



Annual Report

April 2020 – March 2021





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

Veterans' NHS Wales (VNHSW) was one of six MoD/Welsh Government funded UK pilot sites based in Cardiff 2008 for two years led by Jonathan Bisson and Neil Kitchiner. Its success in engaging military veterans into out-patient NHS settings led to the launch of the All Wales Veterans Mental Health Service in April 2010. Since then and a name change to Veterans' NHS Wales (VNHSW), the service has established its reputation for military mental health expertise across Wales, UK and internationally, as the 'first point of contact' for veterans, health professionals and third sector charities who work with military veterans residing in Wales. VNHSW was the first UK national NHS veterans' service and it retains close and strong working relationships with our colleagues across the border in England, Scotland and Northern Ireland.

I am pleased to be able to present the last 12 months data from our minimum data set which is collected routinely from all patients who undertake an initial assessment in all seven health boards.

The contents of this report highlight how our VNHSW teams within each health board have had to adapt to the restrictions the pandemic and our responses using digital technology and novel psychological interventions in the outdoors.

I am particularly pleased with our continued stable staff retention rates and our close working relationships with Prof. Jonathan Bisson's Traumatic Stress Research Group at Cardiff University, and their research in to novel treatments for PTSD.

The main body of the report will describe the activity of the service from 01 April 2020 – 31 March 2021. 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). I hope you enjoy reading this report.



Dr Neil J Kitchiner

Director & Consultant Clinical Lead and Honorary Research Fellow, Cardiff University.

Abbreviations

ABUHB - Aneurin Bevan University Health Board

AF - Armed Forces

BCUHB - Betsi Cadwaladr University Health Board

C&VUHB - Cardiff and Vale University Health board

CTUHB - Cwm Taf University Health Board

HDUHB - Hywel Dda University Health Board

LHB - Local Health Board

MoD - Ministry of Defence

NICE - National Institute for Health and Care Excellence

PTSD - Post Traumatic Stress Disorder

SBUHB - Swansea Bay University Health Board

UHB - University Health Board

VNHSW - Veterans' NHS Wales

VT - Veteran Therapist

Our Aims, Outcomes and Eligibility

Our Aims

The primary aim of Veterans' NHS Wales is to improve the mental health and wellbeing of veterans with a service related mental health problem.

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.

Key Outcomes of the Service

A. Veterans who experience mental health and wellbeing difficulties related to their service 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 surroundings into account.

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

F. This service develops 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 links with the military to facilitate early identification and intervention.

H. The service promotes a recovery model so that veterans can maximise their physical, mental and social wellbeing in line with Welsh Government's Prudent Healthcare policy.

I. To provide brief psychosocial interventions (approximately 16-20 out-patient sessions).

J. To project 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.

Eligibility and Referral

Any individual who has served in the British Armed Forces and is now a veteran living in Wales, who has served at least one day as either a regular service member or as a reservist is eligible to be assessed by VNHSW. Veterans with a 'service related' mental health injury are eligible to receive outpatient treatment (psychological and/or medication). Those with a 'non-service related' mental health injury are signposted to appropriate services for ongoing treatment as indicated. See Appendix 1 for a copy of the referral pathway.

Service Overview

Key Features of the Service

- Offers a Wales wide NHS outpatient service for veterans with service related mental health problems.
- A multi-disciplinary team skill base comprised of staff with personal experience working in and for the military and/or extensive experience of working with the mental health needs of veterans.
- We always access all veterans' MoD service and healthcare records to inform our clinical assessment and formulation. Veterans' need to provide their consent for this as it is a key condition of accessing the service.
- Following assessment, veterans are collaboratively involved in the development of an individualised management plan to address health and psychosocial needs.
- VNHSW staff routinely refer to, receive referrals from, and work collaboratively with organisations that provide specialist practical

help and support to veterans. This includes Change Step (a peer mentoring charity who work with veterans on issues including: accommodation, finance, and benefits), and the Poppy Factory who specialise in access back to employment, as well as local and national veterans' charities.

- Outpatient clinics are located in or near to the main population centres across Wales, with easy access via public transport links.
- We offer a range of NICE approved evidence-based psychological therapies provided on-site for a wide range of common mental health problems.
- Veterans can opt to have a telephone or video screening assessment in their home with a VT, who will assess for suitability and signposting if deemed appropriate.
- We work closely with a range of veteran organisations/charities to raise awareness of veterans' issues, across Wales and UK where appropriate.
- The service is committed to ongoing evaluation and research on the needs of veterans' in the community to inform future policy making and commissioning of services.

Service Structure

VNHSW operates via a 'Hub and Spoke' model, with each team comprised of veterans' therapists, dedicated administration, peer mentors embedded (in two health boards only) and a Consultant Psychiatrist. Cardiff and Vale UHB operates as the 'National Hub for VNHSW' and employs an Assistant Psychologist, who is responsible for collecting and analysing data, reporting on VNHSW performance and providing essential project support.

The five 'spoke' health boards are: Aneurin Bevan, Betsi Cadwaladr, Cwm Taf Morgannwg, Hywel Dda and Swansea Bay. Veterans residing in the Powys Teaching Board area are referred to their neighbouring health boards in Aneurin Bevan, Swansea Bay and Betsi Cadwaladr (see Appendix 2).

Our Staff Team

The majority of our staff have worked for VNHSW for 8-10 years and together with newer members of the team, have developed a diverse wealth of experience in treating veterans with service-related mental health conditions.

Several clinicians have personal experience of military life. Dr Neil Kitchiner, Director and Consultant Clinical Lead (C&VUHB), served as a Captain with 203 (Welsh) Field Hospital, based in Cardiff. Neil deployed to Afghanistan during Herrick 19a (Oct 13 – Jan 14) as part of the two-person field mental health team. Amanda Jackson VT (BCUHB) is a veteran of 15 years who served in the Queen Alexandra's Royal Army Nursing Corps and deployed to Bosnia 1996 for a six-month tour. She has served in numerous military hospitals in the U.K. and Germany and spent three years (1998-2001) as a training instructor in Lichfield before completing her service as a mental health nurse. Amanda

has worked as a civilian mental health nurse at DCMH Donnington and at the Priory Hospital treating serving military personnel. Julie Campion Lead Therapist (HDUHB) has worked as a civilian community psychiatric nurse with SSAFA based in Germany for several years, delivering mental health care to serving personnel from various MoD mental health facilities.

The VTs who work across Wales combine their own and their team's military expertise with extensive experience in the field of mental health. They are specifically trained to be able to offer formulation-based therapy to veterans. Most VTs have core mental health backgrounds in nursing, psychology, occupational therapy and social work, before achieving post-graduate qualifications in high intensity psychological treatments.

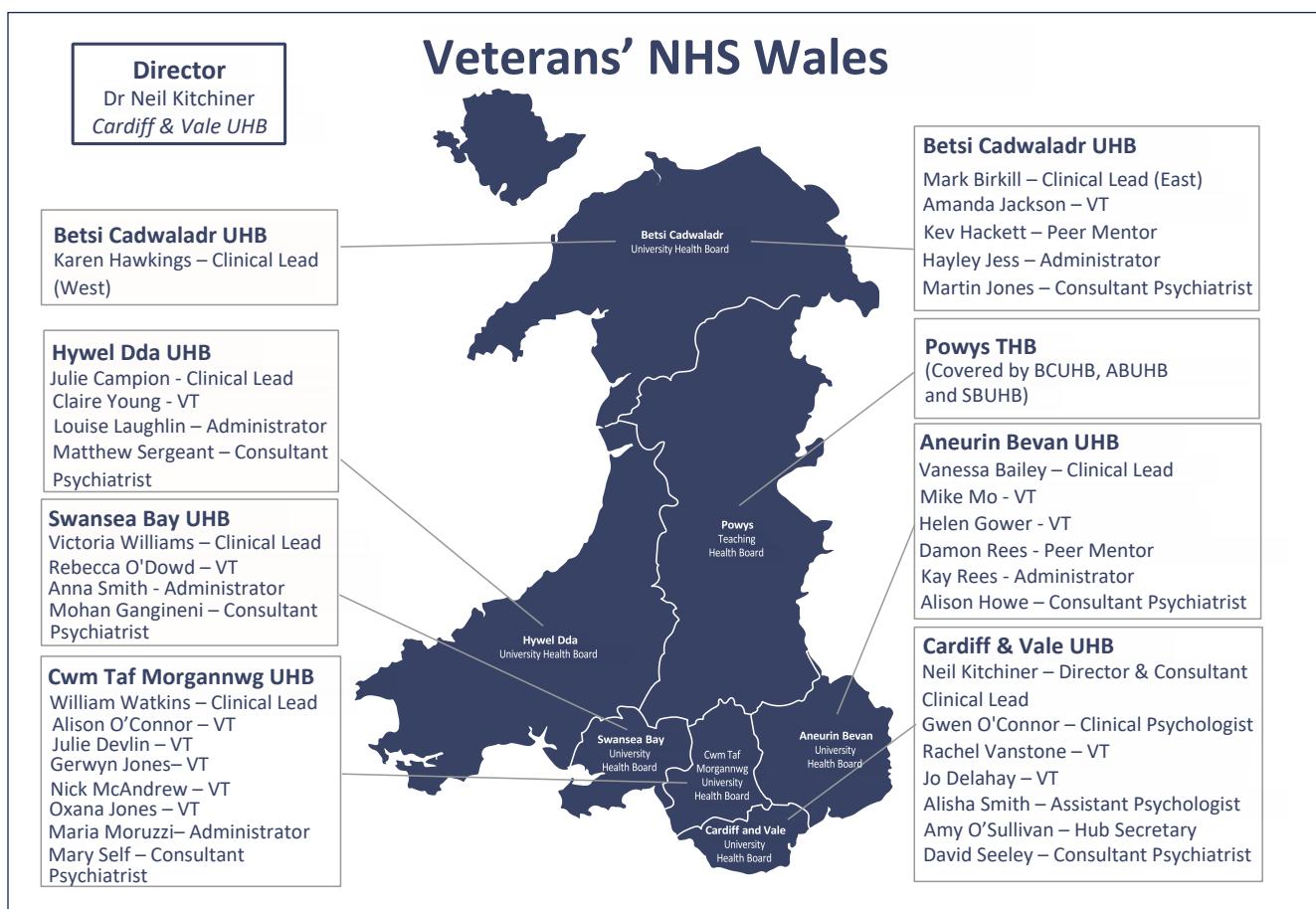


Figure 1: Map of Wales

Evidence-based Psychological Interventions

The VTs are trained in several psychological therapies, these include:

1. Cognitive Behavioural Therapy (CBT)
2. Emotional regulation training (STAIR/DBT)
3. Eye Movement Desensitisation and Reprocessing (EMDR) for post-traumatic stress symptoms
4. Motivational Interviewing for substance abuse disorders and addiction
5. Trauma-focused therapies for treating PTSD (e.g. Prolonged Exposure, Cognitive Therapy, Skills Training Affect Interpersonal Relationships (STAIR))

Consultant Psychiatrist Clinics

All health boards have access to a Consultant Psychiatrist who offers two sessions per month (total = 7.5 hrs), apart from Aneurin Bevan health board who offer 3.75 hrs. Veterans are referred by the VTs for several options: including a) review of their mental state and potential psychotropic medication for a range of common mental health disorders; b) second opinion on initial diagnosis; c) support for Armed Forces Compensation Scheme via a diagnosis.

VNHSW Website

The VNHSW website (www.veteranswales.co.uk) has been live since April 2015 and continues to provide a wealth of information to veterans including useful links to other organisations. We continually strive to keep it updated and promote it. In line with the previous year, online referral through our website accounted for 32% of all referrals to VNHSW in 2020-21.

Key Stakeholders

VNHSW continues to work closely with key veteran stakeholders. This has created strong partnerships across the veteran and military community, charitable sector and NHS healthcare settings.

- The VNHSW National Steering Group (NSG) meets every six months and is pivotal in building relationships with existing service providers, providing a monitoring role and directional steer to the service.
- Our staff are active 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, London. VTs are encouraged to attend Kings College London, annual veterans' mental health conference to keep up to date with research and service developments within military mental health.
- The Director or deputy regularly attends the Welsh Government Cross Party Group highlighting issues surrounding veterans with mental health issues.
- The Director or deputy also attends the Welsh Government Armed Forces Expert Group and Armed Forces and Veterans Champions meeting every six months.
- VNHSW is a key stakeholder on the UK wide Contact Group responsible for providing information to the armed forces community on where and how to access mental health care.
- Each health board has an AF forum and clinical network which the clinical leads either attend or chair to report on issues affecting VNHSW supporting their veterans.

2020-21 Service Updates

Coronavirus response

Veterans' NHS Wales responded swiftly to the coronavirus pandemic to ensure service provision across all health boards. Referrals in first quarter of 2020-21 dropped by 41% on the previous year. This decrease was, however, in accordance with other primary care services. Whilst there were some differences in practice guidelines across health boards, the service remained united in its commitment to supporting veterans throughout the pandemic. Veterans who were in therapy at the time of the lockdowns had the choice of continuing with therapy or placing it on hold until face-to-face sessions resumed. Veterans who were waiting for assessment or therapy also had a choice of whether to proceed with remote sessions or remain on the waiting list. The safety of staff was ensured by facilitating home working and distanced office working. Remote assessment and treatment sessions were initially provided to veterans through Skype and Zoom (apart from HDUHB), but later moved to the preferred NHS platform Attend Anywhere (including HDUHB). We received positive feedback about the platform from veterans, particularly concerning its ease of use and how it lessened barriers to accessing the service (e.g. travel and parking). Therefore, Attend Anywhere is still currently offered to patients in most of the health boards. Due to social distancing guidelines, Walk and Talk also became a popular mode of treatment delivery. Many patients commented on the calming benefits of receiving therapy in a non-clinical, outdoor setting (see service user feedback).



