Call to Mind: United Kingdom

Common Themes and Findings from the Reviews of Veterans' and their Families' Mental and Related Health Needs in England, Northern Ireland, Scotland and Wales

June 2017

A report prepared by Community Innovations Enterprise on behalf of the Forces in Mind Trust

Contents

List of Common Abbreviations

AFC	Armed Forces Covenant
CAMHS	Child and Adolescent Mental Health Services
CIE	Community Innovations Enterprise
CCG	Clinical Commissioning Group
CJS	Criminal Justice System
DH	Department of Health
FiMT	Forces in Mind Trust
GP	General Practitioner
JSNA	Joint Strategic Needs Assessment
MOD	Ministry of Defence
NHS	National Health Service
NI	Northern Ireland
NICE	National Institute for Health and Clinical Excellence
PTSD	Post Traumatic Stress Disorder
RBL	Royal British Legion
UK	United Kingdom

Forces in Mind Trust

Forces in Mind Trust (FiMT) was founded in 2012 to improve the transition of military personnel, and their families, at the end of a period of service in the Armed Forces back into the civilian world. That world comprises many facets: employment; housing; health and wellbeing; social networks; and a sense of identity and worth, each of which contributing to a 'successful' transition. Recognising early on that ex-Service personnel suffering mental health or wellbeing issues are particularly vulnerable to failed transition, FiMT, established through an endowment from the Big Lottery Fund, committed itself to gaining a better understanding of the causes and effects of such issues on transition.

In addition to mental health, FiMT has also commissioned research into supported housing, employment and the whole transition process itself. Grants have been awarded to programmes as diverse as mentoring ex-offenders through to adventure challenge projects for wounded, injured and sick ex-Service personnel in partnership with The Royal Foundation. Full details can be found on FiMT's website www.fim-trust.org.

Looking ahead, FiMT will continue to initiate research and award grants to programmes that provide robust evidential output to help inform policy makers and service deliverers with the aim of improving transition for UK veterans and families. Applications are welcome from any organisation engaged in such activity subject to fulfilling the eligibility criteria. Application information can be found on FiMT's website, or for related enquiries, by visiting http://www.fim-trust.org/contact-form/.

Community Innovations Enterprise

Community Innovations Enterprise (CIE) was founded in March 2011 and provides a range of research, consultancy and project management programmes in the fields of mental health, drug and alcohol use, offender health and service user involvement.

CIE has significant experience in assessing needs for different population groups across the health, social care and criminal justice sectors. The key outcome of this work has been to help commissioners and service providers to better understand the full range of health and social care needs of the population groups they serve including assessing the impact of service re-design and identifying gaps in provision and areas of good practice.

CIE aims to go beyond traditional approaches to assessment and consultation services by placing the communities or client groups in question at the heart of the chosen development. We support organisations to reach the full diversity of their clients and communities while at the same time increasing their capacity and capability to achieve meaningful service user and public involvement and promote social inclusion.

Website: www.ciellp.com

Acknowledgments

The authors gratefully acknowledge all of the individuals and organisations that contributed to the Call to Mind reports for England, Northern Ireland, Scotland and Wales. We are especially thankful for the contribution from veterans and family members.

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Foreword

This report comes at an opportune time. In the recent Queen's Speech, the UK Government made a commitment to continue to invest in our armed forces (meeting the NATO commitment to spend at least two per cent of national income on defence) and delivering on the Armed Forces Covenant across the UK.

The UK Armed Forces Covenant is a promise from the nation that those who serve or have served, and their families, are treated fairly. The Covenant champions veterans' health, mental health, and social care needs, and states that those injured in Service, whether physically or mentally, should be cared for in a way which reflects the Nation's moral obligation.

In keeping with our continuing commitment to developing a comprehensive evidence base by which policy decisions can be better informed and services improved, Forces in Mind Trust commissioned Community Innovations Enterprise to undertake a series of national reviews into the mental and related health and social care needs of veterans across England, Northern Ireland, Scotland and Wales. These individual nation reviews were completed between 2015 and 2017. This report is the culmination of this programme of work and provides the first comprehensive summary of the key issues to be addressed in meeting the mental and related health and social care needs for veterans and family members across the whole of the UK.

Call to Mind: United Kingdom outlines the commitment and the positive work that has been developed over many years by the UK Government, the devolved Governments of Northern Ireland, Scotland and Wales, amongst statutory and voluntary services (including the armed forces charitable sector), and by veterans and family members themselves who work as champions and advocates across the UK. The report summarises the best available research and evidence on mental and related health and social care needs of veterans, and highlights areas of good practice within each of the nations.

The opportunities for further development outlined in this report have come from the respondents who took part in the reviews, including those working directly with veterans and from veterans and family members themselves. There was a particular emphasis on the importance of ensuring a strong strategic focus on identifying and assessing the mental and related health and social care needs of veterans and family members at national and local levels, in order to target and make the best use of existing resources to meet the needs of veterans and their families.

We welcome this report and believe it will make an essential contribution in enabling policy makers, service planners and service providers across the UK to continue to build on their achievements, to improve practice, and to improve the mental health and wellbeing for veterans and family members.

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Executive Summary

Introduction

This report provides the first UK-wide summary of common issues in meeting the mental and related health and social care needs of veterans and their family members. The report is based on the findings from four reviews of these needs, which took place between 2015 and 2017:

- Call to Mind: England - completed October 2015
- Call to Mind: Wales - completed May 2016
- Call to Mind: Scotland - completed September 2016
- Call to Mind: Northern Ireland - completed May 2017

Commissioned by Forces in Mind Trust (FiMT), these reviews sought to identify how the mental and related health and social care needs of veterans and their family members were being identified and addressed, and in particular, how service responses to meet these needs might be improved.

Each review involved a detailed examination of core documentation relating to strategy and planning of services, including the processes and systems by which mental health and related health and social care needs of veterans and families might be assessed. A total of 212 individual respondents contributed to the reviews through interviews and focus groups, including 75 veterans and family members.

Across the UK there are examples of initiatives and programmes that represent good practice and could provide important learning for the UK as a whole. This does not mean that the provision of services to meet the mental and related health and social care needs of veterans and their families should be the same in all nations across the UK; rather, it is important to recognise good practice but also, given the specific contexts of devolution, the differing circumstances and the various systems that individual UK nations have put in place.

There are also some common issues and gaps in the assessment of needs and how services are commissioned and provided to meet these needs. These commonalities are briefly summarised as follows:

Strategy, planning and the assessment of needs

Despite the commitments in each of the nations of the UK to the Armed Forces Covenant, there are variances and some important gaps in national and local strategy and planning for meeting the mental and related health and social care needs of veterans and their families. Even where there is a strong national strategic focus on meeting these needs, this is not evidenced in local area strategy and planning documentation. In particular, there is a lack of robust population based assessments that include veterans' and their family members' mental and related health care needs.

Where these assessments do exist, they are subject to limitations as a result of poor data collection on veterans in general at local levels. This is due to a variety of factors but two factors are especially relevant to the UK as a whole:

1. Poor identification rates of veterans and their family members in primary care, including inconsistent use of GP recording of veteran status and the incompatibility of systems across nations.

2. Veterans and family members being reluctant or lacking competence and confidence to be identified as veterans in health services.

As a consequence, there is an over-reliance on UK household survey data and national research that is not always amenable to translation into identifying local area health needs. This, in turn, can hamper the development of local area strategy and planning for services, as accurate and robust assessments of need are not being identified.

There is a need for a stronger focus on the links between national and local strategy and planning. This is important to ensure that resources are being appropriately targeted at needs, and that there is greater co-ordination between national and local areas on service developments and the distribution of funding.

This is recognised in England through the recent commissioning intentions of NHS England for armed forces and their families. NHS England is using its system leadership role to improve awareness at local levels (i.e. Clinical Commissioning Groups, providers and local authorities) to ensure that due consideration is given to veterans, reservists and service families.[1] In the Call to Mind Scotland report, the role of the Veterans Commissioner is recognised as an area of good practice, as it offers a coordinated and practically focused national strategy and leadership for Scotland – an approach that could bring benefits to other devolved nations.

Care pathways and service responses

The relative lack of focus on the mental and related health and social care needs of veterans in local commissioning and service plans, underpinned by the limitations in health and social care needs assessments and subsequent impacts on funding and procurement of services, have all contributed to a very varied picture of care pathways and service responses across the UK. In some cases, these variances are to be expected as a result of the differences in how health and social care are devolved across each nation. However, despite this varied picture, there are some common issues and barriers experienced by veterans and family members as they enter and progress through their nation's care pathway for mental and related health and social care needs.

[1] NHS England (2016) Armed Forces and their Families Commissioning Intentions – 2017/18 to 2018/19. London: NHS England

These shared issues and barriers include:

- ***Support on transition from the Armed Services to civilian life*** - Although there have been some significant improvements, there is still a need for greater collaboration between the Ministry of Defence (MOD) and health and social care services at the point of preparing for transition. This is particularly important for those with shorter Service histories and early Service leavers, both of whom may be more vulnerable and susceptible to mental and related health and social care needs.

- ***Accessible, relevant and appropriate information*** - Veterans, family members and professionals all need access to relevant and appropriate information about where to get support and help for mental and related health and social care needs. The wide range of service options across the statutory and armed forces charitable sectors can be confusing to navigate and it can be difficult to determine which services provide evidence-based treatments. There is also thought to be a lack of easily accessible, relevant and appropriate support information to meet the practical, emotional, and support needs of families of veterans with mental health problems.

  The recently announced Veterans' Gateway should go some way towards addressing these issues, but it is important that the Gateway is able to function well through national and regional hubs with appropriate support for the development of local information. It may also be important to address the differing needs of users, for example, meeting the specific needs of veterans, family members and professionals. This report also highlights good practice from Wales and Scotland on improving access to information.

- ***The armed forces charitable sector*** - There is recognition across the UK that armed forces charities and the voluntary sector have an important role to play in signposting, providing assessments and treatment, encouraging veteran engagement with the statutory sector, and helping to improve support to veterans already engaging within the statutory sector (including the NHS, local authorities and the criminal justice system). However, there are concerns that the proliferation of armed forces charities has created confusion about which services are available and that some are providing treatments that lack an effective evidence base. There is a need for greater co-ordination between statutory services and the armed forces charities nationally and locally, including the means by which veterans, family members and professionals can be assured about the appropriateness and effectiveness of services that are being provided.

- ***Veterans Champions*** - All the nations of the UK have designated Armed Forces and Veterans Champions, some working directly in health services, and many working within local authorities. These Champions are responsible for leading and coordinating issues, including health for the armed forces, veterans and their families, in their local health or local authority area. Across the UK, these Champions are viewed as having an important role to play in improving support for veterans.

However, there is a need to ensure that the individuals fulfilling these Veterans Champions roles are supported by clear guidance, including role specifications that set out the expectations and objectives for these individuals.

- ***Primary care*** – As noted above, it is important that GPs are able to identify veterans and their family members and that there is more consistent use of Read codes.[2] It is important that all primary care staff are competent and able to work with veterans and their family members on mental and related health and social care needs. All the Call to Mind reports found that across the UK, veterans and their families were reluctant to approach GPs to seek help for mental health issues. Some of this reluctance was the result of stigma around mental health issues generally, but there was also an actual or perceived lack of cultural competence or appropriate expertise within GP services by veterans and their family members. This lack of expertise was reported as a barrier to accessing services through an appropriate care pathway and as having a subsequent detrimental impact on the assessment, diagnosis and treatment of veterans.

  Specialist NHS provision for veterans - Access to specialist mental health provision can be problematic for veterans as a result of presenting needs. For example, veterans may present with a complex range of behavioural problems that do not fit health service access criteria, such as anger and excessive or problematic alcohol use combined with social care problems. These problems may not be unique to veterans, but when considered alongside other barriers to accessing services by this population, entry into and progression through care pathways can be particularly problematic. This report highlights areas of good practice in specialist provision for veterans and family members with mental and related health and social care needs from across the UK. Some of these services are currently being developed and others are subject to new procurement arrangements, but all are valued as part of an integrated care pathway. It is important that these services can be provided on a basis that is sustainable over the long term and can meet the particular needs and circumstances of each nation, including access to services in more rural areas. As such, specialist provision should not be viewed in isolation but should be seen as part of a network of co-ordinated care that encompasses the armed forces charitable sectors and mainstream mental health services in the statutory sector.

The issues and barriers listed above contribute to a common experience reported by veterans and other respondents in the reviews that veterans with mental health problems struggle to engage with services and often fall out of the care pathways.

[2] Read Codes are a coded thesaurus of clinical terms. They provide the standard vocabulary by which clinicians can record patient findings and procedures in health and social care IT systems.

Meeting specific mental and related health and social care needs

Across the UK there is a need to ensure that appropriate and timely service responses can be provided to meet the specific mental and related health and social care needs of veterans and their families. These include:

- ***Pre-enlistment factors*** – In particular, recognition of the specific vulnerabilities that may have an impact on health and wellbeing outcomes, such as childhood traumatic experiences, socio-economic adversity, previous psychiatric history, personality, and coping styles.

- ***Post Traumatic Stress Disorder (PTSD)*** – For those veterans who do experience PTSD there is a need to ensure an appropriate and competent service. However, this should not overshadow the need to ensure recognition of other mental and related health and social care needs that may be more prevalent, such as depression and anxiety. It is also important to recognise that PTSD is often associated with co-morbidities such as alcohol misuse, which can have a negative impact on both physical and mental health in the longer term and can contribute to offending.

- ***Self-harm and suicide*** - The numbers of males aged 24 years and under who have left the UK armed forces and who are at risk of suicide is higher than that of the same age group in both the general and Serving populations. There is also some evidence to suggest that self-harm and suicide may be more significant amongst women who have been exposed to combat situations. These potential vulnerabilities need to be recognised and addressed in mental health services and in suicide prevention strategies.

- ***Substance misuse (alcohol and drugs)*** - Amongst both Serving personnel and veterans there are reports of higher levels of alcohol consumption compared to the general population, particularly in younger age groups. Alcohol misuse has also been identified as a problem affecting Service women. Across the UK, alcohol use was cited as an area that was under-reported and needed more attention. Alcohol was thought to be more of an issue than drug misuse, although there was some anecdotal information from respondents that drug misuse was increasing amongst younger veterans. All the Call to Mind reports concluded that more research and data is needed on both alcohol and drug use. As noted previously, a common feature of service provider responses across the UK is that referral criteria and exclusions are in place in a number mental health services when substance misuse is involved.

- ***Physical health issues*** - There are a number of physical health issues that are known to have correlations with mental health problems, for example, musculoskeletal issues, sensory loss, and long term progressive illnesses. It is important that the mental health needs of veterans with physical health conditions are recognised and that care pathways are integrated in an appropriate way.

