



Annual Report

April 2016 – March 2017





Veterans' NHS Wales

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Service Aim - to improve the provision of mental health care to veterans living in Wales

Veterans' NHS Wales - is the first point of contact for veterans (ex-service personnel) residing in Wales, with a suspected 'service related' mental health problem



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Welcome



VNHSW Team Members - Left to right: Neil Kitchiner, Julie Devlin, William Watkins, Vanessa Bailey, Victoria Williams, Oxana Jones, Max Bergmanski, Claire Young, Clare Crole-Rees and Mark Birkill

Since its launch in April 2010 - Veterans' NHS Wales (VNHSW) continues to develop its military mental health expertise and reputation across Wales and the UK, as the first point of contact for veterans, health professionals and the third sector charities who work with military veterans. Veterans' NHS Wales continues to remain the only UK national NHS veterans' service. We understand the importance of retaining close and strong working relationships with colleagues across the border in England, Scotland and Northern Ireland.

We continue to lobby Welsh Government and NHS Wales for increased resources and funding to be able to continue to expand our capacity to provide a first class service to veterans and in the future their families in Wales.

The main body of the report will describe the activity of the Service from 01 April 2016 - 31 March 2017. A minimum data set continues to be refined and is collected routinely on all individuals referred and assessed by Veteran Therapists (VTs) across each Local Health Board (LHB) in Wales. This information contained within has been analysed by colleagues at Public Health Wales and will be presented throughout this report.



Neil Kitchiner

Dr Neil Kitchiner
**Director & Consultant Clinical Lead
and Honorary Research Lead for
Veterans Mental Health
Cardiff University**

Our Aims, Outcomes and Eligibility

The primary aim of Veterans' NHS Wales is to improve the mental health and wellbeing of UK 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 that live in Wales.

Key Outcomes of the Service

A. Veterans who experience service related mental health difficulties are able to access and use services that cater for their needs.

B. Veterans are provided with 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 care management plan that takes their family and their surroundings into account.

E. Veterans' families are signposted to appropriate services if required.

F. This Service has developed local and national networks of services and agencies involved in the care of veterans to promote multiagency working to improve outcomes for veterans and their families.

G. The service has linked with the military to facilitate early identification and intervention.

H. The Service has promoted a recovery model so that veterans can maximise their physical, mental and social wellbeing.

I. Veterans who experience service related mental health difficulties are provided psychosocial interventions if indicated.

J. Veterans who experience 'non-service related' mental health difficulties are signposted to receive appropriate interventions.

K. The Service has provided 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.

L. The Service has raised awareness of the needs of veterans and military culture to ensure improved treatment and support across services.

M. The Service has identified barriers to veterans accessing appropriate services and attempted to highlight and address these as appropriate through the Armed Forces Mental Health Clinical Networks and Armed Forces Forums in each LHB.

N. The Service has collected data on patterns of referral, routine outcomes and referral on.

Eligibility

Any UK veteran living in Wales, who has served at least one day with the British Military, either as regular service member or as a volunteer reservist, is eligible to be assessed by VNHSW. Veterans with a 'service related' injury are eligible to receive outpatient treatment (psychological and/or medication). Those with 'non-service related' injury are signposted to appropriate services for ongoing treatment as indicated. The service has developed a 'Common Care Pathway' which has been agreed by both the VNHSW national steering group members and Welsh Government (see page 17, Appendix 1).

Key Features of the Service

- A Wales wide NHS out-patient service for veterans with service related mental health problems
- A mixed team skill base comprised of staff with personal experience of working in and for the military and mental health professionals with extensive experience of working with the mental health needs of veterans. VNHSW staff routinely arrange for practical help and support via our partners who include Change Step (Peer Mentoring Charity) on housing, finance, benefits, employment (the Poppy Factory), training, improving social contacts, physical and mental health care by signposting to our trusted expert partner organisations as part of the 'Common Care Pathway' (see appendix 1).

- Out-patient clinics are located in or near the main population centres across Wales, with easy access via public transport links
- The option to have a telephone or Skype screening assessment in the veteran's home with a VT who will assess for suitability and signposting, if deemed appropriate
- Following assessment, veterans are collaboratively involved in the development of an individualised management plan to address health and psychosocial needs
- With consent, we always access all veterans' MoD service and healthcare records to inform our clinical assessment and as a key condition of accessing the Service
- We offer a range of NICE approved evidence-based psychological therapies provided on-site for a wide range of mental health problems
- Close partnership working with a range of veteran organisations/charities to raise awareness of veterans' issues, across Wales and UK, where appropriate
- Inputting into on-going evaluation and research on the needs of the veterans' community to inform future policy-making and commissioning of services

Our Staff

Our staff team past and present includes clinicians with personal experience of military life, including our previous Director (2010-2013), Professor Jonathan Bisson, Consultant Psychiatrist who served as a Major in the British Army. Dr Neil Kitchiner, current Director and Consultant Clinical Lead, served as a Captain with 203 Welsh Field Hospital, Army Reserves Centre, Cardiff. Neil deployed to Afghanistan during Herrick 19a (Oct 13 - Jan 14) as part of the two-person field mental health team. Julie Campion VT (HDUHB) has worked as a civilian community psychiatrist nurse with SSAFA based in Germany for several years, delivering mental health care to serving personnel from various MoD mental health facilities. Several of the VTs have been married to serving personnel and are parents of children who have served within the military. The majority of our staff group has worked for VNHSW for approximately 6-8 years and have developed a wealth of experience in treating veterans with service related mental health problems.

At the end of March 2017, VNHSW had 15 VTs in post (see Figure 1). Each Health Board has dedicated administration support. The Powys Teaching Health Board service continues to be delivered by neighbouring LHBs: Betsi Cadwaladr UHB for those who live in Montgomeryshire; Aneurin Bevan LHB for those who live in Brecon or Radnorshire; and Abertawe Bro Morgannwg UHB for those who live in Ystradgynlais.