Research involvement

The service continues to be involved in research trials to contribute to the advancement of evidence-based treatments for veterans. In recent years, Veterans' NHS Wales has played a part in the ongoing research and development of Spring: a guided-self-help programme for PTSD. Spring was rolled out in most health boards across Wales (excluding BCUHB and SBUHB) in 2020-21, with clinicians in the service receiving training and supervision for the programme. A veteran treated with Spring by our assistant psychologist was discharged from the service following only 4 hours 50 minutes of clinician contact, demonstrating that this low intensity intervention enables PTSD to be treated in relatively short time-frames. In 2020-21, Veterans' NHS Wales also started its involvement in the RETURN trial: a preliminary efficacy Randomised Controlled Trial (RCT) for the Rewind technique. Rewind is a novel treatment for PTSD which involves the client playing their trauma in reverse to reconsolidate the traumatic memory. Several VTs have been trained in the Rewind technique, and veterans from the service have been treated as part of this trial.

Collaboration with Fighting with Pride

Promoting inclusivity and accessibility is important to Veterans' NHS Wales. Following discussions and collaboration with Fighting with Pride, a charity which supports the health and wellbeing of LGBT+ veterans, service personnel and their families, various LGBT+ images were added to the website to encourage referrals from this section of the community. VNHSW was the first veterans' mental health service in the UK to promote LGBT+ images on its website. See their website - Fightingwithpride.org.uk

Help for Heroes Funding

In September 2020, the Help for Heroes three-year grant, which funded the equivalent of three full-time band 7 psychological therapists (30 sessions) across Wales, came to an end.

There were three project outcomes specified at the beginning of the funding period. These outcomes, along with the status of these at the end of the funding period can be seen in table 1.

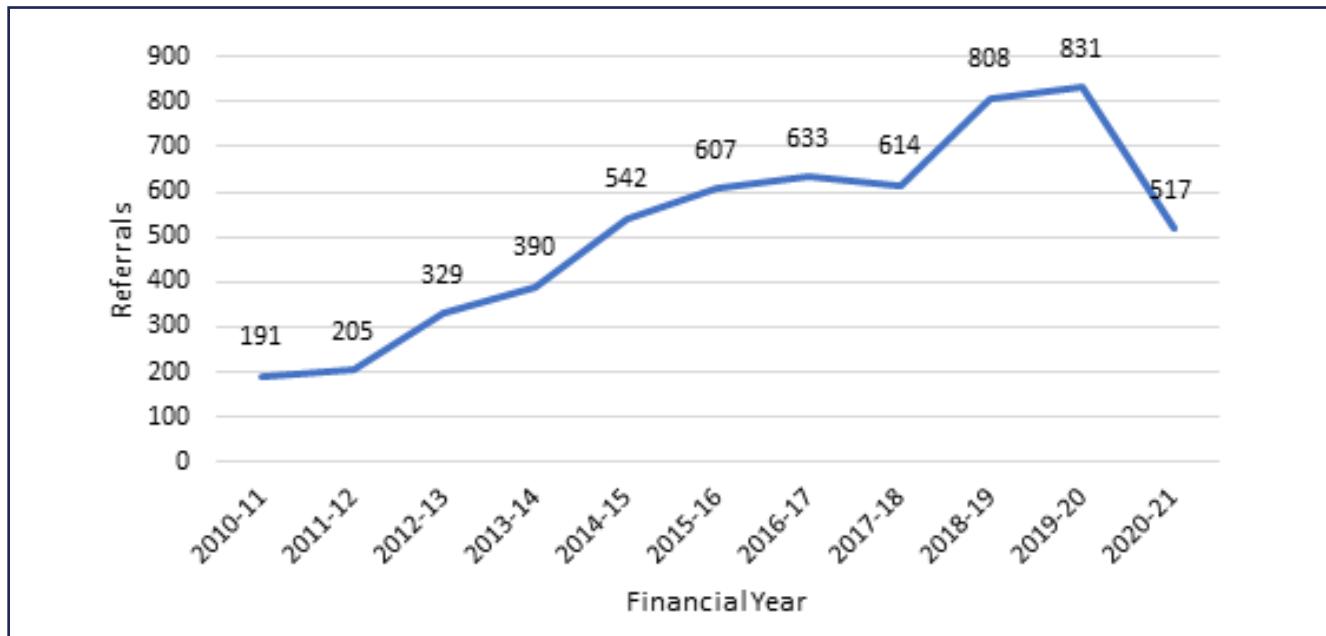
H4H Project Outcomes	1. Offer therapy to 90-120 veterans a year	Met – A total of 340 veterans received high intensity psychological therapy as a result of the 3-year grant.
	2. Decrease waiting times to no more than 26 weeks	Partially met – While many factors impacted waiting times during this period, the H4H grant reduced waiting times in some health boards and mitigated against long delays in others.
	3. Collaborate with H4H and find other potential funding opportunities at the end of the grant period	Met – VNHSW applied to Welsh Government for continued funding, which has been granted and resulted in the retention of these therapists.

Table 1: H4H Grant project outcomes

Performance, Research and Evaluation

All Wales Referrals

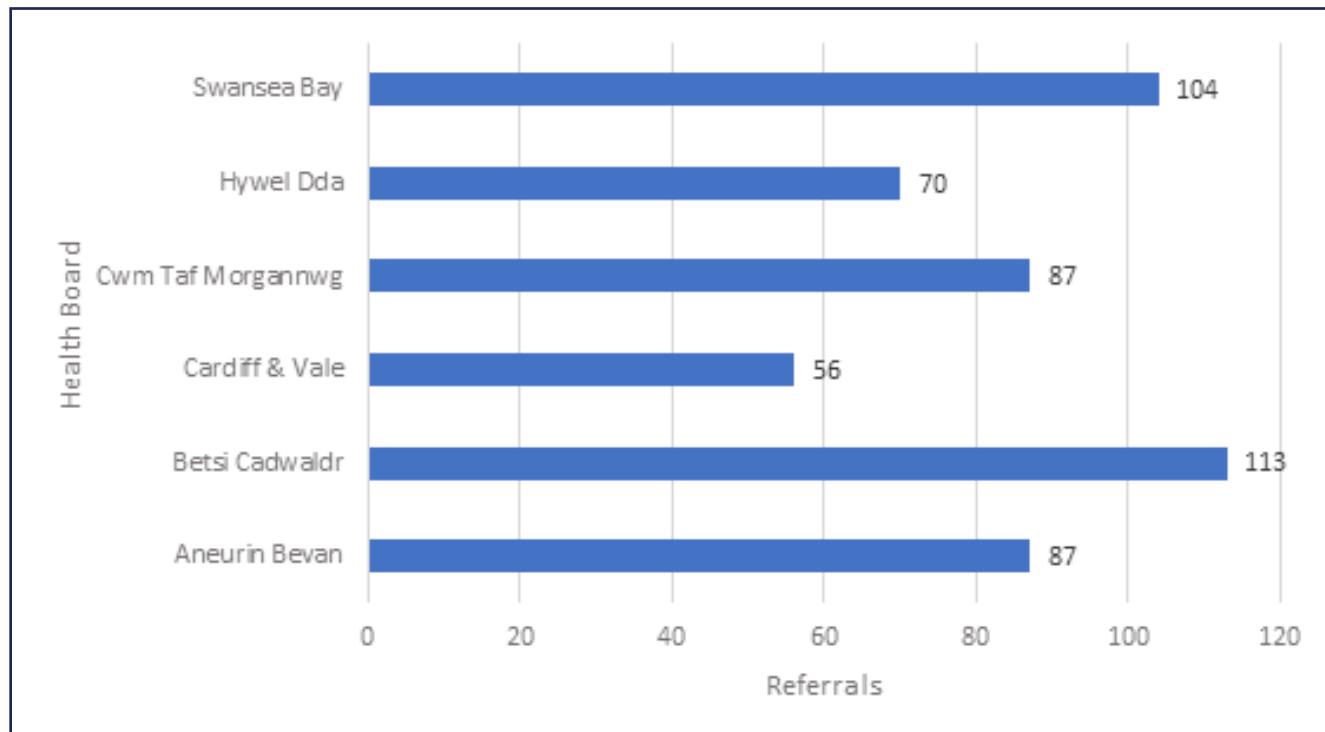
As of March 2021, a total of 5667 referrals have been received by the service since its launch in April 2010.



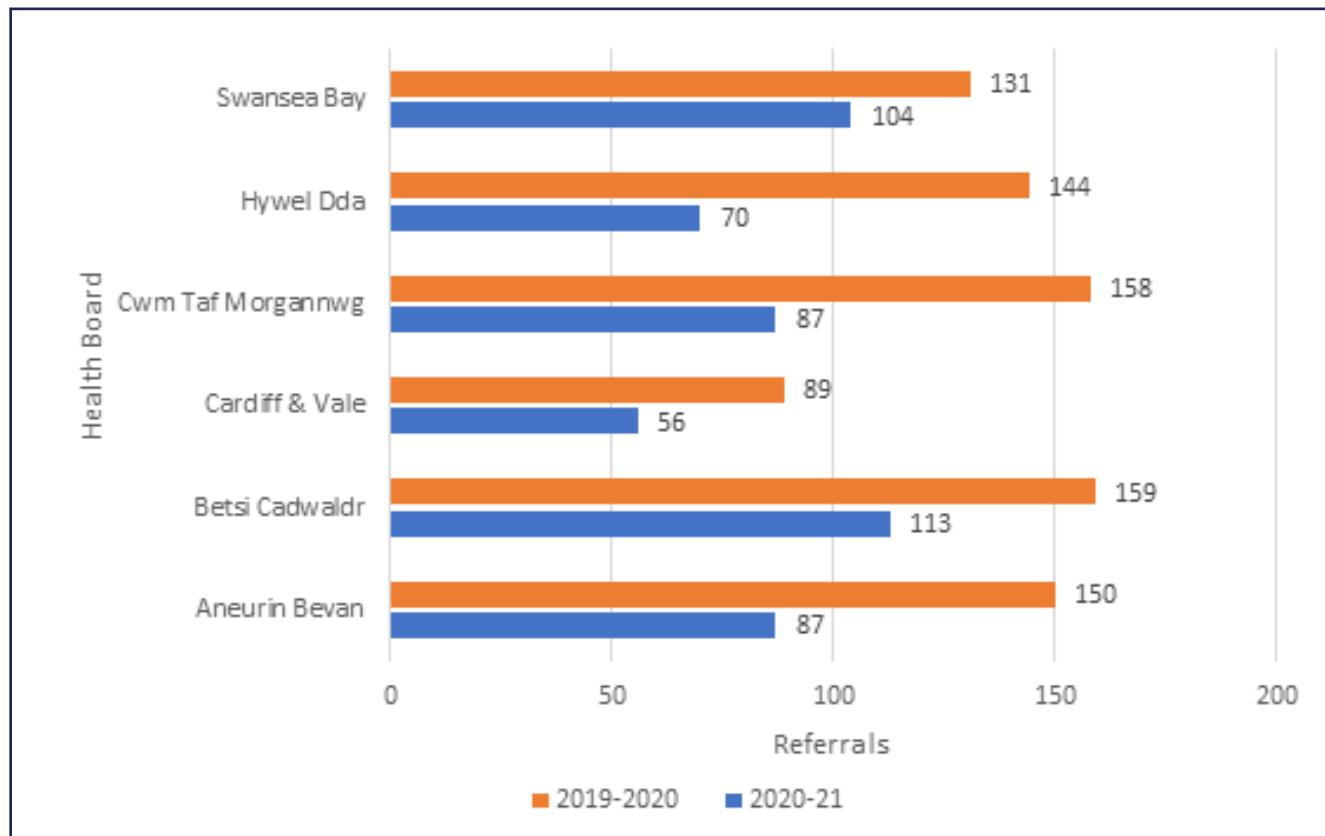
Up until 2020-2021, referrals have increased year on year, with 831 being the highest number of referrals in 2019-2020. In 2020-2021, VNHSW received 517 referrals across the seven health boards. This notable decrease on previous years is likely related to the impact of the Coronavirus outbreak and the national lockdowns that followed.

Referrals by Health Board

The graph below shows the distribution of referrals across the health boards in 2020-2021. In line with last year, Betsi Cadwaladr received the highest number of referrals. There has been a substantial rise in Cwm Taf Morgannwg referrals since the health boards boundaries included the borough of Bridgend in 2019.

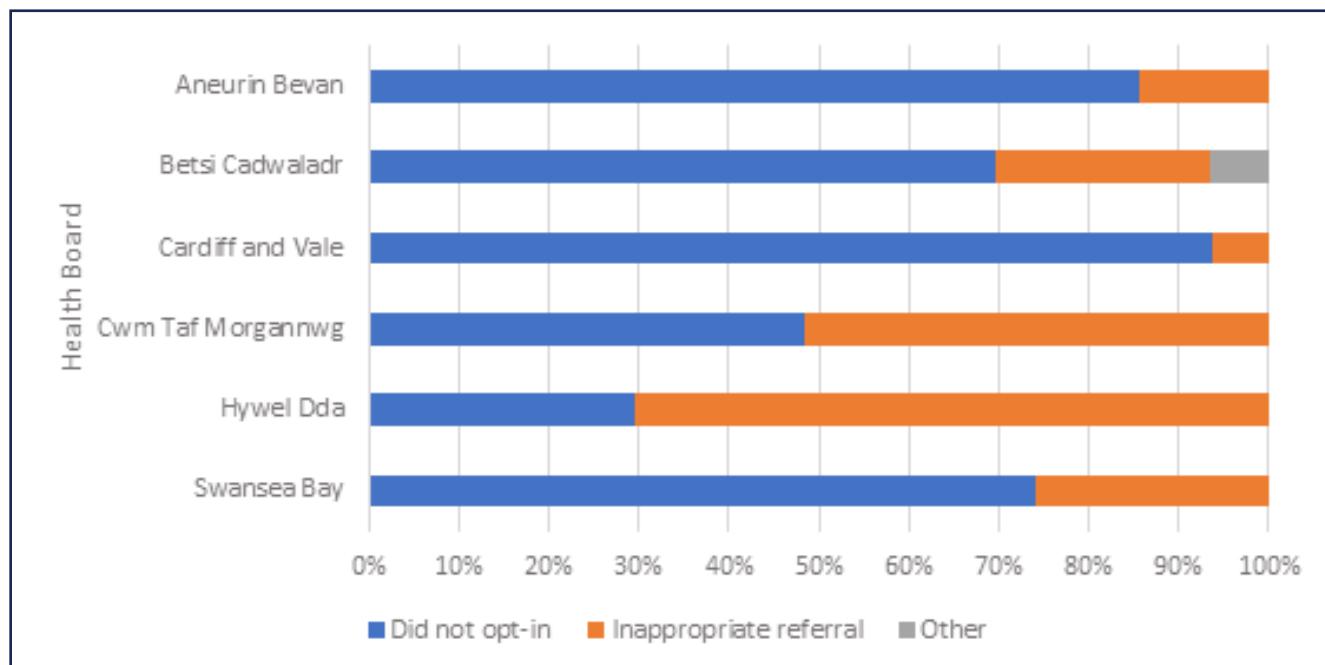


The graph below shows the number of referrals received by health boards in 2019-2020 and 2020-21. Referrals decreased across all health boards in 2020-2021, with Hywel Dda seeing the greatest reduction on the previous year and Swansea Bay the least.