- ***The mental and related health and social care needs of female veterans -*** Although the evidence-base is growing, there is limited research on the differential effects of combat exposure on female military personnel because previous research on the effects of combat exposure during and post deployment on mental health has either focussed exclusively on men, or the sample has contained only a small subset of women. There is no specific provision for female veterans in any UK nation; without further data, it is difficult to know how many female veterans are accessing statutory and/or voluntary mental health provision, and there is a risk that the mental and related health and social care needs of these women may well be being overlooked within current services.

- ***Help seeking and overcoming stigma -*** Amongst veterans and their family members there is stigma about mental health problems and about services. Overcoming this can be challenging; but whatever the solution, it is essential that veterans and family members are directly involved. Feedback from practitioners and veterans and family members in the reports highlights that one of the most significant factors influencing veterans' and their family members' access to, experience of, and outcomes from services is the degree to which these are perceived to be appropriate and sensitive to military culture. Veterans and family members in particular often report that they feel stigmatised and alienated from mainstream service provision and that they experience difficulties engaging fully with services as a veteran or family member of a veteran.

The needs of veterans' families

The mental health problems of family members, including children and carers, are sometimes associated with living with a veteran who has mental and related health problems; however, the Call to Mind reports show that the needs of family members across the UK (including children) are often either under-identified or are over-looked. Veterans' families play a critical role in the successful transition of individuals from Service life to civilian life; it is therefore vital that their mental health, as well as that of the veterans themselves, is supported, leading to the longer term wellbeing of both parties.. It is also important to engage family members in helping to address the potential impacts of any mental health issues that their Serving spouse may experience during the in-Service transition period and beyond.

All services working with veterans' families should take into account the needs of the children. In particular, veterans' voluntary sector organisations may have an important role to play in monitoring the wellbeing and the safeguarding of children, as families may feel more comfortable disclosing information and family difficulties to these organisations rather than to statutory organisations. The importance of safeguarding children was highlighted in all the Call to Mind reports, although the level of recognition of this as an important issue varied across each nation.

Conclusions

This report provides a summary of the common themes and issues that have been identified in the Call to Mind reports for England, Northern Ireland, Scotland and Wales. Although the commitment to the Armed Forces Covenant is a UK Government commitment, health and social care are devolved responsibilities for the nations of the UK. As such, it is not the aim of this report to make recommendations, as a 'one-size-fits-all' approach for the UK would be inappropriate to meet the mental and related health and social care needs of veterans and family members.

It is hoped that by providing this UK summary, learning about areas of good practice and common issues relating to meeting the mental and related health and social care needs of veterans and their family members can be shared, and this report can be used to inform ongoing policy and service developments to meet those needs.

The majority of veterans and their family members do not have mental health problems but for those that do experience such problems these can be acute, and at times, involve complex health and social care needs. The Armed Forces Covenant includes a commitment to ensuring the delivery of appropriate and effective mental health services and support. Across the UK there are many examples of excellence and good practice in providing such services, but there are also some gaps and areas where practice could be improved.

In particular, it is important that for each nation of the UK there is a strong strategic focus on veterans and family members that encompasses mental and related health and social care needs. This should include ensuring an appropriate population based system for identifying these needs and for commissioning plans that are informed by the data that these assessments provide. The authors believe that this is the most effective means by which resources can be appropriately targeted to need in the way that the Armed Forces Covenant intends.

1. INTRODUCTION

This report provides a summary of the common issues and key findings from a series of reports into the mental and related health and social care needs of veterans and their families for England, Northern Ireland, Scotland and Wales. These are stand alone reports and they reflect the differing systems and approaches to meeting mental and related health and social care needs across each of the nations.

Each of the reports were commissioned by Forces in Mind Trust (FiMT) commencing with Call to Mind: *A Framework for Action: Findings from the review of veterans and family members mental and related health needs assessments*, October 2015, known as Call to Mind: England. The scope of this review was restricted to England as one of its primary aims was to inform commissioning for NHS England and Clinical Commissioning Groups (CCGs). The subsequent reports were published as follows:

- Call to Mind: Wales - completed May 2016
- Call to Mind: Scotland - completed September 2016
- Call to Mind: Northern Ireland - completed May 2017[3]

This report is the first time that the common issues relating to mental and related health and social care needs have been brought together into a UK-wide report. The purpose of this report is to reflect on areas of good practice and on how these might be more widely shared across the UK, and to identify issues that are pertinent for the UK as a whole in identifying, assessing and meeting the mental and related health and social care needs of veterans and their families.

Each of the Call to Mind reports for England, Northern Ireland, Scotland and Wales can be found on the FiMT website's 'Reports' page.

For the purposes of this report, the term 'veteran' is used to describe individuals who have served for at least one day in Her Majesty's armed forces, whether as a Regular or as a Reservist.[4]

The term 'veterans' community' describes veterans and their families, including adult and minor dependents.

[3] Call to Mind: Northern Ireland focused solely on statutory mental health services and did not include interviews with veterans or family members. This was due to an existing FiMT funded project with Ulster University in Northern Ireland that is addressing similar issues.
[4] The Armed Forces Covenant Ministry of Defence https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/49469/the_armed_forces_covenant.pdf

1.1 Background

Meeting the care and support needs for veterans' health and social care has been championed by the UK Government through developments such as the Armed Forces Covenant and Armed Forces Act (2011). The UK Armed Forces Covenant states that there is a moral obligation to the members of the armed forces together with their families and it sets out the following goals in regards to health care:

- Members of the armed forces community should enjoy the same standard of, and access to, health care as received by any other UK citizen in the area where they live;

- Personnel injured on operations should be treated in conditions which recognise the specific needs of Service personnel;

- Family members should retain their relative position on any NHS waiting list if moved around the UK due to the Service person being posted;

- Veterans should receive priority treatment (subject to the clinical needs of others) in respect of NHS secondary health care relating to a condition resulting from their service in the armed forces; and

- Veterans should be able to access mental health professionals who have an understanding of armed forces culture.[5]

In 2011, the UK Government revised the Armed Forces Covenant. The revised Covenant gave greater emphasis and priority to veterans' mental and related health needs. In particular,

- to ease veterans' access to health services and raise understanding about the health and social care needs of veterans;

- ensure current Service personnel, reservists, veterans, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services;

- make special consideration as appropriate for those who have given the most, such as the injured and the bereaved;

- provide veterans with priority treatment where it relates to a condition, which results from their service, subject to clinical need, and to ensure that they are not disadvantaged from accessing appropriate health services. Priority treatment in this context does not entitle veterans to "jump the queue" ahead of someone with a higher clinical need and only relates to a condition associated to an individuals' time within the Service; and

[5] The Armed Forces Covenant Annual Report 2015 Ministry of Defence

- if any veterans have concerns about their mental health, including where symptoms have presented sometime after leaving Service, they should still be able to access appropriate services with health professionals who have an understanding of armed forces culture.

Despite this renewed commitment, there had been no formal review of how the mental and related health and social care needs of veterans and their families were being met. FiMT commissioned the Call to Mind reports in order to address this and to identify key issues that may require further attention by those responsible for the commissioning and provision of services, including the armed forces charities.

Healthcare systems and structures in the UK

Health and social care are devolved issues in the UK and as such, there are now diverging policies for health and social care across each of the UK nations. Consequently, the different planning and commissioning structures developed in each nation can have an impact on the local delivery of mental and related health and social care services.[6]

In England, there has been a greater emphasis on developing patient choice, provider competition, and the use of private providers to deliver publicly funded health care. Clinical Commissioning Groups are primarily responsible for commissioning services from providers.

In Northern Ireland, the model of integrated governance for health and social care sets it apart from other UK nations. In England, Wales and Scotland, the provision of social care is the responsibility of local authorities, but in Northern Ireland, health and social care have been part of the same structure since 1974.

In Scotland and Wales, the division of purchasing from providing health care was abolished in 2004 and 2009 respectively. Competition between providers is discouraged; free prescription drugs are available; purchase of NHS funded care from private hospitals and clinics is discouraged, and in Scotland only, there is free personal social care for the over-65s.

Despite these differences, there have also been many similarities in aims across the UK. For example, there has been growing attention given to patient safety, involving patients and the public in decisions about care, promoting public health, and reducing health inequalities. All the nations want to develop more coordinated care, and have made efforts to reduce waiting times.

[6] The four health systems of the United Kingdom: how do they compare? (April 2014) Gwyn Devan, Marina Karanikolos, Jo Exley, Ellen Nolte, Sheelah Connelly and Nicholas Mays. The Health Foundation and Nuffield Trust

1.2 Methods employed in the individual reviews

The reviews were commissioned to explore the systems and processes by which the mental and related health and social care needs of veterans and their family members were addressed. A combination of methods was used, including desktop analysis of relevant documentary sources and research, and interviews and/or focus groups with key respondents from service commissioning and provision, including the armed forces charitable sector and with veterans and their family members.

Within each Call to Mind review, a desktop assessment was carried out of the strategic and commissioning plans to see how many of these plans mentioned veterans or involved health and social care needs assessments that took into account the needs of veterans. These regional strategic and commissioning plans potentially provide an important opportunity to consider veterans as a distinct population within a local area, to highlight their health and social care needs, and to ensure that they are included within local planning and funding processes and systems.

A total of 212 individual respondents took part in interviews and focus groups:

- 137 respondents were from the statutory and armed forces charitable services
- 75 respondents were veterans and family members

All interviews and focus groups were conducted on a confidential basis.

1.3 Outline of the report

The report is structured around the common issues and key findings from the individual nation reviews:

Section 2 – Strategy, planning and assessment

Section 3 – Care pathways and service responses

Section 4 – Meeting specific mental and related health and social care needs

Section 5 – The needs of veterans' families

Section 6 – Conclusions

Examples of good practice from across the UK are highlighted in each section.

2. Strategy, planning and assessment of needs

Although each of the national reports are bespoke and have a distinctive focus reflecting the particular circumstances and systems of each nation, there are many similarities around the themes and issues raised by the review of strategies and policy documentation, and the views of respondents, veterans and their families, in relation to mental and related health and social care needs.

2.1 A common commitment

Across the UK, there is a positive commitment to the Armed Force Covenant including the mental and related health and social care needs of veterans and their families:

England

The Health and Social Care Act 2012 confirmed the commitment of the NHS in England to supporting better health outcomes for veterans, including mental and related health problems. The commissioning of most health services for the armed forces (i.e. those who are registered in MOD GP practices as serving personnel, mobilised reservists and some families) is the responsibility of NHS England. NHS England has continued to develop its national strategy and operating framework for the armed forces, including veterans, for example, *Securing excellence in commissioning for the Armed Forces and their families* (2013), and the more recent *Armed Forces and their Families Commissioning Intentions* 2017/18 to 2018/19 (October, 2016). The latter, in recognition of NHS England's system leadership role, contained a commitment to procure specialist veterans' mental health services from April 2017. Clinical Commissioning Groups are the responsible commissioner for veterans' services at a local level.

Northern Ireland

In 2009, the Department of Health, Social Services And Public Safety (DHSSPS – known since May 2016 as the Department of Health) published a protocol, entitled *Delivering Healthcare to the Armed Forces - A Protocol for Ensuring Equitable Access to Health and Social Care Services.* The protocol recognised that armed forces families and veterans will have access to mental health services within the health and social care system on a similar basis as other members of the Northern Ireland population.

Scotland

In 2008, the Scottish Government set out a commitment to recognise the sacrifices of armed forces personnel and to acknowledge the contribution that the veterans' community makes to civil society in Scotland.

This commitment included the need to address the health needs of serving military personnel, those leaving the Services as a result of ill-health or injury, and veterans whose health conditions could take many years to manifest and may not be obviously linked to their Service.[7]

Wales

In 2011, the Welsh Government published their *Package of Support for the Armed Forces Community in Wales*[8]*,* as a complementary document to the Covenant. This included:

- supporting access and support for veterans through funding of the all-Wales Mental Health and WellBeing Service for Veterans (now Veterans' NHS Wales);
- Wales-wide publicity and information on the service and a website with information for each Local Health Board area for veterans;
- a free 24 hour phone mental health Community Advice Listening Line available to veterans; and
- health bodies and their staff to be reminded of their obligation to offer priority treatment and care for veterans whose health problems result from their service.

In addition, in 2012, the Welsh Government's cross-Governmental *Together for Mental Health*[9] Strategy's first delivery plan for the period 2012-16 included a commitment to '*ensure veterans receive services appropriate for their mental health needs'.*

2.2 National and local strategy and planning

Despite the above commitments there are variances and some important gaps in national and local strategy and planning for meeting the mental and related health and social care needs of veterans and their families in the UK.

England

Although there is a strong national strategy focus through NHS England, this was not reflected in local areas, as evidenced by the extent to which veterans' mental health needs were (or were not) covered by Joint Strategic Needs Assessments (JSNAs) at a local level. In the Call to Mind: England (2015) review, out of a total of 150 local authority area JSNAs, fewer than half (40%) included a reference to the health needs of veterans. There were also variations in the way that the JSNAs addressed the health needs of veterans; for example, the majority of those that did address veterans, (82%) only had the word 'veteran' somewhere in the assessment as either a vulnerable group or one whose specific health needs should be addressed. Amongst the 18% that did have more detailed information, only a handful covered the full range of health needs including mental health needs. These variations in (and in most cases (60%) entire omissions of coverage of) veterans' health needs by local authority area JSNAs potentially have significant implications for accurate local

[7] http://www.gov.scot/Topics/Health/Services/Armed-Forces
[8] https://www.gov.uk/government/news/support-package-for-welsh-servicecommunity-launched
[9] http://gov.wales/topics/health/nhswales/healthservice/mental-healthservices/strategy/?lang=en

area commissioning, and call into question whether veterans' health needs are being adequately addressed in Health and Wellbeing Strategies and CCG commissioning plans. It could also have an impact on local authorities meeting their statutory duties for public health in line with the Health and Social Care Act 2012.

Northern Ireland

The Northern Ireland Department of Health Business Plan[10], and the Health and Social Care Board and Public Health Agency Commissioning Plan 2016/17[11] (which included the Local Commissioning Group Plans for the five Health and Social Care Trust areas and their individual corporate plans) were all reviewed. None of these plans made direct mention of veterans, however, a number did highlight the continuing impact of the Troubles[12] in Northern Ireland and the importance and need to tackle issues such as Post Traumatic Stress Disorder (PTSD) and suicide, and to support the victims and survivors of trauma for the general population, which would include veterans living in Northern Ireland.