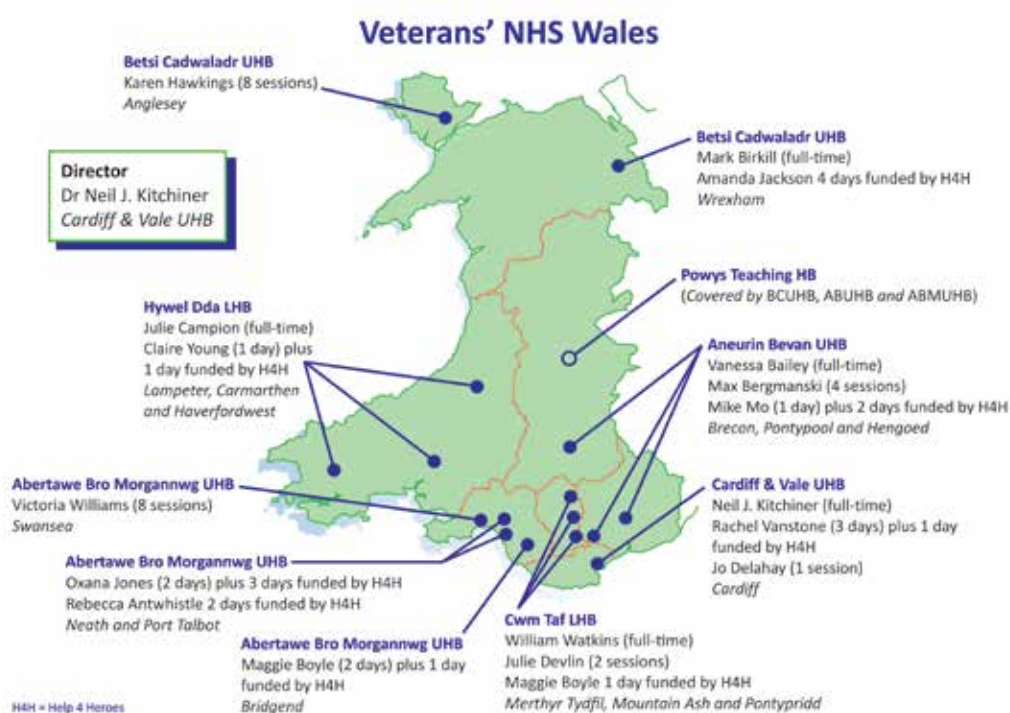


Figure 1. VNHSW staff and main clinics

Our Services - Clinical Treatment

Veterans' NHS Wales employed 15 VTs, who have a background as a mental health professional with a core training in: nursing, psychology, occupational therapy and social work). The VTs also have an additional post-graduate training in psychological therapy (mainly Cognitive Behavioural Therapy and Eye Movement Desensitisation Reprocessing Therapy). The VTs are able to treat the entire person in a formulation-based approach. Referrals to VNHSW arrive via several routes, including primary care, self-referral and various veterans' charities/agencies e.g. RBL, SSAFA, Veterans UK and Change Step.

Evidence-based Psychological Interventions

All the VTs are trained in several psychological therapies, listed below:

1. CBT (for common mental health disorders)
2. Emotional regulation training
3. Trauma-Focused CBT (e.g. Prolonged Exposure, Cognitive Therapy, Cognitive Processing Therapy, Skills Training Affect Interpersonal Relationships (STAIR), for traumatic stress symptoms
4. Eye Movement De-sensitisation and Reprocessing (EMDR) for traumatic stress symptoms
5. Motivational interviewing
6. Medication reviews (by veterans' GPs and/or our Consultant Psychiatrists)

The VT will also refer to other primary, secondary or tertiary health services when indicated by level of risk and clinical need.

VNHSW Website

VNHSW commissioned a fresh dynamic website which went live April 2015 www.veteranswales.co.uk - which contains a wealth of information for veterans', a self-referral on-line form, and useful links to other veteran organisations that can offer practical help and support.



Figure 2. Veterans' NHS Wales website

Key Stakeholders

VNHSW continues engage in partnership working with key veteran stakeholders. This has created strong partnerships across the veteran and military community, charitable sector and healthcare settings. The VNHSW National Steering Group (NSG) established April 2010, now meets every 6 months with a range of partners, including veterans, veteran agencies, military services, health and social care agencies and the third sector. The NSG is pivotal in building relationships with existing service providers, providing a monitoring role and directional steer to the service.

Key Partnership Achievements 2016-2017

- Active involvement in all seven local AF community covenants, AF LHB Forums and AF Mental Health Clinical Networks, and regular attendance at the UK National Veterans Mental Health Network meetings in England
- A representative from VNHSW regularly attends the Welsh Government Cross Party Group highlighting issues surrounding veterans with mental health issues
- The VNHSW Director attends the Welsh Government Armed Forces Expert Group meetings
- VNHSW offers brief training placements (usually one day) to nurses, and other health professionals upon request from local Universities
- VNHSW staff present regularly to raise awareness of

veterans' issues to a range of organisations both statutory and third sector, so that effective and direct referrals can be made to support the veterans.

Partnership Working and Developments

Further partnership and awareness raising sessions with partner agencies and healthcare professionals have been held across Wales in the last 12 months.

A sample of some of these agencies and topics are provided below:

- Annual AF Day in North and South Wales
- Career Transition Partnership Fair, Cardiff and Wrexham
- Close working with Change Step with the BCUHB peer mentoring pilot
- National AF Champions conference and meetings organised by Welsh Government

Performance, Research and Evaluation

Since the Service was launched in April 2010, we have received over 2897 referrals (up to March 2017). The following statistics relate to the period April 2016 - March 2017.

