Service Specification for Mental Health and Wellbeing Services for Veterans in Wales

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1. Introduction

The potential adverse impact of active military service on health and wellbeing has long been recognised with physical and psychological symptoms being commonly reported by veterans[1]. Concerns regarding impaired health and wellbeing amongst veterans have achieved a high profile recently because of the current service demands made of military personnel[2].

The prevalence of mental health problems amongst United Kingdom veterans and their needs are not accurately known. It is recognised that the majority of veterans do not develop mental health problems and appear to adjust well to civilian life[3,4]. Some veterans do, however, develop difficulties and have significant needs as a result. It is important not to view mental health problems in isolation from social and physical issues, nor to over-medicalise them. It is, however, important to consider research into their prevalence in veterans. Iversen et al[5] conducted a cross-sectional telephone survey of 496 vulnerable UK veterans who had scored as cases on the GHQ when previously interviewed. Three hundred and fifteen (64%) responded of whom 138 (44%) had a psychiatric diagnosis with high levels of co-morbidity. Fifty-three percent of those diagnosed were on the depressive spectrum, 18% anxiety disorders, 16% post-traumatic stress disorder and 12% probable alcohol dependence. Just over half with self-reported problems were currently seeking help, mainly from their General Practitioners. Most received treatment, mainly medication; 28% were in contact with a service charity, 9% under a psychiatrist and 4% were receiving cognitive behavioural therapy. American soldiers and marines returning from deployment to Afghanistan, Iraq and other destinations in 2003 and 2004 also reported significant mental health problems. Problems were reported by 19% of those returning from Iraq, 11% from Afghanistan and 9% from other locations[6]. Recent research into suicide rates amongst veterans found that young male veterans who served in the army for a short period and were of low rank were 2-3 times more likely to commit suicide than the general population or serving personnel. Risk was highest in the first two years after leaving service and rates of contact with any mental health services prior to suicide was low[7].

In the United Kingdom there has traditionally been no special provision made for the estimated 4.7 million plus veterans and their dependents. Veterans' health and social needs are officially catered for by statutory services such as the National Health Service and local authorities, and the Medical Assessment Programme offers an assessment-only service for those with operational service after 1982. The Service Personnel and Veterans' Agency, various charities and other organisations, some with central funding, also play a major role in supporting veterans and supplementing the input provided by statutory services. Concerns about the current provision for veterans have been widely reported, with some arguing for dedicated services as in the USA[8].

England's Improving Access to Psychological Therapies initiative has recognized veterans as a population with specific needs and recently published a positive practice guide[4]. This notes that veterans may have different needs to non-veterans, that they can be reluctant to access NHS care and that they are vulnerable to social exclusion including homelessness and unemployment. The document identifies a number of barriers which need to be addressed to fully engage veterans with NHS services

including stigma, shame, disenchantment with previous contacts and lack of understanding of their needs by some health professionals.

In 2008, the Command paper, *The Nation's Commitment: Cross-Government Support to our Armed Forces, their Families and Veterans*[9] was presented to parliament. It asserts that regular military personnel, reservists, veterans and their families must not be disadvantaged and that this will sometimes call for degrees of special treatment. For example, all veterans with service related conditions are now entitled to accelerated treatment through the priority NHS treatment scheme, although it is clear that this may not always occur. The Command paper commits to raising awareness of veterans' needs among healthcare professionals and notes the introduction of six pilot community mental health services across the UK to improve veterans' timely access to mental health services and inform the development of future services. This initiative , funded by MOD will run for two years and is being formally evaluated by Sheffield University. The governments in Scotland and Wales have co-funded projects. In March 2008, the Welsh Pilot project[10] was launched in Cardiff to cover the catchment areas of the Cardiff & Vale and Cwm Taf NHS Trusts, a population of around 1,000,000 people. Preliminary data suggest that this project has proved successful at identifying veterans and enabling them to access appropriate NHS and welfare services for their needs.