Scotland

Of the Health & Social Care Partnership Strategic Plans, published by each of the 31 Integration Joint Boards, only one Plan mentions veterans; the *Midlothian Health and Social Care Joint Integration Board Strategic Plan 2016-19*[13]*,* which states: *"Veterans of the armed forces and their families can face many challenges upon leaving the services. These can include mental health issues, ill-health and disability affecting their quality of life and opportunities to find employment. Locally we are fortunate to have a dedicated support service based in Dalkeith - Lothian Veterans Service. This service provides advice on health, housing, employment and comradeship. We must develop closer links with this service and more generally ensure that veterans are signposted and provided with appropriate support."*

Wales

Out of the total of 7 Local Health Boards' Integrated Intermediate Medium Term Plans (IIMTP) only one, the Aneurin Bevan University Health Board in their *2015/16 – 2017/18 Integrated Medium Term Plan Technical Plan*[14] made a reference to veterans. This reference was within a table that provided an overview of the Mental Health and Learning Disability services community (Table 2.3 page 12). The chapter on the local population and its health needs (Chapter 3) makes no reference to veterans or the armed forces; but the Hywel Dda Health Board does reference the armed forces in the document entitled *Our Health, Our Future Hywel Dda Integrated Medium Term Plan 2016/17 to2018/19.*[15]

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[10] https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/dhssps-business-plan-2015-2016.pdf
[11] http://www.hscboard.hscni.net/download/PUBLICATIONS/COMMISSIONING%20PLANS/Commissioning-Plan-2016-17.pdf
[12] The term 'the Troubles' refers to the conflict in Northern Ireland between 1968 and 1998.
[13] http://www.midlothian.gov.uk/downloads/file/6012/strategic_plan
[14] http://www.wales.nhs.uk/sitesplus/documents/866/2.3%20-%20ABUHB%20IMTP%20Technical%20Plan%20draft%20v20%20Mar%202015.pdf
[15] http://www.wales.nhs.uk/sitesplus/documents/862/Item6iiHywelDdaIntegratedMediumTermPlan2016-17to2018-19WorkinProgressJanuary2016.pdf

Area of good practice: The Veterans Commissioner Scotland

In Scotland, a unique addition to the regional strategic planning systems was the development of a Veterans Commissioner. Scottish Ministers identified the need for a Veterans Commissioner who would take a broader view of the public support provided to veterans and their families to assess what works and to make recommendations in order to help improve outcomes for veterans and their families.

The Veterans Commissioner is independent of the Scottish Government. The office of the Commissioner is non-statutory and carries no formal functions, powers or duties, but is able to provide impartial advice to the Scottish Government and other public sector organisations in the form of reports and recommendations designed to improve support for the veterans' community in Scotland and promote veterans as valued and valuable members within workplaces and communities.

The overall strategic objective of the Commissioner is to improve outcomes for veterans in Scotland by engaging with, listening to and acting on the experience of veterans, individually and collectively, and to provide leadership on veterans' issues by helping public services in Scotland focus on the needs of those who have served in the armed forces. The functions of the Commissioner are to:

- Review the support provided to veterans in Scotland, determine success (or not), find solutions and make recommendations to Ministers, local authorities and other public services;

- Provide leadership in changing negative perceptions of veterans in Scotland by seeking and promoting opportunities for veterans to demonstrate their skills, experience and resilience that they bring to communities and workplaces;

- Promote a more focused and accessible information environment for veterans so that they can navigate the support landscape and access the services that they need; and

- Match the contribution made by ex-Service personnel by influencing the direction of Scottish Government and wider public sector policy in order to help strengthen the support offered nationally and locally.

The work of the Veterans Commissioner has been noted with interest in the other devolved nations and in Call to Mind: Wales some respondents suggested that having a Veterans Commissioner, or more coordinated and practically-focused work across armed forces Forums, would help bring more strategic focus and leadership across Wales.

It was stressed by respondents in Wales that a Commissioner figure would need to understand issues such as planning and commissioning processes and how to build and manage relationships across agencies and sectors, rather than just being knowledgeable about the needs of veterans.

2.3 Identification and assessment of mental and related health and social care needs

Population based health needs assessment

The importance of having more robust evidence, data and information at a regional/local level was emphasised by respondents across all the reviews as being key to ensuring that veterans were included in local strategic and commissioning planning and funding systems. However, the lack of robust evidence, data, and information on the mental and related health needs of veterans was described as a significant gap.

Population based health needs assessment is an essential part of service planning and resource allocation to promote good health and mental wellbeing. It is a systematic method of identifying the unmet health and social care needs, including mental health of a population, and informing changes in the commissioning and provision of services to meet those needs. It builds up a clear evidence base of current needs and services so that decisions can be made about how to reduce any mismatch between what is needed and what is provided, and so can ensure the appropriate targeting of resources.

It can also provide an opportunity to make services more responsive to needs, to identify newly-emerging needs, to take account of the increasing knowledge base about effective interventions, and to harness the interest and experience of different respondents. It can, in fact, encourage partnership working between statutory and voluntary organisations, communities and service users, and involve them in service planning, which increases ownership and sustainability, and improves outcomes.

All the Call to Mind reports found that while there were examples of specific health needs assessments for veterans across the UK; there were significant shortfalls in the quality and completeness of these assessments:

- there is a lack of local area intelligence and data; for example, accurate identification of the number of veterans that reside in an area is needed, as is access to data on service utilisation amongst veterans who have approached or used primary or secondary mental health and/or other health services, including the armed forces charities;

- the majority of the assessments rely on household survey data. The Royal British Legion (RBL) Household Survey is one such example. Although these surveys utilise robust methods of data collection and analysis, there are limitations: the data combines the number of veterans with spouses and adult family members, and in terms of health needs, it is important to be able to distinguish between these groups more clearly. The data also only covers those living in private residential accommodation, which excludes veterans living in residential care establishments or other forms of supported housing.

- proxy measures for estimating the number of veterans living in their local areas, such as the Office of National Statistics (ONS) Population Trend Series data that used the 2007 Adult Psychiatric Morbidity Survey (APMS), are also commonly used. The APMS was a household survey of 7,461 private residents which contained some questions about previous military service, but the relatively small sample sizes involved, and the fact it was private residents only, made generalising this data more widely, or extrapolating it further to local authority area populations, problematic;

- the assessments are often out of date, for example, most pre-date the latest RBL survey, which contained some significant differences to previous surveys;

- data on service utilisation, especially amongst statutory services, is sparse and where it does exist it may not be shared;

- local data on the prevalence and incidence of mental and related health and social care problems in the veterans' community is limited. The most commonly cited research in health needs assessments comes from the longitudinal study conducted by the King's Centre for Military Health Research (KCMHR). This data does not easily translate to national, regional or local areas and it also relies on participants' self-diagnosis of problems and their remaining in the study over the longer term. This leaves open the risk of an underestimation of prevalence due to several possible factors: potential survey respondents may be reluctant to participate in the study in the first place, or may drop out of the study early; and due to the self-diagnosis element, there may be a reluctance in being identified as having a mental health problem due to perceived or actual stigma, or due to a lack of understanding or awareness about what constitutes a mental health problem; and

- veterans and family members are often not included in health needs assessments and their lived experience is therefore not reflected.

The problems highlighted above with respect to health and social care needs assessments make it difficult to produce accurate and meaningful comparisons between veterans and their family members and the general population. This is a particular problem in Northern Ireland where the available data on the extent to which mental health problems affect the Northern Ireland population and the factors relating to mental health problems were actually more limited than the data available in England, Wales and Scotland.

It is important to note that the difficulties in gathering data and the problems faced by veterans currently living in Northern Ireland are potentially more complicated and sensitive than those faced by veterans in the other nations due to personal security concerns, making it difficult for them to openly seek help for mental health issues and to provide information.

2.4 Impact on the commissioning and funding of mental and related health and social care services

All the Call to Mind reports concluded that the lack of information limited the extent to which veterans' needs could be taken into account by strategic planners and commissioners, particularly on a long term, sustainable basis, compared to other more easily identifiable population groups. Respondents across the UK raised concerns about the targeting and use of financial resources and whether it was reaching the veterans most in need.

In Scotland, for example, the Scottish Government reported that over £1 million has been provided in direct support to Scottish projects or organisations working with veterans.[16] The Call to Mind: Scotland report found that respondents welcomed this investment and the Government's ongoing commitment to veterans, but felt that without a methodical assessment of needs at either a regional or local level in Scotland, there was a risk that finite funds were not being targeted in the most appropriate way. A number of respondents stated that funds should be targeted at the greatest areas of need in order to address any gaps and unmet needs, and to improve regional and local planning for veterans in Scotland. It was stated both by statutory and voluntary sector respondents that this was an area that needed improvement.

Equally, in Call to Mind: Wales, several statutory and voluntary respondents emphasised that there was an "*awful lot of money and resources"* in the armed forces charity sector. However, they highlighted the lack of a coordinated, strategic and sustainable approach to planning/commissioning for veterans' needs across Wales as a whole. In Wales, while voluntary sector bodies were encouraged to work collaboratively, they were effectively competing between themselves and with statutory sector partners for short term funding. Although short term funding could act as a useful incentive for them to provide innovative, creative solutions, they were not given the longer term funding to then provide these solutions on a sustainable basis. This short term approach to planning/commissioning meant that some key bodies within partnerships and pathways, who were recognised as providing high quality services, were "*scrabbling round for cash"* and at risk of dropping out at any time; rather than being seen, and funded, as part of an overall delivery framework across the country.

This was seen by some respondents as putting at risk the progress that had being made in Wales with regard to veterans' mental health, including the establishment of effective care pathways and multi-agency partnerships. The lack of coordination across Wales as a whole, and competition between partners across sectors over funding, was widely felt to be confusing and to be acting against partnership working in the best interests of patient outcomes.

[16] Renewing Our Commitments (February 2016) The Scottish Government

In Northern Ireland, the armed forces charities provide valuable support to the armed forces community and there are a range of specialists and general health and social care services provided by voluntary sector organisations, which members of the armed forces, veterans or their families can access. Veterans with mental health needs also have access to a range of pharmacological and some therapy-based treatments from health and mental health services. In Northern Ireland, however, there are no veteran specific services in the statutory sector.

It was stated by a number of respondents in the Call to Mind: Northern Ireland review that due to the complex history of Northern Ireland, unlike the other UK nations, measures and provisions specifically aimed at veterans could not be promoted or developed under the equality legislation within Section 75 of the Northern Ireland Act 1998.[17] Respondents thought that the strict interpretation of the equality legislation prevented the adoption of the kind of measures introduced to support veterans elsewhere in the UK and to raise veterans' awareness of the services to which they could have access in both the statutory and voluntary sectors. In Northern Ireland, the armed forces charitable sector is also thought to be less developed compared to the rest of the UK.

In England, there has been a recent concerted effort to consolidate and improve the funding and procurement of nationally commissioned veteran specific services. This is in part due to the issues raised in the Call to Mind: England (2015) report, but NHS England has also undertaken an extensive engagement programme with veterans and family members in England that has been used to directly inform the current commissioning intentions.[18] However, Call to Mind: England raised similar concerns to those in Wales and Scotland regarding the distribution of funding for the armed forces charitable sector and the degree to which these services are able to form part of an integrated network of services for veterans and their families at local levels.

[17] Section 75 of the Northern Ireland Act 1998 A Guide for Public Authorities (April 2010) Equality Commission for Northern Ireland

[18] NHS England (2016) *Developing mental health services for veterans in England engagement report* Prepared for NHS England by NEL Commissioning Support Unit September 2016.

3. Care pathways and service responses

The relative lack of focus on the mental and related health and social care needs of veterans in local commissioning and service plans, underpinned by the limitations in health and social care needs assessments and subsequent impact on funding and procurement of services, have all contributed to a very varied picture of care pathways and service responses across the UK. There are examples of good practice and these are highlighted in a later section, but there are also some common issues that impact on care pathways and service responses.

3.1 Prevention and early identification – transition issues

Returning to civilian life presents new opportunities and challenges, and many veterans will experience a period of adjustment while transitioning from the Service and military life. The majority will adjust to civilian life within a relatively short period of time and go on to enjoy fulfilling lives. However, some people may find the transition into the civilian world harder for a variety of reasons, including:

- feeling uncomfortable with the lack of structure and goals compared with military life;
- missing the adrenaline rush of physical and life-challenging situations;
- worrying about finances;
- feeling isolated and alone;
- having difficulty concentrating;
- experiencing feelings of anger or irritability or having trouble sleeping;
- dealing with the death of friends with whom they served; and
- dealing with chronic pain or other physical health conditions.[19]

A poor transition may lead to the development of mental health issues in later years, such as depression, stress or anxiety. This, in turn, can lead to the breakdown of relationships, unemployment, homelessness and multiple and complex health issues.

Each of the Call to Mind reports highlighted the importance of a good transition particularly for the most vulnerable veterans who may additionally have to deal with leaving the Service early, pre-enlistment issues, or who may be returning to complex family situations that could have an impact on their mental health and general wellbeing. Progress has been made in addressing transition issues, but there are some areas where further improvements are still needed:

[19] http://maketheconnection.net/events/transitioning-from-service

- there is a need for greater attention to the preparation for transition that addresses stigma about mental health issues and problems, and informs people about how to access help and support in the community;

- early Service leavers (ESLs), meaning those who leave the forces in the first four years of joining or leave compulsorily within that time, and particularly those ESLs who are of a younger age, are known to be vulnerable to mental and related health and social care needs. Although there is greater recognition of this, there still needs to be more collaboration between the MOD and health services on identifying and meeting the needs of this group;

- various aspects of transition back to civilian life can be stressful for veterans and families including housing, welfare, employment and education. More needs to be done to help prepare veterans and their families to cope better with the practical daily demands of civilian life, especially around managing finances. These were seen as key factors both in the early identification and prevention of mental health problems;

- there is a need for better data sharing between the MOD, health services and voluntary sector agencies, particularly around the transfer of military medical records to health services; and

- the security concerns of veterans returning to live in Northern Ireland need to be appreciated. For example, Catholic veterans returning to their Catholic communities from the armed forces may find it difficult to find anyone they can discuss their experiences with and to acknowledge any difficulties.[20] This can give rise to complex and widespread mental and related health issues, which can be left untreated as veterans and their families feel unable to come forward and ask for help and support.

Area of good practice: Support for transition

The Scottish Government are committed to helping Service personnel make a positive transition and, through the Scottish Veterans Fund, have provided funding to a range of projects that deliver outreach, advice and support services to veterans transitioning to civilian life. In March 2016, the Scottish Veterans Fund announced grant funding of £120,000 to projects delivering employability and health and wellbeing services.

The projects being supported include the provision of bespoke housing advice and information service for disabled veterans; comradeship and befriending events for veterans to combat isolation and to promote mental and physical health; and virtual job and careers fairs.