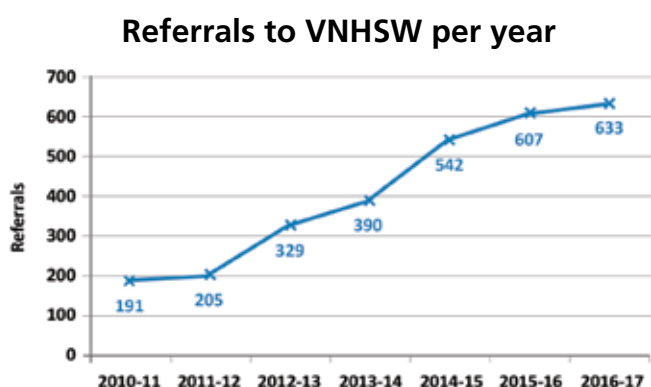


Figure 3. Referrals to VNHSW in 2016-2017

In the past year we received 633 referrals across all seven Health Boards and increase of 26, down from 65 individuals from the previous year.

Based on referrals received in the first six months of this year,

- approximately 57% of referrals receive assessment by the service. This is lower than last year at 73%.
- approximately 67% of those assessed by the service are offered treatment. This is lower than last year, which was 80%. Or approximately 39% of referrals. This is lower than last year, which was 58%.

Veterans living in Powys Teach Board continue to be referred to our VTs in Abertawe Bro Morgannwg, Aneurin Bevan or Betsi Cadwaladr Health Boards.

The trend for the health boards who receive the highest number of referrals continues to be:

Betsi Cadwaladr (BCUHB) n=154

Abertawe Bro Morgannwg (ABMUHB) n=148

Aneurin Bevan (ABUHB) n=106

Cwm Taf (CTUHB) n=100

Hywel Dda (H DUHB) n=75

Cardiff & Vale (C&VUHB) n=50

(This is not influenced by referrals from Powys THB, which continue to remain small).



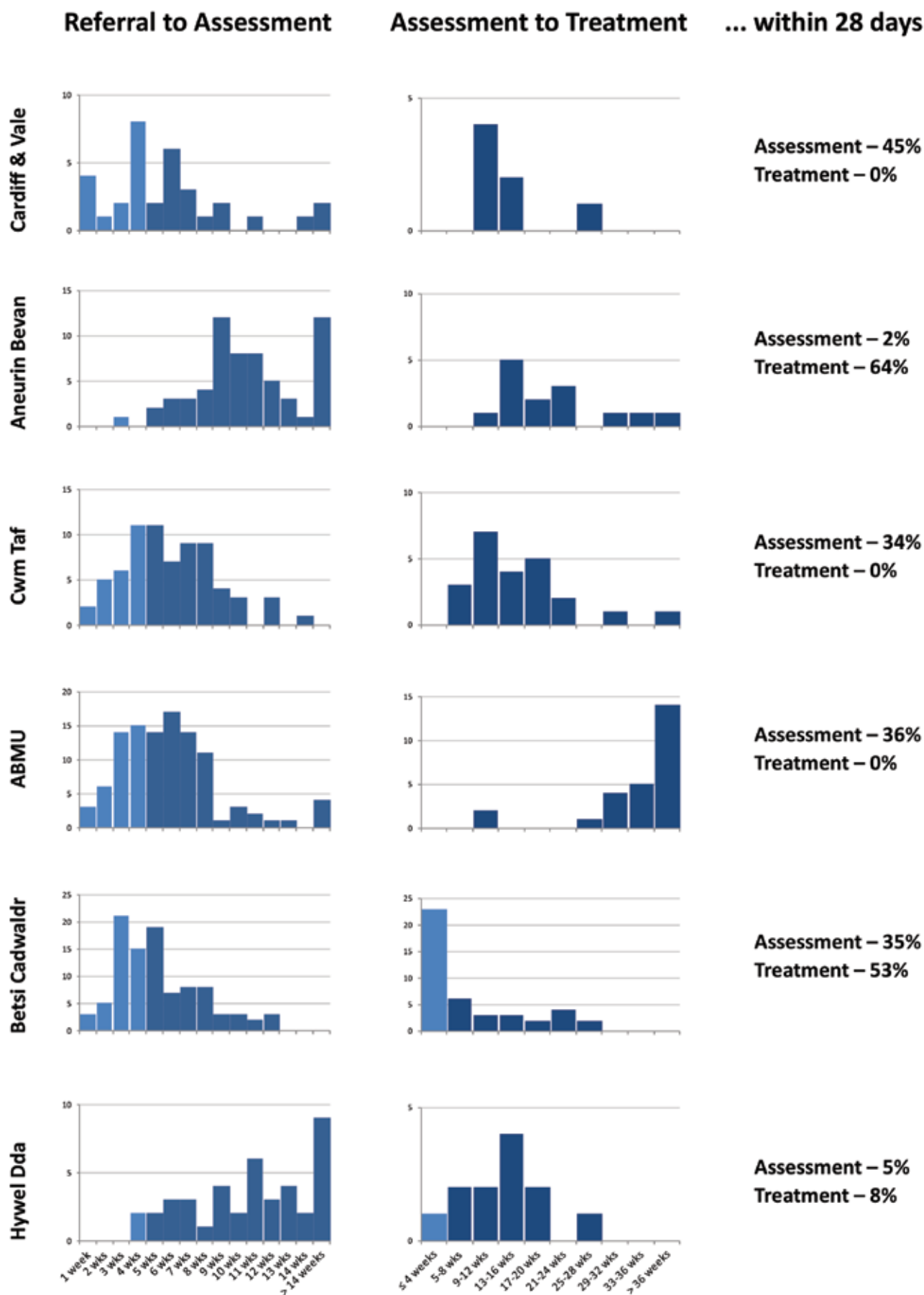


Figure 4. Referrals received by Health Board

Sources of Referral

The common sources of referral are shown below. The most common route to referral to the service varied across Wales, but all areas received considerable numbers of referrals from each including Primary Care, self-referral, voluntary organisations (the '3rd Sector'), and secondary care. We are pleased to see so many self-referrals continuing this year.