The Welsh Assembly Government (WAG) remains committed to improving support and treatment for veterans. This, together with the initial success of the Welsh Pilot Project, led to the creation of a National Task and Finish Group to develop a service specification. The Group met on five occasions between 16 July 2009 and 3 December 2009. The specification has been informed by evidence obtained from the following sources:

a. Existing literature regarding the needs of veterans and the provision of services for them.
b. Discussions with veterans, their carers and individuals involved in the psychosocial care of veterans.
c. Ongoing psychosocial research into the needs of veterans living in Wales.
d. The experiences of the six Community Veterans Mental Health Service Pilot Projects across the United Kingdom, with particular reference to the Pilot Project based in Wales which covered the Cardiff and Vale and Cwm Taf NHS Trusts (LHBs from 1 October 2010).

2. Aims and Outcomes

The primary aim of this specification is to improve the mental health and well-being of veterans. 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. The services should be firmly based within existing NHS and Social Care Services and fully integrated with the other services and agencies that cater for the health and social needs of veterans. The service will be one part of the welfare pathway for veterans and adopt a stepped care approach to ensure veterans' needs are addressed by the most appropriate agency.

The key outcomes of the service will be:

A. Veterans who experience mental health and wellbeing difficulties are able to access and use services that cater for their needs.
B. Veterans in this service are given a comprehensive assessment that accurately assesses their psychological and social needs.
C. Veterans are signposted or referred to appropriate services for any physical needs that are detected.
D. Veterans and others involved in their care are able to develop an appropriate management plan that takes their family and their surroundings into account.
E. Veterans' families are signposted to appropriate services if required.
F. This service will develop local and national networks of services and agencies involved in the care of veterans to promote multi-agency working to improve outcomes for veterans and their families.
G. The service will link with the military to facilitate early identification and intervention.
H. The service will promote a recovery model so that veterans can maximise their physical, mental and social well being.
I. To provide brief psychosocial interventions.
J. To provide expert advice and support to local services on the assessment and treatment of veterans who experience mental health difficulties to ensure local services, including addictions services, are able to meet the needs of veterans.
K. To raise awareness of the needs of veterans and military culture to ensure improved treatment and support across services.
L. To identify barriers to veterans accessing appropriate services and attempt to highlight and address these as appropriate
M. To collect data on patterns of referral, routine outcomes and referral on.

3. Eligibility

Any veteran living in Wales who has served at least one day with the British Military as either a regular member or as a reservist.

4. Access

An open referral system will be adopted whereby veterans can self refer, be referred by their families or by other agencies or services. There will be a single point of referral for each LHB.

5. Service Details

5.1 Service – A hub and spoke service model will be adopted. The hub will be based in Cardiff, provided by the Cardiff and Vale University Local Health Board (LHB). The other five LHBs responsible for mental health service provision across Wales will be the spokes. The LHBs will create local mental health and wellbeing services for veterans that deliver the outcomes listed above. The services will cover the whole of Wales.

5.2 Staffing – The LHBs will employ an individual or individuals to undertake the role of a band 7 Community Veterans Mental Health Therapist (CVMHT) who will be a member of the most appropriate arm of the local mental health service (e.g. a Community Mental Health Team, Psychological Therapies Service or Traumatic Stress Service). The CVMHTs will aim to spend a minimum of 50% of their time delivering psychological treatments to veterans in order to address the gap in current tier 3 provision. The CVMHT will also skill up others within the mental health service to help provide/cover this service when that individual is away. The CVMHT will be appropriately skilled and trained but can be from any professional background e.g.; Nurse, Social Worker, Occupational Therapist. The Cardiff & Vale University Local Health Board will employ a band 8b CVMHT and a Consultant Psychiatrist one session per week to allow the development of the hub and spoke model. Each of the LHB services will be supported by a 0.5 whole time equivalent band 2 administrator. An additional 0.5 whole time equivalent band 2 administrator will be based at the hub to undertake all Wales administrative tasks.

Given the absence of accurate information regarding the number of veterans in each LHB catchment area, the funding for CVMHTs will be allocated according to the total populations covered using the following formula: $0.5 + 4X$ where X = the fraction of the population of Wales covered by the LHB. The total whole time equivalent CVMHT for each LHB is shown below.