[20] http://sluggerotoole.com/2014/03/23/homecoming-are-british-military-veterans-in-northern-ireland-coping/

3.2 Access to information and support in the community

It is vital that veterans have easy access to clear and accessible information once they have left the Service, whenever they require it. In regards to accessing health care information, a veteran's ability to do so may be reliant on their previous knowledge and experience; for example, understanding how to register with a GP and how to access support provided by voluntary sector services. This type of information is often available in leaflets and other forms of information issued by a range of organisations and on a variety of websites.

Equally, professionals in mainstream services such as the NHS or local authorities also need ease of access to information so, for example, they can make appropriate onward referrals.

However, online resources can be confusing at local levels. Veterans often reported finding it difficult, confusing and complicated to navigate these websites in order to find the information they wanted or needed. Information on websites for both veterans and professionals is often unclear or difficult to find and can result in uncertainties about which services are providing evidence based treatments.

Problems in accessing appropriate support and services amongst veterans are also influenced by their awareness, perceptions and experiences, which can lead to confusion about the various options for help on offer, and which services are provided by which service provider (i.e. by the armed forces charities sector, or by statutory services in the NHS, or by local authorities). It is clear from the Call to Mind reports that some veterans do not routinely access general health and social care services because they find the systems and procedures confusing and difficult to navigate. Some of these veterans are likely to be at higher risk of poor physical health and/or mental health, which if left untreated, can increase in severity through their life leading to more severe or increased demand on services later, and in turn, increased health and social care costs.

Making these improvements to the care pathway will require a range of responses, such as service providers working together at national and local area levels; greater use of informed signposting support to help veterans and family members navigate the care pathways and service options; and local pathway redesign to improve service integration by, for example, co-locating or embedding health care staff within community or charity based services. This latter example in particular can help improve navigation and access for those clients with multiple issues who therefore need access to several services at the same time.

The practical, emotional, and support needs of families of veterans with mental health problems are also thought to be areas in need of attention, both in terms of access to information and in terms of the services available. There is a need for easily accessible information, stored in one place, covering the range of services available to veterans and their families at a local level. This would benefit professionals and veterans and their families, especially for those who are new to an area.

In Northern Ireland, it can be difficult for services to signpost and provide information specifically for veterans on how to access appropriate services due to the strict interpretation of the equality legislation and perceptions that this would result in preferential treatment.

In November 2016, the Ministry of Defence announced £2 million for the development of a one-stop-shop service to support British armed forces veterans in need. The new service, called Veterans' Gateway, was launched in May 2017. The Veterans' Gateway was created to make it easier to navigate the large number of organisations that exist to support those who have served in the forces. It provides a first point of contact for veterans and their families through which to access information, advice and support on a range of issues, including health care, housing, and employment, in a single location.

The Veterans' Gateway has a website as well as online chat, telephone and text message services available to any veteran, from anywhere in the world, 24 hours a day. Veterans can also access face-to-face support through the Veterans' Gateway network of partners across the UK and overseas.[21]

Areas of good practice: Improving information

In 2011, as a complementary document to the Covenant, the Welsh Government published a *Package of Support for the Armed Forces Community in Wales*. The commitments included Wales-wide publicity and information on the service, a website with information for each Local Health Board area for veterans, and a free 24 hour phone service for mental health related issues, available to veterans, called the Community Advice Listening Line.

Veterans Scotland plays a leading role in coordinating information and advice about the support available to veterans by providing links through their *Veterans Assist* website[22] and promoting the use of portals provided by NHS Scotland and Citizens Advice Scotland. *Veterans Assist* provides an important link in ensuring that all veterans can access vital support and information on housing, employment and education, health and wellbeing, and comradeship and remembrance, as well as veterans' organisations or activities and events taking place in Scotland.

[21] http://www.britishlegion.org.uk/community/news/poppy-support/veterans-gateway/
[22] www.veterans-assist.org

3.3 The Armed Forces charitable sector

There is recognition across the UK that armed forces charities and the voluntary sector have an important role to play in signposting, providing assessments and treatment, and helping to improve and support veterans engaging within the statutory sector, including the NHS, local authorities and the criminal justice system.

There are a number of UK-wide armed forces charities that have a strong presence in each of the nations. However, there is also recognition of the importance of having local charities, offering practical support at a local level, that have the local knowledge and understanding of the specific legal framework, language (specifically in Wales) and culture of the nation involved.

With the exception of Northern Ireland, there are concerns around the growth of the voluntary sector. The multiplicity of armed forces charities and confusion about care pathways are viewed as creating additional problems in accessing and benefiting from care pathways:

> *"A lot of the charities are only signposting but if this doesn't result in people accessing and staying in treatment then it's a waste of money".* (Voluntary Sector Stakeholder, Call to Mind: England).

> *"They were well intentioned people who set it up but they didn't appreciate the level of the challenge and couldn't cope with the issues that people presented with".* (Voluntary Sector Stakeholder, Call to Mind Scotland).

There are also some concerns that the perceived proliferation of armed forces charities has created confusion and that some are providing treatments that lack an effective evidence base:

> *"The charities need to design services on the evidence and not interests".* (Voluntary Sector Stakeholder, Call to Mind: England).

In Scotland, respondents expressed concerns that there was a risk of there being too many voluntary sector services focused on the mental health needs of veterans in Scotland, which could result in a *"danger of reinventing the wheel"*. Professionals and veterans stated that the large number of voluntary services made it difficult for veterans to know who to approach and for professionals, such as GPs, to know which would be the most appropriate service(s) to refer their patients onto:

> *"There is a degree of dilution – there are over 400 charities but I only know ten. People don't know where to go and what is on offer".* (Statutory Sector Stakeholder, Call to Mind: Scotland).

In Wales, the size and diversity of the armed forces charity sector were seen as contributing to confusion among practitioners and individuals. Too many organisations were, in essence, offering potential support to the same individuals and "*competing for business and patients*". Concerns were expressed in Wales that while the responsibility for mental and related health issues rests with the NHS and local authorities, there is an over-reliance on the voluntary sector.

In Northern Ireland, the majority of services for veterans are provided in the armed forces charitable sector. Although these services are viewed positively, it was thought that there needed to be more planning and consideration around use of resources and the development of services in the voluntary sector:

> *"The voluntary sectors' has had over 20 years of funding and services have been developed on an ad hoc basis, but we need more coordination and planning of services, and we need to think about the needs of service users".* (Statutory Sector Stakeholder, Call to Mind: Northern Ireland).

There are strong concerns about quality assurance and governance issues within the armed forces charity sector. For example, cases were cited in Wales where harm had been caused to vulnerable individuals. This was thought to be as a result of well-meaning individuals lacking necessary technical expertise and/or 'rogue' organisations seeking to exploit public goodwill and readiness to donate money for veterans.

There is a view amongst respondents across the UK that there needs to be an accreditation system for the armed forces charities that would enable veterans and service providers to distinguish which ones were appropriate and effective:

> *"Part of the challenge is looking at the whole wide range of provision dropping out of the voluntary sector, it tends to be unregulated and we don't have a handle on organisations that tend to be offering services, for example, unregulated psychological therapies".* (Voluntary Sector Stakeholder, Call to Mind: England).

> *"We need to have a way to judge what's effective and we should only fund things that are already established as working, that have an evidence base".* (Statutory Sector Stakeholder, Call to Mind Scotland).

> *"There needs to be better regulation and training for voluntary services that provide psychological services".* (Statutory Sector Stakeholder, Call to Mind: Northern Ireland).

Scotland is the first of the devolved nations to begin to consider taking action in this area. In response to the concerns raised, Veterans Scotland identified the need for a regulation and standards framework that would:

- Provide quality assurance around clinical operational activities;
- Provide confidence and improve client referrals; and
- Define the activity standards of voluntary sector providers for non-clinical therapies and their aspirations for development and improvement.

At the time of the Scotland review, discussions were being held with a number of parties with a view to developing an analysis of the requirement and development of a bespoke assessment system.

3.4 The role of Veterans Champions

All the nations of the UK have designated Armed Forces and Veterans Champions, some working directly in the NHS and many within local authorities. These Champions are responsible for leading and coordinating issues, including health for the armed forces, veterans and their families in their health or local authority area. Across the UK, these Champions are viewed as having an important role to play in improving support for veterans.

In England, Veterans Champions tend to be in local authorities, where they come from a mixture of elected councillors and appointed council officers. There are also some designated roles for Veterans Champions in Clinical Commissioning Groups and in NHS Trusts.

In Wales, each Health Board has a designated Champion. In Scotland, each NHS Board has a designated Armed Forces and Veterans Champion. In Northern Ireland, there are elected members who are appointed by their Party to act as Veterans Champions on all eleven local councils.

Despite the general support and appreciation for these roles, some issues have been raised about their effectiveness and functions:

- the impact Champions have is dependent on individuals, for example, if a particular individual leaves the role, the person who takes over may not have the same level of interest or commitment;

- some Champions appear to be unclear as to what the role actually involves and respondents can also hold differing views and expectations about the role of Champions;

- there is a need for greater clarity around the nature and purpose of the Armed Forces Champion role with a clear brief including specific guidelines and role specifications; and

- Champions need to be adequately supported to fulfil the role;

Greater promotion and publicity for the work that Veterans Champions perform is viewed as particularly important:

> *"We need to disseminate the fact that Veterans Champions are in the councils, so people know they're there and they can help to signpost veterans to appropriate services".* (Statutory Sector Stakeholder, Call to Mind: Northern Ireland).

Some of the devolved nations were taking action to address the issues raised around the Champions. For example, Call to Mind: Scotland reported that respondents felt it would be helpful to have further guidance around the role of NHS Veterans Champion for veterans, statutory and voluntary sector organisations and for NHS Champions themselves.

3.5 Statutory service provision

Primary care

In the UK, General Practitioners (GPs) are a key initial point of contact for people with mental health problems. Managing mental health problems and promoting mental health and wellbeing is a significant part of GPs' workload. However, in spite of efforts to encourage people to seek help, a substantial group of serving personnel and veterans have mental health problems but do not seek treatment.[23] This can be because they fail to recognise that they have a health problem or need treatment[24] or because of barriers including stigma, lack of awareness or access to care, or because they have negative attitudes about mental health services.

All the Call to Mind reports found that across the UK veterans and their families were reluctant to approach GPs and to seek help for mental health issues. Some of this reluctance was the result of stigma around mental health issues generally, but there was also an actual or perceived lack of cultural competence or appropriate expertise within GP services by veterans and their family members. This was reported as being both a barrier to accessing services and entering an appropriate care pathway, and as having a detrimental impact on the assessment, diagnosis and treatment of veterans.

For GPs, Read coding[25] for the recording of patients who have served in the armed forces, or are part of the wider armed forces community (e.g. family, reservist), has been established in order to help patients get better access to the full breadth of NHS services. This is also intended to enable GPs to access prior medical records. The registration and recording helps the referral process, as well as the planning of appropriate services. In 2013, a new system was introduced by NHS England and NHS Wales to reinstate a Service Leaver's NHS record: when they register with a GP, a letter is automatically generated informing the GP that their patient has been under the care of the Defence Medical Services. This system has not been introduced in Northern Ireland[26] or in Scotland; and although it was reported that in these latter two nations, many GPs do now ask and record whether their patients are veterans, there is still a lack of clarity about how this information is being used by GPs.

There was also some concern that the NHS Scotland and NHS England systems were incompatible so information on patients could not be shared across the border, which is an issue for accurate record keeping as people clearly move between the two nations. This can further compound the difficulties in obtaining accurate data.

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[23] Iversen A et al, Help-seeking and receipt of treatment among UK service personnel.Br J Psychiatry 2010 Aug;197(2):149-55

[24] Fikretoglu D et al, Twelve month use of mental health services in a nationally representative, active military sample. Med Care 2008 46(2):217–223

[25] Read Codes are a coded thesaurus of clinical terms. They provide the standard vocabulary by which clinicians can record patient findings and procedures in health and social care IT systems.

[26] Veterans in the UK: Issues Facing the ex-service community Trajectory the futures partnership

In England, attempts to obtain adequate data from GP registration systems have found that accurate record keeping is inconsistent, and that the utility of the primary care data that does exist is limited due to a lack of willingness by veterans to identify themselves as such when first registering with a GP, and by GP (and other primary care staff) awareness of the existence of relevant Read codes.

In fact, few GPs use the Read code for veterans. This inconsistency in GP registration data represents one of the most significant challenges for ensuring that the health needs of veterans and their families are identified and responded to at the earliest possible time.

Both statutory and voluntary respondents highlighted that while work had been done to make improvements in this area, there were still gaps – particularly in relation to patients already on the system, whether in terms of GP consistency in asking the veteran-related Read code questions, or in terms of veterans understanding the importance of responding and identifying themselves as such. In Wales, for example, work has been done to raise the awareness of both veterans and GPs of the importance of GPs knowing if a patient is a veteran, e.g. through regular Chief Medical Officer letters to GPs, and charities encouraging veterans to self-identify to their GP, but this remains a *'work in progress'*.

GPs and other primary health professionals need to be made aware not only to ask if someone is a veteran, but also how to discuss their history with them appropriately and sensitively in order to provide support and where necessary make a referral to appropriate services.

Specialist NHS Provision for Veterans

Access to specialist NHS provision can be problematic for veterans as a result of presenting health needs. For example, veterans may present with a complex range of behavioural problems that do not fit NHS service access criteria, such as anger and excessive or problematic alcohol use combined with social care problems. For those veterans with mental health problems, their presenting health needs often do not fit existing mental health services criteria. They may have complex behavioural problems that result in primary mental health care services being unable to take the referral, or they may not fit the criteria for serious mental illness that is required by secondary community mental health services.

These problems may not be unique to veterans, but when considered alongside other barriers to accessing services by this population, entry into and progression through care pathways can be particularly problematic. All of the above contribute to a common experience reported by veterans and other respondents that veterans with mental health problems struggle to engage with services and often fall out of the care pathways.

Specialist versus generic mental health services for veterans

Across the UK there are examples of specialist veterans' mental health services, some of which are in the statutory sector and some of which involve both statutory and armed services charities working in partnership. In England, some of the specialist veterans' provision has been developed locally through the initiative of individual NHS Trusts or Clinical Commissioning Groups, and other services have been developed through NHS England's specialist commissioning role. These services form an important part of the care pathway, but they will never be able to meet the full levels of need or demand. It is important that there are improvements in generic mental health services at local area levels, including greater integration and collaboration with the armed forces charities.

In Scotland and Wales, there are national specialist veterans' services. These services are well regarded (see section below on good practice) but there are some doubts about the capacity and reach of these services to meet demand. For example, the difficulties of effective strategic planning and commissioning for the mental and related health needs of veterans in rural areas has been raised as an issue. In Wales, coverage of rural areas such as Powys is reportedly less effective and relies on neighbouring Health Boards. This can lead to difficulties in gaining an accurate perspective on need in Powys and delays in providing services to patients.

