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Consultation Document

Substance Misuse Treatment Framework (SMTF)

Improving Access to Substance Misuse Treatment
for Veterans

Date of issue: **30 May 2013**

Action required: Responses by **23 August 2013**

Overview

This consultation seeks views on the proposed action which should be taken to improve access to substance misuse treatment for veterans. It will be published as part of the Welsh Government Substance Misuse Treatment Framework. It is aimed at Health Boards, Substance Misuse Area Planning Boards, substance misuse and mental health service providers and those working in primary care.

How to respond

To respond to this consultation, please complete the online form which can be accessed [here](#).

Responses can be e-mailed to:
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The closing date for responses is
23 August 2013.

Further information and related documents

Large print, Braille and alternate language versions of this document are available on request.

Consultation web address:
www.wales.gov.uk/consultations

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Data protection

How the views and information you give us will be used

Any response you send us will be seen in full by Welsh Government staff dealing with the issues which this consultation is about. It may also be seen by other Welsh Government staff to help them plan future consultations.

The Welsh Government intends to publish a summary of the responses to this document. We may also publish responses in full.

Normally, the name and address (or part of the address) of the person or organisation who sent the response are published with the response. This helps to show that the consultation was carried out properly. If you do not want your name or address published, please tell us this in writing when you send your response. We will then blank them out.

Names or addresses we blank out might still get published later, though we do not think this would happen very often. The Freedom of Information Act 2000 and the Environmental Information Regulations 2004 allow the public to ask to see information held by many public bodies, including the Welsh Government.

This includes information which has not been published. However, the law also allows us to withhold information in some circumstances. If anyone asks to see information we have withheld, we will have to decide whether to release it or not. If someone has asked for their name and address not to be published, that is an important fact we would take into account. However, there might sometimes be important reasons why we would have to reveal someone's name and address, even though they have asked for them not to be published. We would get in touch with the person and ask their views before we finally decided to reveal the information.

SUBSTANCE MISUSE TREATMENT FRAMEWORK (SMTF)

IMPROVING ACCESS TO SUBSTANCE MISUSE TREATMENT FOR VETERANS

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1 Purpose

This guidance document, produced by Public Health Wales for the Welsh Government provides some background information on substance misuse in veterans and outlines action that could be taken to improve their access to substance misuse treatment. It will be published as part of the Welsh Government Substance Misuse treatment framework. It is aimed at Health Boards, Substance Misuse Area Planning Boards, substance misuse and mental health service providers and those working in primary care. It is intended to inform the development of local care pathways and will be of relevance to practitioners and those responsible for planning and managing services. This document may also be relevant to military personnel recovery units.

Area Planning Boards should review their existing local care pathways with a view to ensuring that access to substance misuse treatment for veterans is improved. This review will need to take into account local factors and service availability alongside the requirement to ensure priority treatment for veterans is in place in accordance with Welsh Government policy. A key issue will be the treatment of co-morbid mental health disorders and this will require robust joint working between services.

2 Background and context

2.1 Background

In 2011 Welsh Government set out its specific policies in relation to the armed forces community in Wales in the Welsh Government Package of Support for the Armed Forces Community in Wales¹. This set out their intention to address substance misuse amongst veterans in Wales.

The term veteran refers to

Anyone who has served for at least one day in HM Armed Forces (Regular or Reserve), or Merchant Navy Seafarers and Fisherman who have served in a vessel at a time when it was operated to facilitate military operations by HM Armed Forces

This definition includes all those who have served at least one day, regardless of the manner and circumstances in which they left service².

The Package of Support sets out the specific provision made for the armed forces community in Wales across the range of public services in Wales, including health, housing and education. The Welsh Government's aim is to ensure that the disadvantages that the Community faces in comparison

to other citizens are redressed, and that recognition is given to the sacrifices that they have made. Commitments in the Package of Support include :

- Establishment and continued funding for the All-Wales Veterans Health and Wellbeing Service
- Disregard of War pensions in the Disabled Facilities Grant means testing process, Council Tax and Housing Benefits.
- “priority status” for social housing for seriously injured and disabled service men and women, and recognition of “certificates of cessation” as proof of impending homelessness for those leaving the service.