Referral to Assessment Outcome

Out of 517 referrals, 168 (32.5%) were not offered an assessment with a Veterans Therapist in the service and the graph below depicts the reasons why.



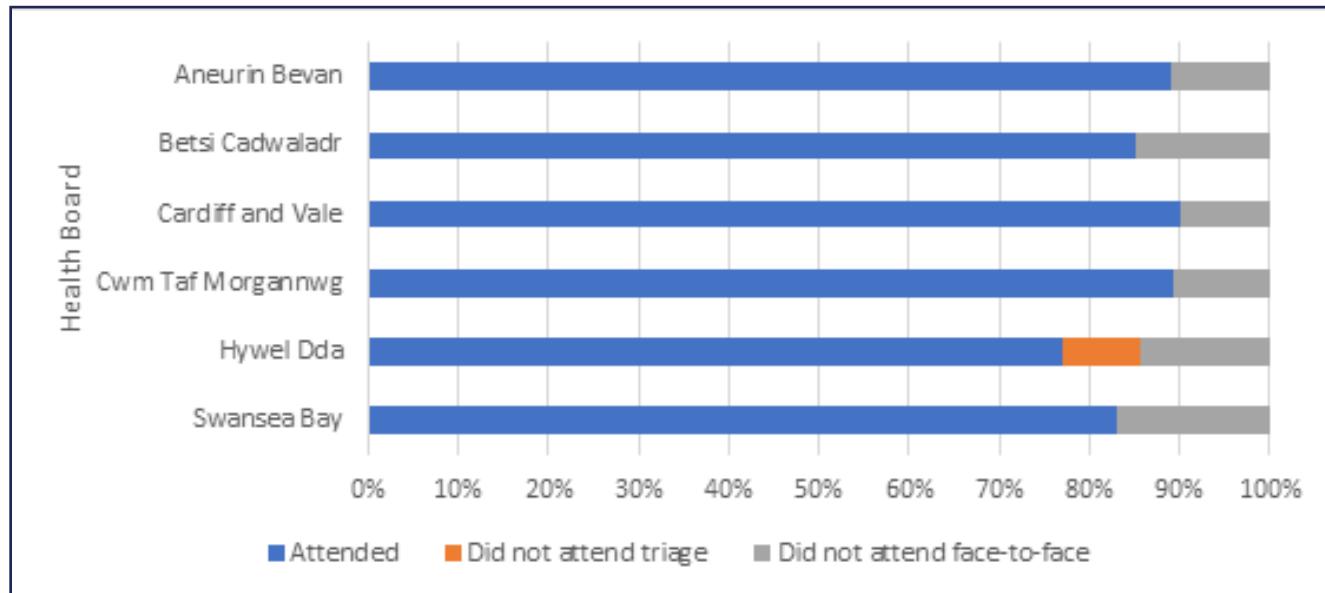
The graph shows that the majority of veterans who were not offered an assessment did not opt-in to the service. After a veteran self-refers or is referred to the service, they are sent an opt-in letter which they are required to return to the service before they can be offered an assessment.

For Hywel Dda and Cwm Taf Morgannwg health boards, inappropriate referrals were the greatest reason for veterans not being offered assessments. A referral may be deemed inappropriate if a

veterans' presentation is not related to their military service, for example.

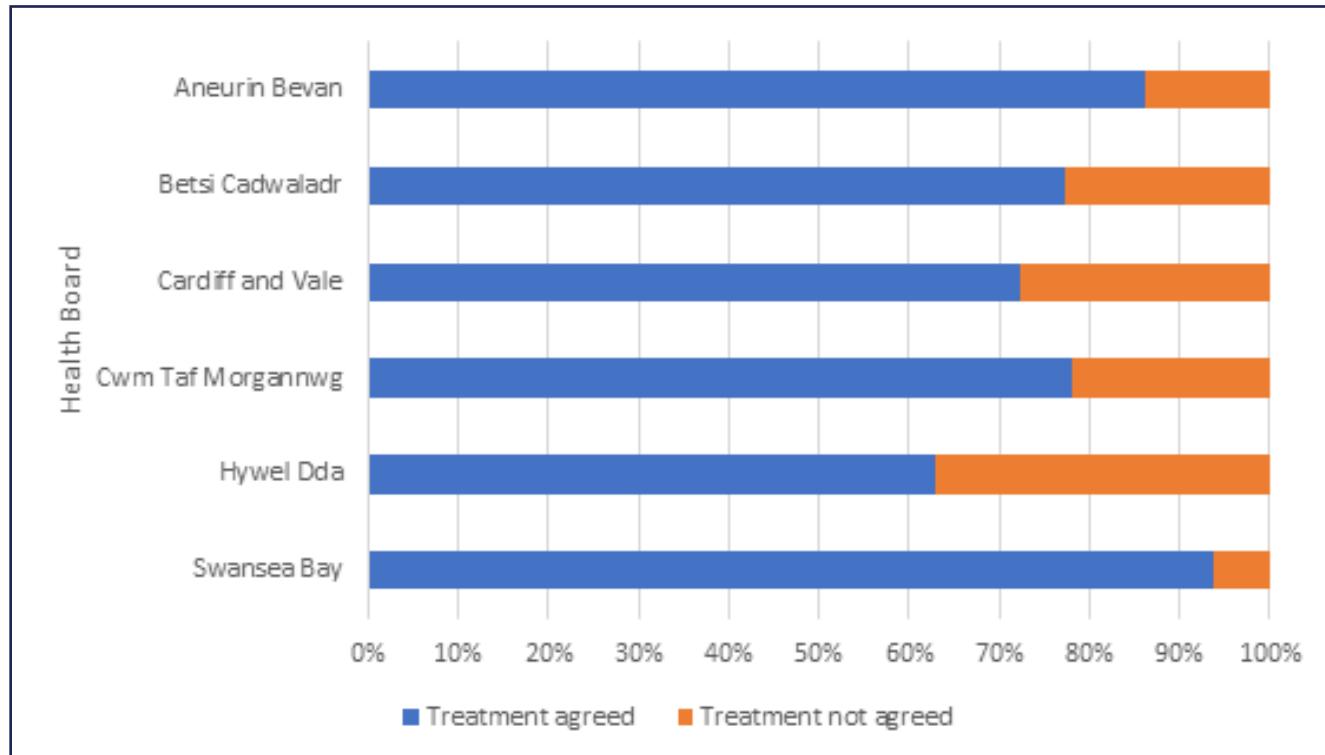
In Betsi Cadwaladr, the 'Other' category reflects veterans who did not require an assessment before going onto the wait list. This was because they had previously been in treatment and a re-assessment was not necessary.

349 (67.5%) of veterans were offered an assessment and the graph below presents the outcomes of these assessments.



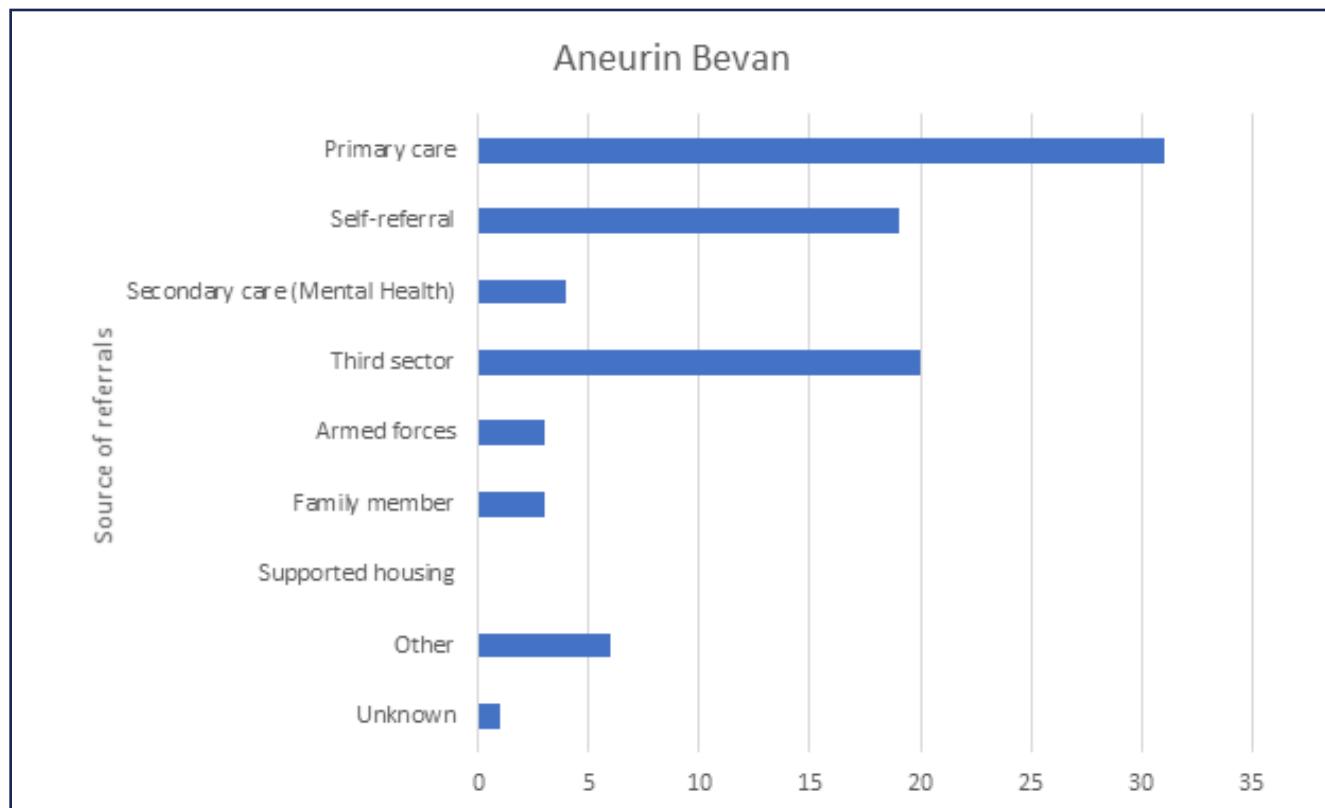
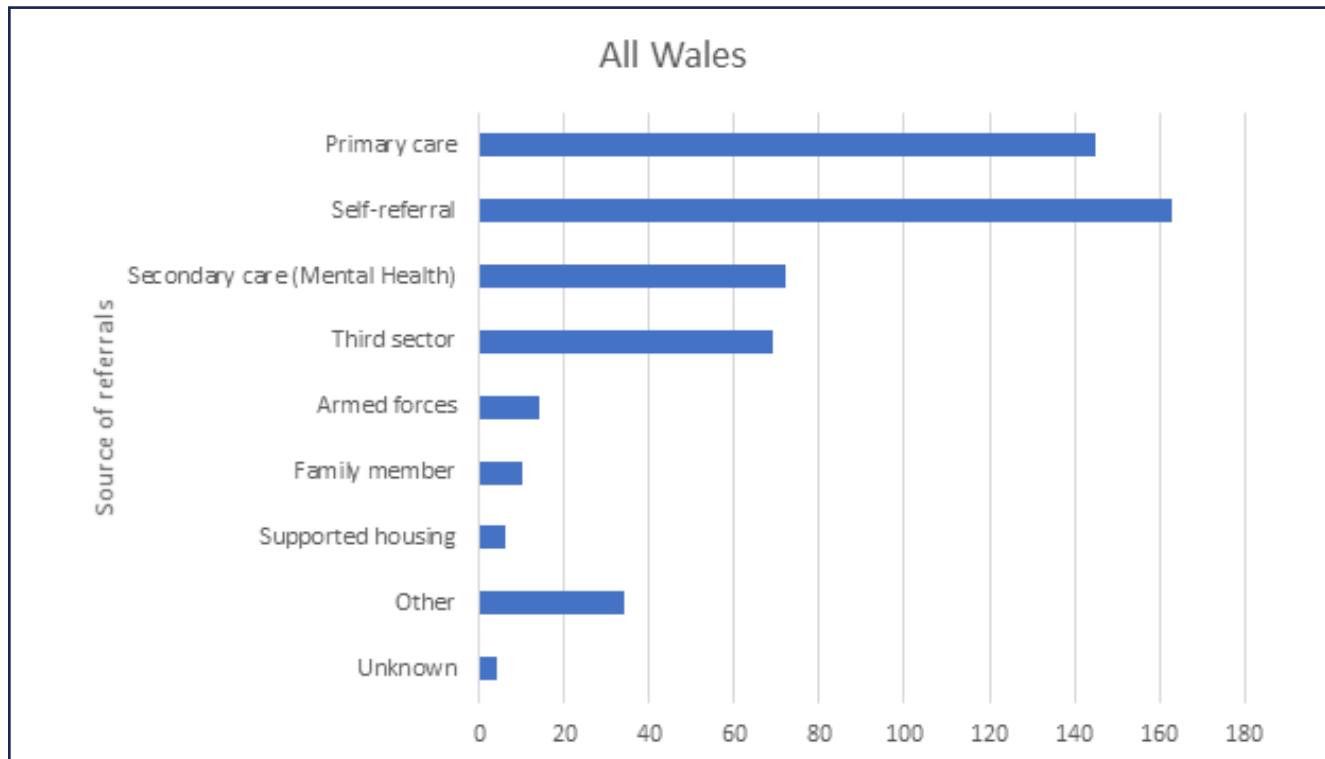
Across all health boards, the majority of veterans attended their assessments. Hywel Dda health board offers veterans an initial telephone triage appointment to assess their suitability before they travel to a face-to-face assessment, and the orange category represents those who did not attend this appointment.