Similarly, in Scotland**,** the coverage of NHS mental health services was described by respondents as *"regionally variable".* Scotland has large rural areas with small but widely spread populations, which can restrict access to health care services, including mental health provision in some areas:

> *"There's an issue that some veterans with mental health issues choose to live rurally because they can't cope with the crowds and parts of Scotland are the most sparsely populated parts of Europe. These communities support each other, including access to health services in rural areas, but some mental health users can be outside that community support system".* (Statutory Sector Stakeholder, Call to Mind: Scotland).

It was suggested that those mainstream NHS health and social care services that already had links with rural communities would be more effective and practical:

> *"There are geographical gaps, but we can't set up services that can't be sustained, we need to work with mainstream services and look at redesigning services where we need to, to make them user friendly, not develop new services".* (Statutory Sector Stakeholder, Call to Mind: Scotland).

It was also noted in Wales that having shared resources and more coordination across Wales would improve the coverage of service provision.

In Scotland, the model provided by the Veteran First Point Service was thought to have the potential, if extended across all of Scotland, to ensure that pathways and routes into mainstream, non-veteran specific NHS services would become *"unnecessary".*

However, it may not be feasible to develop this kind of model on a national level in Scotland due to the geography and isolation of some areas. As a consequence, it remains vital to have good quality mainstream mental health and related services and pathways that all veterans are able to access regardless of where they live.

It is also important to recognise that some veterans do not want to be seen by a specialist veteran mental health service and that veterans value the experience, skills and perspectives of professionals who do not come from a military background. The qualities that are needed by service providers, such as empathy, technical expertise, professionalism and the ability to gain trust, are not unique to specialist service provision. However, it is essential to support veterans to be more willing to access support from civilian, non-veteran specialist primary care services. This is an important consideration in terms of ensuring that mental and related health and social care needs can be met on a sustainable, long term basis.

Areas of good practice: Specialist service provision

In England, NHS England undertook a procurement exercise during the autumn of 2016 to commission veterans' mental health services from April 2017, which more accurately reflect the needs of the people who use them. These "**transition, intervention and liaison" services** offer:

- a service for those in transition - a transition / assessment and therapeutic mental health service for serving personnel who are in the process of leaving the armed forces and entering civilian life;

- a service for veterans with complex presentations - a case management and coordination function for those veterans with complex presentations and particularly those who have suffered significant psychological trauma, where a military understanding would be beneficial, working alongside mainstream psychological and other mental health services; and

- a general service for veterans – a service for veterans who do not have complex presentation but would benefit from navigation and liaison support to other mental health services.

In Northern Ireland, a **Mental Trauma Service** is being proposed as a national focused network to help the whole Northern Ireland population. The aim of the service would be to improve:

- the individual, family and community experience of mental health trauma care;

- the psychological and social outcomes for individuals, their families and communities who have been traumatised as a result of the Troubles; and

- the governance and accountability.

The network would be governed by a partnership agreement between the Victims and Survivors Service, the statutory sector, and voluntary sector providers. This partnership agreement is under development and will cover areas such as the interface between the voluntary sector and the Health and Social Care Trusts, referral protocols, linkages, monitoring, evaluation and funding.

The network would ensure that a range of evidence based interventions and treatments are available, which adhere to NICE guidelines to meet a range of needs, and would be based on the Stepped Care model, which focuses on the recovery of the individual from psychological trauma. Although this would not be a veterans' specialist service, it would provide a tangible and robust means for addressing the needs of veterans with specific trauma related mental health problems.

In Scotland**, Veterans First Point (V1P)** is a statutory NHS service in Scotland that provides a one-stop-shop drop-in centre for veterans and provides clinical, welfare, housing and other support. V1P was established in 2009 and funded by the Scottish Government. Originally, the River Centre at The Royal Edinburgh Hospital, which dealt with trauma and stress related issues, found that around 30% of their caseloads were veterans with mental health problems. As there was a clear demand, it was felt that there was a need to design a new health service specifically for veterans. V1P was developed as an NHS service, but it was decided it should be sited away from other NHS sites.

A support element in the form of a Peer Mentors programme was also developed, which could, for example, help veterans to find employment opportunities. There are around eight V1P services planned in Scotland; the most recent service opened in the Scottish Borders.

The flagship service is V1P Lothian. It has five peer support workers, psychiatric services and a drop-in service. Access to V1P services are via self-referral so there is no waiting list for services and, following an initial assessment, veterans can be seen within two to three weeks for a full clinical assessment.

Overall, respondents, both professionals and veterans, spoke very positively about the service provided by V1P, in particular the self-referral system which ensures quick and easy access to an NHS mental health service, and has helped to reduce barriers by no longer requiring a GP referral to a psychiatric service. A number of respondents also spoke positively about the welfare support services provided by V1P, including housing, debt, employment and the work of the Peer Mentors.

In Wales, **Veterans' NHS Wales (VNHSW)** is a high quality national service that is unique to Wales. Veterans with any service-related mental health problem are eligible for outpatient treatment from VNHSW. Veterans with non-service related mental health problems referred to VNHSW are signposted to other appropriate services for treatment. The VNHSW's primary aim is to improve the mental health and wellbeing of veterans residing in Wales with a service related mental health injury.

The secondary aim is to achieve this through the development of sustainable, accessible and effective services that meet the needs of veterans with mental health and wellbeing difficulties who live in Wales.

VNHSW operates on a 'hub and spoke' model with the service based at Cardiff and Vale University Health Board (UHB).

Funding is charged back to each Local Health Board, who are responsible for appointing one or two experienced clinicians as their local Veteran Therapist (VT). The VTs are mental health professionals (e.g. from nursing, psychology and social work backgrounds), with additional post-graduate training in psychological therapies.

High satisfaction was expressed with the quality of the service in terms of both the national care pathways it had established and the quality of the VTs. Strong concern, however, was expressed by several respondents (including some veterans) about the service's capacity across the whole country. These concerns included VNHSW's therapeutic and administrative capacity, its ability to meet demand within appropriate waiting times, the knock-on effects on waiting lists, and having to rely on charities to fill gaps. A particular knock on effect of waiting lists concerned the risk of veterans self-referring to charities offering quick access, where the treatment(s) on offer are not evidence based. Increasing the capacity of VNHSW was the top priority for change identified by statutory sector respondents who participated in the review.

4. Meeting specific mental and related health and social care needs

Across the UK there is a need to ensure that appropriate and timely service responses can be provided to meet specific mental and related health and social care needs of veterans and their families. These include:

4.1 Pre-enlistment factors

All the Call to Mind reports noted that there is a range of pre-enlistment factors that may have an impact on health and wellbeing outcomes. These include childhood traumatic experiences, socio-economic adversity, previous psychiatric history, personality, and coping style. Single males, of lower rank, with lower educational status, and who have served in the Army, are most likely to have experienced these adverse vulnerability factors in childhood.[27]

The impact of pre-enlistment factors was particularly highlighted in a 2016 study by Dr Beverley Bergmann at Glasgow University's Institute for Health and Wellbeing. [28] This research used data from the Scottish Veterans Health Study to examine long-term mental health outcomes in a large cohort of veterans, with a focus on the impact of length of service. The study found that the risk of developing a mental health problem is greatest among veterans who have served for the shortest period of time and becomes less of a risk with longer service. Previous research had shown that overall, military personnel are more likely than the general public to have a mental health problem and it had been assumed that combat exposure was the biggest risk factor.

Bergmann's study analysed the long term risks of veterans being admitted to hospital for common mental health problems - including depressive disorders, anxiety disorders, PTSD and psychotic illness - by length of service. It found that those who left the armed forces earliest, including people who left the armed forces before completing training had a 50% higher risk of these mental health problems than people with no record of service. Correspondingly, longer service was associated with better mental health outcomes: people who completed at least four years' service were at no greater risk of developing common mental health problems than civilians, whilst people with the longest service had a 40% reduction in risk. In fact, by the time people had been enlisted for 10 years or more, their chance of suffering mental health problems was less than it would have been if they had never joined the armed forces at all.

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[27] Scoping Review: A Needs-Based Assessment and Epidemiological Community-Based Survey of Ex-Service Personal and their Families in Scotland Final Report (December 2012) Professor Susan Klein, Emeritus Professor David A Alexander, In Collaboration with Dr Walter Busuttil, The Robert Gordon University Aberdeen

[28] Long-Term Mental Health Outcomes of Military Service: National Linkage Study of 57,000 Veterans and 173,000 Matched Nonveterans (2016) Beverly P. Bergman, MB, ChB; Daniel F. Mackay, PhD; Daniel J. Smith, MD; and Jill P. Pell, MD (http://www.psychiatrist.com/jcp/article/Pages/2016/aheadofprint/15m09837.aspx)

4.2 Post Traumatic Stress Disorder (PTSD)

A 2010 study focused on the consequences of deployment to Iraq and Afghanistan on the mental health of UK armed forces from 2003 to 2009, including the effect of multiple deployments, and on the time since return from deployment. This study found that the symptoms of common mental disorders and alcohol misuse remained the most frequently reported mental disorders for UK armed forces personnel, but that the prevalence of PTSD was low. The prevalence of symptoms of common mental disorders was 19.7%, while for alcohol misuse it was 13.0%, and for probable PTSD 4.0% (although this latter figure rose to 7.0% for reservists).[29]

PTSD is often present with co-morbidities such as alcohol misuse, which can have a negative impact on both physical and mental health in the longer term and can contribute to offending. Deployment to Iraq or Afghanistan was significantly associated with alcohol misuse for regulars and with probable PTSD for reservists. Regular personnel in combat roles were more likely than were those in support roles to report probable PTSD. Statistics from Combat Stress indicate that veterans with PTSD or other service related mental health problems take an average of over 13 years to seek help, by which time their condition may be highly complex. It should be noted that accurate diagnosis of PTSD can be problematic and the late onset of symptoms can mean that diagnosis is often missed while serving or even for some period of time after serving.

There is a growing public awareness of the problems of PTSD amongst those still serving and veterans. However, the Howard League[30] stated that much of the media coverage of the process of transition from service to civilian life has focused on PTSD, which has overshadowed discussion of other mental health and health related problems suffered by veterans (e.g. common mental disorders such as anxiety and/or depression).

Respondents taking part in the Call to Mind reports in England, Wales and Scotland raised concerns about the misleading effect of media coverage on public perception concerning the number of veterans apparently suffering PTSD, to the detriment of the less 'headline grabbing' coverage of more common mental health disorders. But many respondents also highlighted the need for appropriate services and accurate and timely assessment for those veterans that do suffer with PTSD.

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[29] FEAR, Nicola T and JONES, Margaret and others. **What are the consequences of deployment to Iraq and Afghanistan on the mental health of the UK Armed Forces? A cohort study.** Lancet 22 May 2010: 1783-1797

[30] Report of the Inquiry into Former Armed Service Personnel in Prison (2011) The Howard League for Penal Reform,

4.3 Self-harm and suicide

It is important to note that the overall rate of suicide is no greater among UK veterans than in the general population. Although, for men aged 24 years and under who have left the UK armed forces the risk of suicide is approximately two to three times higher than that of the same age group in both the general and serving populations.[31]

There have been few studies that have undertaken a systematic evaluation of self-harm and suicide risk amongst veterans. Using qualitative research methods, Crawford *et al* (2009) sought to examine the context of suicidal behaviour among soldiers in the UK armed forces in order to identify preventative factors. This study found that there was a need to focus on efforts to reduce stigmatisation of mental illness within the military and that more needed to be done to raise awareness about existing sources of help and to reduce levels of alcohol misuse.[32]

There is some evidence that prior self-harming behaviour can elevate the risk of subsequent suicide by 100 times.[33] However, there is a need for further research in this area, particularly to identify the gender differences, as women are more likely to engage in self-harming behaviour than men. Research carried out on women in the Canadian Forces showed that they had a higher likelihood of suicide attempts than women in the civilian population, which may suggest that military women experience a more negative impact of combat exposure compared with men.[34]

Moreover, the prevalence of sexual trauma during deployment (including sexual assault, rape, and sexual harassment) has been reported as being higher among female military personnel than their male counterparts[35], which may exacerbate the negative mental health consequences of combat exposure.[36]

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[31] Scoping Review: A Needs-Based Assessment and Epidemiological Community-Based Survey of Ex-Service Personal and their Families in Scotland Final Report (December 2012) Professor Susan Klein, Emeritus Professor David A Alexander, In Collaboration with Dr Walter Busuttil, The Robert Gordon University Aberdeen

[32] Crawford MJ, Sharpe D, Rutter D et al (2009) Prevention of suicidal behaviour among army personnel: A qualitative study. JR Army Med Corps, 155(3): 203-207.

[33] Jenkins R, Bebbington P, Brugha T et al (2003) The National Psychiatric Morbidity Surveys of Great Britain – strategy and methods. International Review of Psychiatry, 15:5-13.

[34] Tolin DF, Foa EB (2006) Sex differences in trauma and posttraumatic stress disorder: a quantitative review of 25 years of research. Psychol Bull, 132(6):959-992.

[35] Street AE, Vogt D, Dutra L (2009) A new generation of women Veterans: stressors faced by women deployed to Iraq and Afghanistan. Clin Psychol Rev, 29(8):685–94.

[36] Smith TC, Wingard DL, Ryan MAK et al (2008) Prior assault and posttraumatic stress disorder after combat deployment. Epidemiology, 19:505-512.

4.4 Substance misuse (alcohol and drugs)

Amongst both serving personnel and veterans there are reports of higher levels of alcohol consumption compared to the general population, particularly in younger age groups. Alcohol misuse has also been identified as a problem affecting Service women. For example, one study found that the levels of hazardous drinking in Service men (67%) and Service women (49%) was higher than for the 38% of men and 16% of women in the general population. This finding applied to all ages for both men and women in the UK armed forces.[37]

Across the UK, alcohol use was cited as an area that was under-reported and needed more attention.

Alcohol was thought to be more of an issue than drug misuse. Drug use is an area that has received less attention though there are reports from service providers that this is a problem for some veterans. There was some anecdotal information from respondents that drug misuse was increasing amongst younger veterans. All the Call to Mind reports concluded that more research and data is needed on both.

A common feature of service responses across the UK is that referral criteria and exclusions are in place in a number mental health services with respect to substance misuse problems. There were fears that these criteria could result in the exclusion of some of the most vulnerable veterans from mental health services, particularly those with alcohol and/or drug issues and those who may be considering self-harm and/or suicide.

