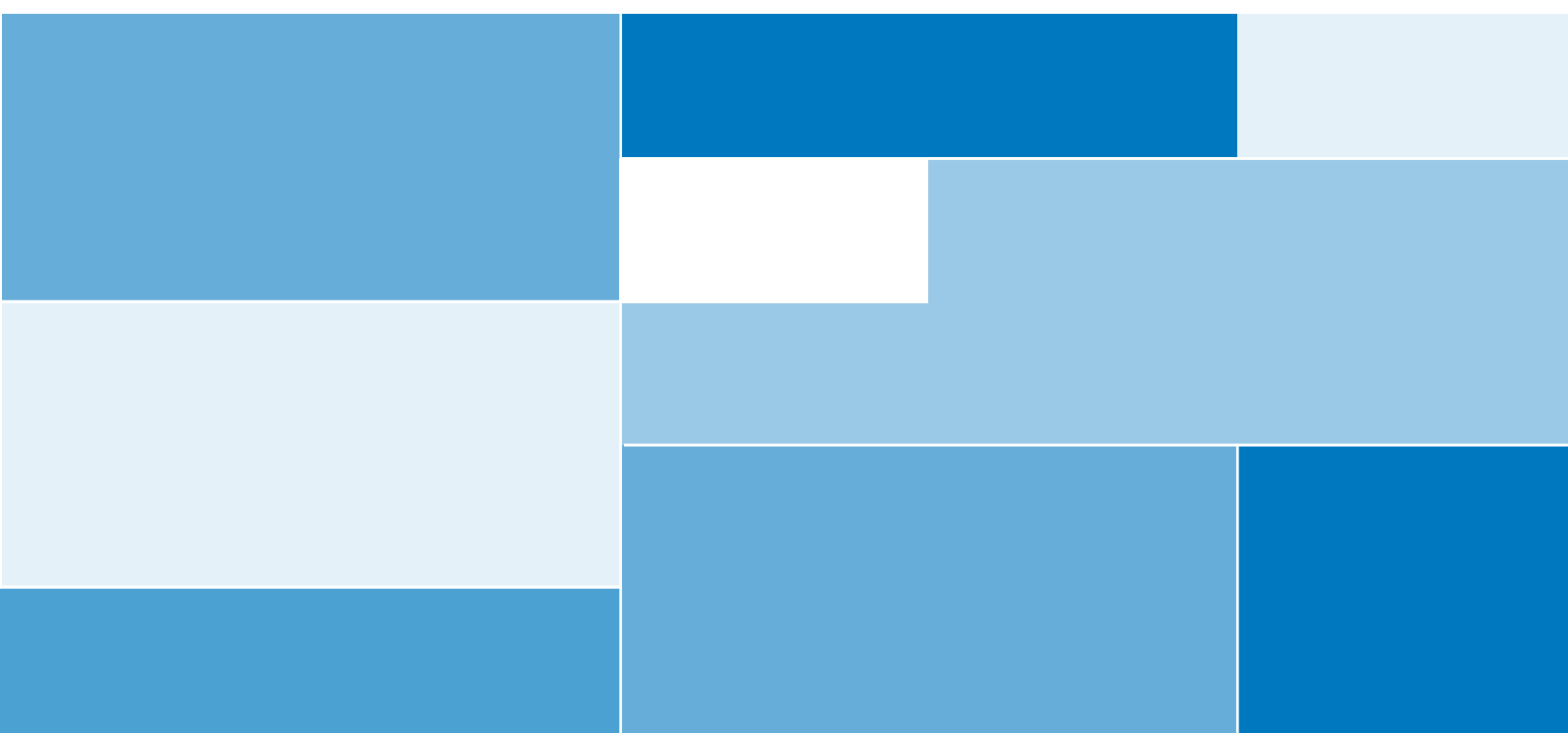


Veterans

Positive Practice Guide



March 2013

Veterans

Positive Practice Guide

March 2013

Contents

1. Background and policy framework.....	4
2. Understand the needs of veterans.....	6
3. Access to Services.....	7
4. Engaging with veterans.....	9
5. Training and developing the workforce.....	10
6. Resources and Contacts.....	11
Acknowledgements	15