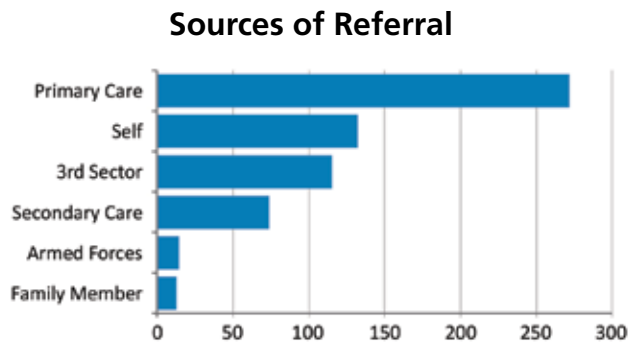


Figure 5. Source of referral

Age Characteristics

The age of referred Veterans covered a wide range from under 21 to 70+ years, with the majority between 21-50 years. The age of referred Veterans covered a wide range, with a trend for the majority spanning 26-50 years old. As in previous years most Veterans referred were male, but at least 20 women were referred to the service, which was the same as last year.

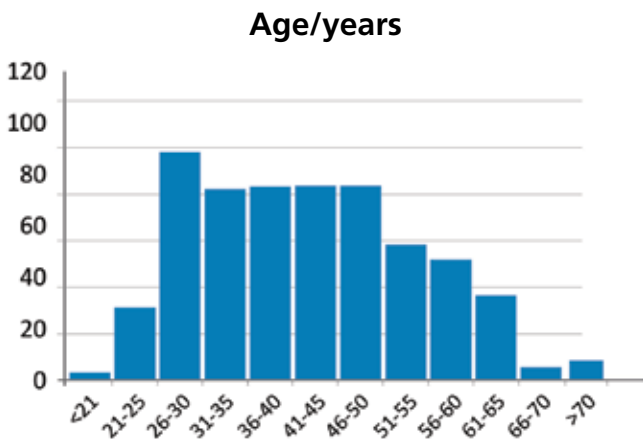


Figure 6. Age profile

Services Signposted

Many veterans assessed required low-level social support to help them engage with other agencies before they could enter into out-patient psychological therapy. Change Step (a peer mentoring charity) has continued to offer help with debt, homelessness, employment and training, and social support by offering a 'peer support' intervention and weekly drop in groups.

Waiting Times from Referral to Assessment (RTA) 2016-2017

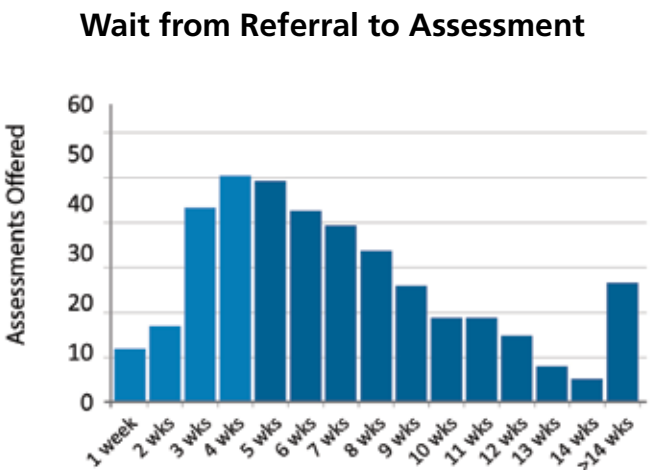
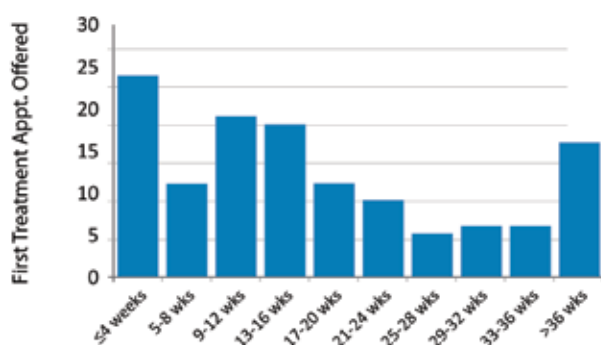


Figure 7. Waiting times RTA

Following referral to VNHSW Veterans are asked to return an 'opt-in' letter and sign a consent form to allow VNHSW to request service and medical notes from the MoD before being offered an assessment appointment.

Of those Veterans that were offered an assessment, slightly fewer than 1 in 3 (30%) were offered an assessment within 28 days (4 weeks) of their referral. 4 out of 5 were offered an assessment within 10 weeks of referral. This was the same rates as last year. A significant component of these waiting times is often the delay in the opt-in letter being returned by the veteran to the service. Each veteran therapist typically offer 1-3 new assessments per week each depending on the demand.

Wait from Assessment to Treatment



reduction on last year's figures, where slightly more than 1 in 4 (28%) were offered a first treatment appointment within 4 weeks of assessment. This compares with 4 out of 5 were offered a first treatment appointment within 32 weeks (around 8 months) of assessment. This breaches the 6 months to commence therapy target set by Welsh Government. It is also longer than last year where VNHSW offered treatment to 4 out of 5 veterans assessed were offered a first therapy session within 24 weeks (approximately 6 months) of assessment.

Figure 8. Waiting times from assessment to treatment (RTT)

Of those Veterans that were offered treatment, slightly fewer than 1 in 5 (19%) were offered a first treatment appointment within 4 weeks of assessment. This is a

Variation of Waiting Times Across NHS Wales

The Veterans NHS Wales service is provided by six of the seven Health Boards in Wales.