In 2016, a review of Mental Health services in Scotland found that participants stated that an ongoing problem was the lack of access to treatment for those who are under the influence of alcohol and/or drugs, and those who are suicidal.[38] This study reported that there was felt to be a lack of understanding around alcohol and drugs being used by veterans as coping mechanisms, and as potentially inhibiting help-seeking.

In England, there is a common perception that alcohol problems amongst veterans are under-reported and less recognised. It was also reported by NHS England that provisional data on Liaison and Diversion (L&D) Services for veterans suggests that more veterans than the general population present at L&D Services with associated alcohol misuse problems and suicide risk, but lower issues of communication and learning difficulties.

In Wales, respondents felt that there is a degree of under-reporting of alcohol problems, as many veterans do not see their drinking as problematic owing to the drinking culture within the armed forces.

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[37] Hazardous drinking is a pattern of alcohol consumption that increases someone's risk of harm. Some would limit this definition to the physical or mental health consequences (as in harmful use). Others would include the social consequences. The term is currently used by WHO to describe this pattern of alcohol consumption. It is not a diagnostic term. (https://www.nice.org.uk/guidance/ph24/chapter/8-glossary#hazardous-drinking)

[38] A Review of Mental Health Services in Scotland: Perspectives and Experiences of Service Users, Carers and Professionals Report for Commitment One of the Mental Health Strategy for Scotland: 2012-2015 (January 2016) Mental Health Foundation, VOX Scotland, The Scottish Government

Veterans who had tried to access mainstream alcohol services reported that these services were poor at recognising issues for veterans.

Veterans experienced particular difficulties in participating in mainstream alcohol treatment programmes owing to fears about talking openly about their experiences with civilians.

In Northern Ireland, alcohol and drug use are thought to have a significant impact on veterans with respect to self-harm and suicide.

4.5 Physical health issues and mental health

Physical health outcomes for people with severe mental health conditions can be poor. People with a diagnosis of schizophrenia or bipolar disorder can die up to 20 years younger than those without these diagnoses, primarily due to physical health conditions. Moreover, people with long term physical health conditions are at increased risk of developing mental health conditions such as depression. The relationships between poor physical health and poor mental health can be stronger for individuals that live in areas of high deprivation.[39]

In England, it has been noted that for veterans, physical conditions such as musculoskeletal issues, sensory loss, and long term progressive illnesses can cause related mental health problems, notably adapting to physical disabilities and living with chronic pain. However, it is not possible to determine exact or robust prevalence rates for mental health problems that are directly attributable to physical health conditions.

Similar issues were noted in Wales, where respondents emphasised both the negative and positive effects of physical wellbeing on mental health (e.g. the positive effects of exercise and the detrimental effect of back pain) and on the key determinants of mental health such as employment (e.g. the exacerbating effect on depression of being unable to work after leg injuries).

Scottish mental health strategies have made commitments to support the development of physical health assessments and monitoring for people with severe mental health conditions. These include reviewing the evidence around health improvement approaches for people with mental health conditions, and encouraging the development of mental health support and treatment for people with long term physical conditions. Overall, there has been increased availability of psychology services for those who have experienced physical health conditions, such as cancer, coronary heart disease, stroke or pain.[40] Just over half of the veterans' community in Scotland reported using some support for their physical health, with most of these visiting their GP.

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[39] A Review of Mental Health Services in Scotland: Perspectives and Experiences of Service Users, Carers and Professionals Report for Commitment One of the Mental Health Strategy for Scotland: 2012-2015 (January 2016) Mental Health Foundation, VOX Scotland, The Scottish Government

[40] A Review of Mental Health Services in Scotland: Perspectives and Experiences of Service Users, Carers and Professionals Report for Commitment One of the Mental Health Strategy for Scotland: 2012-2015 (January 2016) Mental Health Foundation, VOX Scotland, The Scottish Government

Over three quarters of those reporting a self-care or mobility problem stated that they used physical health support, although this could just be visiting their GP and does not mean that they have received specialist treatment for their health problem. [41]

In Northern Ireland, the demands on health and social services amongst the general population has been increasing primarily due to an ageing population and the growing complexity of needs amongst younger people, especially in socially deprived areas where the co-existence of physical and mental health problems is common and is often associated with poor quality of life, disability, psychological problems and increased mortality.[42] These factors are also likely to be significant amongst the veterans' population in Northern Ireland.

4.6 The mental and related health and social care needs of female veterans

Women have played a vital role in the UK armed forces. Since 1998 women have been able to serve in front line positions on naval vessels, as pilots of combat aircraft, and in combat support roles in the Royal Artillery and the Royal Engineers, alongside their male counterparts. Women's roles in contemporary conflicts such as Iraq and Afghanistan have expanded their roles well beyond previous conflicts, both in terms of the number of women involved and the nature of their involvement. In 2010, the total percentage of women in the UK armed forces was 9.1% (17,900). By 2012, 17,610 (9.7%) women were employed in the UK armed forces, of whom 3,830 were officers.[43]

While the number of Service women has gradually increased in line with the implementation of equal opportunities policies by the MOD, there is a lack of data and research about their specific health and wellbeing needs, particularly post-Service.

In terms of any differential effects of training and military service on physical health, analysis of medical discharge data indicates that female personnel in the UK armed forces are significantly more likely than their male counterparts to be medically discharged due to physical injuries and musculoskeletal problems.[44]

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[41] Health and welfare of the ex-service community in Scotland 2014 A Poppyscotland supplement to the Royal British Legion report *A UK Household Survey of the ex-Service community 2014 Forces in Mind Trust, Compass Partnership, Royal British Legion*

[42] Bamford, Terry (30 April 2015). *"Integration is not a cure-all for health and care – look at Northern Ireland"*. Guardian. *Retrieved 3 May 2015*.

[43] Scoping Review: A Needs-Based Assessment and Epidemiological Community-Based Survey of Ex-Service Personal and their Families in Scotland Final Report (December 2012) Professor Susan Klein, Emeritus Professor David A Alexander, In Collaboration with Dr Walter Busuttil, The Robert Gordon University Aberdeen

[44] Geary KG, Irvine D, Croft AM (2002) Does military service damage females? An analysis of medical discharge data in the British Armed Forces. Occupational Medicine, 52:85-90.

Although the evidence base is growing[45,46], there is limited research on the differential effects of combat exposure on female military personnel because previous research on the effects of combat exposure during and post-deployment on mental health has either focussed exclusively on men or the sample has contained only a small subset of women.

Further research is needed on gender differences in combat exposure and its impact on mental health during and post-deployment, including the effects of other trauma-related experiences on combat exposure (e.g. sexual assault) and other interpersonal stressors (e.g. lack of perceived support from comrades), and the role of pre-military and post-military interpersonal trauma.[47]

As the proportion of women who join military service is likely to increase, so the provision of health and mental health needs of these veterans will need to be adapted accordingly. However, all the Call to Mind reports found that across the UK few female veterans appeared to be accessing veterans' services. It was stated by respondents that the numbers of female veterans seeking help from statutory health and mental health services was small and some respondents stated that they had never seen a female veteran in their service. It was also reported that the potential needs of female veterans need to be recognised regardless of their exposure to combat related trauma.

There is no specific provision for female veterans across the UK and without further data it is difficult to know how many female veterans are accessing statutory or voluntary health mental health provision and there is a risk that the mental and related health and social care needs of these women may well be overlooked within current services. Statutory and voluntary mental and related health providers may need to consider how the current service provision could be made more user-friendly for women and what types of service provision would be most appropriate to meet their needs.

[45] Angela R. Febbraro, A R and Gill, R M (2009) Gender and Military Psychology IN Handbook of Gender Research in Psychology. New York: Springer pp 671-696

[46] MacGregor Andrew J., Clouser Mary C., Mayo Jonathan A., and Galarneau Michael R.. Journal of Women's Health. April 2017, 26(4): 338-344

[47] Scoping Review: A Needs-Based Assessment and Epidemiological Community-Based Survey of Ex-Service Personal and their Families in Scotland Final Report (December 2012) Professor Susan Klein, Emeritus Professor David A Alexander, In Collaboration with Dr Walter Busuttil, The Robert Gordon University Aberdeen

4.7 Help seeking and overcoming stigma

In spite of efforts to encourage people to seek help, a substantial group of serving personnel and veterans have mental health problems but do not seek treatment.[48] This can be because they fail to recognise that they have a health problem or need treatment[49] or because of barriers including lack of awareness or access to care, or because they have negative attitudes about services or stigma.

Amongst veterans and family members there is stigma about mental health problems and about services. Overcoming this can be challenging and it is essential that veterans and family members are directly involved. One of the most significant factors influencing veterans and their family members' access, experience and outcomes from services is the degree to which these are perceived to be appropriate and sensitive to military culture. Veterans and family members in particular often report that they feel stigmatised and alienated from mainstream service provision and that they experience difficulties engaging fully with services as a veteran or as a family member of a veteran.

Engaging veterans in mental health treatment programmes remains challenging because of stigma, perceived weakness in acknowledging emotional difficulties, and military macho cultures. The stigma around seeking practical help can also deter veterans and families from claiming financial assistance e.g. benefits to which they are entitled.

The Northern Ireland Framework for Mental Health 2011 supports efforts to raise awareness and reduce stigma towards mental health to help support the general population. This would also include and benefit veterans:

> *"The general population would benefit from increased awareness of and access to a range of approaches to reduce stigma towards mental health issues and build capacity to support individuals and communities in need. The promotion of positive mental health and wellbeing through awareness, knowledge and information, the involvement of individuals, families, communities and all agencies can improve an individual's resilience, capacity, skills, self esteem, confidence and self worth."*[50]

[48] Iversen A et al, Help-seeking and receipt of treatment among UK service personnel.Br J Psychiatry 2010 Aug;197(2):149-55
[49] Fikretoglu D et al, Twelve month use of mental health services in a nationally representative, active military sample. Med Care 2008 46(2):217–223
[50] Service Framework for Mental Health and Wellbeing (2011) Department of Health, Social Service and Public Safety

5. The needs of veterans' families

5.1 Services for families

Veterans' families play a critical role in the successful transition of individuals from the Service to civilian life. Supportive couple and family relationships contribute to the long term wellbeing and mental health of veterans and their families. Therefore, it is important to engage family members to address the potential impacts of any mental health concerns during the transition period and once the individual has left Service. However, across the UK, the needs of family members including children are often under-identified or over-looked and the mental health problems of family members (including children and carers) are sometimes associated with living with a veteran who has mental and related health problems.

The needs, and provision for families of veterans were highlighted as an issue in all four Call to Mind reports. It is clear from the reports that the needs of families are not being adequately recognised or addressed and that this is a gap in current provision across the UK.

In England, one of the largest care gaps perceived by respondents concerned families and carers. Veterans and family members responding to the consultation held very strong views about the neglect of family needs. This was seen as something that needed to be addressed as part of the transition out of the armed forces. There was also a view that the needs of parents, especially mothers, can be over-looked.

Respondents in Northern Ireland highlighted the work of the Belfast Family Trauma Centre and spoke positively of their support for families, including the families of veterans. However, some respondents felt that the needs of veterans' families were not being addressed within statutory services and that this presented a weakness in current service provision.

In Scotland, few professional respondents (either statutory or voluntary) raised issues or discussed the needs of the families of veterans with mental health and related issues. However, those that did raise the issue recognised that there were gaps in a number of areas. For example, a number of respondents raised concerns about the lack of information and signposting specifically for families and carers of veterans. The majority of respondents, both professionals and veterans, who did raise issues in this area felt that the needs of families were *"underserved"* and not enough support was being provided to families and carers around the mental health needs of veterans and in helping them to deal with housing and debt issues. While there are services, such as Lothians Veterans Centre, that do provide support to families experiencing difficulties, and encourage them to access their services, few respondents (both professionals and veterans) could actually name any support services specifically for the families and carers of veterans.

Similarly, in Wales, few statutory respondents discussed the needs of the families of veterans with mental health problems, and only three identified it as one of their priorities for change (two of whom were local authority respondents). Those who did cover this issue, however, saw it as a major gap, citing this as a matter which was currently being left entirely to the voluntary sector. Some respondents described the effect of supporting a veteran with mental health problems on family members' own mental health and wellbeing, saying it could lead to their developing common mental health disorders themselves, such as anxiety, stress and depression, and/or drink problems.

This could affect partners/spouses but also parents, children and older people caring for older veterans and required practical, emotional and social support.

Respondents reported that family members, like veterans, could be reluctant to seek help. This was exacerbated by the fact they were often pre-occupied with the needs of the veteran rather than noticing their own declining mental health.

5.2 Children and young people

It is vital that any veterans' services working with families take into account the needs of the children. Veterans' voluntary sector organisations in particular may have an important role in monitoring the wellbeing and the safeguarding of children, as families may feel more comfortable disclosing information and family difficulties to these organisations rather than to statutory organisations.

The importance of safeguarding children was highlighted in all the Call to Mind reports although the level of recognition of this as an important issue varied across each nation.

In England, recognising and addressing the needs of children of veterans, including mental health needs and safeguarding, was viewed as an area that needs more attention:

> *"There are safeguarding issues for children that are not being picked up".* (Statutory Sector Stakeholder, Call to Mind: England).

Particular concerns were also expressed about access to Child and Adolescent Mental Health Services (CAMHS):

> *"CAMHS responses for children of veterans are poorly developed, there needs to be greater awareness about this area".* (Statutory Sector Stakeholder, Call to Mind: England).

In Scotland, the Scottish Service Children's Strategic Working Group has developed partnership work to raise the profile of Service children in the education system, and has encouraged action to address their particular needs and challenges. However, during this review only one respondent raised any concerns about children and safeguarding issues.

In Northern Ireland, it was reported that the specific mental and related health needs of families and young people needed to be considered, particularly in regards to issues such as adolescent and young adult suicide, and alcohol and drug abuse.

However, it was also reported that the families of veterans, like veterans themselves, could be reluctant to approach GPs and statutory health and mental health services due to personal security concerns.

In Wales, some voluntary/independent respondents felt strongly that the needs of families, particularly children, required a more structured and holistic response, e.g. the early identification of, and support for children at risk themselves of developing mental health problems. Strong concerns were expressed in discussions with statutory respondents, and to some extent veterans/families, about safeguarding issues. Proactive steps need to be taken to address this given that families could be reluctant to seek help about such issues. It was felt families might initially feel more comfortable within informal peer support than formal professional structures.

6. Conclusions

There is a strong commitment across the UK to the Armed Forces Covenant and to meeting the mental and related health and social care needs of veterans and their family members. This commitment was clearly in evidence amongst the many respondents to the reviews for England, Northern Ireland, Scotland and Wales.

There are many examples of good practice from across the UK that demonstrate innovation and excellence in the statutory and in the armed forces charitable sectors in identifying and meeting the needs of veterans and family members.