The Package of Support is currently being revised and a new version will be published in June, providing wider advice and signposting to services in Wales

2.2 Priority treatment

Welsh Health Circular (2008) 051 – made a commitment to prioritise improving the health and well-being of ex-service personnel and veterans in Wales³. This extended the provision of priority NHS treatment from war pensioners to all veterans who have a health problem as a result of their Armed Forces service. The concept of priority treatment is not for the veteran to be seen more quickly than those with greater clinical need but, for conditions related to military service, the veteran, at their first outpatient appointment would be scheduled for treatment sooner than others of similar clinical priority⁴. Priority treatment is also generally considered to apply to access to third sector services where these have been commissioned using Welsh Government funding. On this basis veterans with co-occurring post traumatic stress disorder (PTSD) and substance misuse would be entitled to priority treatment.

2.3 Estimated number of veterans in Wales with substance misuse problems

2.3.1 Number of veterans

There is no routine source of information on military veterans in Wales, so the number resident in Wales is unknown. However, in order to secure a better understanding the Welsh Government funded a study looking at Veterans’ Health Needs Assessment which was published in 2011. The aim of this small study (558 veterans invited to participate with 207 (37.5%) interviewed) was to provide evidence to inform service provision for military veterans living in Wales by investigating the health, perceived needs and health services utilisation of three groups of veterans and by

making comparisons between them and the general population. Amongst the issues asked about as part of the interview process was use of alcohol and illicit drugs.

Current estimates indicate that the numbers are falling and will continue to do so, suggesting that the current proportion of the Welsh population who would be classified as veterans is around seven per cent decreasing to five per cent by 2020⁵.

Changes in the size and demographic profile of the ex-service community are forecast to continue in the coming years. The greatest decline has been in the number of veterans as the older generation of conscripted veterans from active warfare and National Service die⁶. Both the proportion of the Welsh population who are veterans and the actual numbers will continue to fall. A needs assessment undertaken by Public Health Wales in 2011 used data from Compass Partnership to derive estimates of the veteran population in Wales set out in the table below⁵.⁶ This shows how the actual numbers and the percentage of the Welsh population who would be classified as veterans is expected to fall over time.

Table 1. Estimated forecast veteran population in Wales by age group and gender, 2010-2020

Year	2010		2015		2020	
	Males	Females	Males	Females	Males	Females
16-24	1,734	340	1,486	297	1,291	260
25-34	8,668	3,400	7,430	2,970	6,453	2,600
35-44	10,401	2,040	13,374	1,782	16,145	1,560
45-54	13,868	3,740	11,888	3,267	10,324	2,860
55-64	26,003	7,480	22,290	6,534	19,358	5,720
65-74	55,472	6,120	47,552	5,346	41,296	4,680
75-84	45,071	9,180	38,636	8,019	33,553	7,020
85+	6,934	2,040	5,944	1,782	5,162	1,560
Total	168,151	34,340	148,600	29,997	133,582	26,260
Total (% Wales population)	202,491(7)		178,597(6)		159,842(5)	

Source: Based on Public Health Wales (2011) and StatsWales 2013 – derived from data in Compass Partnership, 2005.

It is possible that the planned reduction in serving personnel via compulsory redundancies over the next few years may increase the actual numbers of veterans living in Wales above current estimates but the impact of this will be short term. Studies suggest that reservists may be more likely than regular personnel to report common mental health problems and post traumatic stress disorder⁷. An increasing reliance on reservists could mean that the proportion of this group with substance misuse problems will rise. Given the overall reduction in the armed forces in the UK and subsequent fall in the numbers of veterans any impact on actual numbers with problems is likely to be small.

2.4 Substance misuse in veterans

The size and nature of the substance misuse problem among veterans in Wales is unknown. However, recent studies can provide a picture.

2.5 Alcohol

The most prevalent substance misuse problem among veterans is likely to be alcohol misuse. The 2011 study of military veterans living in Wales, found that the rate of probable alcohol dependence in those studied was no higher than that in the general population⁸. However, research on health and social outcomes for UK military veterans, published in 2009, concluded that the current generation of UK military personnel (serving and ex-serving) have higher rates of heavy drinking than the general population; but this difference may attenuate with age⁹. It is recognised that alcohol use and misuse play a significant role in offending behaviour amongst veterans¹⁰.

2.6 Drug misuse

The extent of drug misuse in the UK veteran population is unknown. The charity Combat Stress identify alcohol misuse as more typical than illicit drug misuse, although younger veterans presenting are more likely to have turned to both alcohol and illicit drugs while older veterans predominantly to alcohol alone¹¹.