299 veterans attended assessments in 2020-2021 across the health boards. The graph below presents the outcomes of these assessments in relation to whether treatment was subsequently offered and accepted. The category 'Treatment not agreed' captures veterans' who were not offered treatment within the service, either because it was not appropriate, or because the veteran did not accept it.

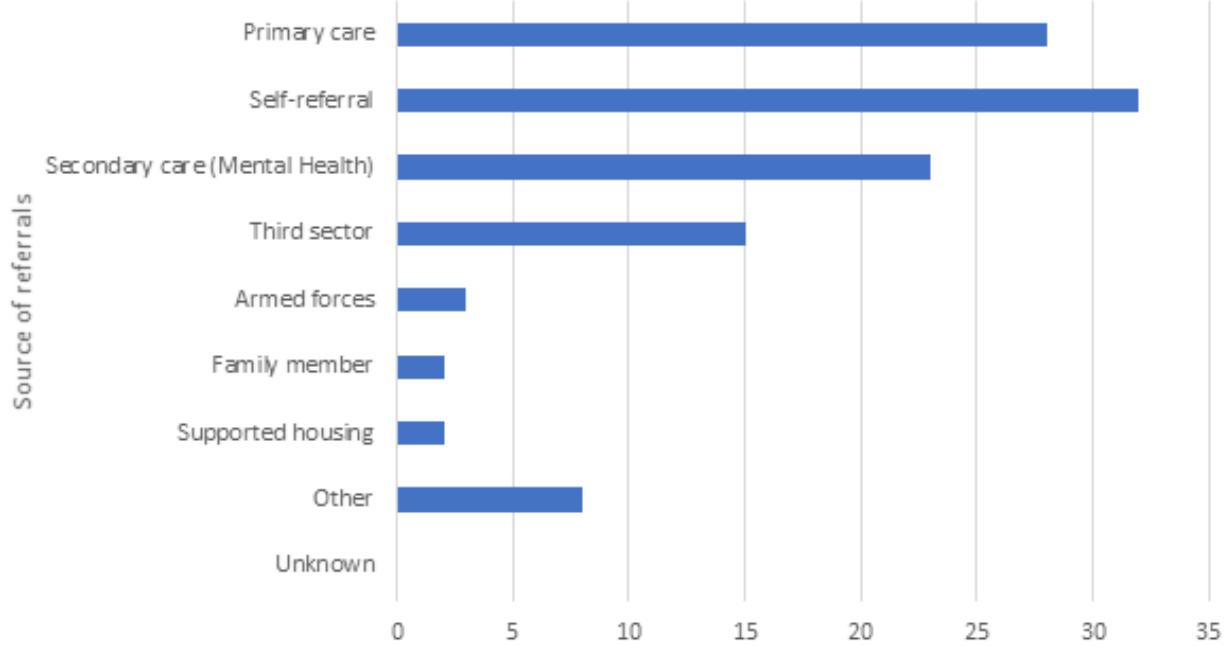


Sources of Referral

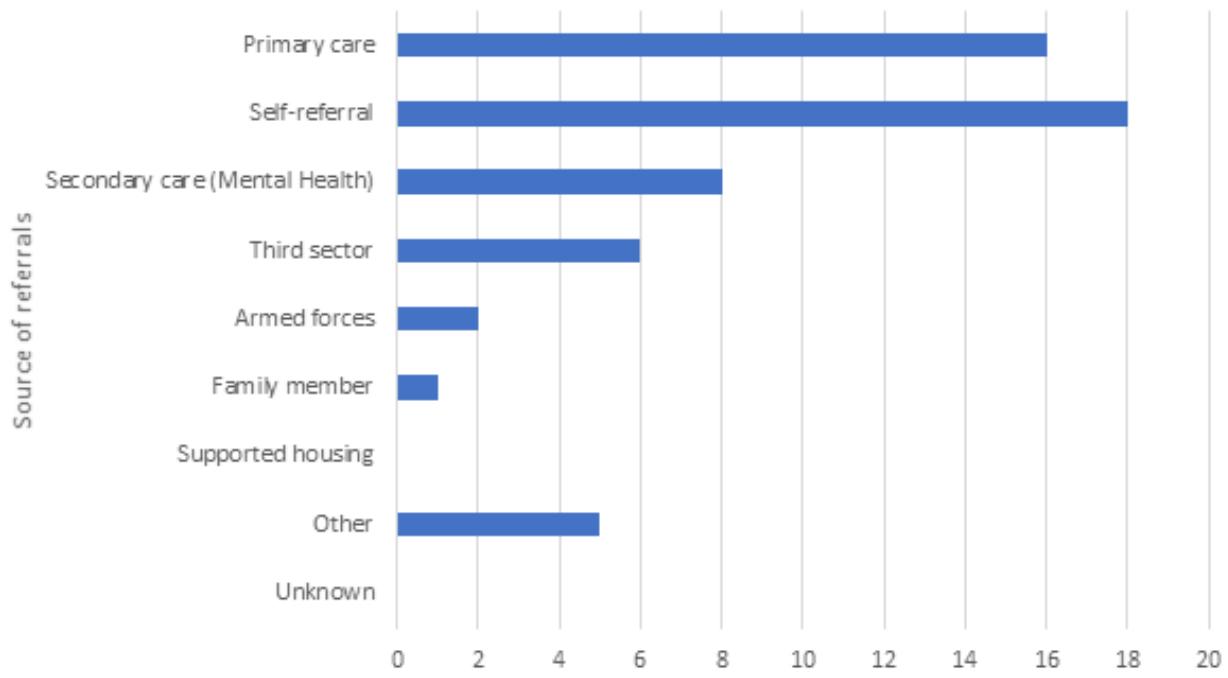
VNHSW receives referrals from a variety of sources. Across all health boards, the most common source of referral was self-referral. This is the first year where self-referral was the number one route over primary care referral.