There are a number of common issues and barriers that veterans and family members with mental and related health and social care problems face when seeking help. It is not the purpose of this report to make recommendations on addressing these issues for the UK as a whole, as these are addressed in each of the individual reports (see Appendices A - D for the summaries from each of the individual reports). It is also important to recognise that health and social care, including mental and related health and social care needs, are devolved responsibilities across the UK. As such, it should not be expected that there would be a single approach to meeting these needs for each nation.

However, what the individual reviews do highlight is that there is a need to ensure a strong strategic focus at national and local levels on identifying, assessing and meeting the mental and related health and social care needs of veterans and family members. Although many improvements have been made, there is still a long way to go before these needs are effectively and robustly encompassed in population based health and social care needs assessments and that these are then used to inform and improve strategy and planning to meet these needs.

The authors of this report hope that by providing this summary of the common issues and findings from each of the individual reviews, learning can be shared and veterans and their family members can be assured that their needs will be effectively and appropriately addressed.

Appendices: Summary of key issues from each of the Call to Mind Reports

Appendix A: Call to Mind: England (October 2015)

The Call to Mind: England report set out the findings from the review of veterans and family members mental and related health needs assessments in England. The primary focus of the review was on Joint Strategic Needs Assessments (JSNAs). The review was designed to support NHS England in building on its track record of success in meeting the health needs of armed forces personnel and veterans through the single operating framework for commissioning. The project also sought to support wider NHS partners such as Public Health England, Clinical Commissioning Groups (CCGs) and local authorities to better meet the mental and related health needs of veterans and their families.

A review of all of the 150 JSNAs across England was carried out in order to determine whether the mental and related health needs of veterans were included in these assessments. The purpose of JSNAs is to provide analysis of the health needs of populations in order to inform and guide commissioning of health, wellbeing and social care services within local authority areas.

In addition, consultations with key individuals from commissioning and provider statutory services, armed services charities, and focus groups and telephone interviews with veterans and family members were carried out. Call to Mind: England found that fewer than half (40%) of JSNAs across England included a reference to the health needs of veterans. There were also variations in the way that the JSNAs addressed the health needs of veterans. For example, amongst the 40% that included veterans, the majority (82%) had no more than the word 'veteran' somewhere in the assessment as either a vulnerable group or one whose specific health needs should be addressed. Amongst the 18% that had more detailed information only a handful covered the full range of health needs including mental health needs.

The significant gaps in coverage of veterans' health needs in the JSNAs for England raised questions as to whether veterans' health needs would be adequately addressed in Health and Wellbeing Strategies, and on local authorities meeting their statutory duties for public health in line with the Health and Social Care Act 2012, which included a duty to improve the health of their local population and responsibility for providing a range of public health services previously provided by the NHS.

Call to Mind: England found a number of problems with JSNAs addressing mental and related health needs of veterans, including:

- veteran status was not routinely recorded in primary and secondary care health statistics and rarely featured in social care statistics;

- veterans were dispersed across the country and while there was some intelligence and data about their residence this was not uniform or robust or sufficiently detailed at CCG or local authority area levels;

- while the status of a veteran might be recorded in a few primary care records, those of family members and reservists were very seldom recorded;

- veterans themselves may occasionally be reluctant or unlikely to identify themselves as veterans even when offered the opportunity; and

- veterans are a heterogeneous group and assumptions about health need did not apply equally to all those classified as a veteran.

Call to Mind: England found that access to services could be problematic for veterans as a result of presenting health needs. For example, they may have complex behavioural problems that result in primary mental health care services such as step one and two IAPT (Increasing Access to Psychological Therapies) services being unable to take the referral, or they may not fit the criteria for serious mental illness that is required by secondary community mental health services. Problematic alcohol use could also result in veterans being unable to access mental health services, while at the same time presenting mental health needs may mean that they could not access alcohol support services.

Call to Mind: England reported that there were no nationally recommended care pathways for veterans with mental and related health needs. The common assumption amongst commissioners and service providers was that veterans did not need a separate care pathway, as their problems were perceived to be the same as those in the general population with the exception of combat PTSD. However, evidence from this review suggested that there were significant barriers for veterans in accessing and benefitting from services and that the care pathway for veterans were more problematic than had been supposed. Even with respect to combat PTSD the care pathways were not straightforward. There were questions about suitable diagnosis that was evidence based; and there were a wide range of treatment options for PTSD for veterans that may not be adequate or appropriate.

Other key gaps in the care pathways for veterans and family members that were identified in Call to Mind: England included:

- a lack of understanding and sensitivity about military culture amongst GPs and other key health care professionals;

- poor understanding and inconsistency about commitments made under the Armed Forces Covenant regarding prioritisation of clinical needs;

- the need to strengthen prevention activities and engagement in earlier interventions within care pathways, particularly in primary care;

- restrictive access criteria to services that exclude people with more complex problems e.g. it is a common stakeholder view that veterans rarely present with a clear single mental health problem;

- the need for alcohol problems to be included as part of an integrated care pathway for mental health;

- the wide range of service options across the statutory and charitable sectors can be confusing to navigate and result in uncertainties about which services are providing evidence based treatments;

- poor or under developed integration of armed forces charities with lack of recognition of their vital role in supporting engagement and providing wrap around support services as part of an integrated care pathway;

- the need to ensure that care pathways are not developed in isolation and that there is increased recognition amongst clinicians and commissioners of the need to provide integrated care for mental and related physical conditions;

- concerns that mental health services need to be able to work more effectively with a broad range of problems for veterans including integration of health and social care needs e.g. employment support is viewed as one of the main gaps in service responses; and

- one of the largest care gaps perceived by respondents is for families and carers including recognising and addressing the needs of children of veterans. Particular concerns are expressed about access to Child and Adolescent Mental Health Services (CAMHS).

Call to Mind: England suggested the following framework for action in order to address the gaps identified in JSNAs and to ensure that commissioning and service provision for veterans and family members was effective and appropriate. The report proposed that the framework consisted of three building blocks that were interdependent and so would be key mechanisms for creating a sustainable and lasting framework for action that would improve the assessment of the mental and related health needs of veterans and their family members and inform the commissioning and delivery of services to meet those needs.

The three building blocks are summarised below:

1. Targeted and intelligent use of data and information

The variations in coverage of veterans' mental and related health needs in JSNAs across England may require national guidance to effectively ensure these needs were addressed. This could take the form of a practical resource with specific advice on how to address the methodological issues identified e.g. making appropriate use of data and ensuring that veterans and family members were engaged in the assessment.

Public Health England would welcome the opportunity to take a leadership role in supporting the development of this guidance. The resource would need to address the following areas:

- primary and secondary care data collection of veterans and family members;
- training and awareness of GPs and primary care staff;
- adopting a population based approach to health inequalities for veterans and family members.

2. Appropriate and sensitive evidence based services

There were a number of specialist veterans' mental health services some of which were developed locally through the initiative of individual NHS Trusts or CCGs, and some through NHS England's specialist commissioning role. These services formed an important part of the care pathway but would never be able to meet the full levels of need or demand. It is important that there are improvements in generic mental health services at local area levels including greater integration and collaboration with the armed forces charities. The further development of appropriate and sensitive evidence based services for veterans and family members including reservists required the following improvements in care pathways:

- less restrictive access criteria that enabled services to better respond to complex needs;

- clear referral routes for alcohol services as part of an integrated care pathway;

- recognition of the needs of family members including children and parents of veterans that took account of the wider determinants of health, such as access to employment and adequate housing;

- greater integration in service responses for meeting both physical and mental health needs; and

- clarity on liaison and partnership working between statutory services and the armed forces charities.

There is potentially an untapped resource of clinicians who are veterans or family members of veterans working in the NHS and who may be willing to act as champions and lead advisors within a structured learning programme. For example, learning collaboratives could be developed for GPs and primary care staff members alongside those working in Mental Health NHS Trusts.

3. Involvement and participation of veterans and family members

Effective involvement and participation of veterans and their family members is essential for improving data collection and the successful development of appropriate and sensitive evidence based services. NHS England has been recognised for its commitment to the involvement of veterans and family members in commissioning and this has already formed a key component of NHS England's Veterans' Mental Health Networks.

However, there is a need to further strengthen the involvement of veterans and family members in local area service developments to ensure that there is a strong service user voice.

To be effective this requires a structured and supported programme building upon the existing networks but seeking to underpin these with a more comprehensive development of local area veterans and family members' networks. In order to ensure meaningful and active involvement a structured programme of support would need to include capacity building for network participants through training and education e.g. information and knowledge about policy and legislative drivers and understanding about standards and frameworks for commissioning and service provision. This approach would ensure that participants are equipped with the knowledge, skills and experience to be meaningfully and actively engaged with a programme of lasting change.

In addition, the networks will need to be adequately resourced with appropriate facilitation and recognition for practical expenses e.g. travel, catering and room hire. Facilitators could be drawn from a wide variety of sources including lead clinicians, armed forces charities and from amongst veterans and family members themselves. An adequately resourced and facilitated programme of involvement and participation that takes a capacity building approach could form the bedrock of development for improving commissioning and service responses for veterans and family members.

Annex B: Call to Mind: Wales (May 2016)

Call to Mind: Wales reviewed the extent to which veterans' needs were covered in Local Health Board business plans, respondents' views on the need to engage veterans who are mental health users in the planning process, the need for Armed Forces Forums and Champions to work more effectively and consistently across the country, and improvements needed to data to inform long-term local level planning/commissioning regarding veterans' mental health and related health needs. The report also considered the need for a more strategic and coordinated approach to planning/commissioning across regions and sectors.

Call to Mind: Wales found that while Veterans' NHS Wales was considered to provide a high quality service, unique to Wales within the UK, statutory sector respondents had strong concerns about its capacity and ability to meet demand robustly and sustainably across the whole of Wales. Voluntary and independent sector respondents and veterans and families attached stronger importance to making improvements in mainstream services, and particularly community services. These were seen as key to combatting isolation, early identification of problems and supporting and sustaining treatment.

Stakeholders further highlighted the need to address barriers to veterans and families accessing GPs and other services, such as reluctance to seek help and frustration at waiting times/waiting lists, and to support veterans and families to be more willing to access civilian services. They emphasised the importance of building the cultural competence of mainstream services to ensure veterans' needs are met on a long term and sustainable basis, but the ability of Veterans' NHS Wales to help in this task could be limited by capacity problems.

Concerns were also expressed that common mental health needs may be overshadowed by over-emphasis on Post Traumatic Stress Disorder (PTSD); and about the diagnosis of and treatment response to PTSD within mainstream services.

Stakeholders and veterans/families called for simpler, clearer, more efficient and better co-ordinated assessment and referral pathways across Wales as a whole. Some respondents expressed concern about the operation of the dual diagnosis pathway and how to meet the needs of veterans currently using drugs and alcohol and who are excluded from services. The importance of developing a strategic national approach and close working relationships at local levels to address the needs of veterans with mental health problems who become involved with the criminal justice system was also highlighted.

Some practitioner respondents and families reported safeguarding issues around domestic violence and the long term effect on children's mental health and wellbeing, requiring a structured, holistic response. The important role families play in supporting and sustaining the recovery of the veterans, and identifying their problems and needs was emphasised; along with the need to capacity build families so they had the resilience and knowledge to play this role. This would also help prevent family breakdown, which could lead to the veteran becoming isolated.

While statutory sector respondents strongly prioritised increasing VNHSW's capacity and improving data to inform commissioning and service provision, the focus of voluntary and independent sector respondents and of veterans and families was on improving mainstream services, and on doing more to support families and carers.

Call to Mind: Wales concluded that while much progress had been made in recent years with respect to meeting the mental and related health needs of veterans, there were a number of opportunities over the next year for further improvements including:

- the new commissioning and assessment mechanisms under the Social Services and Wellbeing (Wales) and Wellbeing of Future Generations Acts;

- the next round of Local Health Boards' annually refreshed business plans; and

- the new Together for Mental Health delivery plan.

The report identified a number of key risks to progress including:

- lack of strategic focus and co-ordination in terms of planning/commissioning of services for veterans - both generalist and specialist - across sectors and regions;

- inconsistent and variable implementation across Wales of the Armed Forces Forums and Champions;

- issues around long-term sustainability of/capacity within services identified as 'best in class' in Wales by respondents, which threaten the progress made in:

    - establishing effective local multi-agency partnerships to improve assessment and referral pathways; and
    - meeting the needs of veterans with highly complex needs particularly those with dual diagnosis and those involved in the Criminal Justice System (CJS); and

- unmet need among veterans and families, with more prevention, identification and early intervention needed within generalist/mainstream services to prevent pressure on crisis services.

The report concluded that a more strategic, coordinated and effectively led approach across the whole of Wales to assessing and planning to meet veterans' and families' mental health and related health needs was needed to mitigate these risks. The key issues identified throughout the report are summarised below:

1: Ensure veterans' mental health and related health needs were factored into the development of Health Boards Integrated Intermediate Medium Term Plans, with broad engagement around veterans' issues including with mental health users and their families/carers.

2: Achieve more consistency and clarity around strategic structures such as Armed Forces Forums/Champions; and more integration between the work of Health Boards and Local Authorities, responsible for many of the key wider determinants of mental health and wellbeing such as housing and employment.

3: Continue to improve quantitative and qualitative data on veterans for local level needs assessment and planning/commissioning, including on specific sub-groups such as: female veterans; veterans with a dual diagnosis; veterans within the CJS; and veterans' families.

4: Strengthen leadership and accountability mechanisms at national level to:

- drive forward a co-ordinated, strategic and effectively implemented approach across Wales as a whole to assessing and planning to meet veterans' and families' mental health and related health needs;

- maximise the overall national spend on veterans' mental health across sectors, including ensuring high quality services are appropriately and sustainably funded; and

- provide quality, effective services meeting the variety of needs of those living within both rural and urban areas sustainably and prudently.

5: Work with key partners to seek to improve quality assurance/governance and reduce confusion/duplication within the voluntary sector, particularly those offering treatment solutions to which individuals can self-refer.

6. Highlight in precise and sensitive terms the needs of veterans as a group and ensure they are factored into the new assessment and planning/commissioning mechanisms being implemented over the coming year under the Social Services and Wellbeing (Wales) and Wellbeing of Future Generations Acts.

7: Continue improvements at the point of serving and/or resettlement, particularly around: early identification and appropriate treatment of problems; and better liaison between military and civilian services to ensure continuity of care.

8: Ensure Veterans' NHS Wales has appropriate capacity on a sustainable basis across the whole of Wales.