The 2011 study of the health needs analysis of veterans living in Wales found that, (with the exception of the group recruited through Combat Stress), illicit drug use among the veterans surveyed, was comparable with or lower than rates in the general population⁸. Cannabis was the most frequently used substance. The proportion of the Combat Stress group dependent on cannabis (the report did not clarify how dependence was assessed) was comparable to the general population; among the other participants the proportion was lower. A greater proportion of the Combat Stress group were dependent on another drug or drugs (tranquilisers, amphetamines, cocaine, heroin) than in the general population.

2.7 Mental health problems and other co-morbidities

Substance misuse may be complicated by co-occurring mental health problems. In veterans post traumatic stress disorder should be considered but other common mental health problems may also occur at higher levels. Studies suggest the most common mental health problems for ex-Service personnel are depression and anxiety disorders⁹. Work with UK veterans has found that those who are single and from the lower ranks have an increased risk of mental ill health¹². Veterans with pre-enlistment

or childhood adversity are also more likely to report mental health problems. There is likely to be considerable overlap between these two groups.

Deployment to Iraq or Afghanistan is associated with adverse mental outcomes among some groups, particularly those with pre-service vulnerabilities, those who experience a high level of combat and those who are reservists⁹.

Early Service leavers (those serving less than 4 years) are more likely to have adverse outcomes (e.g. suicide, mental health problems) and risk taking behaviours (e.g. heavy alcohol consumption, suicidal thoughts) than longer serving veterans⁹.

Traumatic brain injury should also be considered as an additional complication in the veteran population⁹.

The 2011 Wales veterans health needs analysis noted that a subgroup of veterans who had typically served in Northern Ireland and the Falkland Islands had very high levels of mental health problems and difficulties with social, occupational and interpersonal functioning⁸.

2.8 Post traumatic stress disorder

It is recognised that those with PTSD may misuse both alcohol and a range of drugs in an attempt to cope with their symptoms. National Institute for Health and Clinical Excellence guidance on treatment of PTSD recognises that treatment of PTSD symptoms can help them reduce substance use¹¹. For PTSD sufferers where drug or alcohol dependence (i.e. withdrawal symptoms, tolerance) has developed, this will need to be treated before the patient can benefit from trauma-focused psychological treatments. In cases where the drug or alcohol dependence is severe, collaborative working with specialist substance misuse services will be required.

2.9 Evidence base for treatment

The evidence base for [substance misuse](#)¹² and [post traumatic stress disorder](#)¹¹ are well established. The evidence base for psychosocial treatment of common mental health disorders in the veteran population has also been described¹³. There is currently no established evidence base specific to the integrated treatment of substance misuse and co-occurring post traumatic stress disorder¹⁴. The British Association of Pharmacology has published [guidelines](#) on the pharmacological management of substance misuse and co-morbidity¹⁵. There is little evidence to suggest that the situation in Wales differs from the UK wide picture.

In terms of ensuring effective treatment pathways for veterans in Wales, Substance Misuse Area Planning Boards will need to lead on local collaborative planning, commissioning and delivery for services to ensure that the needs of veterans are met.

3 Access to and use of services

The Wales veterans study found that fewer than half of the participants meeting the diagnostic criteria for any mental disorder had seen a health professional within the past year⁸. The study authors reported that this is consistent with other studies and that the veterans surveyed did not believe that they needed help or know where to get it.

The majority of those questioned said their GP knew of their service career, a majority also believed that veterans had different needs from their GP than non veterans. The most frequently cited reason for this was the inability of the GP to relate to military experience, particularly combat.

A study from Healthcare Inspectorate Wales on *Healthcare and the armed forces in Wales* reported that GPs did not seem to understand the rigours of services life despite being aware of their patient's veteran's status¹⁶. This survey also found *that a large number of comments were made by veterans about not knowing where to go to get the most appropriate treatment and support* (p.18). They did not know how to access NHS services and appeared to be confused about the nature and availability of services in the voluntary sector. Veterans expressed a preference for services provided by organisations or individuals that have an understanding of the military. Many veterans were unaware of the processes required to obtain their service medical records through their GP.

Despite being eligible for assistance none of the incarcerated veterans interviewed as part of the *Inquiry into former armed services personnel in prison* had asked for assistance from service charities¹⁰. This suggests that veterans may not be aware of the range of services available to them. Furthermore many of those interviewed did not regard themselves as veterans, preferring the term ex-service personnel.

4 Improving access

A range of support services are available to veterans, some of which are not available to the general population resident in Wales. These are detailed in the appendix I.