1. Background and policy framework

- 1.1 The [Armed forces Covenant](#)¹ sets out the Nation's commitment to the Armed Forces, their families and veterans.
- 1.2 There are around 180,000 regular serving personnel in the AF, 100,000 of whom are in the Army, 35,000 in the Royal Navy and 45,000 in the RAF. There are around 29,000 personnel in the reserve forces, a significant proportion of who since 2003 have been deployed on active service alongside the regular forces. The Strategic Defence and Security Review in 2010 recommended reductions in the numbers of regular serving personnel and increase the number of reserve personnel.
- 1.3 The great majority of regular and reserve armed forces personnel do not experience mental health problems either during or after service. Each year 24,000 personnel leave the AF. There are about 2,000 medical discharges, of which about 200 are due to mental health problems. It is not known how many leave the AF with an unrecognised mental health problem.
- 1.4 It is estimated there are about 5 million veterans in the UK, and about 7 million family dependents.
- 1.5 The most obvious potential risk to the mental health of service personnel are violent or traumatic experiences of combat. Other risks to their mental health may include:
 - Frequent or prolonged deployments;
 - Disruptions or instability in home life;
 - Making the transition from service to civilian life; and / or
 - The consequences of the excessive drinking culture that is often found among service personnel.
- 1.6 Whilst in service, personnel experiencing mental health problems have rapid access to primary care and mental health services in Departments of Community Mental Health (DCMH), similar to NHS Community Mental Health Teams. Similar facilities are available abroad in combat zones, through Field Mental Healthcare Teams.
- 1.7 The situation for veterans is different. When they leave the AF, the healthcare needs of veterans are the responsibility of the NHS (and have been since 1948). For the great majority, this works well. However, some veterans may have needs that differ from the general population, such as co-morbid or complicating conditions, some may benefit from additional support to make a transition to civilian life and support

¹ <http://www.southofengland.nhs.uk/wp-content/uploads/2012/03/Armed-Forces-Covenant.pdf>

in accessing services. The Government recognises that more needs to be done to meet the mental health needs of veterans.

- 1.8 It is important that veterans are able to access mental health services. Some veterans are reluctant to access care provided by the NHS. This is expected to some extent among young men in general but it appears even more pronounced among some who have a service background. The Service Personnel and Veterans Agency (SPVA) as well as ex-service agencies and charities, such as Combat Stress, The Royal British Legion (RBL), the Sailors Soldiers and Airmen and Families Association (SSAFA) and the Citizens Advice Bureau (CAB) have an important role to play in supporting veterans to access the services they need.
- 1.9 In addition to the services offered by the NHS and service charities, the Ministry of Defence makes provision for some veterans including:
- Access to a comprehensive assessment at the Veteran and Reserves Mental Healthcare Programme (VRMHP) based at Chetwynd Barracks in Chilwell, Nottinghamshire, for any mental health problem a veteran may consider to be related to their service, and for veterans with operational service since 1982;
 - Access to VRMHP for assessment and, if appropriate, out-patient treatment from the Defence Medical Services for current or former reservists who have been demobilised since January 2003 and who believe that overseas operational deployment as a reservist might have adversely affected their mental health;
 - Welfare support for veterans who have been medically discharged to help them achieve smooth transition to civilian life;
 - War pensions for Veterans who develop mental health problems after leaving the AF; or
 - An award under the Armed Forces Compensation Scheme where the veteran's problem is caused by service after 6 April 2005.

2. Understand the needs of veterans

- 2.1 Commissioners need to understand the demographic profile of their local populations in order to provide Improving Access to Psychological Therapies (IAPT) services that are appropriate for the whole population, including veterans, and to include them in needs assessment work.
- 2.2 Of the three Services, soldiers are most at risk of both physical and mental health problems, particularly young single infantrymen. This may relate to both pre-service vulnerability as well as exposure to high levels of direct combat.
- 2.3 There is a growing body of good quality mental health research on British Armed Forces personnel, for whom the most common disorders are depression, anxiety disorders, substance misuse (mostly alcohol) and psychological trauma-related disorders. Veterans with long-standing mental health problems frequently present with multiple co-morbid psychiatric disorders and highly individualised clinical, social, occupational and relationship problems. There may also be co-morbid physical conditions e.g. orthopaedic problems and chronic pain.
- 2.4 Rates of Post-Traumatic Stress Disorder (PTSD) in personnel who are still serving are generally low, with a figure of approx. 4% being reported from recent conflicts.
- 2.5 Commissioners should ensure that IAPT services are effective for veterans from a range of circumstances. Although veterans should be regarded as part of the ordinary community population, commissioners should also be aware that some veterans may have complexities and distinct differences from the rest of the population. Consideration should be given to where, when, and from whom the veteran was diagnosed with PTSD. For many it may be a more acceptable diagnosis to have and there may be many benefits to holding on to it, even though clinically they would no longer meet the diagnostic criteria. Some veterans are vulnerable to social exclusion including homelessness and unemployment and around 3.5% of the prison population in England and Wales are reported to be veterans.
- 2.6 Specialist case working charities, such as Combat Stress, and ex-service agencies such as SSAFA and The Royal British Legion play an important role in helping veterans' access appropriate mental health care and can provide a useful referral route into an IAPT service. Commissioners should liaise with such organisations to ensure that the needs of veterans are included in designing the IAPT service.

3. Access to Services

- 3.1 Veterans can face a number of barriers that prevent them accessing psychological therapy services for their mental health needs. This was recognised in the report by Dr Andrew Murrison MP, '[Fighting Fit – a mental health plan for servicemen and veterans](#)²'. The Government accepted all of the recommendation made by Dr Murrison. As a result, veterans are able to also access:
- The [Big White Wall](#)³ on-line counseling service ;
 - Combat Stress 24 hour veteran's mental health helpline 0800 138 169;
 - Veterans' Mental Health teams that have been put in place across England (based across 10 areas that link to the previous lay down of Strategic Health Authorities); and
 - Veteran's Information Service – which is facilitated by the Service Personnel and Veterans Agency and where veterans are contacted a year after leaving the AF and provided with advice/information – including information relating to mental health.
- 3.2 High levels of social exclusion can mean that some veterans do not register with GPs and therefore have poorer access to health care. Promoting self-referral routes and accepting referrals directly from ex-service charities, into IAPT services would be of great value (this has been demonstrated within the Military Veterans IAPT Service in the North West. The use of Veterans Leads within the NHS is another route for Veterans without access to GPs.
- 3.3 Veteran's beliefs and behaviors may prevent them from receiving psychological therapies, such as:
- Believing that mental health problems are shameful and so deliberately hiding symptoms from health professionals;
 - Believing that NHS professionals will not understand them or their service history;
 - Believing that the effort, stigma and shame will outweigh the benefits of asking for and receiving help;
 - Self medicating with alcohol in order to mask their moods or problems, and stop them being detected;
 - Mistakenly believing that psychological therapies are not effective for veterans
 - Being disenchanted by previous exposure to mental health services in the military or NHS; and
 - Having difficulty accessing general health services in the first place (especially relevant for veterans who are socially excluded).
- 3.4 General Practitioners (GPs) and other primary care professionals may inadvertently prevent veterans from accessing psychological therapies services because they:

²

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/27375/20101006_mental_health_Report.pdf

³ <http://www.bigwhitewall.com/my-account/login.aspx?ReturnUrl=/>

- May not understand that veterans may have specific needs because of past military cultures;
 - May not ask the question as to whether or not the individual in front of them has ever served in the AF, and therefore do not consider that their presenting may be related to their service;
 - May inadvertently prevent veterans access to other services due to a lack of education – GPs and others can access the following : Veterans, Trauma, PTSD, access to E Training is available to all⁴;
 - May have time constraints in their surgeries that reduce the probability of them diagnosing veterans’ mental health problems effectively;
 - Recognise symptoms of depression or anxiety disorders but fail to recognise that they can be treated with psychological therapies;
 - Mistakenly believe that psychological therapies are not effective for veterans; and
 - Believe that treating any physical health problems is a higher priority than treating mental health problems and consequently do not refer to psychological therapy services.
- 3.5 Specialist mental health services may inadvertently prevent veterans from accessing services that provide psychological therapies because they:
- Lack confidence in working with veterans;
 - May be fearful that Veterans can be violent; and
 - Have concerns about their ability or skills to build a therapeutic relationship with veterans.
- 3.6 Engaging with locally provided NHS Veterans Mental Health Teams, these issues can be addressed.

⁴ www.rcgp.org.uk/courses-and-events/online-learning/ole/veterans-health-in-general-practice.aspx

4. Engaging with veterans

- 4.1 While most veterans use NHS services in the same way as the rest of the population, some of them may find it difficult to engage with the NHS and may need some extra assistance in getting the help they need.
- 4.2 Commissioners of IAPT services should engage with veterans' organisations and groups, and with those who have existing expertise in working with veterans, including the Medical Assessment Programme, and Combat Stress. The existing traumatic stress services (mostly members of the UK Trauma Group) also usually include staff with experience in treating Veterans. Such organisations may act as intermediaries by:
 - Providing commissioners with information that can be used to encourage veterans to engage with services and accept IAPT treatment;
 - Raising awareness and signposting Veterans to IAPT services (by being included in the referral pathway to IAPT services); and
 - Providing commissioners with useful feedback to help IAPT services improve the way they encourage engagement with Veterans.
- 4.3 Commissioners of IAPT services will want to ensure that the location of the service encourages engagement with Veterans. A location that offers some form of anonymity would help to engage those who fear the stigma of having mental health problems, or who feel isolated from, or anxious about using, statutory NHS services.

5. Training and developing the workforce

- 5.1 It is an important principle that the IAPT workforce should where feasible reflect and be representative of the local community, including veterans and their families. The capacity and capability of therapists should be appropriate for the people they will be seeing.
- 5.2 Commissioners will want to recruit, develop and retain a workforce that is able to deliver high quality services that are fair, accessible, appropriate and responsive to the needs of all people, including veterans.
- 5.3 Veterans are a population that reflects the general adult population in terms of age and need. However, commissioners should ensure that therapists take steps to understand military culture. Early evidence from the Mental Health Pilots show that veterans will see and engage with therapists with no military background, provided that they demonstrate interest, honesty and understanding, and an acknowledgement that there may be issues they do not understand. General misconceptions held about (and held by) Veterans should be explored by therapists and veterans alike. Issues of substance misuse, gender and the stigma some people associate with mental health problems may be particularly relevant in this population.

6. Resources and Contacts

Mental Healthcare Support			
"Big White Wall"	www.bigwhitewall.com	For serving personnel, veterans and their families. It provides an anonymous, online, early intervention service, aiming at self help, staffed by professional counsellors for people who are experiencing common mental health problems.	Available to all serving and ex service personnel
Combat Stress	www.combatstress.org.uk/pages/about_us.html Tel: 01372 587000 National 24 hour Support Line: 0800 138 1619	Combat Stress delivers dedicated treatment and support to Ex-Service men and women with conditions such as Post Traumatic Stress Disorder (PTSD), depression and anxiety disorders.	Available to all serving and ex service personnel
NHS	www.nhs.uk/Pages/HomePage.aspx	You can also find help and support for mental health issues at - www.nhs.uk/NHSEngland/Militaryhealthcare/Pages/Militaryhealthcare.aspx or www.nhs.uk/Livewell/Militarymedicine/Pages/Mentalhealth.aspx	Available to all serving and ex service personnel
Veterans & Reserves Mental Health Programme	http://www.army.mod.uk/welfare-support/23247.aspx Tel: 0800 0326 258 http://www.veterans-uk.info/map/faq.html Tel: 0800 0326 258	Open to all current or former members of the UK Volunteer and Regular Reserves who have been demobilised since 1 January 2003, following operational deployment overseas as a reservist and who believe that their deployment may have affected their mental health. The Medical Assessment Programme, formerly at Baird Medical Centre in London has relocated to Chilwell to be with the Reserve MH Programme.	Available to all serving and ex service Volunteer Regular Reserves personnel Available to Veterans – accessed via referral by your GP

Welfare Support			
Organisation	Contact Details	Additional Information	Availability
Army Welfare Service	www.army.mod.uk/welfare-support Tel: 01722 436569 (during normal working hours)	A professional and confidential welfare support service for Army servicemen and women and their families, wherever they are located	Available to serving Army personnel
Naval Personnel and Family Service	www.rncom.mod.uk	A professional and confidential welfare support service for Naval and Royal Marine (i.e. the Royal Marine Welfare service) servicemen and women and their families, wherever they are located	Available to serving Naval & RM personnel
RAF community support	www.raf.mod.uk/community/	A professional and confidential welfare support service for RAF servicemen and women and their families, wherever they are located	Available to serving RAF personnel.
Victim Support	http://www.victimsupport.org.uk/ 0845 30 30 900	A national charity giving free and confidential help to victims of crime, witnesses, their family, friends and anyone else affected across England and Wales.	All
Carer Support	http://www.nhs.uk/carersdirect/Pages/CarersDirectHome.aspx 0808 802 0202	NHS website offering free, confidential information and advice for carers.	All
Confidential Support Line	From 10:30 to 22:30 every day of the year on 0800 731 4880 (from UK), 0800 182 7395 (from Germany) and 800 91065 (from Cyprus). From Operational theatres use paradigm "Homelink" – enter *201 at the PIN		Available to serving Army personnel
Army Families Federation	http://www.aff.org.uk/	The Army Families Federation represents the views and concerns of Army Service personnel and their family members on the issues that affect them as part of the Army family.	Available to families of serving Army personnel
Naval Families Federation	http://www.nff.org.uk/ Castaway House, 311 Twyford Avenue, Portsmouth, Hampshire, PO2 8RN Tel: 023 9265 4374 Fax: 023 9265 3862	The Naval Families Federation represents the views and concerns of Naval Service personnel and their family members on the issues that affect them as part of the Naval / RM family.	Available to families of serving Naval & RM personnel

RAF Families Federation	www.raf-ff.org.uk/	The RAF Families Federation represents the views and concerns of RAF personnel and their family members on the issues that affect them as part of a RAF family.	Available to families of serving RAF personnel.
SAFA-Forces Help	www.ssafa.org.uk For ex service personnel Tel :0800 0326 258 For serving personnel: - From the UK (main line): 0800 731 4880 From Germany: 0800 1827 395 From Cyprus: 800 91065 From the Falkland Islands: #6111 From anywhere in the world (call-back): +44 (0) 1980 630854From operational theatres (through Paradigm’s phone system): dial the appropriate access number, then enter *201 at the PIN prompt. Available to all serving and ex service personnel.	The services SAFA provide reflect the financial, practical and emotional issues people face today and they are freely available to virtually everybody with a Service connection.	Available to all serving and ex service personnel.
The Royal British Legion	www.britishlegion.org.uk Tel : 0845 772 5725	The RBL offer support on a wide range of topics from compensation, bereavement, money worries to preparing to return to civilian life.	Available to all serving and ex service personnel
The Officers' Association	www.officersassociation.org.uk Tel : 0845 873 7150		Available to anyone who holds (or has ever held) a commission in the British Armed Forces
The RAF Association	www.rafa.org.uk/		Available to serving and ex service RAF personnel

Getting hold of Medical Records

The following are points of contact for requesting medical records pertaining to a person’s healthcare during their service:

Royal Navy & Royal Marines	Army	Royal Air Force
MDG(N) Medical Records Institute of Naval Medicine Alverstoke Hampshire PO12 2AA	Army Personnel Centre Secretariat Disclosure 3 (Medical) MP 525, Kentigern House 65 Brown Street Glasgow, G2 8EX	ACOS Manning (Medical Casework) Room 01 Building 22 Air Command RAF High Wycombe Buckinghamshire, HP14 4UE

Acknowledgements

With thanks to the following for the March 2013 update:

Dave Rutter	Head - Military and Veterans' Health Policy Team
Wayne Kirkham	National Veterans Mental Health Network
Surgeon Captain John Sharpley	Defence Consultant Advisor in Psychiatry, Department of Community Mental Health
Dr Alan Barrett	Principal Clinical Psychologist & Clinical Lead, Military Veterans' IAPT Service (North West)
Dr Shirley Timson	Consultant EMDR Practitioner, South Staffordshire and Shropshire Healthcare NHS Foundation Trust
Dr Neil J. Kitchiner	Principal Clinician & Honorary Research Fellow, University Hospital of Wales
Sarah Dilley	Regional Lead for Veterans Services, East Midlands General Adult Services

And thanks to the following for the original publication in 2009:

Bob McDonald (IAPT)	DH, Senior Mental Health Policy Lead
Matt Fossey	DH
Stephanice Gray	DH
Dr Anne Braidwood	Ministry of Defence
Prof Chris Brewin	University College London
Dr Walter Busuttill	Medical Director Combat Stress
Symon Day	
Graham Fawcett	Camden and Islington PCT
Professor John Hall	Health and Social Care Advisory Service
Joanathan Iremonger	Ministry of Defence
Neil Kitchiner	Cardiff and Vale NHS Trust
Dr Jennie Ormerod	Humber Mental Health Teaching NHS Trust
Professor Ian Palmer	Medical Assessment Programme
Jenny Priest	Policy Advisor, The Royal British Legion
Dave Rutter	DH Stakeholder and Partner Relationship
Professor Richard Williams	DH Advisor on Emergency Preparedness