LHB	**WTE CVMHT**
Betsi Cadwaladr University	1.47
Hywel Dda	1.0
Abertawe Bro Morgannwg	1.23
Cardiff & Vale University	1.1
Cwm Taf	0.89
Aneurin Bevan	1.31

5.3 Management and Professional Accountability Arrangements – The service will be directed by a senior clinician based in Cardiff with support from the band 8b CVMHT. All CVMHTs will be line managed and professionally managed locally with support from the band 8b CVMHT and Service Director. Band 7 CVMHTs will attend an induction programme following appointment and receive face to face or telephone supervision from the band 8b CVMHT on a two monthly basis or more regularly if required. The Service Director will be accountable to WAG through the Cardiff and Vale University LHB.

5.4 Staff Training - The CVMHTs will have proven skills and experience in conducting a full biopsychosocial assessment, developing management plans, case management and the provision of brief psychosocial interventions and psychological treatments on appointment. An induction and ongoing professional development programme will be delivered to enhance the CVMHTs ability to work effectively with veterans.

5.5 Local Networks - The LHBs will be responsible for creating and maintaining local networks of key stakeholders which meet regularly. These will include local veterans and carers, representatives from Health, Social Services, the Royal British Legion, Combat Stress, the Service Personnel and Veterans Agency and other

organisations, e.g. Citizens Advice Bureau, Defence Community Mental Health Services according to the local situation. These local networks will develop a robust multi-agency approach to the care of veterans and support the CVMHT.

5.6 Care Pathway - Each service will develop a care pathway that is agreed with the Service Director and will deliver the outcomes listed above. It is recognised that the care pathways will not be identical given the geographical and service differences across Wales. Veterans with more complex difficulties throughout Wales will be eligible to receive a second opinion assessment in Cardiff following referral by the local CVMHT.

6. Clinical Governance and Performance

Individual LHBs will be responsible for the clinical governance and performance of their service. The service will be required to adhere to the LHB policies and procedures regarding clinical governance. Minimum service standards will be agreed and the service will be audited against these. Each CVMHT will be responsible for collecting a minimum data set on all veterans referred to the service and for providing additional information as required. Data will be transferred anonymously in accordance with the Data Protection Act and collated centrally in Cardiff who will provide local feedback and prepare an annual report. Any complaints or adverse events will be dealt with through the LHBs' usual procedures and captured as part of the evaluation of the service.

7. Steering Group

A steering group will be formed with a similar membership to the Task and Finish Group to provide strategic input to the service.

8. References

1 Jones E, Hodgins-Vermaas R, McCartney H, et al. (2002) Post-combat syndromes from the Boer war to the Gulf war: a cluster analysis of their nature and attribution. *British Medical Journal*,324,321-324.

2 Unwin C, Blatchley N, Coker W, et al. (1999) Health of UK servicemen who served in the Persian Gulf War. *Lancet*, 353,169-178.

3 Iversen A, Nikolaou V, Greenberg N, et al (2005) What happens to British veterans when they leave the armed forces? *European Journal of Public Health*, 15, 2, 175–184.

4 Improving Access to Psychological Therapies (2009). Veterans positive practice guide. Downloadable from:

5 Iversen A, Dyson C, Smith N, et al. (2005) 'Goodbye and good luck': themental health needs and treatment experiences of British ex-service personnel *British Journal of Psychiatry, 186, 480-486.*

6 Hoge CW, Terhakopian A, Castro CA, Messer SC, Engel CC (2007)Association of Posttraumatic Stress Disorder With Somatic Symptoms, Health Care Visits, and Absenteeism Among Iraq War Veterans. *American Journal of Psychiatry, 164, 1.*

7 Kapur N, While D, Blatchley N, Bray I, Harrison K (2009) Suicide after leaving the UK Armed Forces—A cohort study. PLoS Med 6(3): e1000026. doi:10.1371/journal.pmed.1000026

8 IUA/ABI. (2004) *Fourth UK bodily injury awards study*. London. International Underwriters Association and Association of British Insurers.

9 The Nation's Commitment: Cross-Government Support to our Armed Forces, their Families and Veterans (2008). HMSO ID5856691. Downloadable from:

10 http://news.bbc.co.uk/1/hi/wales/7224874.stm