At a local level each health board has an Armed forces and veterans Champion. Their role is to advocate for veterans and service personnel and ensure that their needs are reflected in local service plans¹. In order

to ensure that local substance misuse services are available, Area Planning Boards may choose to involve the health board champions in their efforts to improve access for veterans but at the very least they should ensure that champions are aware that work on this issue is taking place within the Health Board area.

The Welsh Government has recently issued guidance to health boards on setting up armed forces forums and veterans' clinical mental health networks have also been established. These may also have a role in improving access to substance misuse treatment for veterans. Guidance is also under development on improving the health and well being of prisoners in Wales who are veterans with a service related injury.

4.1 Primary care

In 2011 the Welsh Government Minister for Health and Social Services issued a letter to GPs and practice nurses to aid the identification of veterans with service-related conditions by including, as a minimum, in referrals for diagnosis or treatment one of two Read codes indicating that the patient had served in the armed forces⁴. The effectiveness of this as a means of identifying need relies on the GP asking about military service and the veteran disclosing this.

To improve identification of veterans in primary care the following actions should be considered;

- Ensure that GPs and other staff working in primary care know how veteran status is defined
- Encourage primary care staff to ask about veteran status when registering new patients
- Ensure that GPs and primary care staff are aware of and using, the correct Read codes for veterans
- Consider developing a poster for GP practices and Service social areas such as local British Legion and SSAFA clubs – *Have you served? If so inform your GP.*

To improve awareness of the needs of veterans;

- Ensure that GPs and other primary care staff are aware of WHC (2008) 51 (Priority treatment and healthcare for veterans) and EH/0128/11 (Military veterans and service related conditions: Training on priority treatment and post traumatic stress disorder)

- GPs with a special interest in substance misuse should be encouraged to use the Wales Deanery online [continuing professional development](#) package on the health and wellbeing of veterans and their families¹⁷

To meet the specific needs of veterans the following should be considered;

- Encourage GPs and other primary care staff to undertake alcohol 'brief interventions' training
- GPs and other appropriate primary care staff could use the [Alcohol Disorders Identification Test](#) (AUDIT) to decide whether to offer brief intervention or make a referral to specialist services¹⁸.
- Ensure primary care staff are aware of the all Wales Veterans Health and Wellbeing Service (AWVHWS) and know how to contact their local veterans therapist www.veteranswales.co.uk
- Ensure that GPs and primary care staff are aware of voluntary sector services available to veterans and if referring on to specialist services make this explicit
- Make GPs and primary care staff aware of the Wales Mental Health in Primary Care (WaMHinPC) [briefing note](#) on the mental health of ex service personnel¹⁹
- Ensure that primary care staff know how to obtain medical records from military service*

4.2 Substance misuse services

The Welsh Government has already issued a [service framework](#) on meeting the needs of people with a co-occurring substance misuse and mental health problems²⁰. This will apply to the treatment of veterans with a co-occurring substance misuse and mental health problems. This recognises that despite availability of effective treatments, most individuals who have co-occurring mental health and substance use problems are not receiving effective treatment. The guidance emphasises that efforts to improve the care provided to persons who have co-occurring disorders should focus on protocols that increase the delivery of effective treatment and ensure a seamless pathway.

* GPs seeking advice on how to request medical records can contact records departments on the following; RAF 01400 261201 ext 6711; ext 8161/8159 (officers); ext 8163/8168/8170 (Other ranks); Navy; 02392 768201; Army; 0845 600 9663

Some practice examples from Wales are included at appendix II.

Substance misuse services need to be aware of the specific needs of veterans and take into account the possibility of co-morbid mental health problems, particularly common mental health problems and PTSD. The existence of traumatic brain injury should also be considered. Where co-morbidity is an issue there will need to be collaborative planning and delivery of services. Veterans who have co-morbid PTSD and who are physically dependent on alcohol or drugs are likely to require treatment for this, including detoxification, before receiving treatment for PTSD. Where this requires treatment by different service providers efforts need to be made to ensure that treatment is experienced as a continuous episode by the veteran.