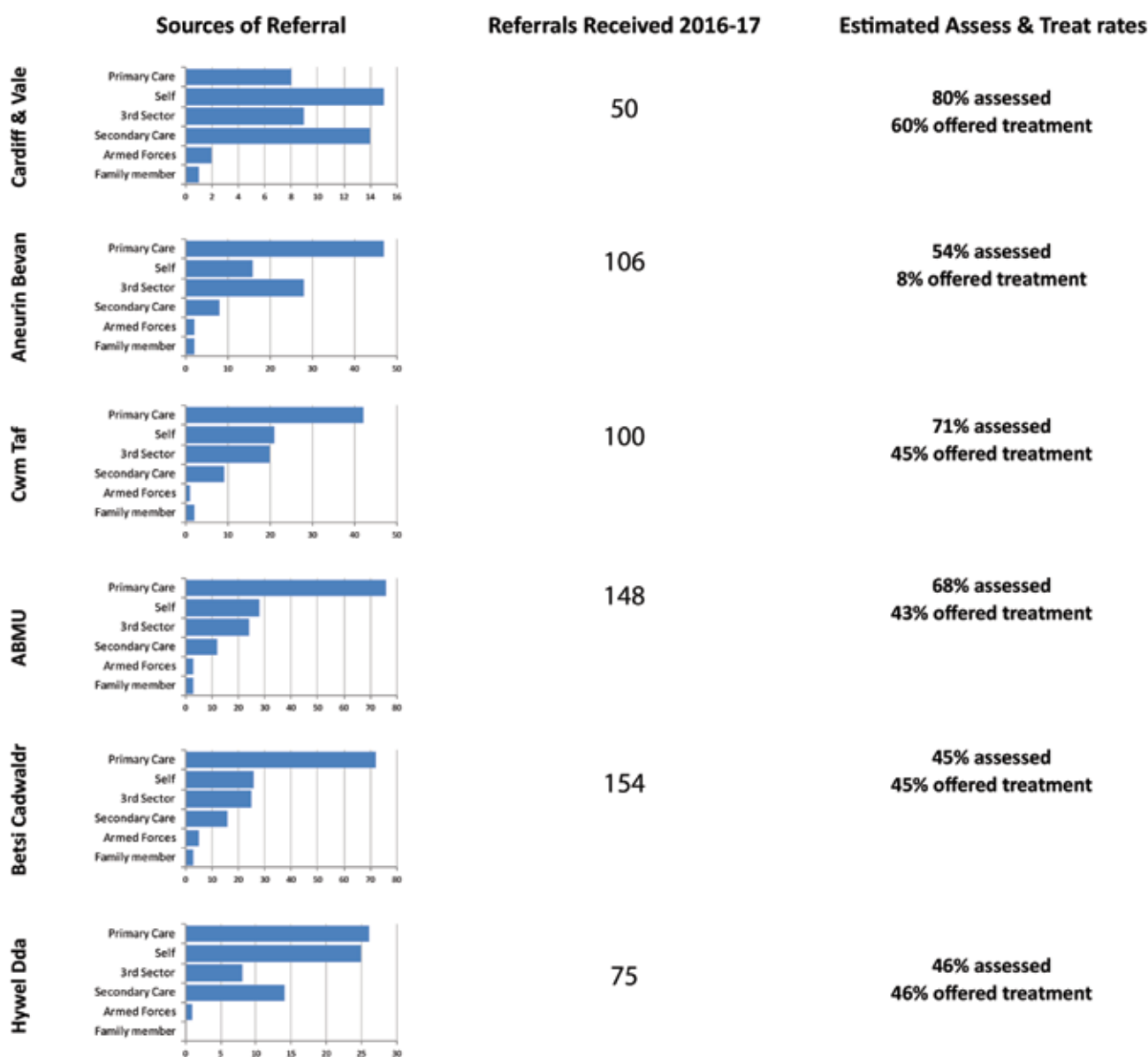


Figure 9. Sources of referral by each UHB

The data for referral sources suggests that Primary care in all UHBs was the most used route into the service, apart from Cardiff and Vale UHB where it was self-referral. Self-referral was the second highest mode of referral into the service in all UHBs, apart from Cardiff and Vale where it was secondary care services. The third sector continues to be the third most common route of referral with the majority coming from Change Step peer mentoring charity.

Branch of Service

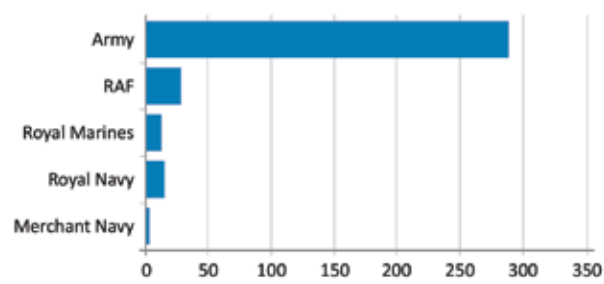


Figure 10. Branch of military service

In keeping with previous years the majority of our patients are ex-army veterans who had served in the army infantry regiments and deployed to various theatres of operations.

Length of Time in Service

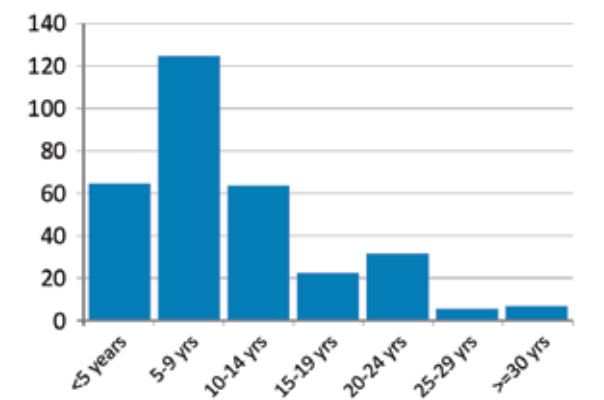


Figure 11. Length of time in service

The time in service for assessed veterans covered a wide range, but almost half had spent between 5 and 9 years in service. This is the same rate as last year.

Approximately 1 in 5 (20%) assessed Veterans were ‘Early Leavers’, having spent fewer than 5 years in service. This rate is slightly higher than last year, which was approximately 1 in 6 (18%) assessed as ‘Early Service Leavers’ (ESL). This is important data as ESL may have more complex health and social presentations, which require a multi-agency approach to meet their complex biopsychosocial needs.

Employment Status

The largest group describe themselves as employed either full or part-time. Followed by not available for work, often due to mental and/or physical health problems. This was the same trend as last year.

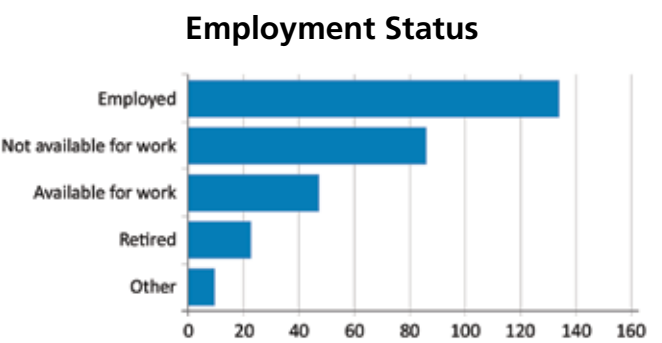


Figure 12. Employment status

Primary Mental Health Diagnosis

The majority of our veterans were describing a combination of traumatic stress symptoms, sleep problems and common mental health disorders, similar to last year. With many reported either pre-enlistment or post service traumatic events e.g. adverse childhood experiences.

Many Veterans also presented with other complications in their lives, including:

- Financial difficulty or unstable accommodation
- Contact with the justice system, including as victims
- Experience of abuse
- Serious physical health issues

Common Sources of Military Trauma

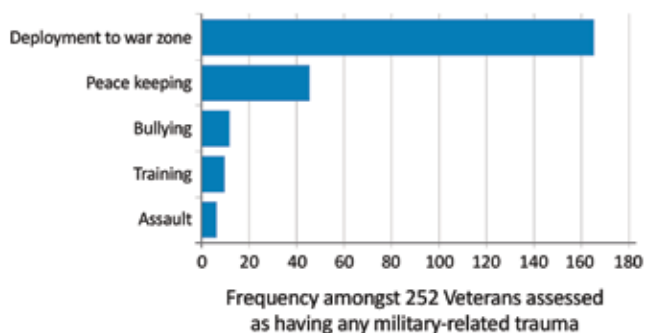


Figure 13. Military Trauma

The most common sources of military-related trauma is deployment to a war zone, followed by peace keeping operations which in themselves can be very difficult and traumatic. Many of our veterans reported multiple sources of military trauma from several deployments.

Operational Deployments

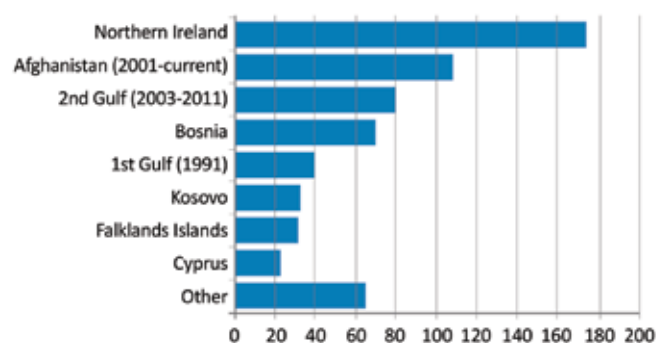


Figure 14. Operational Deployments

Veterans are asked where they have deployed to at assessment. The majority of our veterans have deployed to Northern Ireland, usually several times during their career. Afghanistan, Iraq and Bosnia feature heavily in the remaining operations veterans deployed too.

Clinical Outcomes of Treatment

All veterans who are assessed and at commencement of therapy provide self report scores via several clinical measures, which cover common mental health disorders and insomnia. These measures are repeated again at discharge, to capture any change in reported symptoms. In each chart below those veterans represented by an 'x' in the green corner demonstrated a 'significant improvement' in a particular domain following treatment e.g. a lower score indicates a better state on all instruments (with the exception of the EQ-5D).

The self report questionnaires routinely used are the Impact of Events Scale – Revised (IES-R) which captures PTSD symptoms; the PHQ-9 for depressive symptoms; the AUDIT is designed for measuring alcohol use; the GAD-7 for anxiety symptoms; and the EQ-5D for measuring the individual's quality of life.

The charts demonstrate that many veterans achieve significant improvement in several aspects of mental health following therapy. Some veterans may improve on one measure, even if they do not show improvement on others. There is however, a large number of low self-reported Quality of Life scores, both before and after treatment based on the EQ-5D. The service continues to work to understand what underlies this lack of improvement.

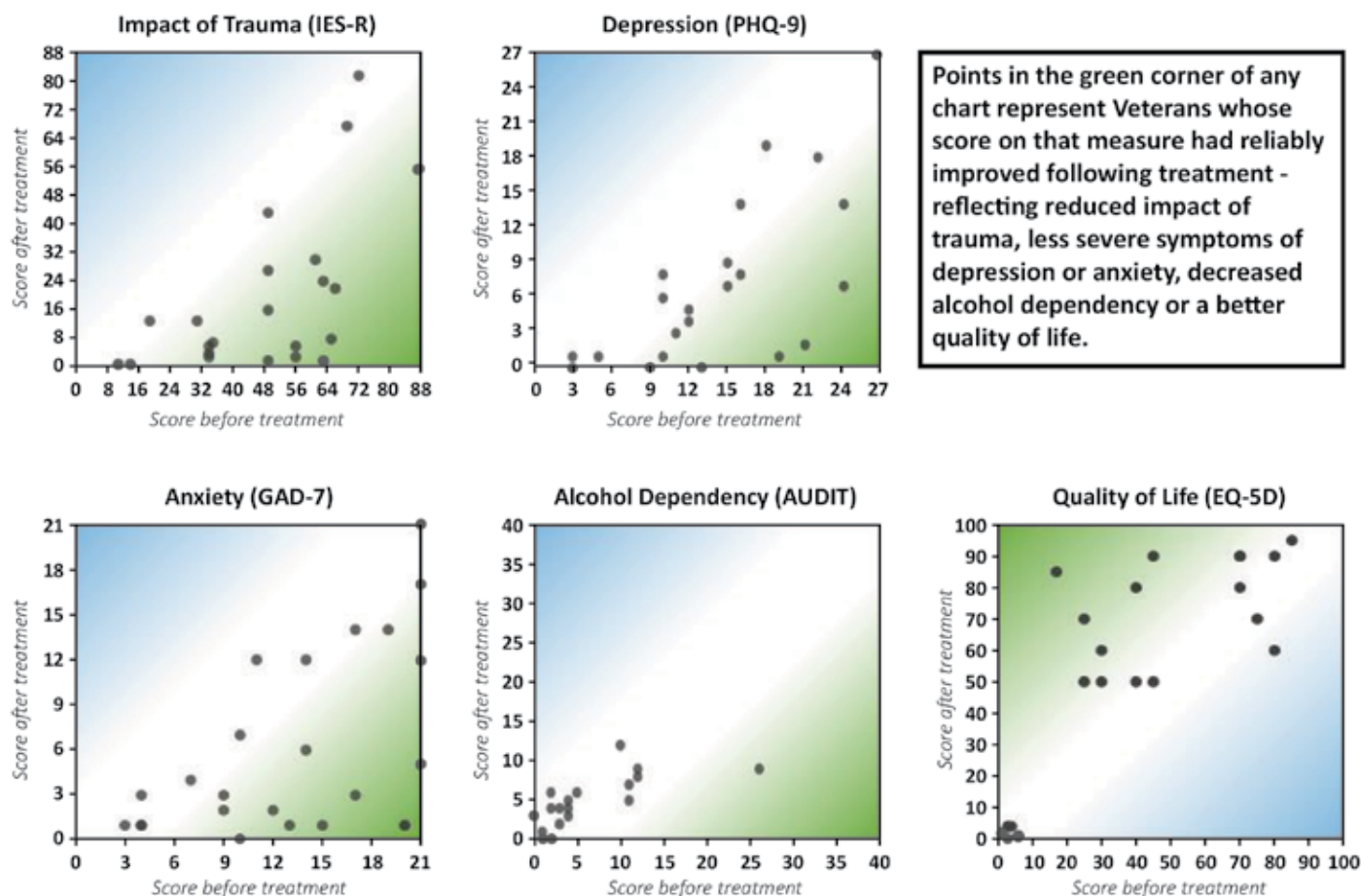


Figure 15. Pre and Post Therapy Clinical Measures

Before-and-after therapy data was available for 31 Veterans. Of these 23 showed reliable improvement on at least one measure. This compares with 48 veterans last year.

Staff Training and Investment

VNHSW continues to invest in our staff via their annual appraisal to meet the needs of the service and the VTs continuing professional development. All therapists have attended various levels of training in evidenced based psychological therapies that have been identified as potentially useful for our client group over the past year. Several of the therapists are continuing to work towards and two have gained accreditation with the British Association of Behavioural and Cognitive Psychotherapists (BABCP) and Eye Movement Desensitisation and Reprocessing Therapy with EMDR UK and Ireland as an accredited practitioner.

Our Plans for 2017-2018

The use of Tele-Mental Health within the service continues to be developed in conjunction with the NHS Wales roll out of IT infrastructure.

The quarterly National Steering Group meeting will continue to be hosted by the Royal British Legion within their Cardiff Pop-In shop, Boardroom.

We are continuing to develop working relationships with the Welsh Prison estate, via the Probation funded SToMP to ensure incarcerated veterans with service related mental health problems can access a variety of military related charities whilst incarcerated and VNHSW upon release.

We continue to support the annual events including attending Armed Forces Day celebrations in Wrexham and Cardiff, National Transition Fairs, and the local authority covenant grant bids.

Service User Feedback

The service continues to collect service user feedback post discharge via the Patient Experience Questionnaire. This feedback continues to be very positive on the whole over the past year from all LHBs.

The following are free text comments from a selection from all LHBs:

Service User Quotes:

"Everything from start to finish was good about my experience of the service"

"The quality of the treatment and service and most of all the care from the therapist, have all been extremely high and I am very glad I have received this service"

"My therapist was great and knew how to handle the subjects I talked about"

"Having a person listen and not dismiss or judge me feeling able to trust my therapist and having the reassurance that she was there for me for the long haul. Not least it undone and gave me back a quality to my life that was unimaginable when we first started"

"I was at ease with my therapist all the time she would listen to all I had to say, I would like to thank her for all her help. I have learnt a lot from her she was outstanding in her work since my initial diagnoses in 2012"

"This was the first time that I felt that I was speaking to a therapist who understood my issues as a veteran"

"My therapist was able to make me see things in a different way and help me and my family become closer than we have ever been"

"After ten years of diagnoses I have made a big step forward now instead of being in the situation during flashbacks I can now see myself from outside which is hugely important for me"

"My therapist is really someone who listened and enabled me to talk honestly, I will miss her"

"It was my first experience of any kind of therapy, I found my therapist to be the right amount of sympathetic listener and annoying: So what questions?"

"I felt listened to and understood. It was professional but not clinical. I was dealing with an actual human"

"The speed of which I was able to see the therapist was impressive and I'm proud that NHS Wales has such a service"

The VNHSW Team



Victoria Williams

Abertawe Bro Morgannwg

Tel: (01792) 517025

e-mail: victoria.williams4@wales.nhs.uk



William Watkins

Cwm Taf

Tel: (01443) 443443 Ext. 5411

e-mail: william.watkins@wales.nhs.uk



Oxana Jones

Abertawe Bro Morgannwg

Tel: (01656) 763023 Mob: 07966 916430

e-mail: oxana.jones@wales.nhs.uk



Julie Devlin

Cwm Taf

Tel: (01443) 443443 Ext. 5411

e-mail: julie.devlin@wales.nhs.uk



Margaret Gibbons

Abertawe Bro Morgannwg

Tel: (01656) 763023

e-mail: margaret.gibbons@wales.nhs.uk



Claire Young

Hywel Dda

Tel: (01570) 422577

e-mail: clare.young@wales.nhs.uk



Vanessa Bailey

Aneurin Bevan

Tel: (01495) 768640

e-mail: vanessa.bailey@wales.nhs.uk



Julie Campion

Hywel Dda

Tel: (01570) 422577

e-mail: julie.campion@wales.nhs.uk



Max Bergmanski

Aneurin Bevan

Tel: (01495) 765717

e-mail: max.bergmanski@wales.nhs.uk



Karen Hawkins

Betsi Cadwaladr

Tel: (01978) 726778

e-mail: karen.hawkins@wales.nhs.uk



Neil Kitchiner

Cardiff & Vale

Tel: (029) 2183 2262

e-mail: neil.kitchiner@wales.nhs.uk



Mark Birkill

Betsi Cadwaladr

Tel: (01978) 726778 Mob: 07880 044310

e-mail: mark.birkill@wales.nhs.uk



Clare Crole-Rees

Cardiff & Vale

Tel: (029) 2183 2262

e-mail: clare.crole-rees@wales.nhs.uk

Our Thanks

The service would like to acknowledge the following for supporting us over the past 12 months and promoting our services to their clients and interested parties:

- Army Personnel Recovery Centre, 160 Brigade, Brecon
- Cardiff and Vale UHB Traumatic Stress Service
- Cardiff University, Hadyn Ellis Building
- Combat Stress, community teams, Wales
- Change Step
- Defence Community Mental Health Service, MoD
- Hire a Hero, Wales
- National Centre for Mental Health, Wales
- Medical Assessment Programme
- National Veteran Mental Health Network (England)
- NHS Wales
- Public Health Wales (Adam Watkins)
- Remploy
- Royal British Legion, Wales
- Soldier Sailors Army Families Association
- The Reserves Mental Health Programme, RTMC, Chilwell, Notts
- Veterans UK
- Welsh Government
- HMP Prison Service, Wales
- 203 (Welsh) Field Hospital, Cardiff HQ

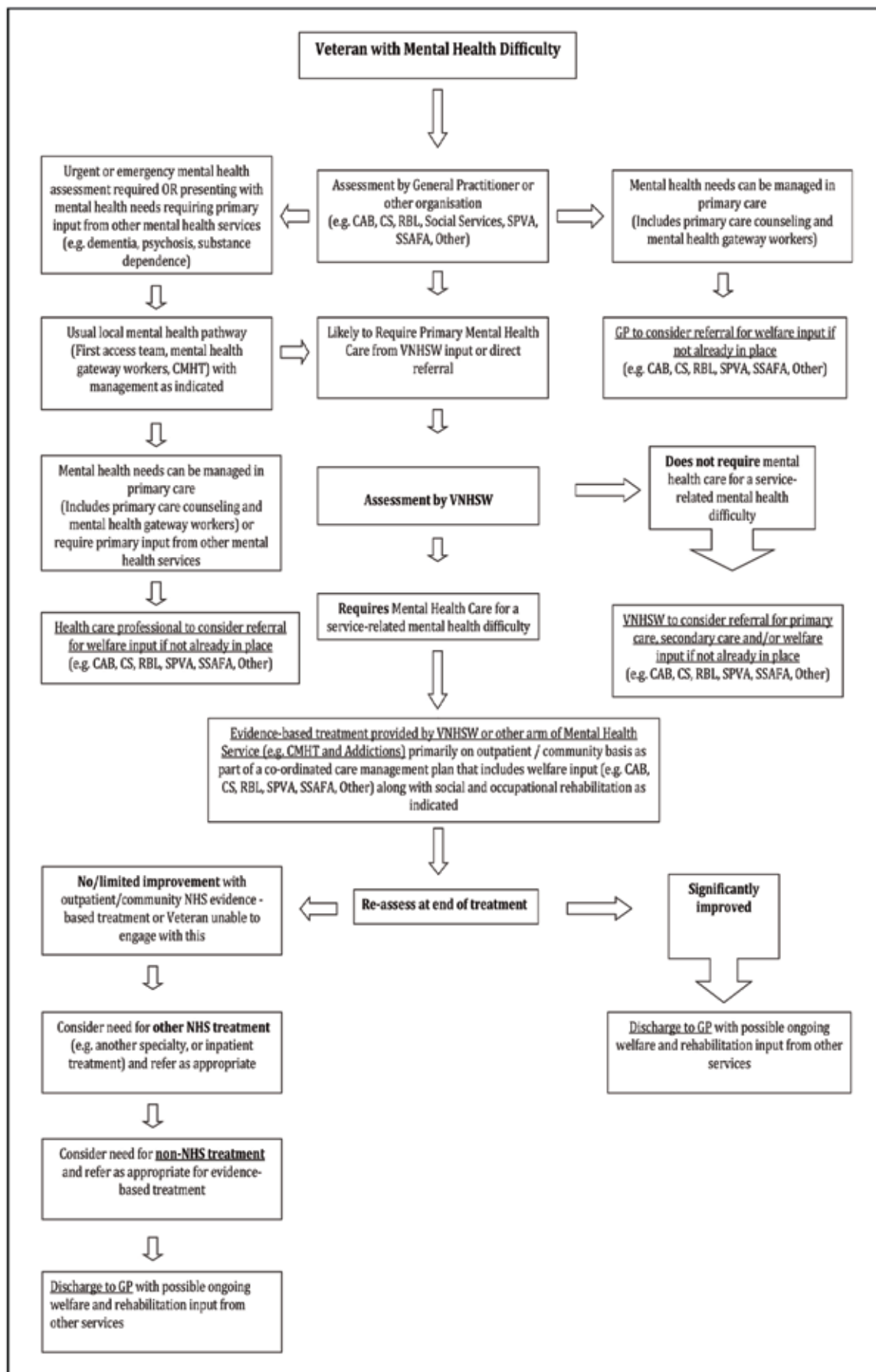


Our Special Thanks

We would like to thank all the staff at VNHSW who has worked extremely hard to make the service 'veteran centred' and as flexible as possible to meet their needs.

Appendix

Appendix 1: Common Care Pathway



Appendix

Appendix 2: Powys Teaching Health Board VNHSW Out-Patient Clinics







Website: www.veteranswales.co.uk
(For useful information on the Veterans' NHS
Wales and links to other helpful websites)

