that they had a problem or had been traumatised. He also noted that some people who leave the forces want to leave this part of their life behind and do not want to be identified as being ex-service.

North East Traumatic Stress Centre - The views of Dr Kevin Meares, Consultant Clinical Psychologist at the North East Traumatic Stress Centre, were submitted as written evidence – see Appendix 15. The report supports the issues detailed earlier in this Section. Key issues raised are included below.

Key issues:

- There is generally delayed onset PTSD and most mental health problems occur following service discharge. It is anticipated that figures presenting will increase given the recent conflicts in Iraq and Afghanistan.
- It is also noted that a lot of problems encountered by service personnel when leaving the forces are exacerbated by their socio-economic circumstances when entering the service e.g. educational attainment etc. Lack of life skills, the loss of structure in every day life, can further exacerbate problems such as seeking housing and employment.
- Networks of referring organisations are essential to the effective operation of community mental health services.
- There is evidence of a lack of basic information provided to veterans, with clear diagnoses of PTSD, about their condition.

Recommendations:

- The learning from the evaluation of the Community Veteran Mental Health Pilot is shared widely, but particularly with commissioners, providers and the North East Mental Health Development Unit. Learning from the pilot must help to shape future statutory provision and the linkages with, and support for, the voluntary sector in the context of the IAPT.
- The networks with referring organisations, essential to the effective operation of community mental health services, must be continually refreshed and repaired.
- There is need for improved awareness of veterans mental health issues among health workers including appropriate training and supervision.
- There should be better basic information provided to veterans with clear diagnoses of PTSD, about their condition.

Section 8 Voluntary sector providers of mental health services in primary and community care settings

Combat Stress

Lt. Col. Peter Poole, Director of Strategy Policy and Performance for Combat Stress provided an overview of the work of the organisation – see Appendix 10.

Approximately 100,000 veterans and their families have been helped to date, with approximately 4,380 active cases currently being registered with the Society. In the last year 1,303 new referrals had been made – which is a record high number.

The Combat Stress mission is to provide community outreach, community welfare and clinical treatment for veterans who suffer from mental health problems. This service is free to ex-servicemen and women.

Post Traumatic Stress Disorder (PTSD) can be a label on which to hang problems they have. Many veterans don't have PTSD but some other problem, such as alcohol or substance misuse, another mental health problem or a combination of problems. By a significant margin the majority of those accessing Combat Stress services served in Northern Ireland due to the lag in presenting with mental health problems. The average age of veterans presenting through the service was 42.8 years, with an average length of service of 10.2 years. It was also noted that the average time taken to present was 14.3 years.

It was noted that in the year ended 31 March 2010 just over half of all referrals to Combat Stress had been made by self referral – and it was emphasised that families play a key role in helping ex-service personnel into services provided by the organisation comprising 56% of referrals received, with NHS/Social Services and Discharge Boards comprising 13% and service charities and welfare organisations making up 24%.

Residential treatment centres available to ex-service personnel – these are: Audley Court in Shropshire with 27 places; Trywhitt House in Surrey with 30 places and Hollybush House in Aryshire with 25 places. Services provided are designed to help veterans come back from the brink of despair, to stabilise them and to help them get on with their lives again. They work in partnership with NHS practitioners and may return the veteran to the care of local community services where this is needed.

A significant issue relates to service personnel with alcohol or drug problems. Currently Combat Stress do not provide treatment services in the residential treatment centres partly because soldiers don't like being in such centres or because they may have behavioural problems.

A significant strategic shift is now taking place within the organisation toward developing more pro-active community outreach programmes in order to support veterans in the community and to be able to provide support to those with drug and alcohol problems. The organisation is in the process of establishing a team of 14 Community Outreach Officers, supplementing its 16 Regional Welfare Officers, to work integrate with NHS community based services and other local networks

Mental health problems can arise from:

- Pre-service vulnerabilities (considered a key issue)
- Military life itself
- Earlier onset of physical disorders
- Leaving the service and adjusting to civilian life itself

- Help seeking issues
- Combination of the above

The age profile of veterans accessing its services is getting younger – the majority of referrals during 2009/10 year are aged 31-40.