To meet the specific needs of veterans the following should be considered;

- Substance misuse providers need to be familiar with [NICE guidance on managing PTSD](#)¹¹
- A clearly documented process for managing veterans with PTSD (or other co-morbid mental disorder) and substance misuse should be agreed with other relevant service providers. This should clarify responsibilities and accountability (including unambiguous clinical responsibility) and should aim to ensure that treatment is experienced as a continuous process
- Ensure that assessment tools used by services include a question asking about military service. Consider adding a question to [Welsh Indepth Integrated Substance Misuse Assessment Tool](#) (WIISMAT)²¹
- Substance misuse service providers should be aware of the all Wales Veterans Health and Wellbeing Service (AWVHWS) and know how to contact their local veterans therapist
- Substance misuse service providers need to be aware of the voluntary sector services available to veterans and know how to contact or refer on to them (see appendix I). They need to build good working relationships with these agencies in order to be able to quickly draw on relevant expertise when military veterans access their services

4.3 Mental health services including All Wales veterans' health and wellbeing service

- A clearly documented process for managing veterans with PTSD (or other co-morbid mental disorder) and substance misuse should be agreed with other relevant service providers. This should clarify

responsibilities and accountability (including unambiguous clinical responsibility) and should aim to ensure that treatment is experienced as a continuous process. Mental health services should be able to offer the full range of treatments for PTSD, including psychological therapies.

4.4 Local health boards

Local health boards will need to consider the role of armed forces champions and armed forces forums in improving access to substance misuse treatment for veterans.

4.5 Area planning boards

Area planning boards (APBs) for substance misuse will need to review their existing care pathways to ensure that the needs of veterans are being fully met within the context of Welsh Government commitments to the health and well being of this group. APBs will also need to ensure that appropriate liaison has taken place with Health Board armed forces champions in order that work on access to substance misuse services is coordinated and publicised effectively.

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Appendix 1 – Resources for veterans

Voluntary sector services

Veterans have access to a number of UK based veterans charities. These organisations are specifically for veterans (and their families) and are not available to the general population. These organisations offer a range of services including assistance with financial hardship; specialist accommodation, education and counselling.

[The Royal British Legion](#)

The Royal British Legion provides financial, social and emotional support to millions who have served or are currently serving in the Armed Forces, and their dependants. The Legion helps in many different ways—from grant making to pensions and benefits advice; from counselling and job retraining to pilgrimages: from home and hospital visits to the provision of full nursing care.

[Soldiers, Sailors, Airman and Families Association \(SSAFA\)](#)

0845 1300 975

SSAFA provides support for the serving men and women in today's Armed Forces and for those who have served—even if it was only for a single day.

[Combat Stress](#)

24 hour Helpline: 0800 138 1619

Combat Stress offers short stay remedial treatment at three specialist short-stay Treatment Centres in Shropshire, Surrey and Ayrshire. These provide a range of treatments including psychiatric support and occupational therapy to help veterans rebuild their lives and provide a break for the families of traumatised veterans. They also have a Welfare Service comprising of 12 regional Welfare Officers covering the whole of the British Isles and Ireland to support the veterans in their own homes.

[Change Step \(CAIS\)](#)

Telephone: 0845 06 121 12 Email: ask@change-step.co.uk

Change Step - as part of well-established drug and alcohol charity CAIS - is a peer mentoring and advice service in North Wales for military veterans and others with post traumatic stress disorder or probable substance misuse issues, and is delivered by veterans for veterans. See also Appendix 2.

<http://www.cais.co.uk/support-community.php?title=Change-Step>

All Wales veterans' health and wellbeing service for ex-service personnel

Established by Welsh Government in April 2010, the [service](#) is delivered by the NHS in Wales. Veterans therapists have been appointed by each local health board (with the exception of Powys where the service is delivered by neighbouring health boards). These will accept referrals from health staff, GP's, veteran charities and self-referrals from ex-service personnel with a service related problem. The service cannot respond to emergency referrals. Following the assessment the veteran may be offered treatment by the veteran's therapist or referred on to other NHS teams or departments for further treatment. Veteran's therapists will also refer on to veteran charities.

Veterans and armed forces champions

[Champions for veterans and armed services](#) have been established in every health board in Wales to advocate for veterans and service personnel and ensure that their needs are reflected in local service plans. These Champions are non executive board members.

Service personnel and veterans agency – Veteran UK

Free Helpline: 0800 169 2277

The [Service Personnel and Veterans Agency—Veterans UK](#) provide pensions, welfare and support services to members of the Armed Forces and veterans. Veterans UK is a single contact point where veterans can access customer information and advice on welfare support, pensions, compensation payments, records of service and medal entitlement.