9: Identify veterans as a population group with specific clinical risks, barriers to accessing services and cultural needs within services, and undertake:

- assertive outreach to veterans and families;
- capacity-building within mainstream services to meet their needs in a culturally competent manner;
- working with them around their expectations of civilian services and support them to be willing to access them; and
- achieving an appropriate balance between specialist and generalist services across sectors.

10: Ensure the focus of planners and providers nationally, regionally and locally is on all types of conditions among veterans, physical and mental.

11: Address concerns about the diagnosis of and treatment response to PTSD within mainstream services.

12: Build, support and sustain Clinical Networks of agencies, including both mainstream and specialist services across sectors, to provide better co-ordinated and more effective and efficient assessment and referral processes across the whole of Wales.

13: Address concerns about how well the dual diagnosis pathway is working in practice; and how best to meet the needs of veterans currently using drugs/alcohol and therefore excluded from services.

14: Develop a strategic national approach across sectors to meet the needs of veterans with mental health needs within the CJS, including learning from current/forthcoming initiatives in this area in Wales; sustain and develop local level partnerships to the benefit of both veterans and services themselves.

15: Recognise and appropriately cater for the practical, social and emotional support needs of the families of veterans with mental health problems including safeguarding issues particularly around domestic violence and the long-term wellbeing of children; capacity build family resilience and knowledge, to fulfil their key role in prevention, identification and sustainable treatment of veterans' mental and related health problems.

Annex C: Call to Mind: Scotland (September 2016)

Call to Mind: Scotland reported that arguably, Scotland had one of the most robust mental health and related health provision for veterans in the UK, with a thriving specialist statutory and voluntary sector that was supported and resourced by the Scottish Government.

Veterans were treated with respect, compassion and dignity, and overall, the mental health services provided were of a good standard. There was no doubt that much effort and investment had been put into developing these services over the years and good progress had been made. However, the evidence gathered for the review and the feedback received from respondents, both professionals and veterans, clearly demonstrated that there were some gaps in provision and areas where further improvements could be made.

The key messages and issues outlined in the report highlighted the opportunities for further development and improvements that the Scottish Government, NHS Health Boards and Integration Joint Boards, specialist statutory and voluntary sector service providers and veterans could jointly take forward.

The key messages from respondents, both professional and veterans, were as follows:

- Existing resources needed to be appropriately targeted and maximised to meet the needs of veterans and their families and carers. Resources should be targeted at veterans and their families who were most in need and any unmet needs should be addressed - gaps and duplication in provision should be avoided.

- There were benefits of having both a specialist and mainstream NHS model for veterans in Scotland and a 'one size fits all' model should be avoided. Scotland should aim to develop a mixed economy of service provision based on local needs and ease of access to services i.e. veterans and their families living in rural and urban areas.

- There was a need for greater collaborative work and partnerships to improve efficiency and effectiveness. At a local level, there was a need for a more strategic and co-ordinated approach with the needs of veterans included in local planning processes. There was also a need for more cooperation between the statutory and voluntary sector, and within the voluntary sector. Effective local multi-agency partnerships would help to improve assessment and referral pathways, and ensure that services met the needs of veterans and their families, especially those with complex needs such as mental health and alcohol issues and those involved in the criminal justice system.

The key issues for consideration are summarised below:

- **KEY ISSUE 1: National Assessment of Veterans' Needs** - In order to ensure that funds for veterans are being used in the most effective and efficient manner, the Scottish Government should consider carrying out a national assessment of mental health, and related health and social care needs of veterans. Such an assessment should provide a comparison with the general population. This would create an evidence base and make sure that funds are targeted at veterans who are most in need, highlight any unmet needs, avoid duplication of service provision and ensure value for money.

- **KEY ISSUE 2: Local Planning for Veterans' Mental Health and Related Needs** - Veterans' mental health, and related health and social care needs should be factored into the 31 Integration Joint Boards Health & Social Care Partnership Strategic Planning processes and systems. Promoting and highlighting the needs of veterans, as appropriate, should be the priority role for veterans' statutory and voluntary sector organisations, and NHS Veterans Champions who attend these planning meetings.

- **KEY ISSUE 3: Role of NHS Veterans Champions** - It would be helpful to have further guidance around the role of NHS Veterans Champion for veterans, statutory and voluntary sector organisations and for NHS Champions themselves. Veterans Scotland is aiming to produce a short guide that provides an outline of the role of the NHS Veterans Champion including primary and secondary care support, engagement with the veterans' community and obligations under the Covenant.

- **KEY ISSUE 4: Improving Quantitative and Qualitative Data on the Demographic Profile of Veterans to Target Resources** - Efforts should be made to improve quantitative and qualitative data (e.g. geographical, age, gender) on the profile of veterans at a national and local level. It is essential to gather trend information on the profile of veterans to monitor any changing mental health, and related health and social care needs within the veterans' population to appropriately target resources and to develop current services and plan future provision.

- **KEY ISSUE 5: Local Planning for Older Veterans** - The Integration Joint Boards responsible for the planning of local health and social care services need to be aware of, and plan for, the increasing number of elderly veterans in their areas in order to ensure that the health, mental health and social care needs of this increasing elderly population are not overlooked.

- **KEY ISSUE 6: Provision for Female Veterans and Spouses** - There are very few women (veterans and spouses) currently using veterans' services within the statutory and voluntary sectors, so the mental health, and related health and social care needs of these women may well be overlooked.

Therefore, any national or local needs assessments must consider the needs of female veterans and spouses as an under-represented group. Veterans' statutory and voluntary sector providers need to consider how current service provision could be made more user-friendly for women and what types of service provision would be most appropriate for female veterans and spouses.

- **KEY ISSUE 7: Common Mental Health Problems and PTSD** - PTSD is an important mental health issue that must be addressed. However, efforts should also be made to ensure that common mental health problems e.g. depression, are not overlooked or marginalised, either in terms of funding or treatment within services. Efforts should be made to promote better understanding about PTSD including improved assessment. Veterans should be encouraged to address their actual mental health, with equal measure, and related health and social care issues.

- **KEY ISSUE 8: Pre-Enlistment Factors** - Pre-enlistment factors and length of time in service clearly have an impact on the mental health, and related health and social care needs of veterans. Awareness of these issues needs to be raised amongst statutory and voluntary sector service providers to make sure that pre-enlistment factors are not overlooked and are taken into account during referral and assessments procedures. This will ensure veterans are placed in the most appropriate services for their needs.

- **KEY ISSUE 9: Preventing Suicide and Alcohol Misuse** - Local planning around the needs of veterans should include effective partnerships between veterans' statutory and voluntary sector mental health services, mainstream NHS and Local Authority services, wider substance misuse services and the Criminal Justice System to ensure that any vulnerable veterans do not fall through the gaps but are able to access appropriate help for any alcohol issues. This is also an area where further work needs to be done at a national and local level to increasing the understanding of the impact of alcohol on vulnerable Scottish veterans.

- **KEY ISSUE 10: Refreshing Health Boards' Understanding and Application of the Armed Forces Covenant and the Needs of Veterans** - There has been little policy guidance to NHS Health Boards regarding the Covenant since 2010. In addition, several Health Board Champions have changed in recent years. These factors have resulted in the Covenant and all elements of the clinical pathway for veterans being delivered more effectively in some Health Board areas than in others. In particular, communication and expectation management with veterans regarding the conditions that apply to Priority Treatment require critical review. Veterans Scotland has raised this issue with NHS Scotland and the Director General Health Scotland directed that a working group should be established to consider and address these issues and the group has recently convened. This group has a vital role in ensuring that veterans' policy is appropriately refreshed and that current inconsistencies are addressed.

- **KEY ISSUE 11: Ensuring the Standards and Quality of Veterans' Mental Health Services** - There are clearly concerns about the quality of some voluntary sector services and whether they have the knowledge, expertise, experience and skills to provide appropriate and safe services to veterans with mental health and related problems. Veterans Scotland are leading on exploring the development of an assurance framework for this sector. This work should be supported and developed in partnership with NHS Boards and Integration Joint Boards that are responsible for the planning and funding of clinical provision within local services, as it is likely they will need to monitor these local services to make sure that they are working to an acceptable standard.

- **KEY ISSUE 12: Mainstream versus Specialist Mental Health Provision for Veterans** - There is a range of views as to the best model for the mental health and related needs of veterans. However, it is important that Scotland does not develop a 'one size fits all' model. There are clearly benefits of both specialist and mainstream NHS models and Scotland should aim to develop a mixed economy of service provision, based on local needs, ease of access to services (e.g. geography) and so forth. This should be led at a local level by NHS Boards and Integration Joint Boards who are responsible for the planning of services in their local areas.

- **KEY ISSUE 13: Partnerships and Collaboration** - Effective multi-agency partnerships are essential for meeting the needs of veterans with the most complex needs e.g. those with mental health problems and alcohol problems, and those involved with the Criminal Justice System. So, there is a need for a more strategic and coordinated approach to planning for the needs of veterans in all areas (which would include case management). This partnership approach will need to be promoted by NHS Boards and Integration Joint Boards who are responsible for the planning of services in their local areas. It is vital that they encourage greater partnership working between statutory and voluntary organisations, local communities and service users by involving them in service planning, which can increase ownership and sustainability, and improve outcomes.

- **KEY ISSUE 14: Veterans Access to Information** - Professionals and veterans find it difficult, confusing and complicated to navigate websites to find the information they want or need. Therefore, there is a need to improve access to information, which can help to improve access to services. It would not be necessary to develop new systems and structures but rather to improve co-ordination and signposting between providers and services across statutory and voluntary sector boundaries and to remove any unhelpful barriers to information delivery.

- **KEY ISSUE 15: Families and Carers** - Families and carers can play a significant role in supporting veterans to address their mental health, and related health and social care needs. They can also have mental health needs of their own that require appropriate support. However, there is a gap in terms of research evidence on the emotional and support needs of families and carers themselves. This should be considered within any national or local needs assessments carried out on veterans' needs. Veterans' statutory and voluntary services should also consider the support needs of families and carers, including helping them to better understand the needs of veterans returning home.

- **KEY ISSUE 16: Safeguarding Children** - Veterans' services working with families and children are part of a local community and have a role to play in promoting, supporting and safeguarding the wellbeing of children. By being aware of, and understanding the local systems and provision around safeguarding children, they can ensure that families and children have access to any help they need, when they need it.

Annex D: Call to Mind: Northern Ireland (May 2017)

The Northern Ireland Review took place at the same time as other significant projects being funded by FiMT in Northern Ireland (NI) being undertaken by Ulster University, specifically:

1. Understanding, supporting and serving the Northern Ireland veterans' community, comprising ex-Service personnel; and,

2. Mental Health Needs of the Hidden Veterans' Community in Northern Ireland.

Together these two studies are known as the Northern Ireland Veterans Health and Wellbeing Study (NIVHWS). The first report produced by the NIVHWS aligned to the project noted at item 1 above, and focused on the support and services available to veterans from both the voluntary and statutory (excluding the NHS) sectors in NI, and on communication across key stakeholders in the veteran support sector in NI. In order to ensure an appropriate level of co-ordination and to make sure that the Ulster University project and the Devolved Nations Review for Northern Ireland did not duplicate the same data collection and methods, it was agreed that this review would predominantly focus on statutory (NHS) and clinical mental and related health provision for veterans, while Ulster University would focus primarily on non-NHS and statutory services and voluntary sector provision. This review did, however, consider some wider related aspects such as the pathways between the statutory and voluntary sector.

This report found that veterans in Northern Ireland with mental health needs have access to a range of pharmacological and some therapy-based treatments from statutory health and mental health services. Progress has been made in improving mental health services overall in Northern Ireland and clearly many of the professionals within these services are committed to delivering services to a high standard and ensuring the particular needs of veterans are met. Any consideration of these services in Northern Ireland, however, must be done in the context of Northern Ireland's complex history, the current political landscape and the impact of the equality legislation.

The key messages from the report are outlined below:

- **Problem identification** – There is a lack of robust monitoring data across the statutory sector on the prevalence and incidence of mental health problems amongst veterans and family members in Northern Ireland. This is due to a variety of factors including reluctance amongst veterans to be identified as having served in the armed forces and the lack of strategic planning guidance for mental health providers and GPs on identifying mental health problems in the veterans' community. There is also a lack of data relating to the individual outcomes for the general population with diagnosed mental health conditions receiving therapy based treatments, which further limits understanding about the needs of veterans. Consideration needs to be made about how to improve the identification and monitoring for veterans and family members with mental health problems.

- **Help seeking amongst veterans** - The problems faced by veterans living in Northern Ireland are potentially more complicated and sensitive than those faced by veterans in England, Scotland and Wales due to personal security concerns, making it difficult for them to seek help openly for mental health issues. This can result in mental and related health issues being left untreated as veterans and their families feel unable to come forward and ask for help and support.

- **Increasing awareness of veterans' needs amongst GPs** – Although amongst many GPs there is good understanding of the mental needs of victims of trauma as a result of the Troubles, they **lacked awareness of the specific needs of veterans**. Communication strategies to raise awareness among GPs and other primary and community care practitioners of the impact of conflict-related trauma should also include the needs of veterans.

- **Early intervention and reducing stigma** – Mental health promotion approaches that can be used to help reduce stigma, should be promoted within the veterans' community to help break down barriers to service access and ensure early intervention for mental health problems. This should be included as part of the broader strategy in Northern Ireland to raise awareness of mental health problems, ensuring access to a range of information about mental health issues and service providers.

- **Legislation on equality** - The complex history of Northern Ireland and perceived conflicts between the Armed Forces Covenant and current legislation on equality, has made it difficult for service providers to signpost and provide information specifically targeted at veterans on how to access appropriate services. Veterans' mental health needs could be addressed as part of the broader approach to recognising and addressing health inequalities. This would help ensure more effective assessment of mental health needs in the veterans' community.

- **Community-Based Mental Health Provision** – Some of the more specialist residential treatments for veterans in Northern Ireland require them to travel large distances. As an alternative, shorter, community-based therapeutic and support programmes for veterans in Northern Ireland should be developed that could be tailored to the needs of individuals.

- **Mental Trauma Service** – There have been delays in the establishment of the Mental Trauma Service, which will be a national trauma focused network. This development provides a tangible and robust means for addressing the needs of veterans with specific trauma related mental health problems.

- **Female Veterans** - There is a risk that the mental and related health and social care needs of female veterans could be overlooked. Statutory mental and related health providers may need to consider, with voluntary sector colleagues, how the current service provision could be made more user-friendly for women and what types of service provision would be most appropriate to meet the specific needs of female veterans.

- **Needs of Families** – The impact of the Troubles on all families, young people, and children is recognised. There is also increasing understanding about the intergenerational impacts of trauma. This needs to be considered in the context of veterans' families, particularly in regards to issues such as adolescent and young adult suicide, and alcohol and drug abuse.