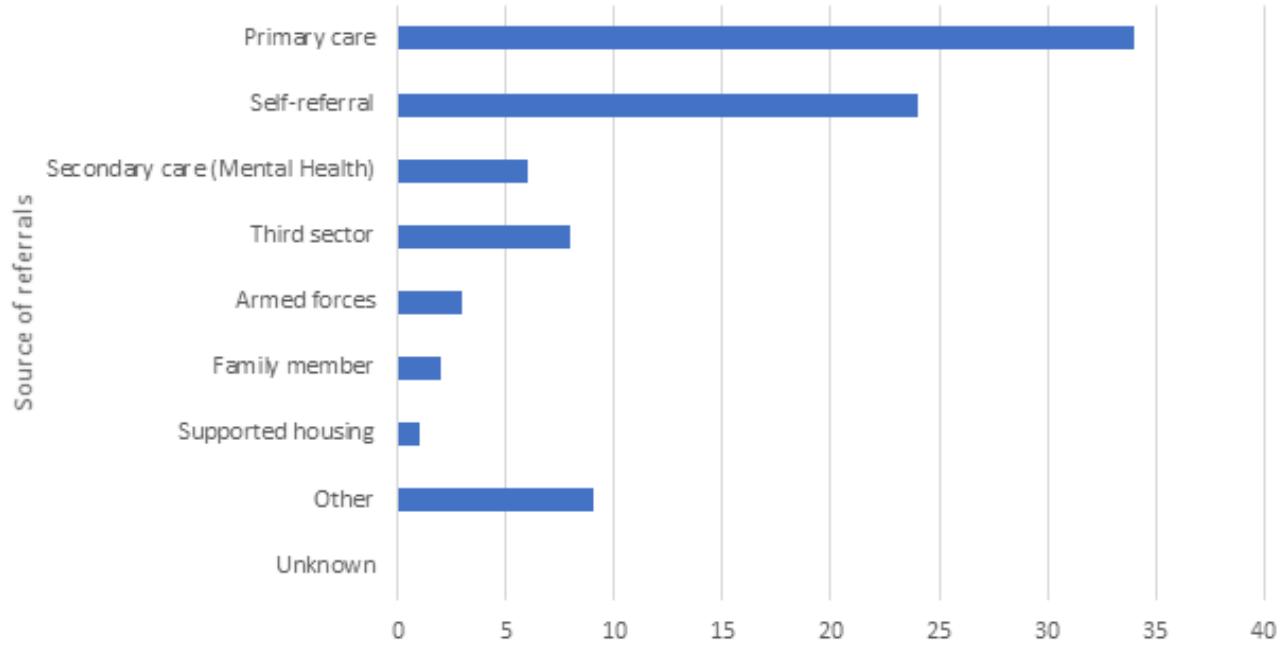
Betsi Cadwaladr



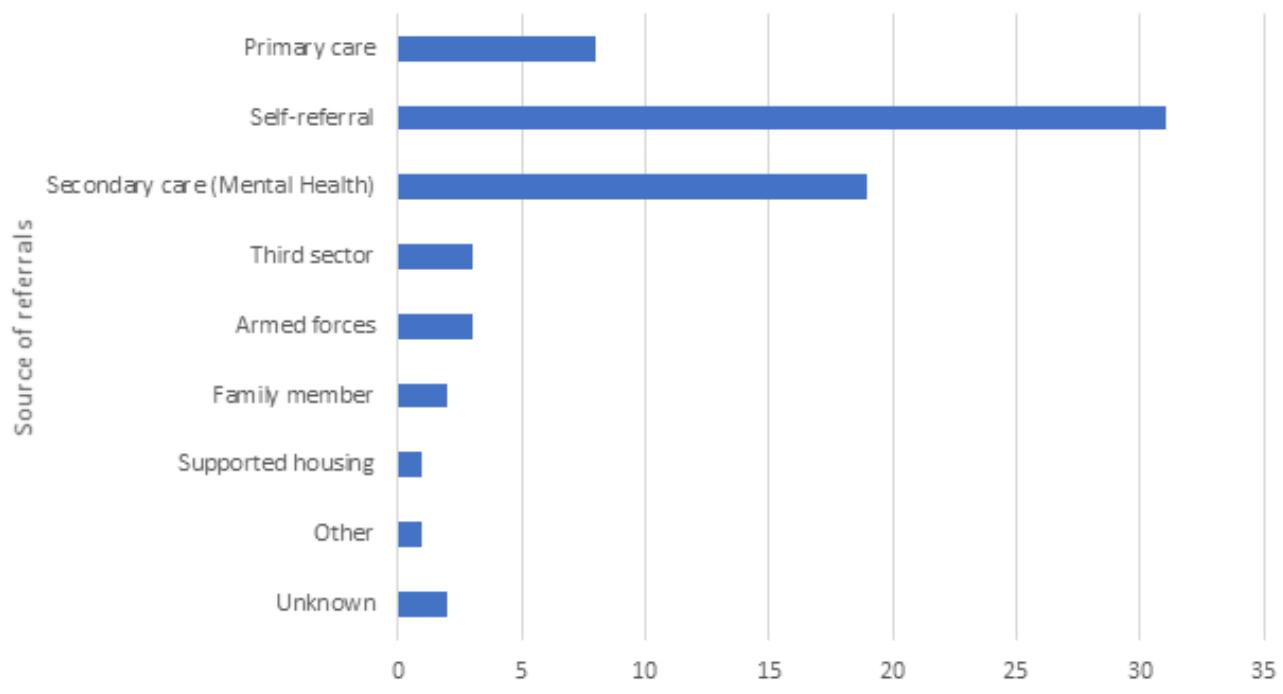
Cardiff & Vale



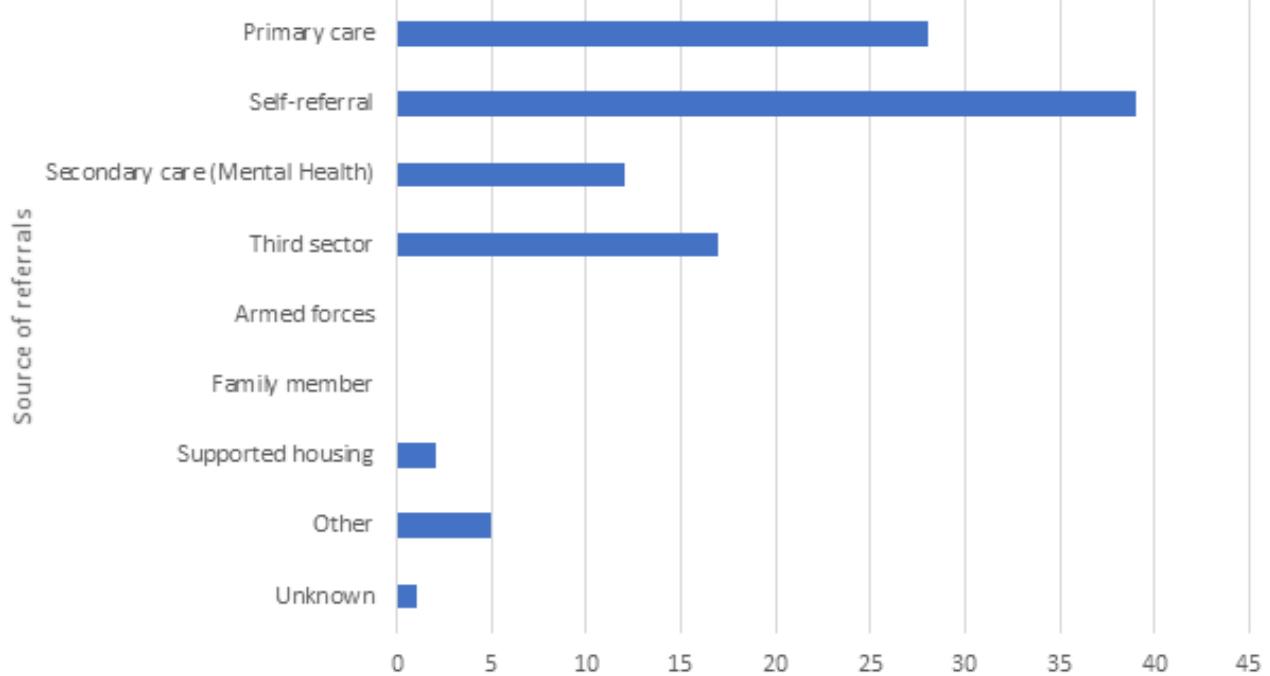
Cwm Taf Morgannwg



Hywel Dda

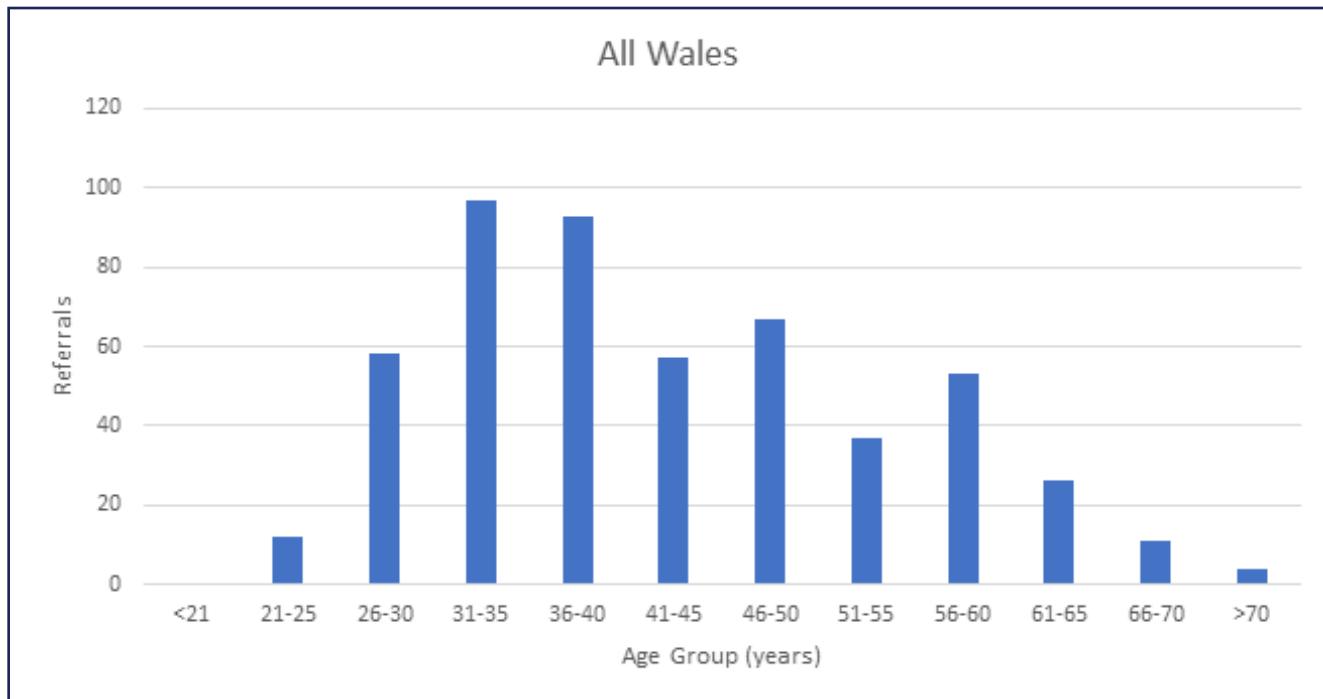


Swansea Bay

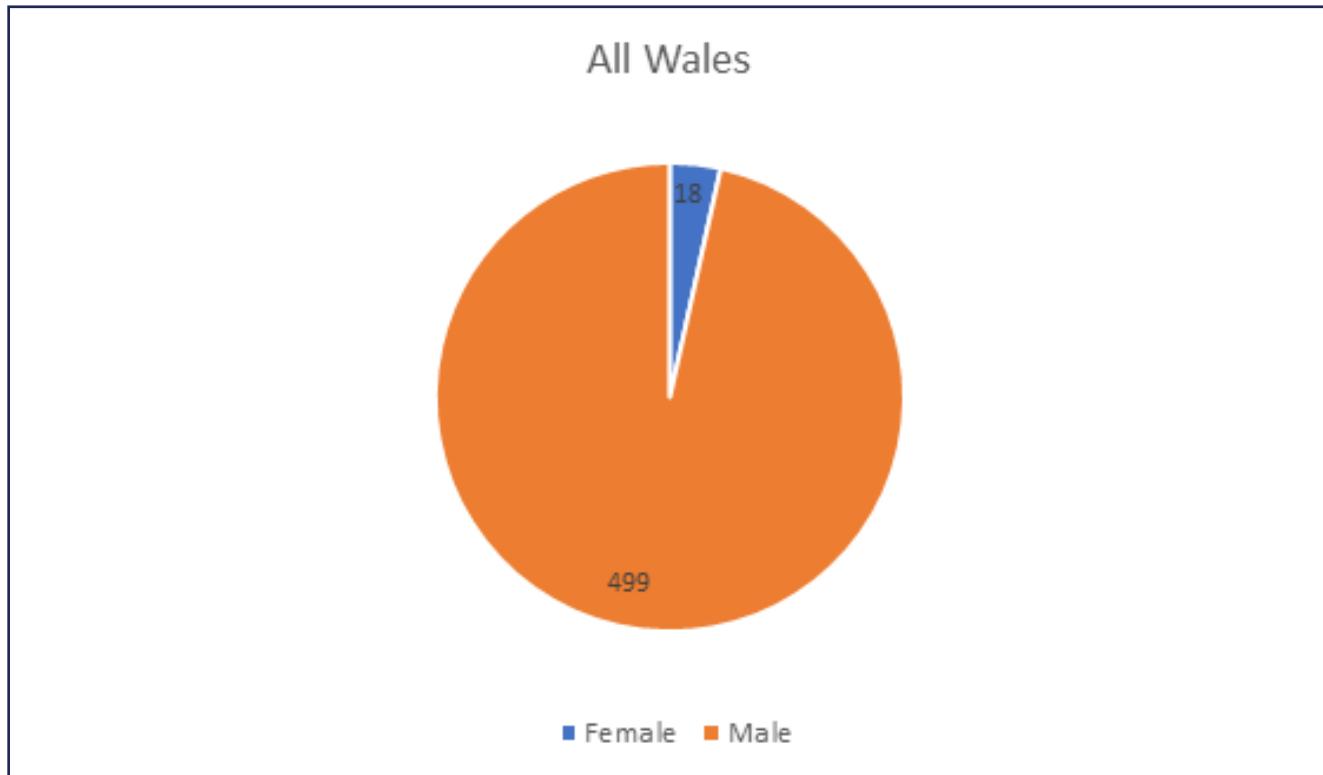


Age and Sex

Veterans referred to VNHSW ranged in age from 21 to 84. In line with last year, the majority of veterans were aged between 31 and 35 years.



Of the 517 referrals, 18 were female (3.5%) and 499 (96.5%) were male. These rates are similar to those of 2019-2020, when 42 (5.0%) were female and 789 (95.0%) were male.



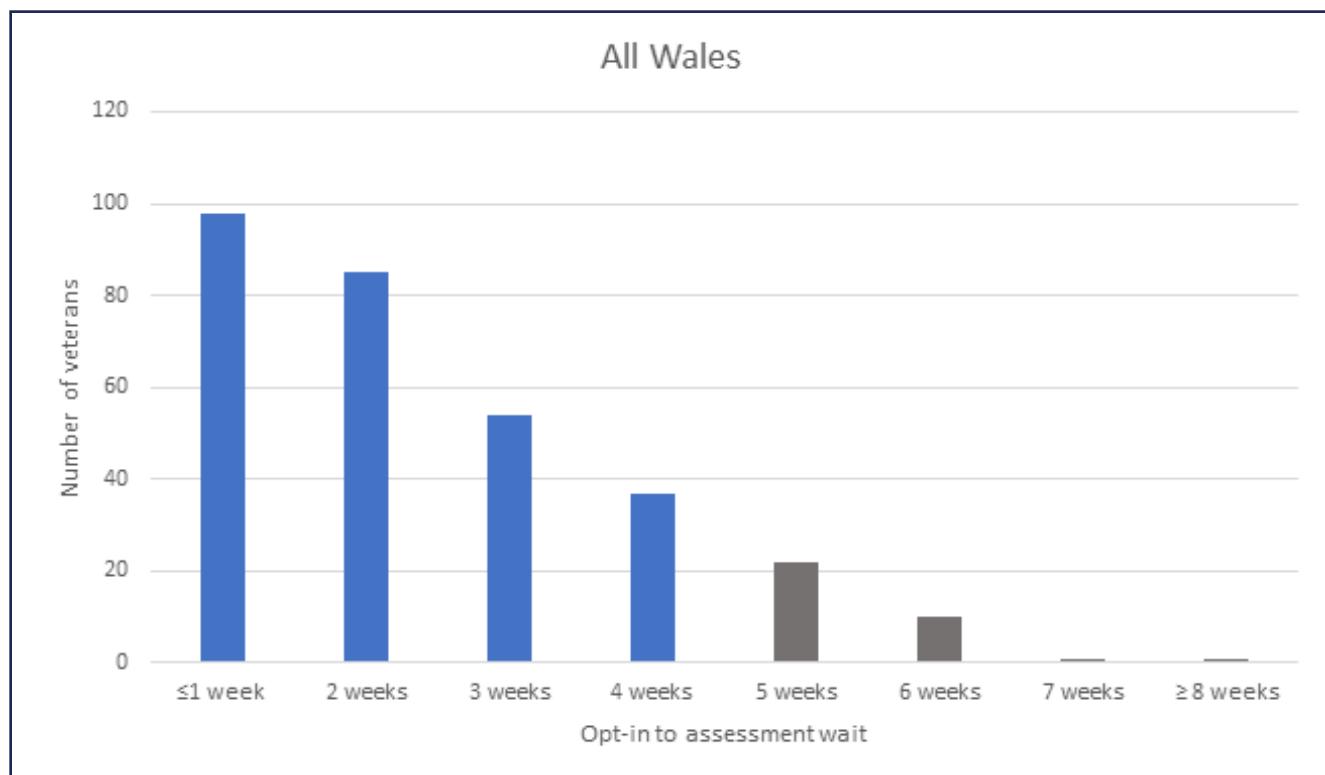
Services Signposted

299 veterans attended an assessment at VNHSW. Of these, 229 (76.6%) were signposted to one or more other services. Veterans may be signposted to additional organisations or services prior to or during psychological or psychiatric treatment, but also at discharge if these services or organisations are thought to best support the veterans' needs at that time. Veterans were commonly referred to organisations who could provide support with social issues (e.g. housing, finances, and employment), such as third sector armed forces charities and peer mentoring programmes. Veterans were also signposted to physical health services and mental health support such as guided self-help programmes.

Waiting Times

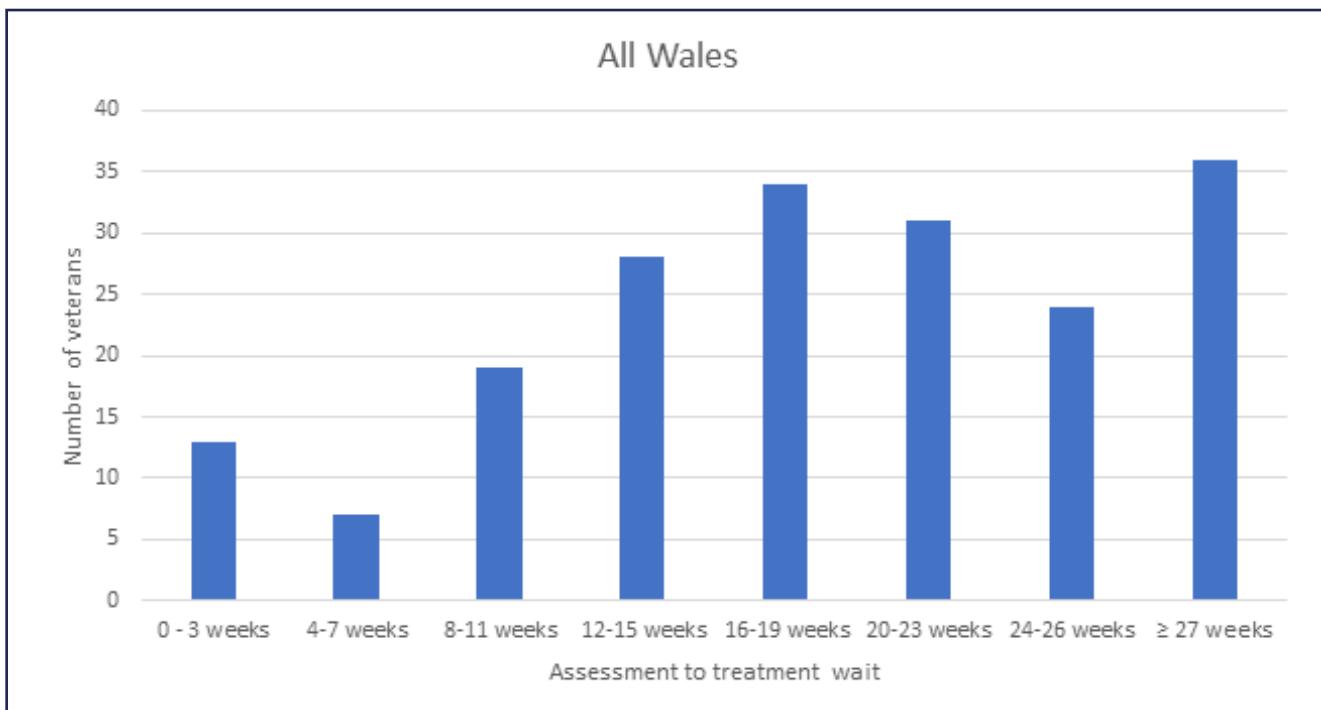
Once a referral has been received, information and an opt-in letter are posted to the veteran, which they are asked to return. On average in 2020-2021, administrative staff sent out the opt-in form within 3 days of receiving the referral. The average time between referral and the service receiving the completed opt-in forms from veterans was 3 weeks.