Appendix II – Practice examples

Cardiff and Vale LHB

Veterans with a primary alcohol problem may be referred directly to the specialist drug and alcohol services – usually the Cardiff Addiction Unit at Cardiff Royal Infirmary

Veterans referred to the Veterans Health and Wellbeing Service are initially offered telephone triage and may be signposted to other services

Those assessed by the Veterans Health and Wellbeing Service will complete a psychiatric interview, this includes questions about drug use and alcohol dependency

Where the primary problem is alcohol and/or drugs the veteran will be referred to the Cardiff Addictions Unit for specialist assessment and treatment. This can include motivational interviewing, complimentary therapies and community or inpatient detox. The Veterans Service will be apprised of any care plan developed by the Addictions Unit.

When treatment has been completed by the Addictions Unit the veteran will be reassessed by the Veterans Service for possible treatment of service related mental health problems

Change step

Change Step is a CAIS-led peer mentoring and advice service provided **by** military veterans **for** military veterans with post traumatic stress disorder or probable substance misuse issues who want to make positive changes to their lives. Significantly, Change Step will also provide support for carers and spouses of these very same individuals. The service aims to support those seeking help for problems encountered as a result of military service. It will also offer peer support, training and developmental opportunities, as well as third party counselling and detoxification from drugs or alcohol where required.

<http://www.cais.co.uk/support-community.php?title=Change-Step>

The service will be delivered across North Wales and will offer:

- Contact point for veterans, family members, and carers
- Community-based peer mentoring scheme delivered by veterans for veterans
- Bespoke training opportunities
- CAIS detoxification and rehabilitation programme
- CAIS specialist third party counselling
- Signposting to other appropriate and necessary services

Recently we enlisted the assistance and support of Brigadier Gerhard Wheeler CBE, Commander 143 (West Midlands) Brigade (he is late The Royal Welch Fusiliers, and has a keen interest in North Wales and its military personnel), as Change Step's military patron.

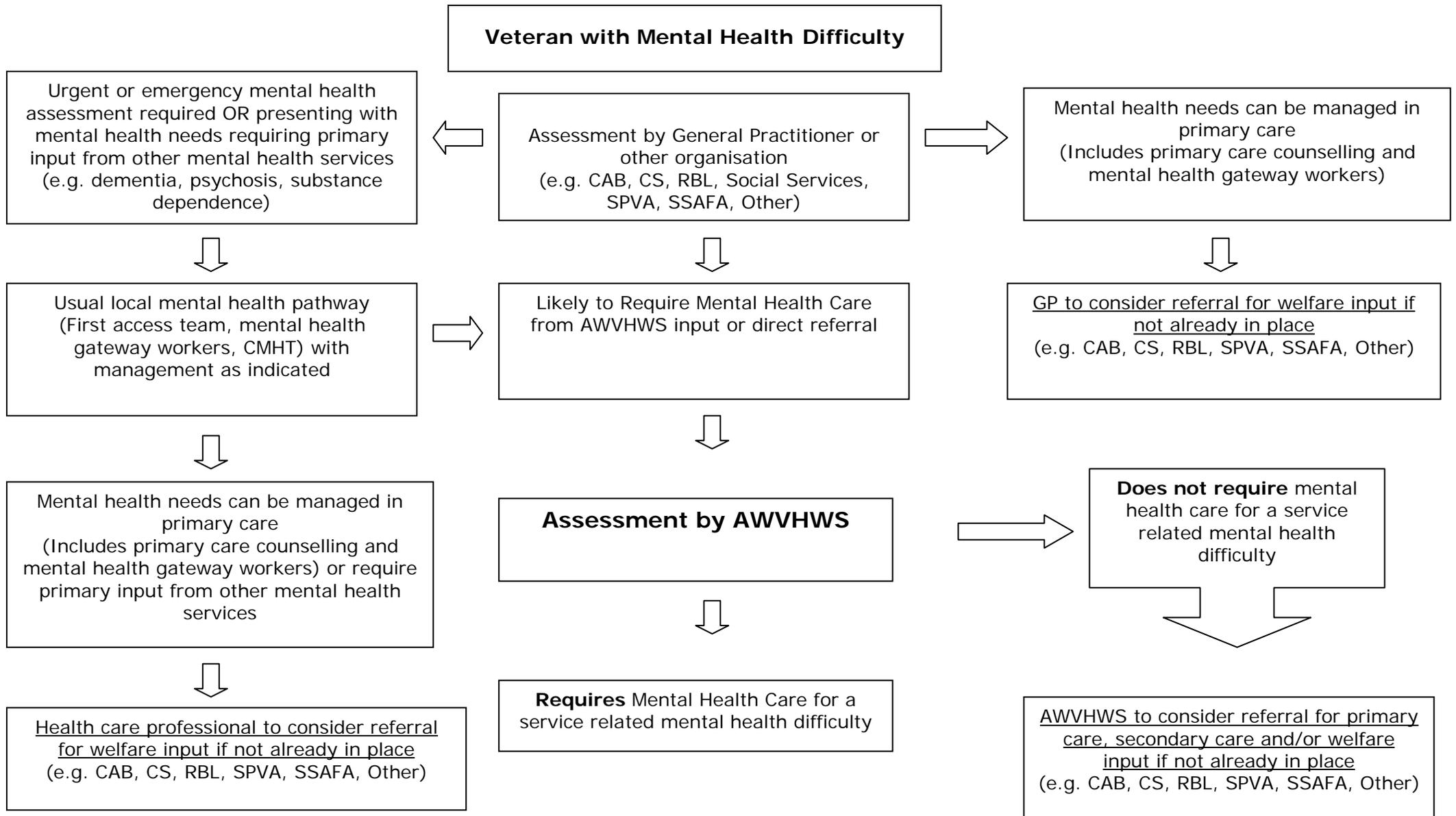
At present, Change Step has six ex-military personnel trained and being trained to become peer mentors and/or volunteers. As the service incrementally, steadily and carefully develops, it is anticipated that peer mentors can apply to take up paid posts as team leaders, thereby generating wider recruitment of volunteers, and a broader and increasingly more comprehensive delivery of service among our military veterans client group.

