

HEALTH SCRUTINY PANEL
28 MARCH 2013
EX-SERVICE PERSONNEL - MENTAL HEALTH ISSUES
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

- 1.1 A representative of Nottinghamshire Healthcare NHS Trust will be attending the meeting to provide information, and answer questions about the Nottingham Veterans Partnership to inform scrutiny of mental health issues affecting ex-service personnel.

2. Action required

- 2.1 The Panel is asked to consider the information provided at the meeting and decide whether to:
- a) make any recommendations relating to the information provided: and
 - b) carry out any further scrutiny of mental health issues affecting ex-service personnel and if so, the scope for that piece of work.

3. Background information

- 3.1 In November 2012 the Panel decided to include consideration of mental health issues affecting ex-service personnel in its work programme.
- 3.2 It is difficult to establish the size of the ex-service community. There are over 20 active armed forces units based in the East Midlands and it is estimated that 2500 former soldiers settle in the region every year. The Ministry of Defence does not keep central records of where personnel are recruited, where they go on leaving the services or where they subsequently move to. Some are members of veterans' organisations but not all. However, it is recognised that Nottingham has a significant ex-service community and it is anticipated that this will increase as levels of discharge from the armed forces increase in response to the Strategic Defence Review 2010.
- 3.3 Most people leave the armed forces healthy and make a successful transition to civilian life. However there is evidence of a prevalence and pattern of particular factors that disproportionately affect ex-service personnel, one of these being mental health issues. A briefing note on ex-service personnel and mental health issues is attached at Appendix 1.
- 3.4 As would be expected from the lack of data on the size of the ex-service population, it is difficult to identify the level of mental health need amongst ex-service personnel nationally and locally. Ex-service

personnel are not identified within the adult mental health strand of the Joint Strategic Needs Assessment, but may fall disproportionately within certain mental health risk categories given parallel issues with housing and employment for example.

- 3.5 The Nottingham Veterans Partnership was established in December 2011. The Partnership links over 20 organisations including health service providers, housing and social support services, local authorities and the voluntary sector to provide a single point of contact for veterans to access the relevant type of support. Individuals only have to contact one of the partner organisations and they will then be assessed and provided with tailored support, bringing together all the necessary services required to meet their needs. The following mental health partners are involved: Rethink; Combat Stress, Nottinghamshire Healthcare NHS Trust, MIND and Joint Service Alliance. Other partners include Framework, Royal British Legion, Nottingham University Hospitals NHS Trust, CVS, Portland College. A representative of Nottinghamshire Healthcare NHS Trust will be attending the meeting to provide information, and answer questions about the work of the Partnership.
- 3.6 The Panel needs to decide whether to carry out further scrutiny of mental health issues affecting ex-service personnel and if so, the scope for that piece of work. This should include the focus and timescales for work.
- 3.7 One Nottingham is considering exploring the impact of changes in the armed forces on the provision and use of services in Nottingham and the wider conurbation. The scope of this work is still being developed but may include mental health issues. The Panel will want to consider if/ how it links to this work.

4. List of attached information

- 4.1 The following information can be found in the appendices to this report:

Appendix 1 – Ex-service personnel and mental health: briefing note

Appendix 2 - *Nottinghamshire Ex-Armed Forces and Families Partnership: Information for Armed Forces* leaflet

5. Background papers, other than published works or those disclosing exempt or confidential information

None

6. Published documents referred to in compiling this report

Minutes of meeting of the Health Scrutiny Panel held on 29 November 2012

Nottingham City Joint Strategic Needs Assessment Adult Mental Health 2011

7. Wards affected

All

8. Contact information

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Ex-service personnel and mental health: briefing note

Approximately 22,000 Armed Forces personnel leave Service and return to civilian life each year and there are an estimated 5 million veterans in the UK. Both the previous Government and the current Government have recognised that physical injuries and mental health issues can create additional healthcare needs for some veterans.¹

A report published by the Royal British Legion in 2010² highlighted that:

- Prevalence of mental health disorders in serving personnel and veterans is broadly similar to that of the normal population.
- A 2009 survey of serving and ex-serving personnel found the weighted prevalence of common mental disorders such as depression and anxiety was 27.2% with Post Traumatic Stress Disorder (PTSD) syndrome at 4.8%. Common diagnoses were alcohol abuse (18%) and neurotic disorders (13.5).
- Reservists were at a far greater risk of developing psychiatric problems than Regular Service personnel.
- A 2009 study found that the overall suicide rate was not greater compared to the general population but suicide risk was associated with being a younger age at discharge, male gender, Army service, lower rank, being single and having a length of service of 4 years or less.
- Prevalence of hazardous drinking was higher for serving and ex-serving personnel than the general population.

From this, the Royal British Legion notes:

- There is a common misconception that the majority of Service personnel and veterans experience PTSD and that any mental health disorder is necessarily caused by a traumatic experience during Service.
- The crux of mental health problems experienced by service personnel and veterans are common mental health disorders such as depression and anxiety and therefore mental health services need to reflect these needs.
- Despite the minority of individuals that do suffer from PTSD, the disorder has a weighty affect on the quality of life for an individual, and therefore, needs early identification, intervention and specialised treatment.
- The causes of mental health issues can be a mixture of pre-Service vulnerabilities, during Service experience and transition/post Service experiences.
- Alcohol misuse/abuse is a growing factor related to mental health illnesses for Service personnel and veterans
- Research has evidenced vulnerable groups to be Reservists and early Service leavers.

¹ House of Commons Library (2011) *Healthcare for Veterans*

² Royal British Legion (2010) *Armed Forces and Veterans Mental Health*

Transition from military to NHS services

When staff leave HM Forces their healthcare transfers from the military to the NHS and they draw upon the same services as the rest of the population, alongside a number of groups that focus specifically on the ex-service community.

The Royal British Legion comment that the transition from military culture and health services to civilian life and NHS services can be a difficult process for some. Problems can range from alcohol misuse, housing and employment to those of health and social care. Early service leavers (those leaving before 4 years service) are particularly vulnerable to mental health risks. Support during the transition is often filled by charities.³

Priority access to NHS services

War pensioners have been entitled to priority access to treatment for conditions relating to their service since 1953 and since 2008 this has been extended to all veterans whose medical conditions or injuries were due to military service. Clinicians determine the allocation of priority based on clinical need. The Department of Health considered that the extension of priority to all veterans was likely to have a particular impact on mental health, audiology and orthopaedic services⁴.

Mental healthcare services

The NHS Choices website outlines the mental health services currently available to veterans.⁵

For those who leave the Forces with a medical discharge on mental health grounds, a military social worker works with them for up to 12 months to help them access the right NHS services.

Combat Stress and Rethink provide a helpline for veterans with mental health concerns. Combat Stress is the leading UK charity specialising in the care of veterans' mental health.⁶ It gives practical support, such as on housing and employment matters and a clinical assessment of mental health needs if necessary. It also has short stay residential facilities offering rest and treatment and community psychiatric nurses who can provide care at home.

Veterans, including reservists, who feel that they have mental health problems relating to their Service can access the Ministry of Defence's national Veterans and Reserves Mental Health Programme which is based in Chilwell. This service is available on GP referral or self-referrals are accepted. The

³ Royal British Legion (2010) *Armed Forces and Veterans Mental Health*

⁴ House of Commons Library (2011) *Healthcare for Veterans*

⁵ NHS Choices website (accessed 18/03/2013)

<http://www.nhs.uk/Livewell/Militarymedicine/Pages/Veteransmentalhealth.aspx>

⁶ See Combat Stress (accessed 18/03/2013) www.combatstress.org.uk

Programme provides veterans with a full mental health assessment by a consultant psychiatrist and the results of this assessment along with advice on further treatment and care is passed to the GP and other local health professionals. If the individual is diagnosed with a combat-related mental health condition outpatient treatment is offered at one of the Ministry of Defence's Departments of Community Mental Health. If acute care is needed there will be liaison to provide access to NHS inpatient treatment. The NHS Choices website reports that approx 100 veterans a year access the Programme.⁷

Combat Stress reports that there is some evidence that veterans are reluctant to seek help from civilian health professionals due to perceptions that they will have a lack of understanding of military life or the context of their injuries. Consequent delays in seeking treatment can make successful treatment more difficult.⁸ This is supported by anecdotal evidence received by the Royal British Legion from veterans and military charities that some veterans do not believe that GPs or mental health services can relate to their military culture, language and experiences. In its 2010 report the Royal British Legion conclude that "mental health services need to be structured in such a way as to encourage veteran engagement and equity of access...The integration of care pathways is the only way for a whole person's mental health needs to be truly address."⁹ During 2008-11 the Ministry of Defence funded six pilots within the NHS to test out ways of delivering longer term mental healthcare to veterans.¹⁰ More successful features of pilot services included:

- Self-referrals being an option for accessing a service
- Availability of staff who were themselves veterans
- Staff with training and experience of working with veterans
- Availability of group work with other veterans
- Provision of multi-agency 'clinics' with advice on pensions, employment, housing, physical health etc
- Teams/ buildings 'badged' as being for veterans
- Services offering assessment and treatment together with no wait in between
- Joint work and information sharing with other agencies to support one another and prevent duplication
- Routinely accessing Forces' service records of new referrals

Less successful features included:

- Assessment only services leading to treatment in generic NHS settings
- Pathways involving onward referral with a further waiting list at each stage
- Staff who had little or no experience of working with veterans
- Sole practitioner services where this led to discontinuity of service through having nobody in post at times

⁷ NHS Choices website (accessed 18/03/2013)

<http://www.nhs.uk/Livewell/Militarymedicine/Pages/Veteransmentalhealth.aspx>

⁸ Combat Stress (accessed 18/03/2013) www.combatstress.org.uk

⁹ Royal British Legion (2010) *Armed Forces and Veterans Mental health*

¹⁰ University of Sheffield (2010) *Evaluation of Six Community Mental Health Pilots for Veterans of the Armed Forces*

- Services requiring veterans always to travel long distances for assessment of treatment.

The current Government's mental health strategy, *No Health Without Mental Health*, includes a specific section on mental health services for veterans¹¹.

Armed Forces Covenant

In May 2011 the Government published the Armed Forces Covenant, which sets out a framework for how the armed forces community can expect to be treated. It includes the following guidance relating to the healthcare of veterans:

Veterans receive their healthcare from the NHS, and should receive priority treatment where it relates to a condition which results from their service in the Armed Forces, subject to clinical need. Those injured in Service, whether physically or mentally, should be cared for in a way which reflects the Nation's moral obligation to them whilst respecting the individual's wishes. For those with concerns about their mental health, where symptoms may not present for some time after leaving Service, they should be able to access services with health professionals who have an understanding of Armed Forces culture.¹²

The Government also published an outline of measures it intended to put in place to support that Covenant. This includes proposed measures to improve veterans' access to healthcare services and mental health services in particular.

¹¹ HM Government (2011) *No Health Without Mental Health*

¹² Ministry of Defence (2011) *Armed Forces Covenant*