Once the veteran opts-in, the service aims to offer an assessment within 4 weeks (the target set by Welsh Government). 274 (73.1%) of veterans were offered an assessment within this target period, rather than 80% expected of a primary care service. The graph below shows the distribution of waiting times from opt-in to assessment. The figures are based on available data. Some dates were not recorded, so actual figures may vary slightly.



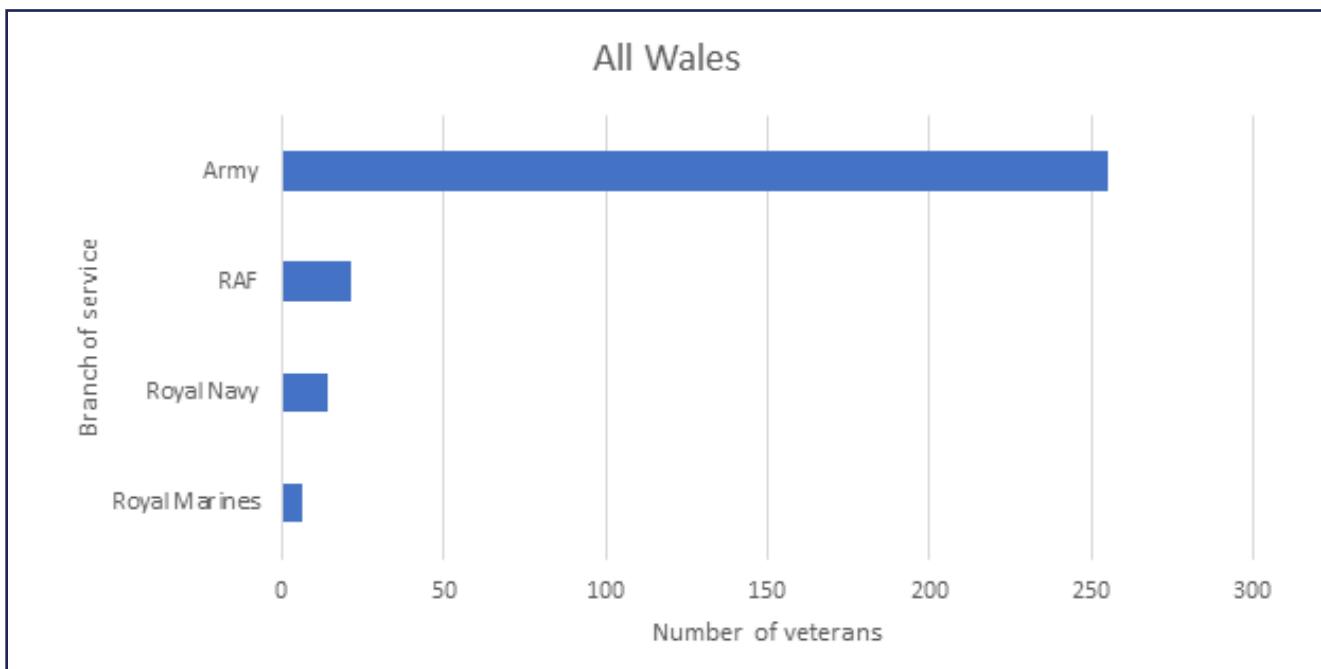
Once the assessment has been completed, the service aims to offer treatment within 26 weeks (the Welsh Government treatment target). 156 (63.7%) of veterans were offered treatment within the target period of 26 weeks, falling below the

80% threshold set by Welsh Government. The graph below shows the distribution of waiting times from assessment to treatment. The figures are based on available data. Some dates were not recorded so actual figures may vary slightly.



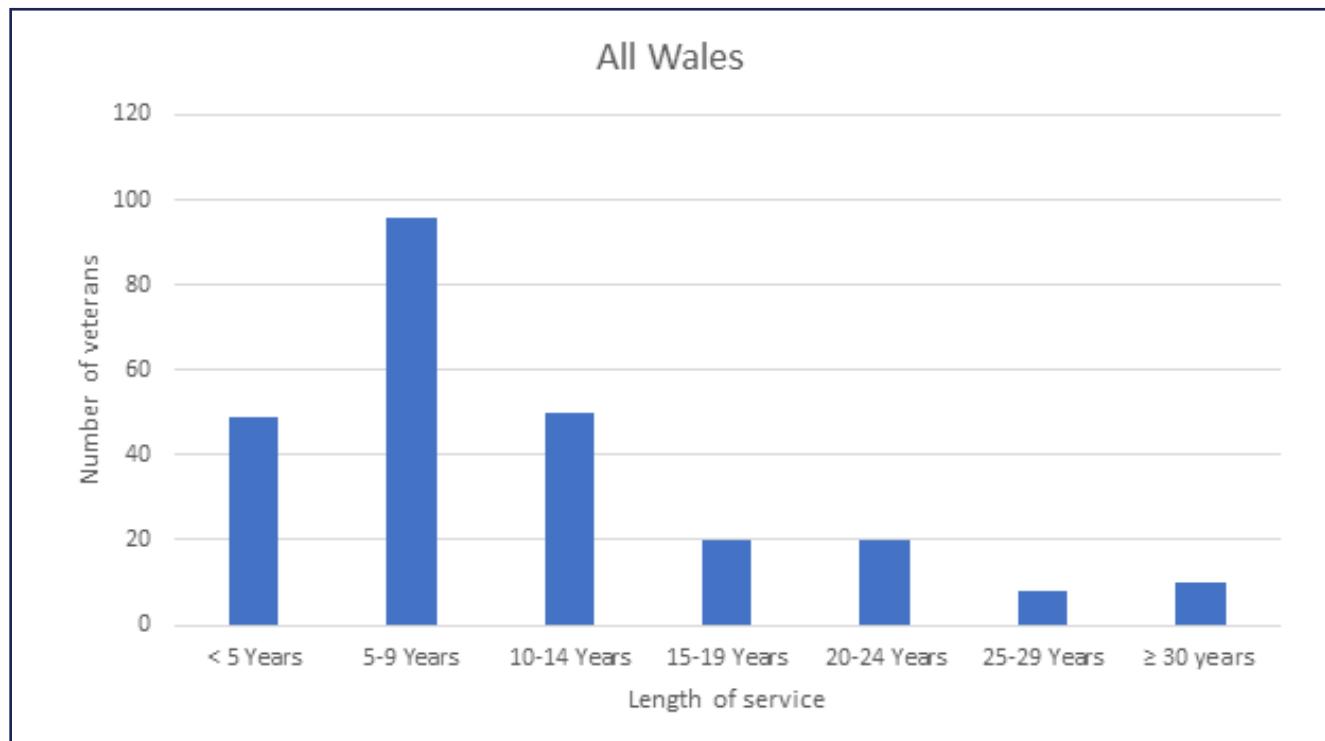
Branch of Service

In line with previous years, the vast majority of veterans served in the army (86.1%).



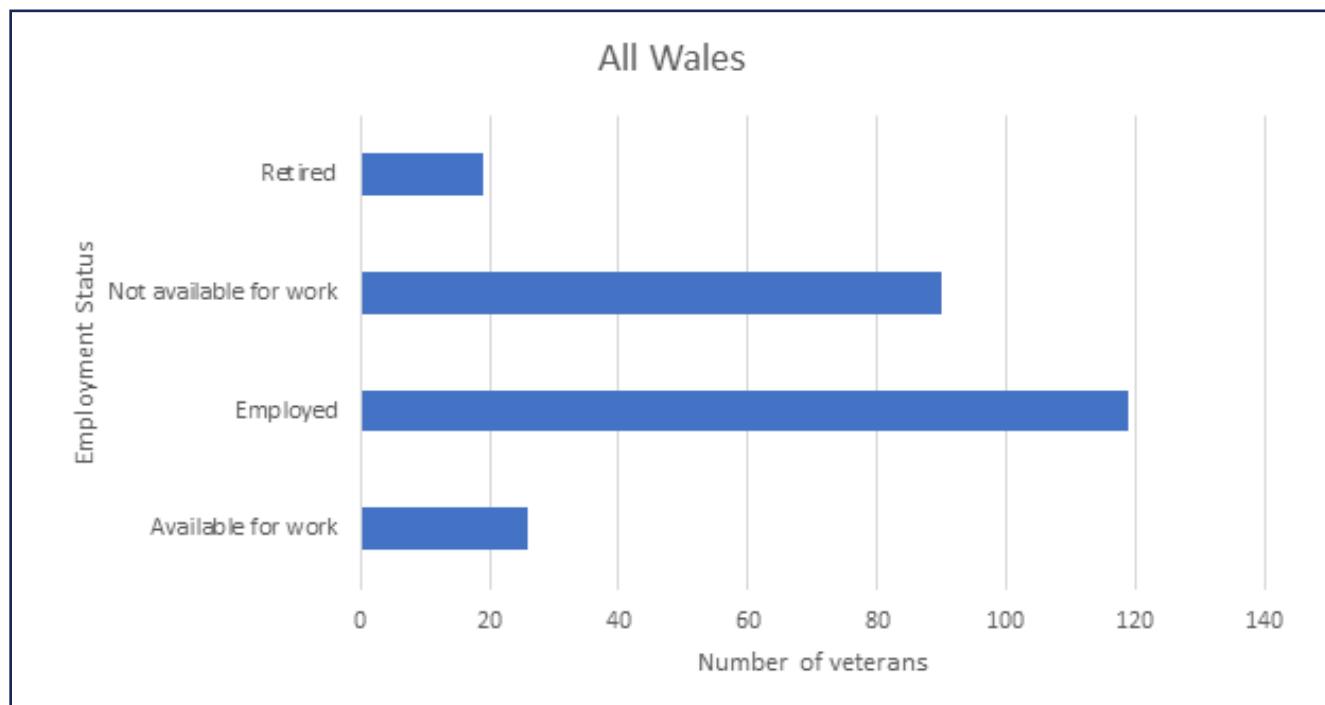
Length of Time in Service

Consistent with previous years, veterans most commonly served between 5 and 9 years in the armed forces (37.9%).



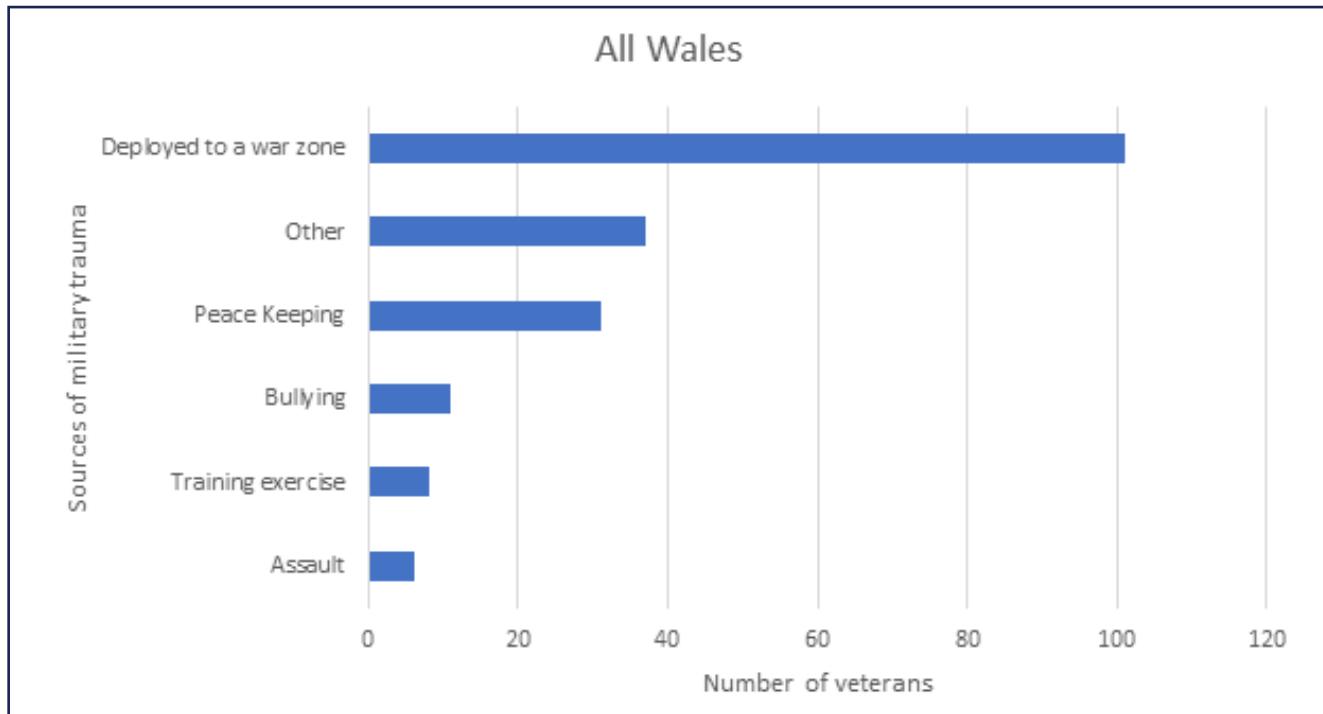
Employment Status

At the time of assessment, 46.9% of veterans were employed (full or part time), 10.2% were available for work, 7.5% were retired and 35.4% were not available for work.



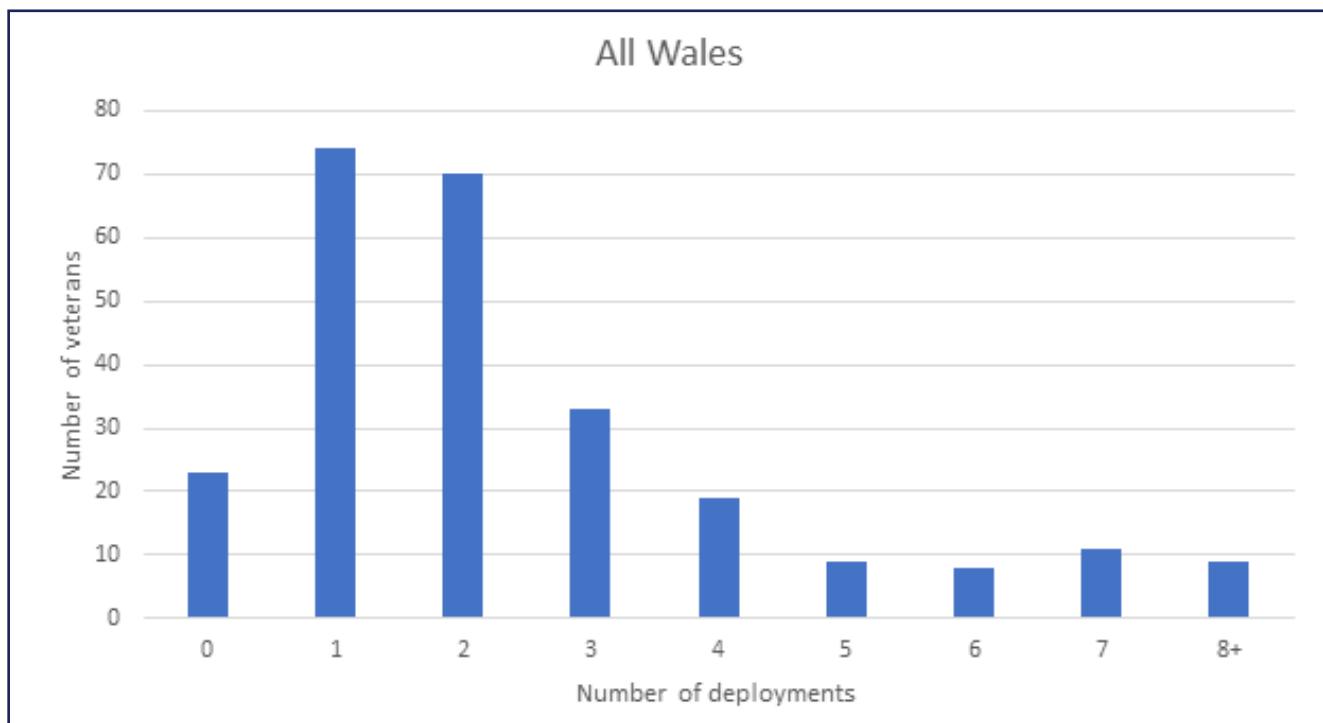
Common Sources of Military Trauma

The data collected at assessment demonstrates that 188 (62.9%) veterans experienced at least one military trauma. 33 (11%) veterans had not experienced military trauma, and for 78 (26.1%) it is unknown whether they experienced military trauma.



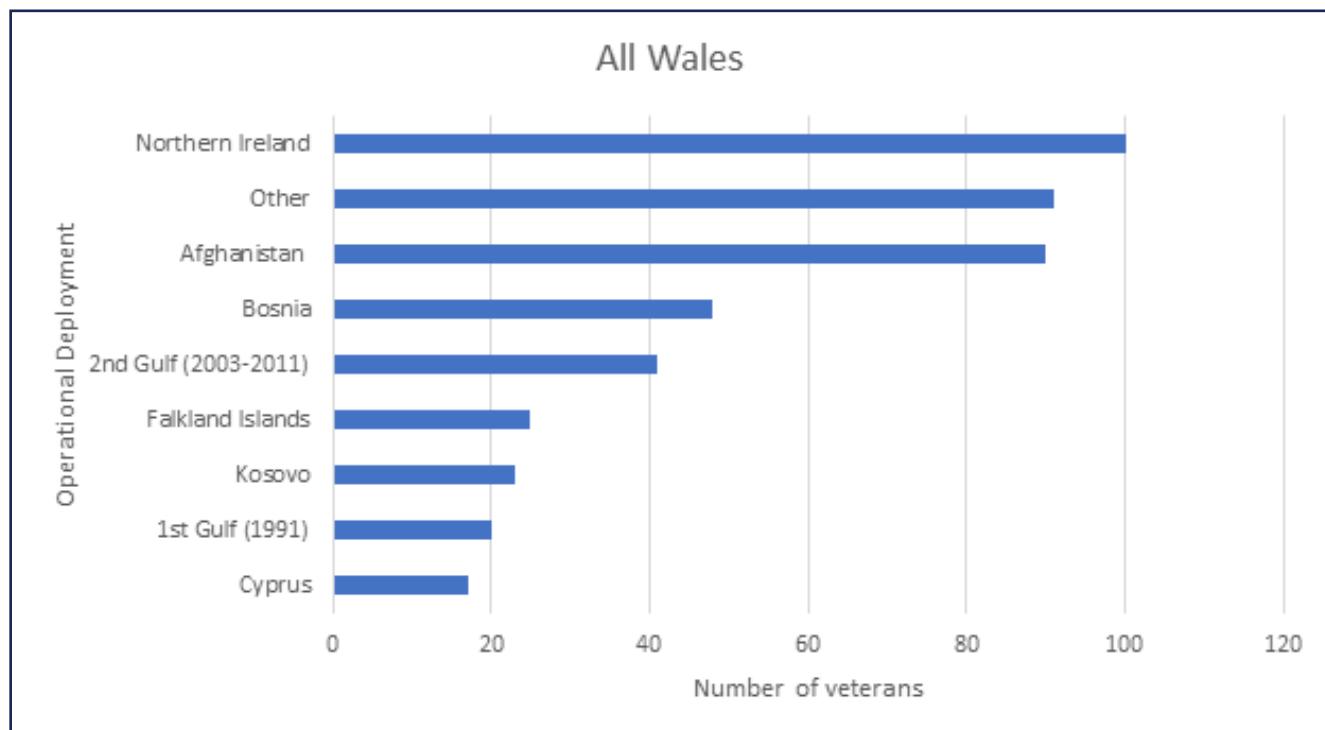
Operational Deployments

At assessment, veterans were asked how many times they had deployed and the location of their deployments. Data on the number of deployments was available for 257 veterans. 22 (8.6%) veterans had not been deployed and 235 (91.4%) reported at least one deployment.



The below graph shows where the 235 veterans were deployed to. As in preceding years, Northern Ireland was the most frequent deployment, with 42.6% of those deployed reporting one or more deployments to this location. 38.3% of veterans

were deployed to Afghanistan, which is consistent with last years' data. The frequency of the 'other' category however, which captures locations such as Belize, Hong Kong and Sierra Leone, has increased by 13% on last year.



Mental Health Conditions and Complexity

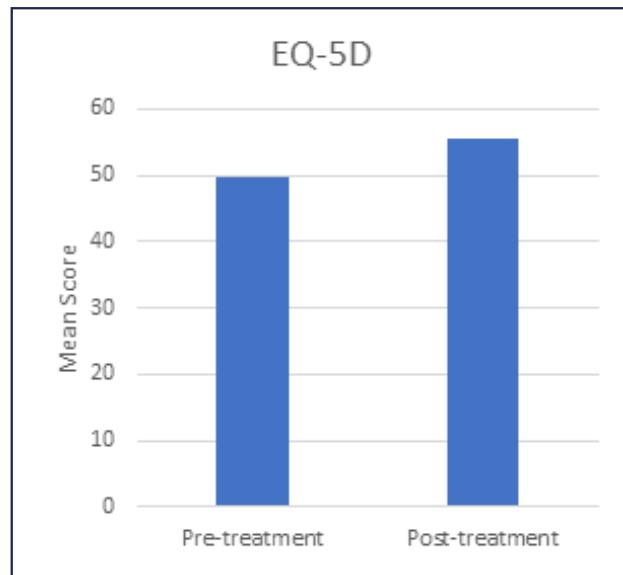
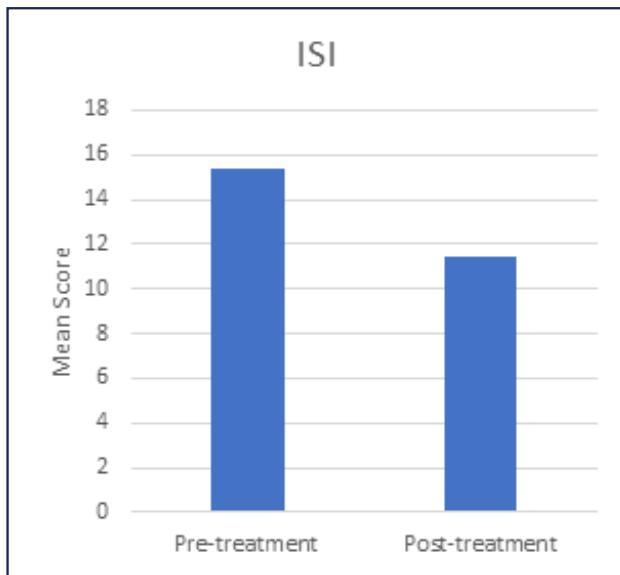
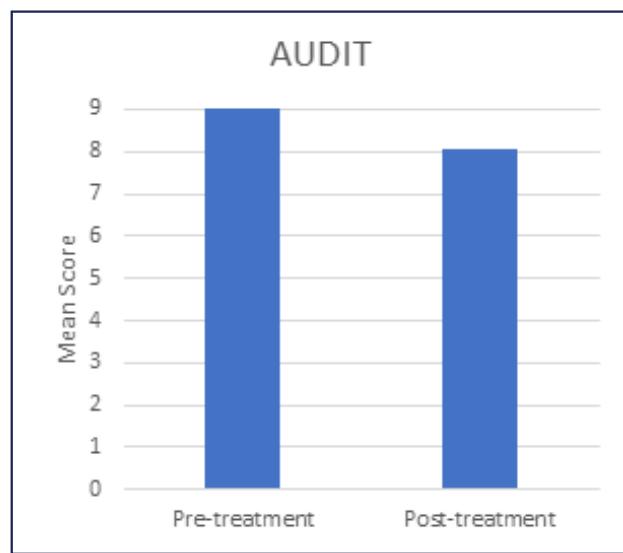
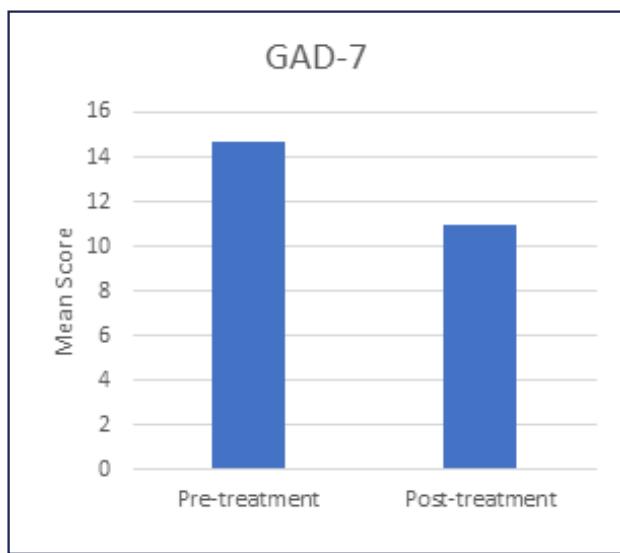
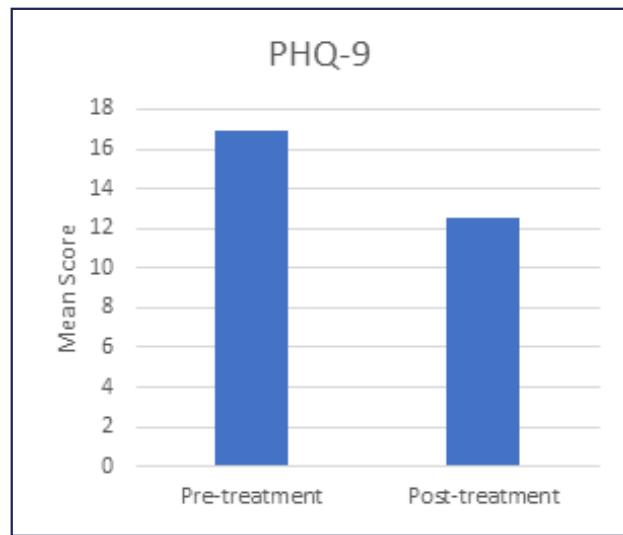
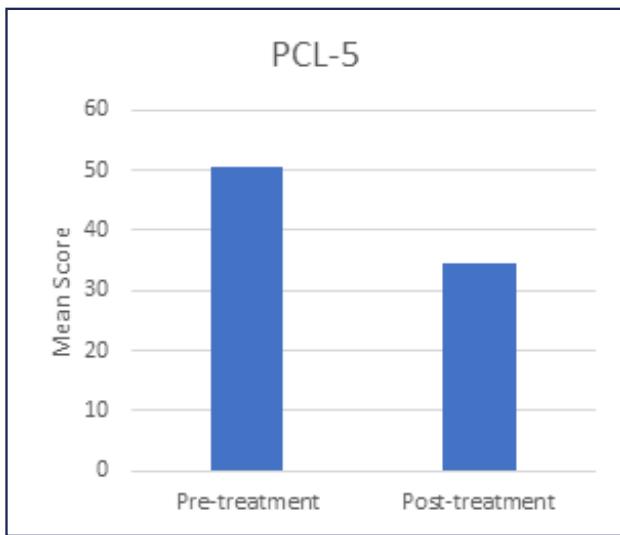
Diagnostic information was available for 94 veterans seen by the service. The majority of veterans presented with post-traumatic stress symptoms (72.3%) due to military trauma, but depression and anxiety symptoms were also common. Some veterans presented with other conditions, such as substance misuse and personality disorders. 44.8% of veterans seen in the service were considered to have complex presentations (i.e. ICD-11 disorder, one comorbid disorder and social issues). This figure is the same as last year.

Clinical Outcomes of Treatment

To capture and measure change in general health and common mental health disorder symptoms, veterans complete several validated self-report clinical measures at assessment and at the start of therapy, which are then repeated throughout therapy, at discharge, and at one and six-month follow-up.

The clinical measures capture symptoms of PTSD (PCL-5), depression (PHQ-9), anxiety (GAD-7), alcohol use (AUDIT), and insomnia (ISI). A higher score on these measures indicates a higher severity of symptoms. The EQ-5D (thermometer only) is also completed to assess general health, with a higher score indicating better general health.

The graphs below demonstrate that the mean score for all veterans who had a pre-post score on these routine clinical measures moved in the direction of improvement (a reduction in scores is a positive sign for all measures except for the EQ-5D, where an increased score indicates improvement).



Reliable improvement and recovery rates were also calculated for each measure where possible. To be considered reliably improved, the difference in score between pre-treatment and post-treatment should meet a specified change threshold (e.g. a change score of at least 6 on the PHQ-9). To be counted as recovered on a measure, a veteran must first have met caseness criteria on that measure at pre-treatment (e.g. a score of at least 10 on the PHQ-9) and be below that threshold at post-treatment.

See table 1 and 2 for recovery and reliable improvement rates. Given the complexity of the client group, the recovery and reliable improvement rates reflect the skill of the VTs when working collaboratively with clients to relieve their psychological symptoms.

The especially high recovery and reliable improvement rates for the PCL-5 demonstrates the expertise VTs have when treating post-traumatic stress symptoms linked to military service and psychological trauma.

Measure	Recovery rate		
	N	Number recovered	% Recovered
PCL-5	67	27	40.3
PHQ-9	70	20	28.6
GAD-7	70	24	34.3
AUDIT	60	8	13.3
ISI	59	21	35.6

Measure	Reliable improvement rate		
	N	Number reliably improved	% Reliably improved
PCL-5	67	44	65.7
PHQ-9	70	34	48.6
GAD-7	70	33	47.1

Table 1 and 2: Recovery and reliable improvement rates

Service User Feedback

To continually improve the service, veterans are asked to complete the Service Experience Questionnaire (SEQ) at discharge. The questionnaire consists of 12 Likert scale questionnaires (rated on a five-point scale from: Strongly Agree to Strongly Disagree) plus two free text questions, 'What was good about your experience of the service?' and 'Is there anything else you want to tell us about the service you received?'.

As with previous years, the service received extremely positive feedback. The strong levels of agreement with questions 2, 3 and 8 demonstrates how skilful our VTs are at forming strong therapeutic alliances with veterans; veterans felt they were listened to, understood and respected and were happy with the therapist that treated them. The statement with the highest level of agreement was 'I would recommend this service to other Veterans.' This suggests that the veterans' felt that their involvement with the service was worthwhile and would be beneficial to others. Service users recommending VNHSW to other veterans will hopefully enable our service to reach others in the community who may not otherwise seek support.

Whilst all of the questions were responded to positively, three areas where improvements could be made are the waiting times, facilities (e.g. seating, temperature and lighting), and involving veterans in making choices about their treatment.

Positive feedback was also received through the free text responses. In particular, veterans felt the therapists were empathetic towards their difficulties, enabling them to feel at ease during the therapy process. The veterans' highlighted importance of the VTs having military experience or expertise in helping them to feel understood. It was also recognised how well the service adapted during the pandemic to continue treatment where possible, with many commenting on the advantages of receiving therapy in an outdoor setting through walk and talk.



Service User Feedback

1. I was satisfied with the amount of time I had to wait for my first appointment.

2. The therapist listened to me and took my concerns seriously.

3. I felt I was treated with respect and understanding.

4. I received information in relation to other forms of help that may have been available to me e.g. RBL, SSAFA.

5. I was given the option of more than one form of therapy/ treatment from which to choose.

6. I felt involved in making choices about my treatment.

7. I was satisfied with the type of treatment that I received.

8. I was satisfied with the therapist that treated me.

9. The service helped me to address my difficulties.

10. The facilities were comfortable (e.g. seating, temperature, lighting).

11. I was satisfied with my overall experience of using this service.

12. I would recommend this service to other Veterans.



■ Strongly agree ■ Agree ■ Neutral/Not sure ■ Disagree ■ Strongly disagree ■ Not applicable

The following are some of the comments received by veterans in response to the question 'What was good about your experience of the service?'

'I will be leaving knowing how to manage and control not only my feelings, but also what brought me in in the first place. I am now more confident and accepting of the circumstances I was involved in and feel that I have techniques that will continue with me throughout my life in all areas. I am now me again!'

'[My therapist] was extremely understanding about my issues and seemed to really 'get it' coming from the military.'

'Given lockdown, the service has been second to none.'

'The change of scenery from an office based treatment [to walk and talk] made the sessions seem shorter and easier to cope with and allowed treatment during a time where clinics would have been closed.'

[My therapist] was professional, courteous and calming. He listened intently and made me feel welcome and at ease.'

'I was listened to, not judged, I felt so at ease with my therapist and it felt easy to unload everything.'

'I was treated with respect throughout the whole experience, I felt involved in the decision about what therapy was the best course for me. The therapist was outstanding.'

'Though there was only phone contact because of COVID-19 restrictions, I felt that I was receiving the best care in these circumstances.'

'As a result of COVID-19, we started walk and talk sessions in a country park. This was much better and I felt very at ease outdoors.'

'My therapist was brilliant in listening to my issues and explaining things. He gave me the tools to deal with my past experiences.'

'Talking with someone who deals with other veterans and has experience with military mental health problems.'

The VNHSW Team

For up to date contact details for each health board, visit www.veteranswales.co.uk and view the relevant health board page. The staff listed below were employed by the service during the 12 months of the report.

Aneurin Bevan

Alison Howe – Consultant Psychiatrist
Damon Rees – Peer Mentor
Helen Gower – VT
Kay Rees – Administrator
Mike Mo – VT
Vanessa Bailey – Clinical Lead

Betsi Cadwaladr

Amanda Jackson – VT
Hayley Jess – Administrator
Karen Hawkings – Clinical Lead
Kev Hackett – Peer Mentor
Mark Birkill – Clinical Lead
Martin Jones – Consultant Psychiatrist

Cardiff and Vale Hub

Alisha Smith– Assistant Psychologist
Amy O'Sullivan – Hub Secretary
David Seeley – Consultant Psychiatrist
Gwen O'Connor – Clinical Psychologist
Jo Delahay – VT
Neil Kitchiner – Director & Consultant Clinical Lead
Rachel Vanstone – VT

Cwm Taf Morgannwg

Alison O'Connor – VT
Gerwyn Jones – VT
Julie Devlin – VT
Maria Moruzzi – Administrator
Mary Self – Consultant Psychiatrist
Nick McAndrew – VT
Oxana Jones – VT
William Watkins – Clinical Lead

Hywel Dda

Claire Young – VT
Julie Campion – Clinical Lead
Louise Laughlin – Adminstrator
Matthew Sargeant – Consultant Psychiatrist

Swansea Bay

Anna Smith - Administrator
Mohan Gangineni – Consultant Psychiatrist
Rebecca O'Dowd – VT
Victoria Williams – Clinical Lead

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, Traumatic Stress Research Group
- Change Step
- Defence Community Mental Health Service, MoD.
- Help for Heroes
- Hire a Hero, Wales
- National Centre for Mental Health, Cardiff University
- National Veteran Mental Health Network (England)
- NHS Wales
- Public Health Wales
- Remploy
- Royal British Legion, Wales
- Soldier Sailor Army Families Association
- TGP Cymru
- The Reserves Mental Health Program RTMC, Chilwell, Notts
- Veterans UK
- Welsh Government
- HMP Prison Service, Wales
- Woody's Lodge
- 203 (Welsh) Field Hospital, Cardiff HQ.



Our Special Thanks

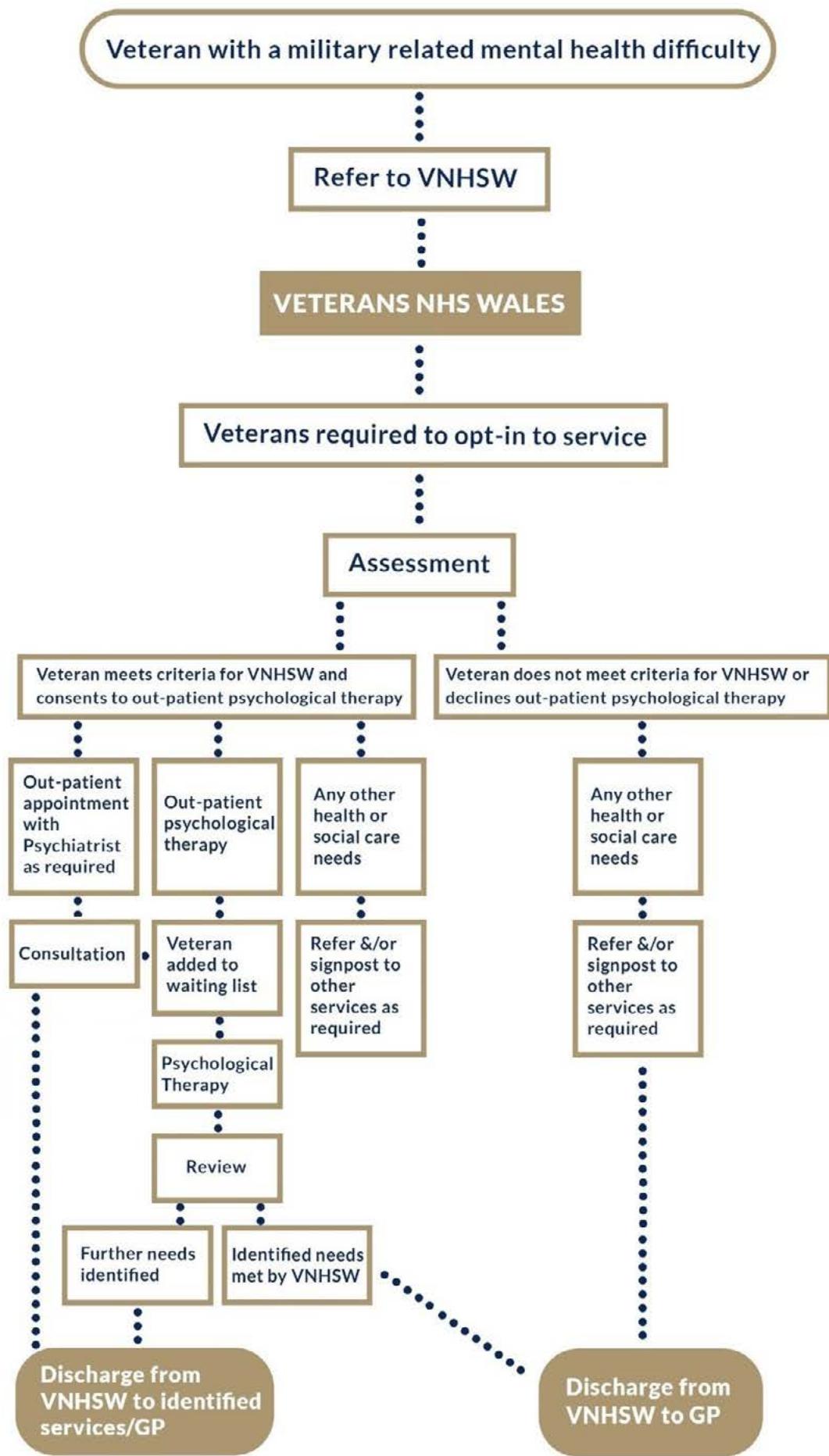
We would like to thank all the staff at VNHSW who have worked extremely hard over the past 12 months, especially during the Coronavirus outbreak, to make the service 'veteran centred', flexible and as effective as possible to meet our patients' needs.

Further information

Data for the annual report was recorded by team administrators and VTs and analysed by Charis Winter. This report was written and compiled by Charis Winter and Dr Neil Kitchiner.

For further information, please contact Dr Neil Kitchiner. Contact details can be found at www.veteranswales.co.uk

Appendix 1: Veterans' NHS Wales Care Pathway



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

VETERANS NHS WALES : POWYS OUT PATIENT CLINICS

VICTORIA MEMORIAL HOSPITAL

Salop Road, Welshpool,
Powys, SY21 7DU

Contact:

BCU.Admin-veterans@wales.nhs.uk
03000 857 964

BRONLLYS HOSPITAL

Bronllys, Brecon,
Powys, LD3 0LU

Contact:

AdminVhnsn.ABB@wales.nhs.uk
01873 735240

TONNA HOSPITAL

Tonna Uchaf,
Neath, SA11 7DU

Contact:

SBU.Veterans@wales.nhs.uk
01792 532967





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