The proposed pathway for veterans in North Wales (see page 19) currently includes the **All Wales Veteran Service**, **CAIS** and **Royal British Legion**. At the time of writing this is an informal collaboration, but the intention is to formalise the cross referral aspect of the pathway to ensure consistency and accountability.

This collaboration is by not restricted to the three agencies identified and the need for referral and signposting of people on to a much broader range of services and military charities, dependent on identified need is acknowledged. Subsequently Change Step will be working collaboratively with a range of statutory, charitable and other relevant organisations to secure an accessible and comprehensive service to guide individuals towards the most appropriate information, support and service.

The current pathway is simple but it is envisaged that over time it will become more intricate and convoluted. In so far as the RBL, AWWHWS and Change Step all offer an entirely complementary and non-overlapping provision of services, this should work to the ultimate benefit of the veterans themselves. It is noted too that the RBL works very much in tandem with the excellent residential service provided by Combat Stress.

All Wales Veterans Health and Wellbeing Service pathway





Evidence based treatment provided by AWWHWS or other arm of Mental Health Service (e.g. CMHT and Addictions) primarily on outpatient / community basis as part of a co-ordinated care management plan that includes welfare input (e.g. CAB, CS, RBL, SPVA, SSAFA, Other) along with social and occupational rehabilitation as indicated

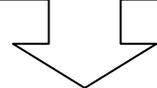


Reassess at end of treatment



No/limited improvement with outpatient/community NHS evidence based treatment or veteran unable to engage with this

Significantly improved



Consider need for **other NHS treatment** (e.g. another specialty, or inpatient treatment) and refer as appropriate

Discharge to GP with possible ongoing welfare and rehabilitation input from other services