A guide for general practitioners had been produced by the organisation: *Meeting the Healthcare Needs of Veterans*. It is to be made available within GP practices advising on key issues for veterans health such as accessing their medical records, accessing priority treatment, mental health conditions, the meaning of no disadvantage and support available from other organisations.

It was noted that Combat Stress are concerned about which other organisations they can work with and will only refer people on to other organisations that follow nationally recognised National Institute for Health Clinical Excellence (NICE) guidelines and are inspected by the Care Quality Commission, in order to be confident of the suitability of the organisation and the safety of the individual concerned.

Royal British Legion

Joe Connelly, Welfare Officer for the Royal British Legion provided an overview of the work of the Royal British Legion (RBL). RBL are currently working in partnership with Combat Stress and are funding two of the Combat Stress Community Outreach Teams.

Although PTSD is clearly an issue for veterans - the problems that RBL encounter reflect wider problems in society with a proportion having underlying mental health problems and anxiety. A significant contributory factor to mental health problems is a veterans experience of being discharged out of the military 'family' into an unforgiving world where they may lack a support network. A proportion become homeless and this will clearly exacerbate such problems.

RBL's primary role is signposting a veteran to a service in the hope that they will engage – they would like to be able to formally make a direct referral.

RBL now had a Client Support Officer in post who worked with vulnerable clients providing them with 1:1 support, providing a 'hand-holding' approach ensuring that they attending all appointments and giving general support, which is particularly appropriate to the most vulnerable and hard to reach individuals.

It was recognised that there were difficulties in identifying veterans and work was being done to push information into GP surgeries and other local authorities in a bid to help ask the question about whether an individual is an ex-serviceman or woman.

RBL are now moving in a strategic direction adopting a community outreach approach with the appointment of Client Support Officers.

The main problems faced in delivering the community outreach approach are the geographical size of the area covered, the challenge of balancing the direct needs of clients, and building the links and networks with other organisations and agencies on the ground.

Regarding the identification of veterans it was agreed that this issue was a problem due to the combination of factors including no active collection of data relating to veterans status; veterans not being routinely asked to identify themselves as such when accessing services; and some veterans reluctance to identify themselves.

Regarding the use of national insurance numbers and the potential to add a digit to enable identification of veteran status - it was noted that this could compromise the privacy of an individual. It was suggested that clarification should be sought in relation to the Governments view about the identification of ex-service personnel via the national insurance number.

Mental Health North East

David Sutton provided an overview of the work of Mental Health North East (MHNE) and how they were working to address the issues faced by ex-service personnel and their families.

There are very particular issues for the Terratorial Army who are deployed on an individual detatchment basis, and will be required to adjust into their previous work places on their return after deployment and this can be very difficult.

Prompted by initial interest from Kevan Jones MP, David Sutton advised that a 12 month pilot was scheduled to commence in Jan 2011 in Durham in conjunction with Army Welfare and to be evaluated by Durham University, funded by the MoD with Veterans Challenge funding. The project will address the families of future veterans and the creation of a support pathway. He noted that the wider family is seen as a key issue as they will suffer anxiety also when their loved ones are deployed in theatre.

MIND Gateshead

Stuart Dexter, Chief Officer of MIND in Gateshead provided a brief overview of the current work of the organisation which operated as a federation of separate charities. It has been recognised that the organisation needs to develop services for veterans and this was being looked at nationally and locally. MIND Gateshead were developing a partnership project Forces for Good where a pilot would be providing Cognitive Behavioural Therapy interventions.

Mental Health Matters

Paul Nicol provided an overview of the work of Mental Health Matters (MHM) and what was intended to be done in the future in relation to addressing the needs of veterans – see Appendix 11.. MHM are working with Tees Time to Talk IAPT service in identifying best practice in engaging and delivering appropriate and timely therapies to ex-service men and women.

It was also noted that the identification of veterans was a known problem however, MHM were looking at IT services to help improve the data capture in relation to ex-service personnel. The future delivery of services through MHM was dependent on following best practice from the IAPT service, improving IT systems, recognising and developing skills within the team and building partnerships for the benefit of the men and women accessing those services.

About Turn CIC/Forces for Good

Tony Wright provided information on the About Turn CIC programme, which was a peer led support group who provided training and activities that enabled veterans and their families to develop personal and professional skills.

About Turn CIC directors were both registered and qualified social workers with a vast experience of working as managers and advisors in the criminal justice system, homeless sector, mental health services and drug and alcohol field.

Forces for Good currently operated on a weekly basis across Sunderland, Newcastle, Northumberland (Blyth) and North Wales and further groups were operated for women and veterans serving custodial sentences. Ages of clients accessing the groups ranged between 18-90 years.

Volunteers support the groups each of whom has a specialism's in areas such as employment, education, housing, homelessness, drug and alcohol abuse, mental health involvement in the criminal justice system, debt and financial management, family support and vocational skills training.

Forces for Good had engaged with over 90 referrals since April 2009 on a broad range of issues.

With regard to Mental Health Issues it was recognised that many ex servicemen and women have multiple and complex needs and therefore links had been forged with a clinical psychologist and CBT therapist who offer therapy to adults with a range of problem including PTSD. A clinical psychologist who works with traumatic stress and a Professor of Military Psychiatry. Forces for Good had also created a 'fast track' referral services to a CBT trained therapist who was working in collaboration with MIND Gateshead.

The label PTSD can be a 'red-herring' where people actually have a host of other problems that need to be dealt with first such as alcohol and drug dependency. These people need help and support from veterans agencies to get them to a point where they can access, for example, the services which are provided by Combat Stress. The services they provide are excellent but many, for the above reason, cannot access their services. It was noted that there is also no residential PTSD facility in the North East.

It was clear that all parties recognised the need for more joined up working across the board to ensure that the needs of veterans are met and that clear leadership and direction was required in taking forward the veterans agenda, but he felt that there is too much bureaucracy getting in the way of faster solution. Waiting for the outcome of pilot projects can slow down the development of necessary interventions which are required more quickly.

It is essential that the identification of veterans was addressed, including the collection of information related to that individual and the organisation is campaigning for all community based services to ask the question….have you served in the British Armed Forces?.

The appointment of an 'armed forces champion' in local authorities, in NHS bodies including GP consortia would help develop a focus within the respective organisations to develop services and meet needs.

There are a large number of different voluntary organisations (as well as statutory organisations) are providing support to veterans and a more strategic approach was required to avoid confusion between the services provided. Organisations should be working together however they are finding a lack of funding available to support what they are doing. More leadership is required to develop a more coherent structure and avoid fragmented provision.

It may be inappropriate for all funding to be channelled to the 'big hitters' – the smaller organisations are developing approaches to meet unmet need and all organisations should be working together.

It was noted that Finchale College are soon to launch a web-based directory of veterans services. Their website can be accessed:

http://www.finchalecollege.co.uk

Military Mental Health

Gary Cameron provided an overview of the work of Military Mental Health (MMH). The organisation runs veteran's awareness workshops for a range of organisations and individuals and these had also been run in partnership with IAPT (Improving Access to Psychological Therapies) in the North and West of the Country. Work had been done to secure funding for a residential centre in Sunderland. The organisation was also working to open a centre of this type in Manchester. They were also working with the newly opened NORCARE residential service in Newcastle.

MMH were looking at stress management and working with HMP Buckley on dealing with prisoners suffering from military associated mental health problems. Reference was also made to one to one interventions and the expertise of staff which was being developed. It was noted that to date 400 persons had been trained in mental health awareness.

MMH are working with Finchale Training College on a personal development programme called 'A Way Forward'.

MMH would be in favour of a form of registration of organisations accredited to provide services for veterans as there are organisations just appearing claiming that they can deliver services.

RAFT (Resettlement Armed Forces Training)

Michele Winship provided an overview of the work Resettlement Armed Forces Training (RAFT) – see Appendix 12. RAFT provides training and awareness programmes that addressed veteran's transition into civilian life. In particular addressing vocational and educational issues and support and mentoring for those with social problems as a result of their ex-service career.

RAFT is keen to raise awareness amongst third sector organisations and to any other organisation, with an interest in providing services for the ex-service community.

The organisation believes that there was an inadequate level of awareness of veterans health issues generally among public health professionals. Veterans suffer particularly from health inequalities issues such as domestic violence; drugs and alcohol issues and homelessness.

Background information was provided on the key challenges and areas for future development. It was noted that one of the main challenges they had encountered was gaining the support of other organisations and getting them on board and working together to achieve mutually defined aims and objectives.

They were currently undertaking a health needs analysis of the veteran population that would identify gaps in the service and would allow recommendations to be made in terms of the areas which required further development.

A key issue is that veterans are an 'invisible population' and it is essential to be able to assess needs and signpost to appropriate support.

Key issues:

- Lack of support networks on discharge – veterans lose their military 'family' and support when discharged and often face a lack of understanding in the outside world, needing a support pathway.

- There is some fragmentation and lack of co-ordination of provision with a large number of voluntary sector/community sector (community interest companies) organisations providing services for veterans and new ones developing to meet unmet needs.

- There is no accreditation system for voluntary sector service providers to quality-assure their provision.

- Voluntary organisations can encounter problems in making direct referrals to GPs or others and have reported that they are sometimes unaware of veterans entitlement to priority treatment and do not, in practice, provide for it.

- Some voluntary organisations encounter veterans presenting with drug and alcohol problems and cannot provide them with a service. However, other voluntary organisations have emerged to meet this need.

- Community outreach is increasingly seen by veteran's charities as the appropriate solution to help the ex-service **community in the non-residential settings where most of them live.?????**

- The identification of ex-service personnel is poor – it is evident that statutory services do not routinely identify ex-service personnel and do not ask the question 'have you served in the UK Armed Forces?'

- The families of veterans can play a key role in facilitating the access to voluntary sector services. Families can also experience mental health problems such as depression and anxiety arising from their loved ones service overseas.

- Some voluntary organisations report that funding is generally channelled to the high profile charities and they can find it difficult to access this funding

Recommendations:

- There is a general support across the voluntary sector organisations that there should be some regulation or accreditation of voluntary organisations for the purpose of providing quality assurance of their services. This will ensure confidence that organisations are meeting certain standards in advice or care provided, and thereby instilling confidence that they can be referred to and attract funding support.

- There needs to be more leadership, co-ordination and co-operation across the voluntary sector. This would help to bind what appears to be a fragmentation of provision, to help share good practice, and enable the sector to speak with a stronger voice. It may be possible for a large voluntary organisation to underpin and support such a more co-ordinated approach.

- All organisations providing (or potentially providing) services for ex-service community should be required to encourage veterans to voluntarily identify themselves by asking 'have you served in the UK Armed forces?'

- Consideration should be given to the potential for an individuals NHS or National Insurance number to be used to identify their veteran status and consequently improve identification of needs and services that may be available. Clarification should be sought in relation to the Governments view about the identification of ex-service personnel via the National Insurance number.

- In order to make it easier to identify where a veteran would go for help - local directories (including web-based) of services provided by the voluntary and community sector (and statutory provision) should be developed and be available for those seeking help and for those making referrals.

Section 9 Summary of recommendation in line with the Ministry of Defence/ NHS Partnership Board key themes for 2010

Veterans mental health services

The transition of Armed Forces personnel to NHS care following medical discharge

Ensuring equality of access for Armed Forces families

Promoting effective communication and coordination across agencies, providers and the third sector.

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