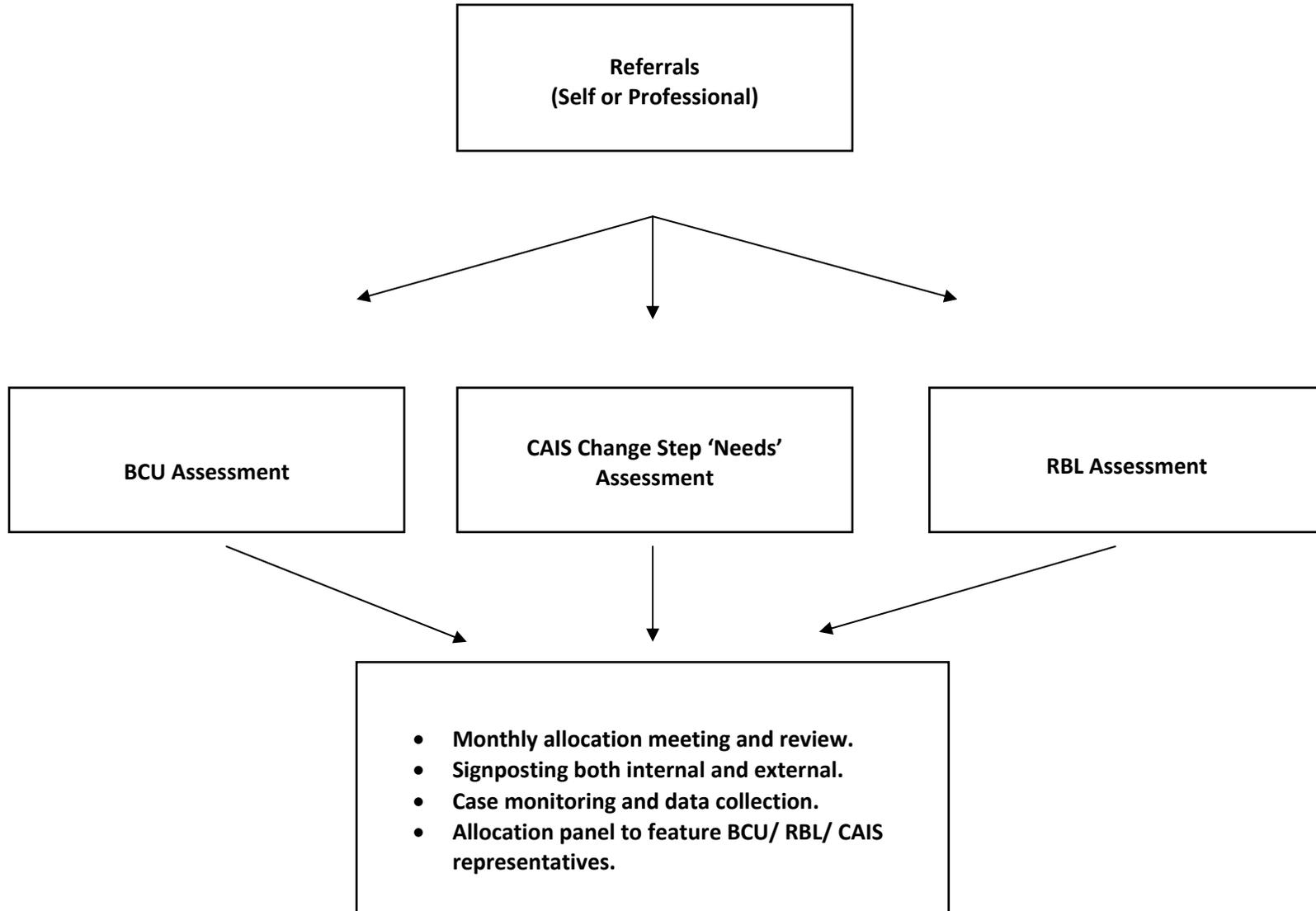
Consider need for **non-NHS treatment** and refer as appropriate for evidence-based treatment

1. **AWVHWS to liaise with other organisations/providers re providing evidence based treatment as part of AWWHWS**
2. **AWVHWS to prepare a directory of different services available to veterans in Wales with a commentary on the evidence base of the services available**
3. **AWVHWS unable to recommend non evidence-based treatments**
4. **AWVHWS to liaise with other organisations/providers re rehabilitation input as part of pathway**
5. **AWVHWS to consider what non-NHS treatments can be recommended as part of pathway**



Discharge to GP with possible ongoing welfare and rehabilitation input from other services

Change Step – Common referral pathway



**Consultation
Response Form**

Your name:

Organisation (if applicable):

email / telephone number:

Your address:

1. Are you responding as an individual or on behalf of an organisation. Please tick box

Individual	On behalf of an organisation (please tell us which organisation)

2. Overall

There are proposed actions within the document. Are there any other actions we should be taking to improve access to substance misuse treatment services for veterans?

3. Chapter 4 Improving Access

Appendix 1 provides details of a range of resources available to veterans, some of which are not available to the general population resident in Wales. Are there any other resources we should include? If so please provide details below:

4. Primary Care

Are there any other actions we should be taking to improve the identification of veterans in primary care? If so please provide details below:

4.2 Substance Misuse Services

Actions for substance misuse providers to meet the specific needs of veterans have been identified. Are there any other actions we should consider? If so please provide details below.

4.3 We would welcome your views on the potential impact of the care pathway on:

- a) Disability
- b) Race
- c) Gender and gender reassignment
- d) Age
- e) Religion and belief and non-belief
- f) Sexual orientation
- g) Human Rights
- h) Children and young people

4.4 We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:

Please enter here:

Responses to consultations may be made public – on the internet or in a report. If you would prefer your response to be kept confidential, please tick here: