



Developing mental health services for veterans in England engagement report

**Prepared for NHS England by NEL Commissioning Support Unit
September 2016**

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Document Status

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Contents

Contents	3
1 Executive summary	5
1.1 Background to the engagement.....	5
1.2 Asking people for their feedback	5
1.3 Summary of responses	6
1.4 How people responded	6
1.5 Next steps	6
2 Background	8
3 Why we should focus on veterans' mental health	9
4 Structure of the engagement	10
4.1 Engagement document, questionnaire and materials	10
4.2 Engagement activity	11
4.3 Encouraging a wide response to the engagement	14
4.4 Promoting the engagement.....	14
4.5 Reaching vulnerable and seldom heard groups	16
4.6 Feedback mechanisms	18
5 Responses to the engagement	19
5.1 The engagement in numbers	19
5.2 Who responded to the engagement?	19
5.3 List of organisations that responded	26
6 Analysis of responses to the questionnaire	31
6.1 Veterans who believe they have a mental health condition, but have not had treatment (part A)	32
6.2 Veterans who are currently using mental health services or have used them at some time since August 2010 (part B)	39
6.3 Know a veteran and believe they have a mental health condition but have not had treatment (part A)	64
6.4 Know a veteran with a mental health condition who is currently using mental health services or has used them at any time since August 2010 (part B)	68
6.5 Mental health professionals	76
6.6 Charity or representative groups	89
6.7 Clinical commissioning groups	97
6.8 Other	106
6.9 Feedback about services before 2010	110
7 Analysis of responses submitted by letter, email, phone and online	111
7.1 Veterans	111
7.2 Respondents who know a veteran	112
7.3 Mental health professionals	112
7.4 Charity or representative groups	112
7.5 Clinical commissioning groups	115
7.6 Other	115
8 Analysis of responses from the Healthwatch Norfolk engagement event	119

9	Questionnaires received after the end of the engagement	120
10	Questions raised during the engagement.....	121
11	Next steps.....	122
12	Acronyms.....	123
13	Appendix A: Report from the Healthwatch Norfolk engagement event	125
13.1	Key discussion points and themes	125
13.2	Lived experience of veterans and their families	129
14.	Appendix B: Activity reports.....	131
14.1	NHS England engagement and promotional activity.....	131
14.2	Engagement and promotional activity undertaken by NHS veterans' mental health services.....	144
14.3	Engagement and promotional activity undertaken by NHS trusts and CCGs	151
14.4	Engagement and promotional activity undertaken by the Department of Health and Veterans UK	156

1 Executive summary

1.1 Background to the engagement

Based on responses provided in the 2014 Annual Population Survey produced by the Office for National Statistics, it is estimated that there are 2.6 million veterans living in Great Britain. Of these, over 50% are aged 75 or older.

The NHS wants to develop services for veterans that are built for their particular needs; services that are accessible and offer the right care and support, regardless of when people leave the armed forces. The NHS also wants to provide a service which supports the wider family and a smoother transition from military to civilian life.

Rates of mental health problems amongst serving personnel and recent veterans appear to be broadly similar to the UK population as a whole, but working age veterans are more likely to report suffering from depression. There is also growing evidence that some mental health conditions may present years after leaving the services.

Currently, the NHS provides 12 mental health services for veterans across England. They enable specialist staff to care for veterans with mental health needs, direct them to the most appropriate service and give them effective treatment.

With the contracting round for most of these services due in 2016/17, this provided a significant opportunity to ask people about their views and experiences of these services and to explore the reasons why some people have not sought or received support and treatment.

Towards the end of 2015, NHS England began a programme of pre-engagement to prepare for and shape the launch of a formal engagement on NHS veterans' mental health services to help inform future service provision and improve care.

1.2 Asking people for their feedback

On 25 January 2016, NHS England launched an engagement, supported by a questionnaire, to find out people's views of NHS veterans' mental health services. This questionnaire was live until 31 March 2016, prior to which a range of briefings, meetings and events took place, in addition to media and social media activity, to encourage people to respond.

NHS England was particularly keen to hear from veterans, family members and those involved in their care to help inform future service provision. This is because these groups in particular are able to share their views on existing services, the support that veterans with mental health problems need, and what is important to consider.

1.3 Summary of responses

In total, 1,274 people and organisations responded to the engagement – from veterans themselves, to wives, husbands, partners and family members of veterans, as well as, but not limited to, charities, NHS organisations and staff.

- Questionnaires¹: 1,234
- Letters and emails: 18
- Phone calls: 1
- Comments on the NHS England website: 21.

The purpose of this document is to provide an analysis of the responses to the engagement on developing mental health services for veterans in England.

It is recommended that this analysis is read alongside the engagement document, which is available on the NHS England website [here](#).

1.4 How people responded

There were very few respondents who identified specific NHS veterans' mental health services. For example, in the section where people responded as a veteran, less than 9% of respondents mentioned any of the 12 NHS veterans' mental health services specifically. Of these, some had accessed other mental health services too (both NHS, private and via voluntary organisations) – so it was not always possible to tell which service their comments related to.

We have to be careful about drawing conclusions about services based on small numbers of respondents. The aim of this report then is to identify themes and insight about mental health services for veterans to help inform future commissioning arrangements. To support this, we have included quotes throughout the document where respondents have provided specific feedback on any of the 12 services.

1.5 Next steps

NHS England is reviewing the findings of the engagement together with the findings of three pilots it recently funded to test enhanced models of care for mental health services for veterans. These pilots ran from November 2015 to 31 March 2016 and were provided by North Essex Partnership University NHS Foundation Trust, which developed a joint substance misuse and mental health service model for veterans, as well as an outpatient service for veterans with moderate to severe PTSD (post-traumatic stress disorder); and the Pennine Care NHS Foundation Trust, which developed a model to address the barriers that some veterans experience in accessing mental health services.

¹ This figure consists of: 30 hard copy questionnaires, 1,203 online questionnaires, and one response received by email in questionnaire format.

NHS England is fully committed to delivering service improvements for veterans' mental health and will work collaboratively with the Ministry of Defence, clinical commissioning groups (CCGs), providers, local authorities and the third sector, with specific links to substance misuse and trauma services, to help ensure the right pathways of support are in place for veterans with mental health difficulties.

NHS England will also work closely with the criminal justice system in order to better understand the reasons that veterans offend and to improve care pathways across both health and criminal justice sectors to better meet the needs of veterans and their family members.

NHS England will formally respond to the findings of the engagement and the pilots and will produce a clear plan in order to commission future veterans' mental health services that have an evidence base and are aligned to the [Five Year Forward View for Mental Health](#).

2 Background

‘Veterans aged 16 to 54 are more likely to experience common mental health problems, such as depression and anxiety, than comparable age groups in the general population.’

Source: Call to Mind: A framework for action, Community Innovations Enterprise on behalf of the Forces in Mind Trust and NHS England, October 2015

The NHS provides 12 mental health services across England specifically for veterans. They enable specialist staff to care for veterans with mental health needs, direct them to the most appropriate service and give them effective treatment.

The services started in 2010 after publication of ‘Fighting Fit: a mental health plan for servicemen and veterans’². Most of the contracts for these services are due to end in March 2017, and new services will be commissioned. This process will be informed by responses to this engagement exercise, together with the outcomes from three pilots which are addressing gaps identified previously.

Towards the end of 2015, NHS England began a programme of pre-engagement to prepare for and inform the launch of a formal engagement on NHS veterans’ mental health services to help inform future service provision.

In November 2015, NHS England commissioned NEL Commissioning Support Unit (NEL CSU) to support it in talking to veterans, their families, service charities, NHS organisations and others about their views of these services. In particular, the CSU was asked to:

- write and produce an engagement document, including in other formats
- write and produce a questionnaire
- receive and analyse responses to the questionnaire
- produce an engagement report at the end.

The engagement started on 25 January 2016 and ended on 31 March 2016.

² <https://www.gov.uk/government/publications/fighting-fit-a-mental-health-plan-for-servicemen-and-veterans--2>

3 Why we should focus on veterans' mental health

'Veterans who have experienced combat are more likely to experience PTSD and there is growing evidence that some cases of PTSD occur years after they have left the services.'

Source: [Call to Mind: A framework for action](#), Community Innovations Enterprise on behalf of the Forces in Mind Trust and NHS England, October 2015

The rate of mental health problems among serving personnel and recent veterans seems to be broadly similar to that of the general UK population. However, working-age veterans are more likely to report depression. Some also suffer anxiety and PTSD, which may involve alcohol or drug misuse.

Some people experience problems when they transfer from serving in the armed forces to civilian life.

Other people who may have an increased risk of mental health difficulties include reservists, combat troops, those who have had problems in their childhood, and those who have left the services early (leaving before completing four years of service).

There is also growing evidence that a range of mental health conditions may appear many years after veterans leave the services. These conditions may relate to their military experiences.

Some veterans are reluctant to seek help or talk about their problems, which means they don't always access care, support and treatment. NHS England wanted to find out more about the reasons for this.

Others may face difficulty getting the right help because, for example, they don't:

- think civilians understand military culture
- know about the options for help and the services available through armed forces' charities, the NHS or local authorities
- want to admit to what they regard as 'weakness' or their need for support.

4 Structure of the engagement

4.1 Engagement document, questionnaire and materials

A document was developed to explain the purpose of the engagement. This was shared with veterans, family members of veterans, mental health professionals, the NHS England Armed Forces Patient and Public Voice Group (this group includes armed forces family members and representatives from the Royal British Legion, Poppy Factory, Combat Stress, Families Federations and the Department of Health) and representatives from service charities, Healthwatch and CCGs to ensure it was easy to read and used correct terminology in relation to the armed forces.

One mental health professional felt the engagement could prompt some veterans to seek help for the first time, so contact details and website addresses for the 12 NHS veterans' mental health services were included.

The document included a questionnaire which was developed over several weeks and shared with a range of groups and individuals, again to ensure it was easy to understand and used correct terminology.

Over 100 comments were received from 37 people; eight of whom were veterans, while others were family members of veterans, mental health professionals and representatives from charities, Healthwatch, CCGs and the NHS England Armed Forces Patient and Public Voice Group.

Following this feedback, the questionnaire was split into six parts to make it easier for people to respond to specific questions which related to them.

The engagement document (including questionnaire) was also shared with the Plain Language Commission³ and, following further amendments, was awarded the 'Clear English Standard' accreditation. The engagement document was available both in hard copy and electronically and in other languages and formats (audio, large print and Braille) on request.

NEL CSU worked with the web team at NHS England to create an online version of the questionnaire.

Other materials were also produced to support the engagement:

- The engagement document and relevant sections of the questionnaire were translated into Nepalese, to support the Gurkha community in responding. The content was quality-assured by The Gurkha Welfare Trust⁴. It was available electronically, with hard copies on request.

³ www.clearest.co.uk

⁴ <https://www.gwt.org.uk/>

- An A3 poster was produced, detailing how people could have their say. This was available in hard copy and electronically and also translated into Nepalese.
- Following requests from CCGs, a high-resolution version of the poster was produced in English and Nepalese, for display on screens in local GP surgeries.
- An A5 leaflet was produced, which included a summary of the engagement and how people could have their say. This was available in hard copy and electronically.

Printing and distribution

The following number of materials was printed:

Material	Number
Engagement document and questionnaire	1,000
Leaflet	5,000
Poster	500

At the start of the engagement period, each of the 12 NHS veterans' mental health services were sent the following by post, unless they requested a different number:

Material	Number
Engagement document and questionnaire	50
Leaflet	100
Poster	10

Requests for materials were handled individually for the remainder of the engagement period; the numbers sent out by post are shown below. The requests came from veterans and family members, the NHS veterans' mental health services, mental health and hospital trusts, CCGs, GP practices, service charities, local authorities and other organisations involved in supporting veterans.

Material	Number
Engagement document and questionnaire	375
Leaflet	3,650
Poster	385

4.2 Engagement activity

- [4,664 unique visits to the NHS England website](#)
- [1,048 tweets](#)
- [3,919 retweets](#)

- 22 published news articles and television and radio interviews
- Over 45 meetings and events

An electronic engagement toolkit was produced to support and encourage local engagement activity across England. This included the following materials:

- engagement document (English and Nepalese)
- poster (English and Nepalese)
- waiting room screen poster (English and Nepalese)
- leaflet
- press release
- copy for newsletters, web, intranet and Twitter
- stakeholder briefing
- discussion aid for engaging CCG colleagues
- discussion aid for engaging patients and service users
- email for sending to veterans who use mental health / support services
- PowerPoint slide pack.

The toolkit was available upon request and proactively sent to the following people and organisations across England with the intention they would use it to raise awareness of the engagement and undertake local engagement:

- the 12 NHS veterans' mental health services
- communications and engagement leads in NHS England, commissioning support units (CSUs), CCGs, NHS trusts, the Department of Health, the Ministry of Defence (MoD) and Veterans UK
- NHS Armed Forces Networks (There are eight regionally-based NHS Armed Forces Networks (AFNs) in England, with membership reflecting the make-up of the armed forces community. Members include serving personnel (clinical, recovery staff and chain of command), veterans, family members of veterans and serving personnel, GPs and representatives from service charities, other voluntary sector organisations supporting armed forces communities, NHS

England, CCGs, NHS trusts and local authorities).

- Cobseo, The Confederation of Service Charities (for onward sharing with their 255 members)
- Cobseo Criminal Justice System Cluster members (comprising charities and organisations who work with and provide support to veterans in the criminal justice system)
- NHS England Armed Forces Patient and Public Voice Group (for sharing with their local networks).

NHS communications and engagement leads were also asked for their support with undertaking the following activity in their local area:

- send a briefing to local stakeholders, such as MPs, scrutiny committees and Health and Wellbeing Boards for information
- send a briefing and relevant toolkit materials to Healthwatch, local authorities, local branches of service charities and other relevant charities and third sector organisations
- promote the engagement with local armed forces and veteran communities and relevant patient groups
- promote the engagement and link to the questionnaire via their digital and social media channels
- include articles in their newsletters and on their intranet and website
- display the engagement document, leaflet, poster and waiting room screen visual, particularly in patient areas
- issue a localised version of the press release
- promote and discuss the engagement and supporting questionnaire at relevant internal and external meetings
- ensure NHS staff were kept informed about the engagement and encouraged to share their views, as well as raising awareness of it amongst patients, service users and family members.

4.3 Encouraging a wide response to the engagement

NHS England invites everyone to share their views and experiences during an engagement exercise. The main way in which views and experiences are captured is through tailored electronic questionnaires, which are available to complete via the NHS England consultation hub.

A dedicated page was set up on the hub, which, along with the questionnaire, included background information on the engagement, a supporting document (in English and Nepalese) and details of the 12 NHS mental health services for veterans.

Although this was the main response method, people could also respond by completing a hard copy questionnaire (which came with a freepost envelope), email, telephone or face to face. This information was provided on the hub page.

NHS England particularly wanted to hear from the following groups:

- veterans who have, or have had, a mental health condition
- partners / spouses, family members, carers, friends or advocates of a veteran who has, or has had, a mental health condition
- mental health professionals involved in veterans' mental health care
- charities or representative groups
- CCGs.

To help understand how best to engage with each of these groups, particularly veterans, their families and charities, NHS England sought the advice of the NHS England Armed Forces Patient and Public Voice Group, members of the Armed Forces Networks, Cobseo, Cobseo Criminal Justice System Cluster, SSAFA (Soldiers, Sailors, Airmen and Families Association) and a number of Healthwatch organisations.

4.4 Promoting the engagement

A range of methods was used to promote the engagement and encourage people to respond. This included:

- **National, regional and local media**

A press release and localised versions of it were issued to national, regional and local media. Coverage was achieved in the Crawley News, Farnham Herald, Flic Wiltshire, Hartlepool Mail, ITV News Granada, ITV News Lincolnshire, Lincolnite, Lincolnshire Echo, Middlewich Guardian, Somerset County Gazette, Trafford Sound News and Worcester News. The press release, which included a link to the questionnaire, was published on the NHS England website and received 2,858 unique views. It was also tweeted with a link to the online questionnaire.

Interviews were aired on BBC Breakfast TV and BBC TV London News, as well as BBC Radio Cornwall, BBC Radio Oxfordshire, BBC Radio Wiltshire, Breeze FM, Eagle Radio Surrey, Splash FM and Wireless FM. This coverage presented over 7 million opportunities for engagement.

- **Articles**

Articles were published in Pathfinder magazine, Voluntary Sector Strategic Partnership newsletter, the Department and Communities Local Government newsletter, NHS Clinical Commissioners Mental Health Commissioners newsletter, Cobseo newsletters, Big White Wall newsletter, NHS England bulletins (CCG bulletin, GP and practice manager bulletin, In Touch bulletin (patients and the public), Informed bulletin (health and social care staff) and Engage bulletin (NHS England staff)) and NHS Trust and CCG newsletters.

- **Twitter**

Throughout the engagement period NHS England issued 1,048 tweets with a link to the questionnaire and received 3,919 retweets.

- **Blogs**

Blogs were published covering the veteran perspective ([This is why it's time to talk – Neil Davies](#)), a family perspective ([Supporting my man through PTSD](#)), a commissioning perspective ([Plugging the gap in care for veterans – Kate Davies OBE](#)) and a clinical perspective ([Dispelling myths whilst strengthening support – Dr Jonathan Leach](#)). These were posted on the NHS England website, tweeted and sent to partner organisations for them to promote through their channels. In total, there were 2,298 unique views of the blogs, all of which included links to the questionnaire.

- **Emails**

A launch email and engagement toolkit were sent to communications and engagement colleagues across NHS England, CCGs, CSUs and NHS trusts, the 12 current service providers, Armed Forces Networks, the NHS England Armed Forces Patient and Public Voice Group, Cobseo, Cobseo Criminal Justice System Cluster and Big White Wall. Further emails were sent throughout the engagement period to share any new engagement materials and encourage local activity.

- **Briefings and letters**

NHS England issued a briefing to the Prime Minister's office, as well as Ministers and MPs with an interest in veterans' mental health. A briefing was also sent to the Mental Health Task Force and national charities, Mind and Young Minds.

Throughout the engagement period, a number of briefings were sent to the Armed Forces Networks and 12 current veterans' mental health service providers to raise awareness of the engagement, provide updates and encourage local engagement activity.

A launch letter from Rosamond Roughton, NHS England Director of NHS Commissioning, was emailed to CCG Clinical Leaders and Accountable Officers, Directors of Public Health, NHS Trust Chief Executives, Medical Directors and

Directors of Nursing and the Royal College of General Practitioners and GPs.

- **Events**

There were over 45 meetings and events held across England at which the engagement was discussed. Where appropriate, feedback from this activity was submitted as formal responses to the engagement.

- **Healthwatch and local authorities**

Communications and engagement colleagues from NHS England, CCGs, CSUs and NHS trusts were asked for their support in sharing information on the engagement and the supporting toolkit with local Healthwatch and local authorities to raise awareness of the engagement and encourage involvement amongst local communities. There were at least 27 Healthwatch organisations and seven local authorities that promoted the engagement in their local areas.

Healthwatch Norfolk provided input on developing the engagement materials and hosted an engagement event with NHS England for veterans, their families, service charities and NHS representatives. This was attended by 16 people with feedback submitted as a formal response to the engagement (see Appendix A).

- **Armed forces communities**

The engagement toolkit and supporting information was shared with the Families Federations, the MOD and Veterans UK, who promoted the engagement via their social media channels and newsletters. The engagement toolkit was also sent to the eight Armed Forces Networks, whose members include, amongst others, serving personnel.

NHS England is aware of 16 HIVES that promoted the engagement on their websites. A HIVE is an information network available to all members of the service community. It serves both married and single personnel, together with their families, dependants and civilians employed by the services.

Further details on engagement activities are included in Appendix B.

4.5 Reaching vulnerable and seldom heard groups

Veterans are considered a group at risk of experiencing health inequalities. This was important to consider for the engagement, particularly in relation to the following points:

- The UK's ex-service community is largely elderly: more than half are over 75 and 64% are over the age of 65
- Given their armed forces career, some veterans may be disabled and as a consequence house bound. There is a higher proportion of younger disabled veterans compared to those of the same age in the general population
- Veterans are predominantly white British, however those who served as Gurkhas form part of the Nepalese community, who tend to suffer health inequalities more

so than other groups

- Mental illness is a root cause of both homelessness and involvement in the criminal justice system, which can lead to poorer health outcomes
- Veterans are not typically a known group, therefore identifying and engaging them can be a challenge. It should also be noted that despite the health commitments set out in the Armed Forces Covenant, GPs do not always know if their patients are a veteran.
- Literacy and numeracy levels can vary amongst the armed forces.

In considering the above, NHS England undertook the following to reach out to veterans and support their involvement in the engagement:

- SSAFA promoted the engagement via its volunteer e-newsletter. This was distributed to 6,500 volunteers, including all of its prison in-reach volunteers, who were actively encouraged to take part and encourage local involvement. This was intended to help raise awareness amongst housebound veterans and those involved in the criminal justice system, as well as service charity representatives.
- An NHS England representative attended the national Cobseo Criminal Justice System Cluster meeting to discuss the engagement and supporting the involvement of veterans in the criminal justice system. This was attended by 16 people. A briefing document and the engagement toolkit were sent to members to support local engagement activity.
- To encourage engagement with the many service charities that support veterans with mental and physical health difficulties and their families, NHS England worked with Cobseo to cascade information regularly to its 255 member organisations. The engagement toolkit was posted on its website and shared via its weekly newsletter. Further updates and reminders were included in the weekly newsletter throughout the engagement period, which was supported by Twitter activity and web posts. This proved effective with many service charities undertaking national, regional and local engagement. For example, the Royal British Legion shared information about the engagement with its 16 area teams for local promotion and encouraged its area managers to respond. Combat Stress regularly promoted the engagement through its social media channels and sent out email alerts to key stakeholders.
- To support the involvement of the Gurkha community, NHS England produced Nepalese versions of the engagement document (including questionnaire), poster and waiting room screen poster. These were tested with The Gurkha Welfare Trust, which was also asked for its support in raising awareness amongst Gurkha

communities. These materials were included in the engagement toolkit.

- The engagement document, engagement web portal and leaflet provided information on different ways to respond to the questionnaire with an option for people to request alternative formats and languages if required.
- NHS England sought the help of Big White Wall (an anonymous digital service that supports people experiencing common mental health problems) in reaching veterans and their families. They sent an email to 700 veterans and family members to make them aware of the engagement and encourage their involvement and promoted it via their website, Facebook and Twitter accounts. They also promoted the blogs from a veteran with PTSD and from the wife of a veteran with PTSD.
- Given the stigma associated with mental health, the engagement document and online questionnaire included statements confirming that people's responses would remain anonymous and would only be used to inform decisions about veterans' mental health service provision. Respondents were also given the choice as to whether or not they provided personal details.
- As advised in the 'Structure of the engagement' section, the engagement document, leaflet and poster were written in Plain English and tested with representatives from each of the key target audiences to ensure they were easy to understand and the correct terminology relating to the armed forces was used.
- To help reach veterans who are homeless, NHS England asked Homeless Link and Crisis to help raise awareness of the engagement amongst their volunteers and networks. This was followed-up by sending them a briefing document, poster and Twitter content.

4.6 Feedback mechanisms

Respondents could provide feedback in the following ways:

- Post: Freepost VETERANS' MENTAL HEALTH
 - A pre-printed envelope was inside every hard copy of the engagement document and questionnaire
- Online: via NHS England's consultation hub:
<https://www.engage.england.nhs.uk/survey/veterans-mental-health-services>
- Email: feedback@nelcsu.nhs.uk

- Phone: 020 3688 1615.

5 Responses to the engagement

5.1 The engagement in numbers

Total number of responses: 1,274:

- Questionnaires⁵: 1,234
- Letters and emails: 18
- Phone calls: 1
- Comments on the NHS England website: 21.

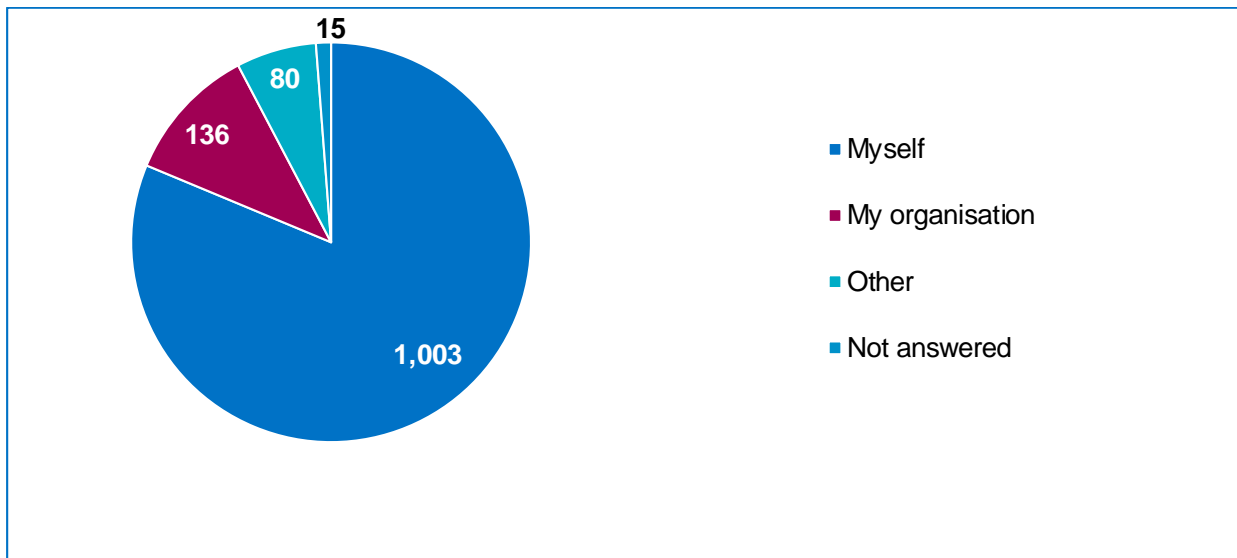
Emails and phone calls to enquire or ask for materials have been recorded, but not counted as a response.

5.2 Who responded to the engagement?

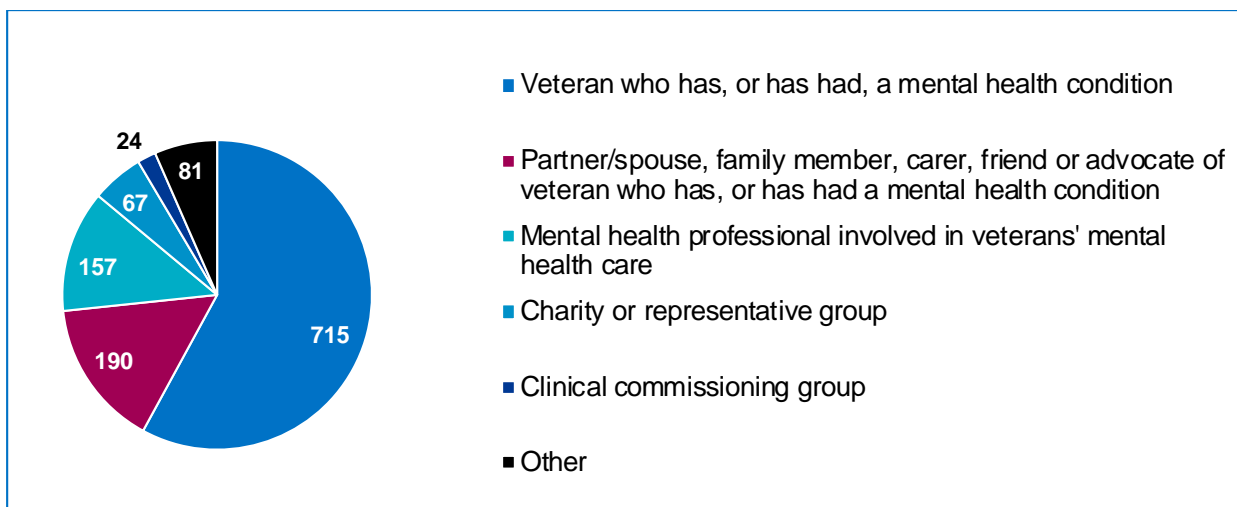
The following demographic information relates to people who completed the questionnaire, as those who sent in letters or emails did not give us these details about themselves. Where these do not total 1,234 (the total number of questionnaires), the remainder are those who did not respond to this part of the questionnaire or preferred not to say. It should be noted that the numbers are too small to be statistically significant.

⁵ This figure consists of: 30 hard copy questionnaires, 1,203 online questionnaires, and one response received by email in questionnaire format.

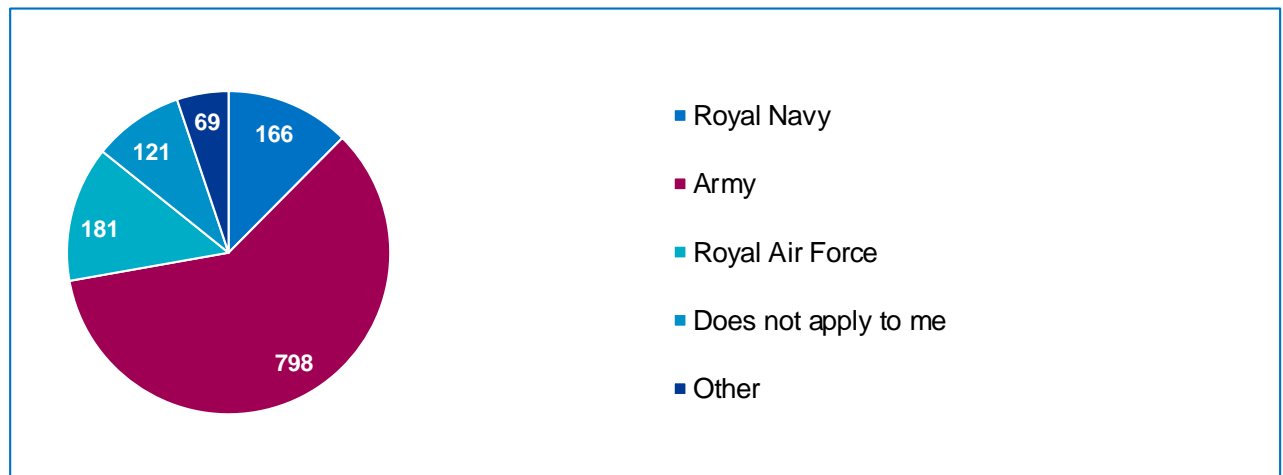
I am giving a response on behalf of:



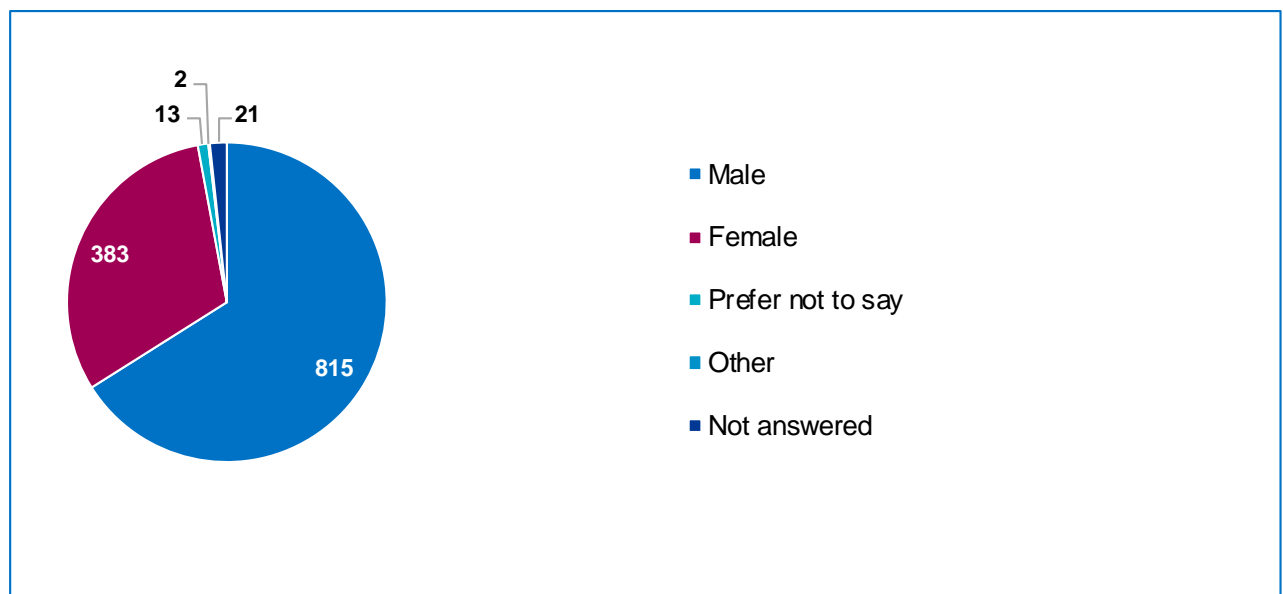
The option that best describes me or my organisation is:

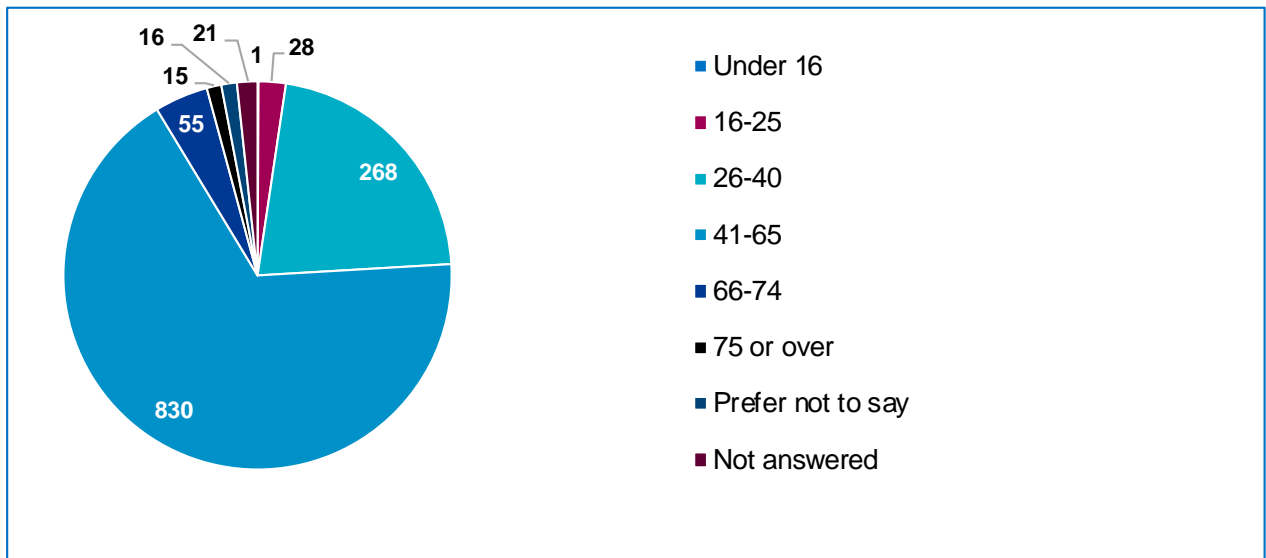
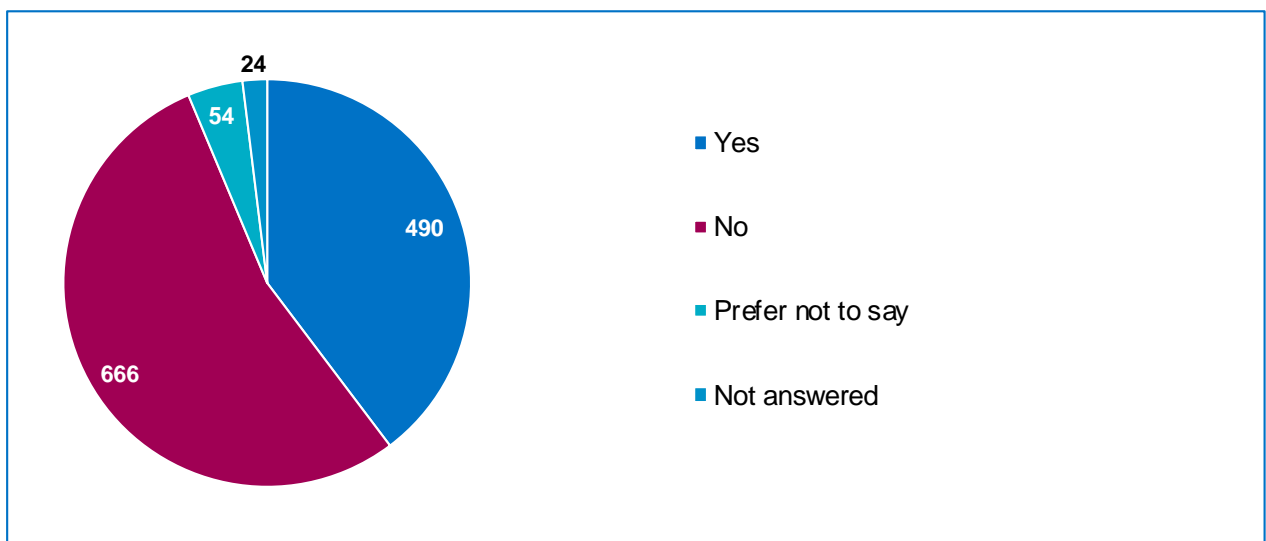


My current or previous British armed forces' experience, or that of the person I'm responding about, relates to:

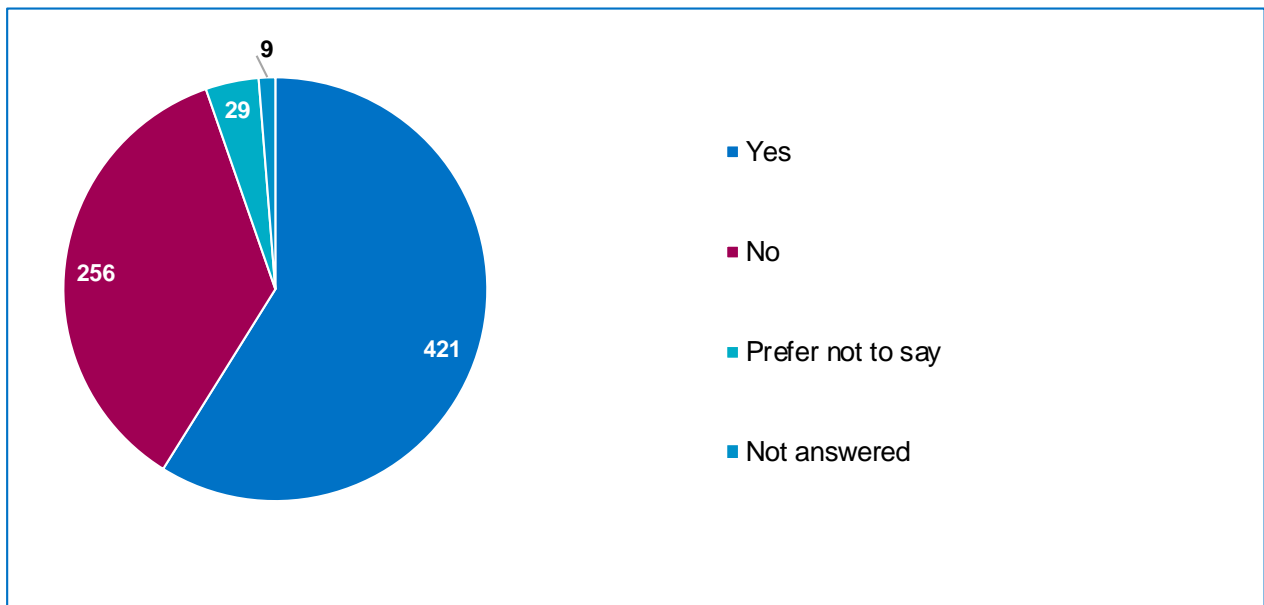


What gender do you identify as?

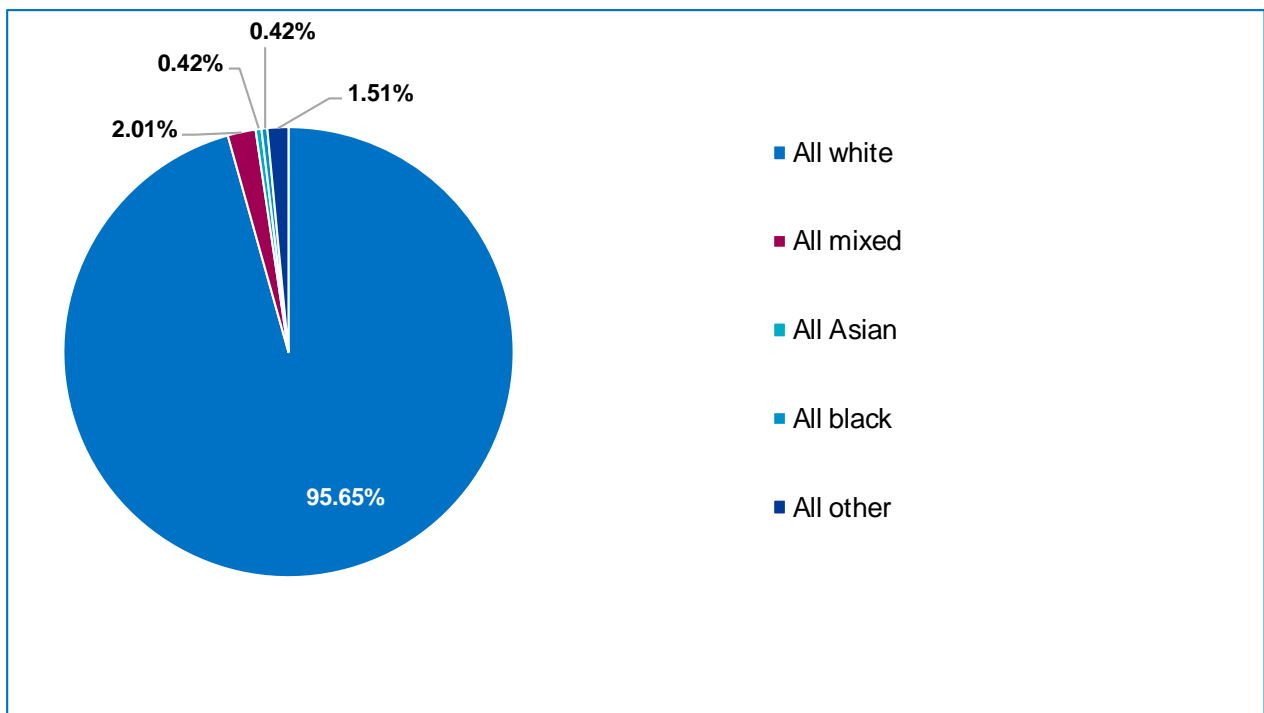


How old are you?**Do you consider yourself to have a disability?**

Of veterans who have or have had a mental health condition, do you consider yourself to have a disability?

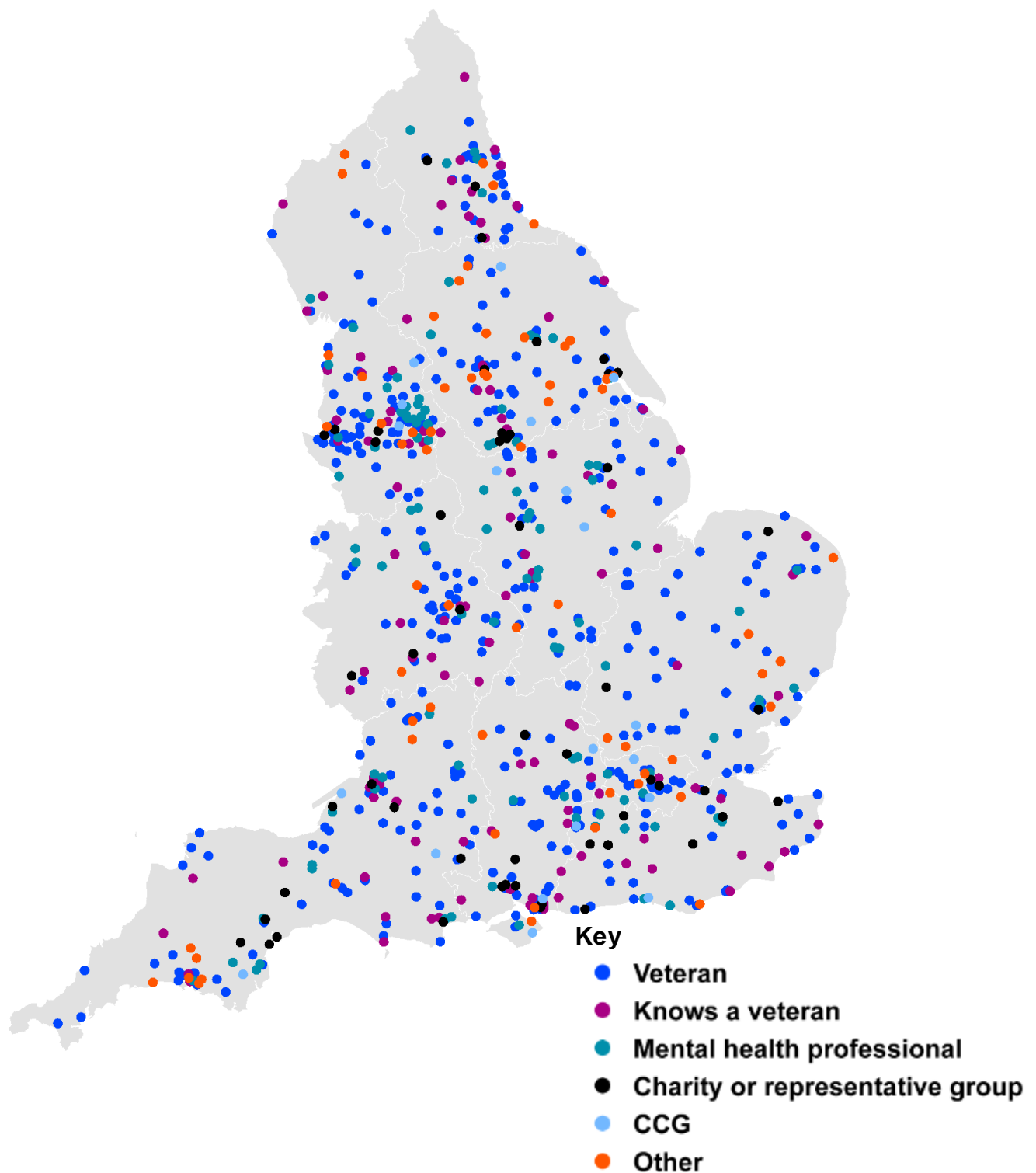


What is your ethnic group?



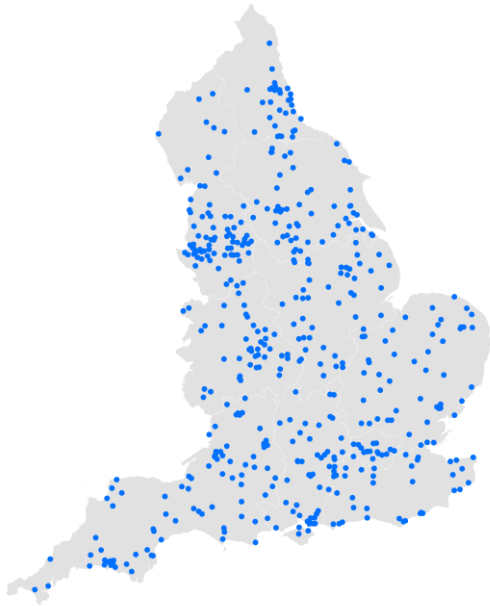
Where do respondents live?

This map shows where respondents across all groups live⁶.

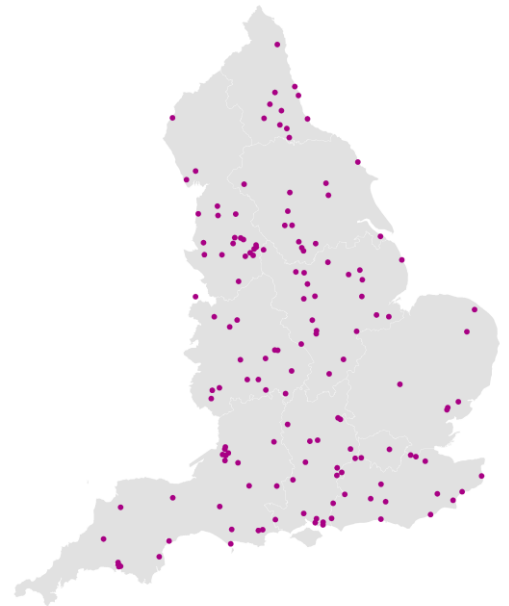


⁶ The points on this map and those on the following pages, are based on the centroid of catchment area of the respondent's partial (first part) postcode.

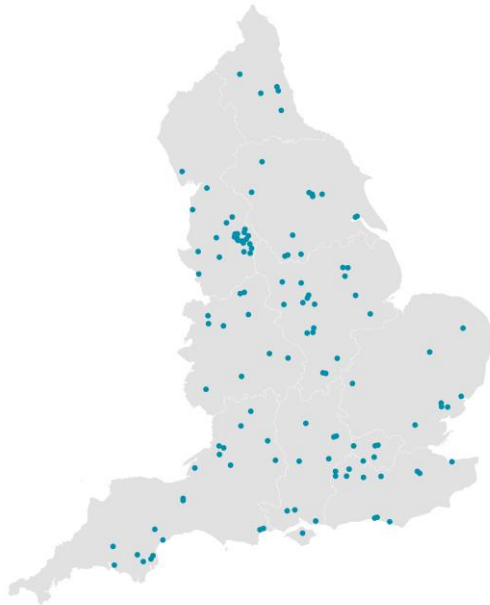
This map shows where **veterans** who responded live



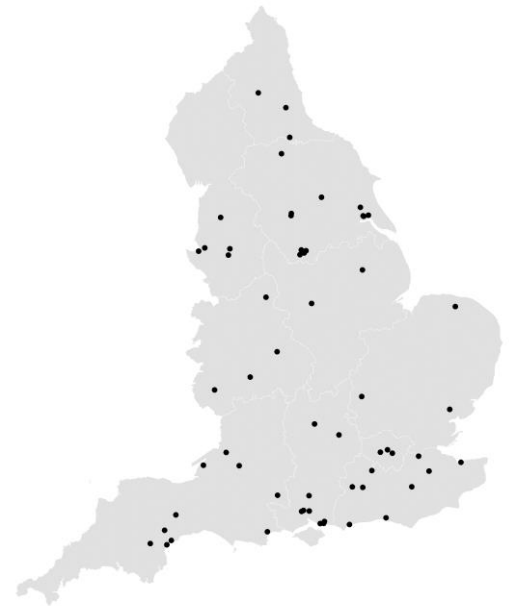
This map shows where people **who know a veteran** who responded live



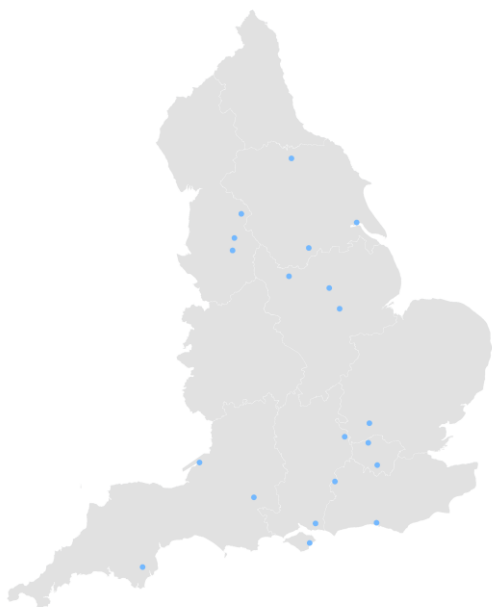
This map shows where **mental health professionals** who responded are located



This map shows where **charities or representative groups** who responded are located



This map shows where **clinical commissioning groups (CCGs)** who responded are located



This map shows where respondents who selected **other** are located



5.3 List of organisations that responded

Respondents who said their response was on behalf of an organisation are listed below. They were mostly from leaders of the organisation, leaders of teams within it, or individuals working there. In some cases, more than one response from an organisation was received. We have only listed them once in the list below.

In some cases, the respondent said they were responding on behalf of an organisation, but did not indicate what that organisation was. This means that the numbers in the pie chart on page 21 are higher than the number of groups listed.

Responded by questionnaire:

- Action, Take 2 project
- Alabare Bristol Home for Veterans
- All Military Members Organisation (AMMO)
- Blesma, The Limbless Veterans
- Blue Apple Heroes / Veterans
- CAPITAL Project Trust
- College of Military Veterans and Emergency Services

- Combat Stress
- Crisis secondary mental health services
- Durham and Darlington IAPT Service Talking Changes
- East Dorset Citizens Advice Bureau
- Forces in Mind project
- Forces in the Community
- Goals for Heroes
- Headway Portsmouth and South East Hampshire
- Healios
- Holidays for Heroes, Jersey
- Hull and East Riding Citizens Advice Bureau
- Hull and East Yorkshire Mind
- Kent and Medway NHS and Social Care Partnership Trust
- Military Children and Young Carers
- Military Community and Veterans Centre
- Military Personnel Recovery Centre
- Mind BLMK (Bedfordshire, Luton and Milton Keynes)
- MOD welfare
- National Gulf Veterans and Families Association
- NHS Barnet CCG
- NHS Brighton and Hove CCG
- NHS Bury CCG

- NHS Chiltern CCG
- NHS Doncaster CCG
- NHS East and North Hertfordshire CCG
- NHS East Lancashire CCG
- NHS Greater Huddersfield CCG
- NHS Hambleton, Richmondshire and Whitby CCG
- NHS Hull CCG
- NHS Isle of Wight CCG
- NHS Leeds West CCG
- NHS Newark and Sherwood CCG
- NHS North Kirklees CCG
- NHS North Somerset CCG
- NHS Portsmouth CCG
- NHS South West Lincolnshire CCG
- NHS Torbay and South Devon CCG
- NHS Wiltshire CCG
- North and Mid Devon Mental Health Assessment Team
- North Essex Partnership University NHS Foundation Trust
- North Staffs Veterans Organisation
- Nottinghamshire Healthcare NHS Foundation Trust's Veterans Service
- Open Road
- Our Local Heroes Foundation

- Oxford Health NHS Foundation Trust
- Pennine Care NHS Foundation Trust
- PTSD Resolution
- Relate North East
- Rotherham Military Community Veterans Centre
- Royal Air Forces Association - City and Central London Branch
- Running Deer C.I.C
- Save Our Soldier
- SERVES (Surrey Engagement: Reservists and Veterans Emotional Support)
- SHAID (Single Homeless Action Initiative in Durham)
- Sheffield Health and Social Care NHS Foundation Trust
- Somerset Partnership NHS Foundation Trust
- South Staffordshire and Shropshire Healthcare NHS Foundation Trust
- South West Veterans' Mental Health Service
- South Yorkshire Community Foundation
- SSAFA
- Stoll
- The Cart Shed CIC
- The Parachute Regiment Charity
- The Rifles
- The Royal British Legion
- Touchstone

- Veterans Change Partnership
- Veterans Outreach Support
- Veterans Services (East of England)
- Veterans Welfare Service
- Walking With The Wounded (WWTW)
- York Military Veterans Support Group.

We also received **letters or emails** from the following organisations:

- Greater Manchester Health and Social Care Board
- Help for Heroes Psychological Wellbeing Team
- NHS Newcastle Gateshead CCG (response from colleagues in South Tyneside)
- NHS North East Hampshire and Farnham CCG
- NHS South Norfolk CCG
- Northern Learning Trust
- Royal College of General Practitioners
- Tees, Esk and Wear Valleys NHS Foundation Trust and Northumberland, Tyne and Wear NHS Foundation Trust
- The Royal British Legion
- Veterans Aid
- York St John University.

6 Analysis of responses to the questionnaire

An engagement exercise is a valuable way to gather opinions about a wide-ranging topic. However, when interpreting the responses, it is important to note that whilst the engagement was open to everyone:

- The respondents were self-selecting, and certain types of people may have been more likely to contribute than others
- The responses cannot be assumed to be representative of the population as a whole.

In the analysis of responses to each questionnaire, tables and charts are used to show the overall breakdown of responses. Quotes are used to give an idea of what respondents were saying; they do not represent a balance of opinion.

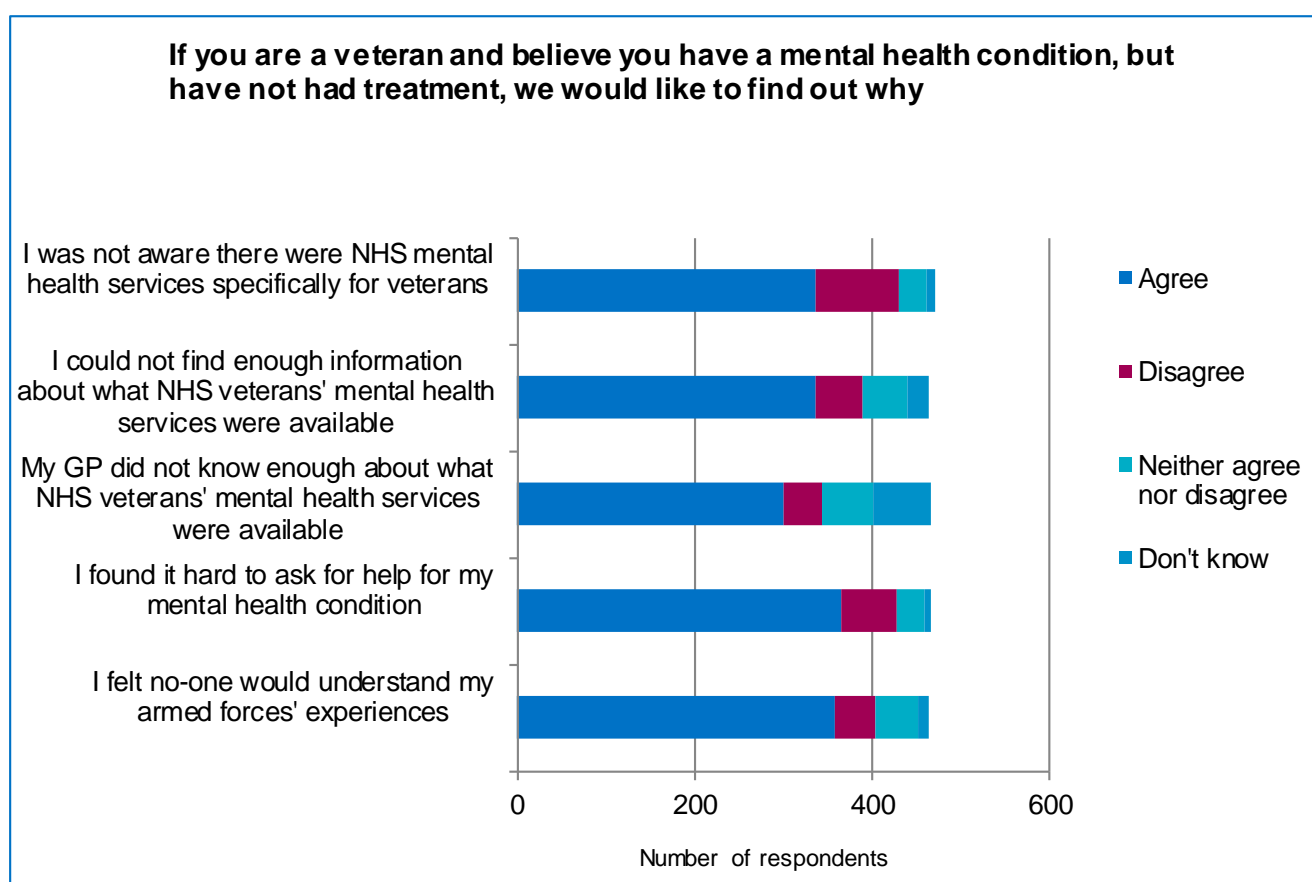
Each section contains figures for all responses received, however respondents may not have answered a question or left some questions blank. As a result, numbers may appear to be inconsistent in places.

6.1 Veterans who believe they have a mental health condition, but have not had treatment (part A)

Some veterans answered this section as well as part B (veteran with a mental health condition who **has** had treatment), but we counted it as one response. It is possible that some veterans also answered part A because they wanted to tell us about a time when they were not having treatment for their mental health condition.

In addition, some veterans answered part A and not part B, even though their answers suggest that they **are** having treatment. These responses have been included; it is possible that they are at the very start of their treatment, or are accessing some forms of treatment but not others.

The main aim of this part of the questionnaire was to find out why respondents had not had treatment. The table below shows how veterans responded to all five questions. The rest of this section considers each question individually.



1. I was not aware there were NHS mental health services specifically for veterans

	Number	%
Agree	336	71.5
Disagree	94	20.0
Neither agree nor disagree	32	6.8
Don't know	8	1.7

Most veterans out of the 470 with a mental health condition, but not receiving treatment, were not aware there were NHS mental health services specifically for veterans.

'Even though I was seen via the IAPT no signposting for veterans' mental health was offered.'

Male veteran, aged 41-65, Cambridge

'Did not realise it would include older veterans, thought it was for Gulf War etc.'

Veteran, anonymous, Gloucester

2. I could not find enough information about what NHS veterans' mental health services were available

	Number	%
Agree	336	72.4
Disagree	52	11.2
Neither agree nor disagree	52	11.2
Don't know	24	5.2

Most of the 464 respondents could not find enough information about what NHS veterans' mental health services were available.

'When googling veterans' mental health, too much choice comes up (NHS gets lost amongst the rest) ... all leavers of any service should be given a standard leavers pack, with info in for all manner of things.'

Male veteran, aged 41-65, Plymouth

3. My GP did not know enough about what NHS veterans' mental health services were available

	Number	%
Agree	300	64.4
Disagree	43	9.2
Neither agree nor disagree	58	12.4
Don't know	65	13.9

Around two-thirds of the 466 respondents felt their GP did not know enough about what NHS veterans' mental health services were available.

There were some positive and / or constructive comments in relation to GP care.

'If it was NOT for my GP being so understanding I might of never found out about my illness, as well as him knowing that there was a section within the NHS that deals with veterans alone.'

Male veteran, aged 26-40, Preston

'My GP could not tell [me] what [was] available to me from the NHS but he did point me toward Combat Stress, who were able to provide the treatment that I needed.'

Male veteran, aged 41-65, Guildford

However, a number of the comments were more negative, with the majority criticising a lack of knowledge around mental health services for veterans. In addition, some veterans suggested feeling patronised by their GP.

'I went to my surgery [and] explained my problem. They said they cannot help me and would need to speak to my army medical officer.'

Male veteran, aged 26-40, Reading

'I was never informed about a veterans' service from my GP. This survey is the first time I've heard about services being available.'

Male veteran, aged 41-65, Darlington

'He completely fobbed me off, told me it was probably all because I had left the Army and needed time to adjust and just stopped himself short of saying 'there-there'! He told me that once I got a job it would all be fine.'

Male veteran, aged 41-65, Taunton

4. I found it hard to ask for help for my mental health condition

	Number	%
Agree	365	78.3
Disagree	62	13.3
Neither agree nor disagree	32	6.9
Don't know	7	1.5

Most of the 466 respondents said they found it hard to ask for help for their mental health condition.

'I knew there was help available but a mix of pride and fear stopped me from asking for help.'

Male veteran, aged 41-65, Middlesbrough

'Service men are always trained not to show weakness.'

Male veteran, aged 41-65, Plymouth

5. I felt no-one would understand my armed forces' experience

	Number	%
Agree	357	77.1
Disagree	47	10.2
Neither agree nor disagree	48	10.4
Don't know	11	2.4

Most of the 463 respondents felt no-one would understand their armed forces' experience.

'Non-military civilians do not understand military life and conditions and therefore veterans will always be wary of dealing with such people and are unlikely to be provided with the correct diagnosis or treatment as a result.'

Male veteran, aged 41-65, Stoke-on-Trent

6. If you have views that are not covered in the statements above, or would like to add anything, please do so here:

Various themes arose in this section:

Access to care

There were a range of comments in relation to access to care, long waiting times, difficulty in making an appointment, confusion about what services are available or people's condition not meeting the 'right criteria':

'Service[s] tend not to be responsive to veterans' needs; to have to wait weeks for counselling services is very poor.'

Male veteran, aged 41-65, Lincoln

'As I didn't have drug related issues ... they told me it wasn't worth putting me on the list [for CBT] as every time someone with drug issues went on the list, they would go above me on the list.'

Male veteran, aged 41-65, Manchester

Previous negative experiences in relation to mental health care

Some respondents used this section to describe treatment they had received previously and where they had negative experiences. These experiences tended to be about lack of knowledge in relation to veterans' specific needs, or a feeling of being 'shunted around' the system:

'Having been referred to a local Community Mental Health Team... I had an appointment with one psychiatrist whose opening line was to tell me he knew nothing about mental health issues in servicemen / women and veterans.'

Male veteran, aged 41-65, Plymouth

'I feel lost within a service that seems to be only known to select people within the NHS.'

Male veteran, aged 26-40, Nottingham

'Having been around the houses with the NHS and my Combat PTSD, I finally got to see a so-called Veterans Champion... What a joke that was... You cannot have one person who will see you once a month who is supposed to have some experience with Combat PTSD and the rest of the team have no idea what to say or do... You cannot expect to open Pandora's Box and just let me go... The bottom line is they did not have a support team to deal with Veterans with PTSD who understood.'

Male veteran, aged 41-65, Taunton

'There is far too much 'sign posting' of veterans around in circles by 'veteran charities' and far too often the system fails people and no one takes responsibility.'

Male veteran, aged 41-65, Norwich

Others used this section to say they didn't like the mental health treatment offered to them:

'Really can't handle CBT...useless for me. Nearly all squaddies I speak to don't like CBT.'

Male veteran, aged 26-40, Liverpool

Feedback in relation to post-traumatic stress disorder (PTSD)

There were a number of comments specifically about PTSD. Some said the service(s) they accessed were not able to treat PTSD. Others felt that there is too much focus on PTSD, and not enough on other issues:

'Some of the veterans have ask[ed] the outreach team for help, but as soon as they have mentioned they have combat PTSD the outreach team don't want to know. Purely because they have not been trained in combat PTSD.'

Male veteran, aged 41-65, Redhill

'PTSD is the main focus however many veterans myself included have mental health issues that cannot be wrapped up as PTSD.'

Male veteran, aged 41-65, Reading

Treatment received from charities

Some veterans used this section to say they had received treatment or support from charities, not the NHS:

'It took me over 10 years to admit that I had mental problems and to have therapy but I was passed pillar to post due to being told 'we can't deal with your PTSD' ... Then my wife read about a drop in coffee / chat session which resulted in help from Combat Stress (not impressed) and Veterans First helped by getting help but sessions cut short due to death then had help from Walking With The Wounded who organised sessions with a private practitioner these have now finished. Now waiting to get onto an anger management course via Help for Heroes and Veterans First.'

Male veteran, aged 41-65, Colchester

Links between physical health and mental health

A number of respondents referred to the crossover between physical health and mental health. One stated that many veterans do not get discharged because of mental health, but because of a physical health condition. Another was concerned that his physical problems would be attributed to his mental health:

'I was concerned that seeking mental health help would result in my GP attributing any physical problems to this too and that I would then not get help for those issues as a result. I find this tends to be a problem in the NHS.'

Female veteran, aged 41-65, Harrogate

Area-specific comments

- Two respondents said there is no help at all for veterans in the Isle of Man or Worcester.
- Two others stated the care is good in Colchester (and referenced Combat Stress, Veteran First and The Warrior Programme), though another referred to long waiting times in that area.
- One respondent stated they had been seen by the Humber trauma service and felt they were '**rushing for answers and trying to ask about family life when it had no relevance to my service PTSD**'.
- Another respondent stated that South West Veterans' Mental Health Service is essential and should be expanded within the South West.

Other reasons for not having mental health treatment

- A feeling that their mental health problem is not serious enough.
- That having mental health treatment would have an impact on employment.
- A lack of continuity of care, and having to explain yourself repeatedly.
- Difficulties accessing medical records.
- One respondent stated that once his GP became aware he could access therapy through work, he became **'less inclined to refer me to specialist NHS mental health services'**.
- Another said their treatment stopped suddenly due to lack of funding.
- Another was **'wary'** of approaching Combat Stress, because of **'its reputation for being too close to army methods and approaches'**.

Suggestions on how to increase access to mental health treatment

- Advertise the help available to veterans while they are still in the armed forces.
- Screen for mental health issues on leaving the armed forces.
- Put certain things in place for when a person leaves the armed forces; for example, local GPs should be informed, or if someone doesn't have a GP, then one should be found for them, and their details passed on to the local veterans' service.
- More advertising of mental health services for veterans.
- Designated veterans button or link to be prominently displayed on NHS / GP web services.
- Look at the concept of Purple Initiative www.purpleinitiative.org.uk.
- Mental health services for veterans should be based on an outreach model, so that 'ex-service men and women do not have to come to the service it will come to them'.

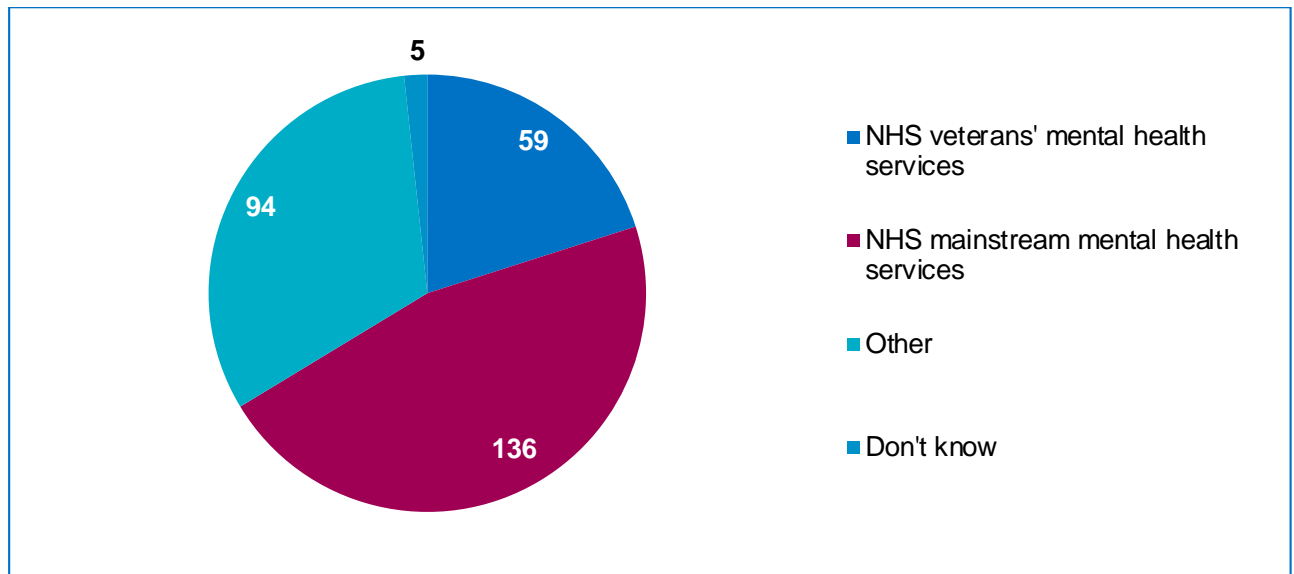
There were also **positive** comments about the increased focus over recent years on the mental health of veterans:

'I served for 25 years and was discharged in 1992. At that time there wasn't any service dedicated to veterans. I most certainly struggled coming out after all that time. I am glad the need for specialised support has been identified and services are now trained in providing suitable interventions.'

Male veteran, aged 41-65, Newcastle-upon-Tyne

6.2 Veterans who are currently using mental health services or have used them at some time since August 2010 (part B)

1. What type of mental health services are you currently using or have used since August 2010?

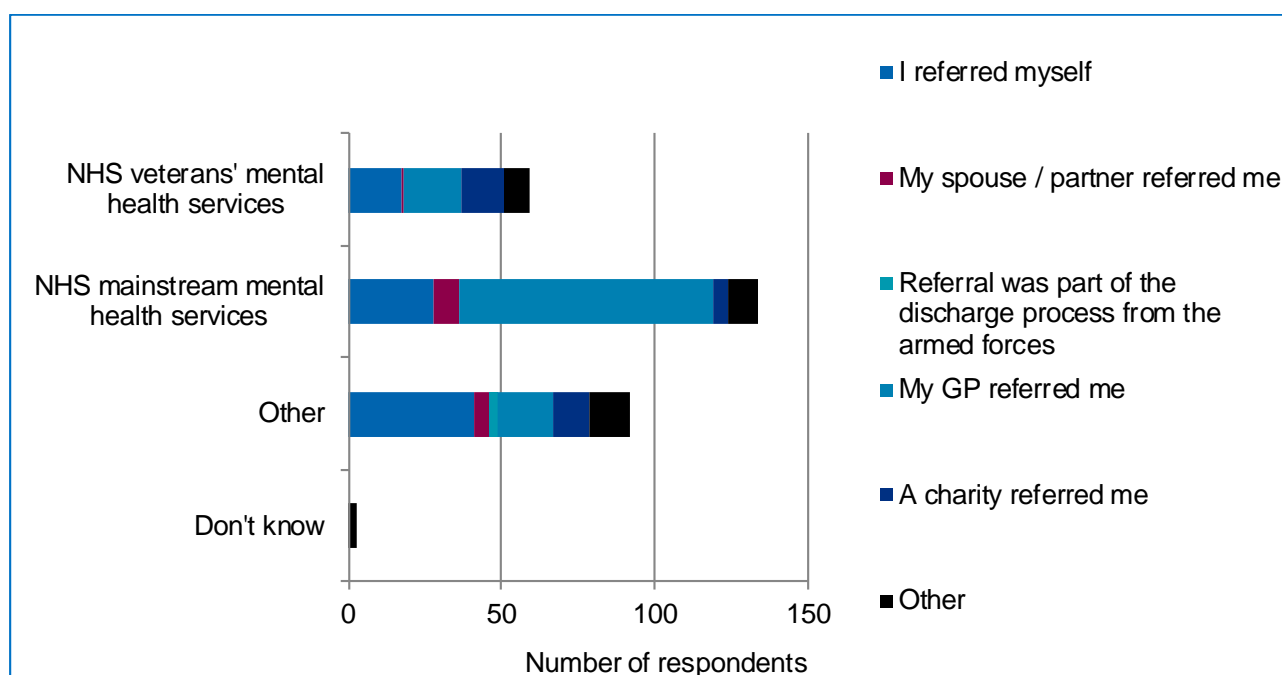


294 respondents said they are a veteran who is currently using mental health services, or have used them at a time since 2010. It should be noted that in some cases, respondents stated that they are accessing NHS veterans' mental health services, but are:

- **not** accessing one of the 12 NHS veterans' mental health services, or
- accessing one of the 12 NHS veterans' mental health services, as well as other mental health services.

Wherever possible in this section, we have included comments made specifically about the 12 NHS veterans' mental health services.

2. How were you referred to the service?



The charities through which people were referred for mental health treatment were:

Name of charity	Number of respondents
Blesma, The Limbless Veterans	1
The Royal British Legion / SSAFA	1
Combat Stress	15
GP and Combat Stress	1
Help for Heroes	7
MIND	1
National Gulf Veterans and Families Association	1
PTSD Resolution	1
The Royal British Legion	6
SSAFA	5
Tom Harrison House	1
Walking with the Wounded	4
The Warrior Programme	2
Veterans Outreach Portsmouth	1
Veterans Welfare Services	1
Wigan Council	1

Other ways people were referred:

Referral method	Number of respondents
Referral from GP for Time to Talk (TTT), self-referral to charity	1
Champion	1
Crown Court	1
Another veteran	1
Found the service online	1
GP counsellor	1
Solicitor	2
Referred myself, then each organisation referred me to the next	1
Sectioned	1
Occupational health	1
Police / ambulance	1
Employer	1
Veterans agency welfare officer	1
University mental health and wellbeing service	1
Due to be discharged, three month extension to be treated as NHS could not provide any care	1
Referral from NHS services	
A&E	1
Detox clinic	1
Mental health team	2
Mental health clinic	1
Hospital	2
NHS (none specified)	1
NHS Employers	1

3. What, if anything, worked well about your referral process?

The main reason for people responding positively to this question in all categories below, was the speed of the referral process, with some referring to being 'fast-tracked' due to their veteran status.

NHS veterans' mental health services

A number of people appreciated the ease and simplicity of the referral process for NHS veterans' mental health services. Other comments included:

- **Good quality support:** sympathetic, non-judgemental, someone willing to listen, 1:1
- **Convenient service:** local, had contact number for someone 24/7

- Being able to access help without having to engage with their GP
- Contact with someone who has experience of the military.

Two respondents referred to their time in the armed forces as playing a part in their referral process. Four people used this section to tell us about the service they had received from Combat Stress. These were mostly about the treatment rather than referral process.

Several people commented on specific veterans' mental health services that were not one of the 12 commissioned in 2010; for example there were positive comments about PTSD groups in the south west.

Out of the 12 NHS veterans' mental health services, the following specific comments were made in this section:

'It was a first-class referral. I was called within 2 days, then within 14 days by a fully qualified therapist who deals with veterans.'

Veteran using South West Veterans' Mental Health Service, Gloucester

'The speed of referral was very fast and the support that I was given was outstanding.'

Veteran using Veterans First, North Essex Partnership University NHS Foundation Trust

'Extremely helpful... glad that there is this service within my area that I can use and feel that I can open up fully.'

Veteran using Military Veterans' Service, Lancashire

'The referral was smooth and effective.'

Veteran using mental health outreach team, Hull

'Contacted the next day and seen within 2 weeks at a place that suited me. Very easy and the women on the phone put me at ease straight away.'

Veteran using Military Veterans' Service, Bury, Manchester

'The person had some military insight and was knowledgeable on where to direct me for support.'

Veteran using services at Sussex Partnership NHS Foundation Trust

NHS mainstream mental health services

A number of respondents in this section praised their GP's role in the referral. Some said that through their referral process, they were able to gain a better understanding and acceptance of their condition. Other respondents referred to being offered the right treatment, at the right time, as a result of the referral process. Other comments included:

- **Seamless process:** good continuity, everyone had access to their notes and previously prescribed medications, a support system in place

- Joint-working between different mental health professionals.

Other

The answers in this section reflected some of the previous themes, in particular praise for the GP role in referral, an easy process, knowledge of military culture and someone there to listen throughout.

A number of comments in this section related to Combat Stress. Some were about the speed of their response. Other comments included:

- Good at keeping GP informed about diagnosis, treatment and ongoing support
- Able to help when NHS mainstream services could not
- They are 'tuned into' military requirements.

4. What, if anything, could have been improved about your referral process?

The main reason for people responding negatively to this question in all categories, was mainly due to waiting times for referrals and appointments being too long.

NHS veterans' mental health services

One respondent said they were not addicted to drugs or alcohol and that the system was too slow for those who 'try to live normally'. Some respondents suggested improvements within armed forces' processes could have a positive impact for veterans. This included greater awareness of veterans' mental health services on discharge, and referrals for treatment coming from Departments of Community Mental Health (DCMH) or part of the discharge process.

Other comments included:

- **Administration:** contact details on the website being out of date, appointments cancelled incorrectly, more professionalism needed, online application for self-referral needed
- **Location:** having access outside of a service base
- **Publicity:** more needed around where to find champions
- **Awareness:** improved awareness of NHS veterans' mental health services is needed amongst GPs.

'The waiting time between the first face to face contact and the second face to face contact was almost a year and I feel that this was a very long time to wait.'

Veteran using Military Veterans' Service, Lancashire

'More publicity about where to find champions.'

Veteran using services at Sussex Partnership NHS Foundation Trust

‘Sometimes it takes a very long time waiting for an appointment.’
Veteran using Veterans First, Colchester

NHS mainstream mental health services

A number of respondents in this section felt they should have been listened to more throughout the referral process, including by their GP at the start and when different treatment options were being considered. As one respondent put it:

‘Listen to what I am telling you. I have lived like this for over 30 years and I have more understanding that I can tell you in the 1-hour appointment.’
Veteran, male, aged 41-65, Portsmouth

Other respondents referred to a lack of support from their GP, particularly veteran-focused support. Others said there was a lack of knowledge and understanding about the armed forces and PTSD.

Other comments included:

- **Involvement:** explain the processes more and give veterans a choice over who they see
- **Location:** have courses closer to home
- **Diagnosis:** test for obvious conditions that have been known for decades to cause mental health problems; don’t assume that you must have served in combat to suffer from PTSD
- **Administration:** ‘3 appointments missed and you’re out’, but sometimes there is a good reason to cancel; not being able to access CBT whilst seeing another counsellor; the referral process needs to be more joined-up.

Other

The answers in this section reflected many of those previously noted, in particular the need for healthcare and other professionals who are supporting veterans to have some understanding of the military and the need for more publicity and information about the support available. One respondent felt that GPs should be informed about the Armed Forces Covenant, and the rights with regards to access to priority NHS treatment.

5. I felt my GP knew enough about what NHS veterans' mental health services were available.

	Number	%
Agree	47	16.4
Disagree	155	54.0
Neither agree nor disagree	42	14.6
Does not apply	11	3.8
Don't know	32	11.1

Over half of respondents **disagreed** with this statement. Many made the point that their GP knew of their veteran status and that they needed specific help, but did not know where to refer them. Some added that this led to a tendency to offer medication as the only treatment option. A small number of respondents said they weren't asked whether they had served in the armed forces.

'I really like my GP and he has helped me massively, but he had no idea of services available to veterans.'

Male veteran, aged 26-40, Maidstone

Some respondents felt the lack of knowledge about NHS veterans' mental health services was not the fault of GPs, and that they have a lot of information to remember. Others were more critical, and felt their GP didn't care or understand enough.

Several respondents used this section to signal a wider problem - as one respondent put it, 'the NHS is not equipped to deal with the army'. Some felt that GPs are not offering appropriate treatment options for PTSD, and do not have enough knowledge of it. Others felt that their GP was doing their best, and in some cases researching local services available for them.

In a number of cases, veterans had to advise their GP of the available services, or that veterans should be given priority access to NHS hospital care for any condition, as long as it's related to their service and subject to the clinical need of others.

'My GP is learning from me about the NHS veterans' mental health services and I will print off a copy of the contact details from the site to give to the surgery.'

Female veteran, 41-65, Liverpool

Veterans who **agreed** with this statement spoke highly of the knowledge and support demonstrated by their GP.

'I owe my life to the speedy action of my GP and the actions she took.'

Female veteran, aged 41-65, Peterborough

Some respondents also answered this question on behalf of other veterans they knew, referring to GPs who are not so knowledgeable.

‘Although my GP knew about the service, after doing a survey amongst other local veterans, a lot of GP practices do not know about how to deal with veterans’ mental health problems or who to refer them to.’

Male veteran, aged 41-65, Gloucester

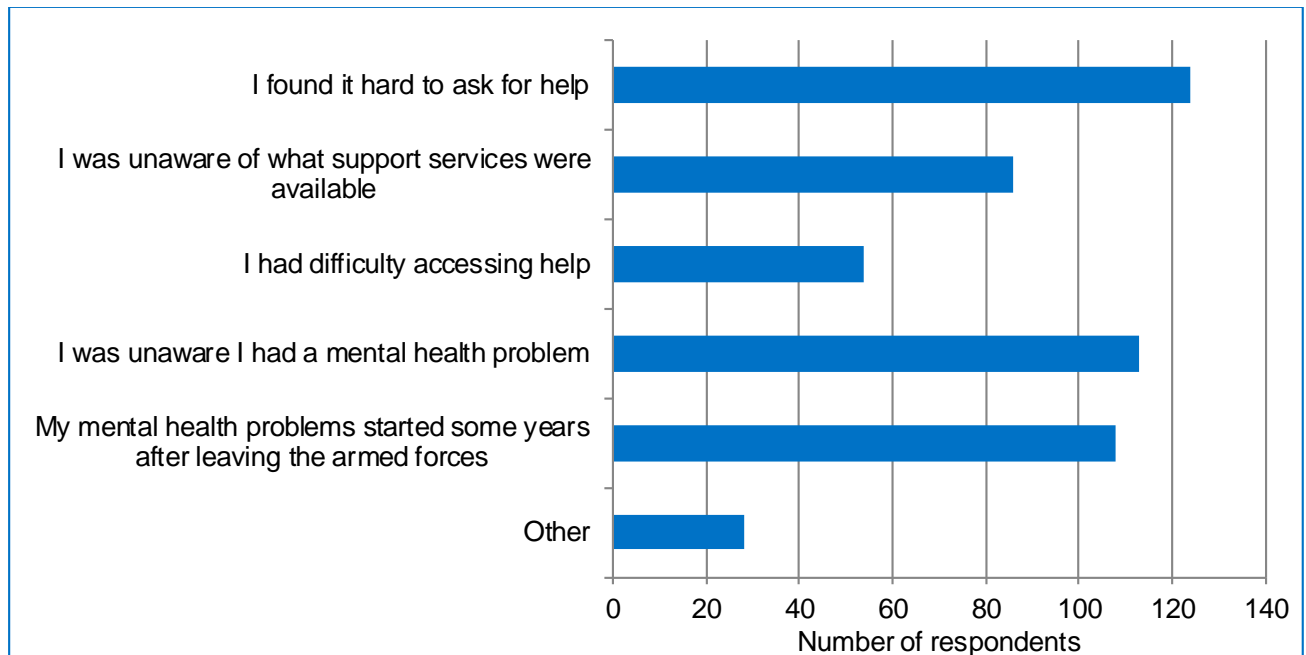
Veterans who answered **neither agree nor disagree** did so for a range of reasons. One respondent said his GP was aware of community-based mental health resources, but not such services for veterans. Others had not discussed their mental health problems in the context of their time in the armed forces. Others had positive experiences, except when it came to PTSD.

‘My GP is brilliant, however, it is all good and well knowing about PTSD but they just don’t understand how the service men and women work.’

Male veteran, aged 41-65, Manchester

Veterans who answered **don’t know** did so for different reasons. Several said they did not know about NHS veterans’ mental health services and so did not mention them to their GP, or vice versa. Others said their mental health problems did not seem to be linked with their time in the armed forces, or they did not mention their time in the forces.

6. If you delayed seeking help for your mental health condition after leaving the armed forces, why was this?



Veterans gave various reasons for delaying to seek help, other than the ones listed above. One said his 'doctors thought a holiday would sort it out'. Other reasons included:

- Pride, shame, fear or a feeling of being weak
- A desire to deal with it themselves
- Concern over repercussions: restrict future employment opportunities, social services would get involved, attitude would be similar to that in the armed forces
- The military culture made it difficult to ask for help
- Mental health condition already existed, or is long-term
- Was using alcohol and / or drugs
- There were no specific services available, or lack of faith in the services.

Respondents were asked if they would like to tell us more about why they delayed seeking help, and many did so in some detail.

A number of veterans said it took years for them to realise or accept that they had a mental health problem. Others indicated that the mental health problems themselves contributed to their delay in seeking help, such as anger issues, lack of sleep and spiralling circumstances in their lives. Many said their mental health problems had started decades earlier, when there was not as much treatment available. A few said they felt they could not trust anyone.

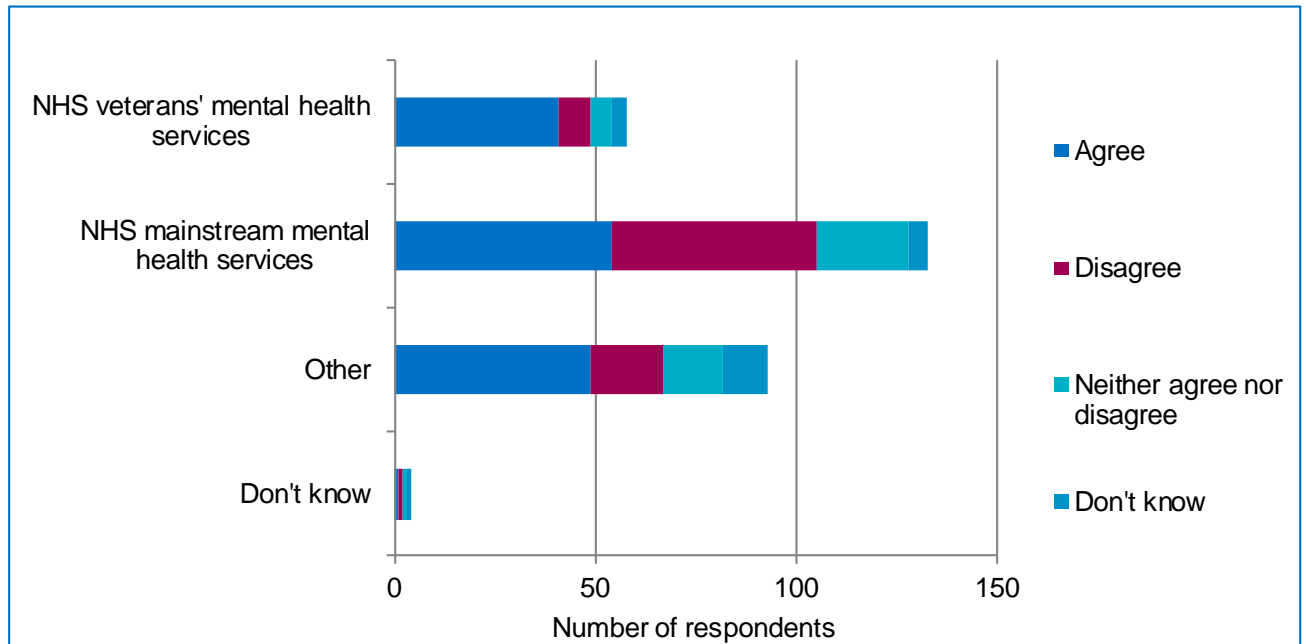
Some veterans did not realise the extent of their problem or what it was. Others talked about the relative impact of their time serving; some weren't sure their military experience was the main factor and one respondent said he had mental health problems before joining up.

Some tried to put things in place to replicate their military life; one respondent joined the Territorial Army, and when his unit disbanded he really started to struggle. Veterans talked about other triggers too, such as incidents, redundancy and life-changing events. Others had tried to put their own coping mechanisms in place, and asked for help when these failed.

'It can take some time to reach rock bottom.'
Male veteran, aged 26-40, Newcastle-upon-Tyne

'I realised I had a problem, but thought it was just normal after my service.'
Male veteran, aged 41-65, Wigan

7. My armed forces' experience has been taken into consideration during my care



NHS veterans' mental health services

Many of the veterans who **agreed** with this question named their service:

- South West Veterans' Mental Health Service
- Veterans First
- South Central Veterans Service
- Military Veterans' Service in Greater Manchester and Lancashire
- Combat Stress was also mentioned by two respondents.

'Having been directed to Veterans First, my condition was fully understood and how it was related to my service.'

Veteran using Veterans First, North Essex Partnership University NHS Foundation Trust

'They got my military records that showed me they cared and knew their stuff.'

Veteran using Military Veterans' Service, Bury, Manchester

'MVS [Military Veterans' Service] have been extremely professional whilst dealing with myself and extremely understanding about my past.'

Veteran using Military Veterans' Service, Lancashire

Of those veterans who **disagreed**, the reasons were that they felt **some**, but not all, staff took their armed forces' experience into account, or they said they had not yet

opened up about their armed forces' experiences. One respondent said he was not asked if he was a veteran, while another said there was no investigation into events that impacted his whole life. However, they both listed different types of care they had accessed, and so it is not possible to know where they had their negative experience.

Of those veterans who **neither agreed nor disagreed**, one stated that it is taken into account now (after starting sessions with NHS veterans' mental health services), but was not previously. Another felt it depended on whether you have a supportive GP.

Of those veterans who answered **don't know**, the only reason given by one veteran was that he had not been seeing his clinician for long.

NHS mainstream mental health services

Some of the veterans who **agreed** with this question gave positive feedback about their care.

'My counsellor was brilliant, after each session she was looking up about the forces and getting an understanding of what I was talking about, which helped a lot.'

Male veteran, aged 41-65, Reading

Other veterans gave a qualified answer; some felt their armed forces' experience was taken into account for some of their care, but not all. One said their armed forces' experience was considered 'too much' (because it was almost assumed he had PTSD).

Some of the veterans who **disagreed** with this question felt their clinicians were not able to understand their experiences, which had an impact on their care. One respondent felt this 'added to his frustration'. Some made reference to PTSD and a lack of specialist knowledge to treat it. Others referred to administrative processes, and one said the Armed Forces Covenant was being ignored.

'Although I remember there being a 'tick box' on the form asking if I was serving or ex-forces, this was not raised again in any discussions with my GP or during the NHS course.'

Male veteran, aged 41-65, Swindon

Most of the veterans who **neither agreed nor disagreed** felt their clinicians could not fully understand their armed forces' experiences.

Of those veterans who answered **don't know**, one was unsure if he was ever asked, whilst another was unsure as he was treated by people who did not have service experience.

Other

Most of the veterans who **agreed** gave positive feedback about Combat Stress.

'With Combat Stress, who are without doubt experts in this field.'

Male veteran, aged 26-40, Taunton

Some of the veterans who **disagreed** also gave positive feedback about Combat Stress. Those who **neither agreed nor disagreed** or **didn't know** did not provide much more information.

8. I have felt involved in decision-making about my care

	Number	%
Agree	168	57.9
Disagree	55	19.0
Neither agree nor disagree	53	18.3
Don't know	14	4.8

More than half of the 290 respondents felt they had been involved in decision-making around their care, while around 20% felt they were not involved.

Veterans who **agreed** with this question provided feedback across the different service areas (NHS veterans' mental health services, NHS mainstream mental health services and services provided by charities and others). Some gave qualified answers, stating that they didn't feel involved in **all** of their care. Others said they themselves took the initiative.

'South West Veterans' service never makes a decision without involving me.'

Male veteran, aged 41-65, Gloucester

Veterans who **disagreed** with this question provided feedback across the different service areas. Some felt they had been involved in some of their care, but not all. Others referred to a lack of consultation about their admission and discharge processes. One respondent was told by his consultant that there was nothing more he could do for him, due to the complex nature of his condition. Another was told he was being 'disruptive' when he questioned his care.

'I felt I wasn't listened to. I had to follow a set format lasting 6 sessions and I wasn't treated like a person.'

Male veteran, aged 26-40, Lincoln

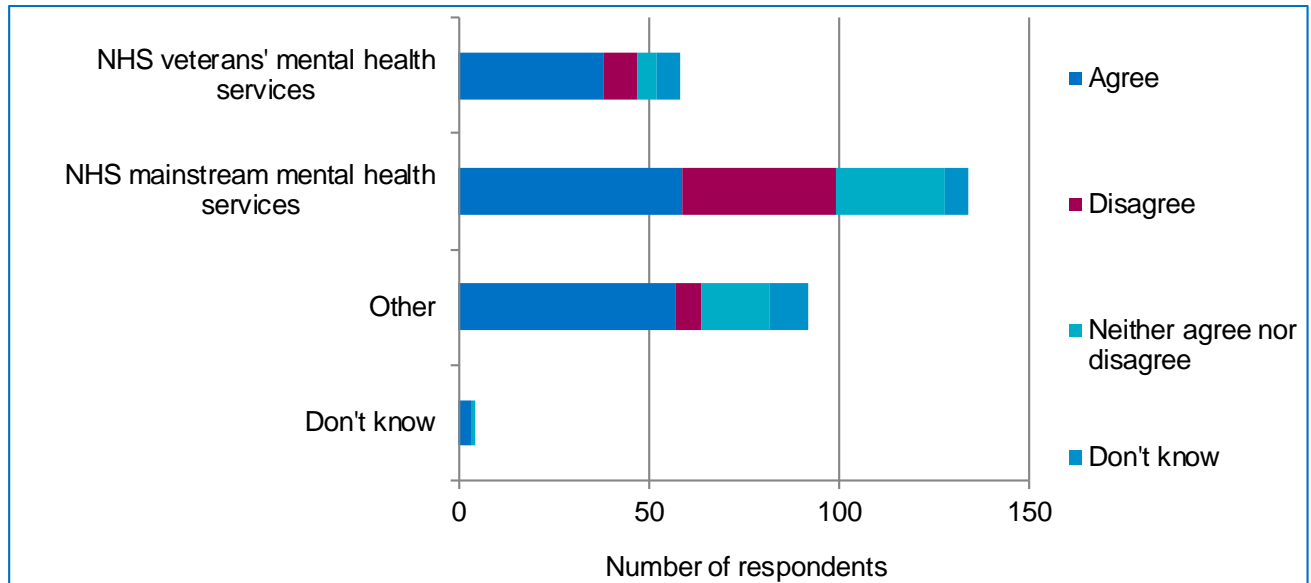
Veterans who **neither agreed nor disagreed** with this question provided feedback across the different service areas. Some felt they had been involved in some of their care, but not all. Others felt they were not party to the full range of options, and so weren't fully involved. One referred to a 'general propensity to prescribe medication, when I would have rather received counselling'.

'The process was set in stone, take it or leave it.'

Male veteran, aged 41-65, Nottingham

One veteran who answered **don't know** felt he wasn't supposed to know and 'that is why I went to see the subject matter experts'.

9. I feel the support and treatment has really helped me



Respondents who accessed NHS veterans' mental health services were more likely to feel their support and treatment helped them, than if they accessed NHS mainstream mental health services.

NHS veterans' mental health services

Many veterans who **agreed** with this statement gave feedback on specific services, particularly about South West Veterans' Mental Health Service.

'Without [their] treatment and support I can say with my hand on my heart I wouldn't be filling out this [survey].'

Veteran using South West Veterans' Mental Health Service

'The support that I received was second to none. Without their support throughout my counselling and the care plan that was put into place, I doubt that I would have been able to deal with the condition (PTSD) as well as I did.'

Veteran using Veterans First, Colchester

'It has been hard and I still have bad days, but with the treatment and the support I have had over the past 18-month I have good days as well. Before I mostly had dark days.'

Veteran using South Central Veterans Service and Combat Stress

'The treatment that I am going through at this moment in time has helped me so far and I also hope I will be able to put into action what I have learnt after and long after my appointments have finished.'

Veteran using Military Veterans' Service, Lancashire

'Saved my life.'

Veteran using Military Veterans' Service, Bury, Manchester

Veterans who **disagreed** with the statement provided specific feedback to back up their answer:

'If it wasn't for [clinician's name removed] they wouldn't have been any help as the NHS do not understand veterans at all.'

Veteran using Veterans First, Colchester

'8 sessions are totally insufficient and I ended up paying for my own counselling because I was left on the 'scrap heap' after initial sessions.'

Veteran using IAPT in Bury, Military Veterans' Service and has also used NHS mainstream mental health services

Veterans who **neither agreed nor disagreed** with the statement gave different reasons for their answer; one said there has been some progress, while others felt the treatment had stopped them getting worse or that they still have a long way to go. Veterans who answered **don't know** either felt it was too early to say, or were still having treatment.

NHS mainstream mental health services

Veterans who **agreed** with the statement gave a range of reasons, including: it helped having someone to talk to; and their treatment helped identify the problem and different ways to treat it or cope with it. Some veterans felt they had been helped, but that it took a while for it to take effect, or to find the right treatment.

'Absolutely! Should be prescribed to every service leaver! That bit of help makes the transition from the services to civilian life, a whole lot easier. Gives you control AND understanding of what you've come through and what you are going through, mentally and physically.'

Male veteran, aged 41-65, Redhill

Veterans who **disagreed** with the statement also gave a range of reasons. Some said the care they had received made things worse. Some said the amount of treatment sessions they received was not enough, while others felt there was insufficient support for particular conditions, like ASPD (antisocial personality disorder) and PTSD.

'Massive no, useless, wasn't trained in my condition, no understanding of the military.'

Female veteran, aged 41-65, Birmingham

Some veterans answered **neither agree nor disagree** because they were still undergoing treatment. Others felt the treatment had helped, but that the follow-up support was not available or sufficient, or the treatment had not gone on for long enough. One respondent felt that medication kept him from 'falling off a cliff'.

'If I need to go back, I have to go through the whole process again which is very frustrating. It would be good to have a veterans' liaison [person] with each mental health service who could be the Single Point of Contact for all mental health veterans. Someone with a military background, a medic for instance who knows and understands what the issues are would be ideal, not a civilian who has no idea.'

Male veteran, aged 41-65, Ipswich

Veterans who answered **don't know** were still undergoing treatment.

Other

Some of the veterans who **agreed** with this statement made specific reference to the help provided by Combat Stress. Some said the NHS, in contrast, were not helpful. Others felt a combination of NHS and other treatment helped them.

'Combat Stress taught me the practical coping mechanisms; my NHS psychiatric practitioner finally hit on the best drug therapy for me so far.'

Male veteran, aged 41-65, Coventry

A few veterans praised the support of their GP in this section, and one referred to Tom Harrison House (THH) as 'fantastic'.

The small number of veterans who **disagreed** had specific reasons for doing so. One respondent felt their treatment had not helped, and would not in the future. Another was fine at first, but relapsed after going back to work.

'...the NHS has had no involvement in my care and I know there is nothing available so don't waste my time or the doctors anymore.'

Male veteran, aged 41-65, Exeter

Most veterans who **neither agreed nor disagreed** were still undergoing treatment. One respondent said in the end the treatment helped, but it was 'Combat Stress running alongside the NHS'. Another respondent had different experiences with different clinicians:

'I have had the most benefit from the psychotherapist whom I see privately. My GP services have left me feeling worse when I have had to engage with them. The NHS mental health team were moderately helpful.'

Female veteran, aged 41-65, Bournemouth

Most veterans who answered **don't know** were still undergoing treatment.

10. I was given the chance to provide feedback about my care

	Number	%
Agree	132	45.8
Disagree	86	29.9
Neither agree nor disagree	53	18.4
Don't know	17	5.9

Almost half of the 288 respondents said they were given the chance to feedback on their care. Veterans who **agreed** with this question were mostly complimentary about the way their feedback was sought.

'At every point I had the chance to summarise and provide input into my treatment with my GP and therapist. This aided recovery and treatment greatly.'

Male veteran, aged 41-65, Redhill

'PPI [patient and public involvement] opportunities to 'feedback' into the various strands of our NHS health system are now increasingly being made more readily available.'

Male veteran, aged 75 or over, Middlesbrough

However, some doubted the usefulness of questionnaires. Some were unsure as to how much impact their feedback had.

'Platitudinous questionnaires are not really feedback.'

Male veteran, aged 41-65, Bath

A number of veterans who **disagreed** simply stated that they have never been asked to give feedback or been given the opportunity to do so. Some stated that this questionnaire was the first time they had been asked to provide feedback.

Others used this section to express concern about how their feedback had been sought. One respondent said they were pressurised by their GP to answer a patient satisfaction survey in a certain way. Others felt there was a lack of interest in seeking feedback.

'No-one asked anything about how things had gone, nor showed any interest in what might happen next.'

Male veteran, aged 41-65, Lincoln

Some veterans who **neither agreed nor disagreed** were given the chance to feedback on some aspects of their care or for some services, but not others. Veterans who answered **don't know** were still undergoing treatment.

11. Were you given the opportunity to have your family member, carer or advocate present during your care? If you answered no, would you have liked this option?

	Number	%
Yes	128	45.1
No	108	38.0
Don't know	48	16.9

Just over one third of the people who answered no said they **would not** have liked this option.

‘Too emotional to allow people to listen and civvies can’t get a grip of what they are told.’

Male veteran, aged 41-65, Portsmouth

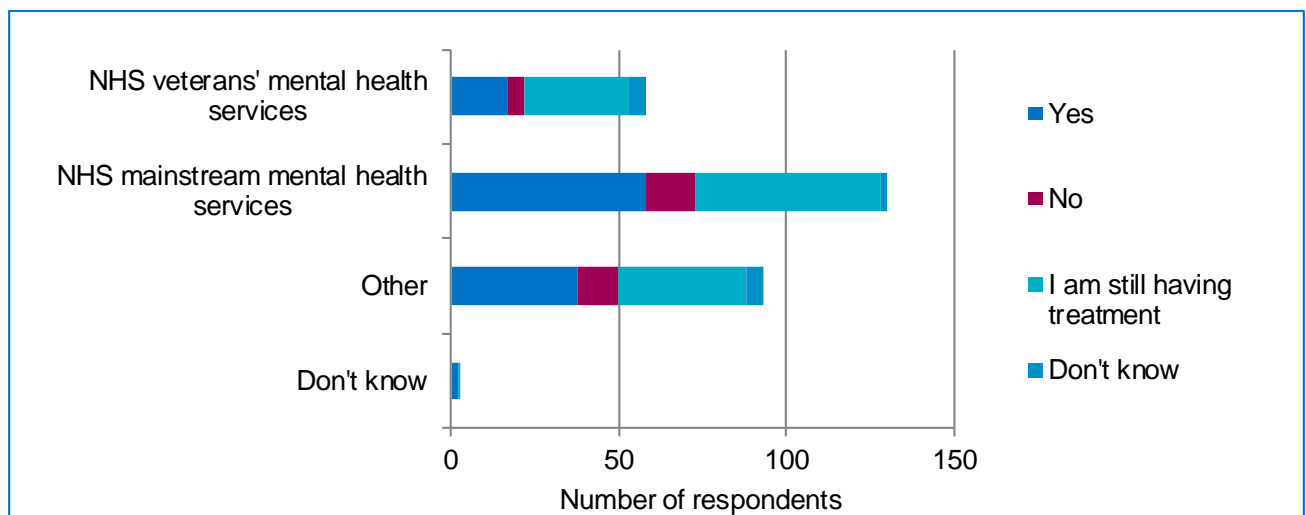
Just under one third who answered no, said they **would have** liked this option. Within this group, one respondent said it would depend on who (in this case, they would not have wanted their wife present). Another said they would have liked it for the initial consultation, but not during the treatment.

‘Yes it affects all of my family.’

Male veteran, aged 41-65, London

A small number of respondents were **unsure** if they would have liked this option. Some respondents said they did not have any family available to support them, or they lived too far away.

12. Did you complete the treatment programme?



NHS veterans' mental health services

Veterans who answered **no** did so for a range of reasons. One respondent was still awaiting treatment. Another had received good treatment and needed more of the same, but their care moved to another veterans' service. Another was seen by different services, and experienced difficulties:

‘Combat Stress – I was sent home. Military Veterans – the therapist on several occasions would not turn up or was late, so I didn’t go back. H4H Hidden Wounds, I got as far as the phone interview and when I disagreed with the therapist she would not allow any further treatment for me or for me to attend courses at the recovery centre.’

Veteran using military veterans' IAPT

NHS mainstream mental health services

Some of the veterans who answered **no** to this question felt their treatment was unsuitable for them. A few of the respondents were still waiting for treatment. One respondent felt they were discharged too early.

'I was attending a course of CBT for depression, geared up for civilians, with no thought on my armed forces service.'

Male veteran, aged 26-40, Portsmouth

Other

Veterans who answered **no** did so for different reasons. A few felt treatment was not available in the first place. Two respondents referred to a six week programme, with one stating they were unable to take the time off work.

'I walked out half-way through my 3rd time to talk session ... the counsellor was looking at her wrist watch and yawning ...and said instead of having 12 sessions it was being reduced to 6.'

Male veteran, aged 41-65, Portsmouth

13. What, if anything, has been the most positive thing about your care?

NHS veterans' mental health services

Many of the comments in this section related to the high quality of care provided by their mental health professional. They were commended for their understanding, support, professionalism and expertise. Many felt their knowledge of the armed forces, and the particular needs of veterans, was important. In contrast, one respondent felt it was the **lack** of military references during treatment that was most positive for them.

'The excellent care of [my] doctor.'

Veteran using the London Veterans' Service

'Having a therapist who knew her stuff and knew veterans and the common traits, language and was able to tell you that you weren't the first to describe something and that it was common.'

Veteran using a military veterans' service

Some veterans referred to timescales, in particular that there was not a set or restricted number of sessions, and they could progress at their own pace. Others referred to the outcome and getting a diagnosis as the most positive aspect.

Other positive comments specifically about the 12 NHS veterans' mental health services included:

'Getting my life back.'

Veteran using South West Veterans' Mental Health Service

'The care and consideration I was given.'

Veteran using Stress Clinic (Reading), South Central Veterans Service

'I now feel able to come out of my house and engage with people.'
Veterans First, Colchester

'Having random champions in place who care for veterans.'
Veteran using services at Sussex Partnership NHS Foundation Trust

'The RMN [registered mental nurse] I spoke to was superb. She was experienced and understanding of the issues of military life. I find that often people have no understanding of the forgotten troubles in Northern Ireland.'
Veteran using mental health outreach team, Hull

'Nothing was too much, helped with practical and emotional problems.'
Veteran using Military Veterans' Service, Bury, Manchester

'The understanding and the patience of the doctor seeing me.'
Veteran using Military Veterans' Service, Lancashire

'The support from the start and the continued support that I receive.'
Veteran using Veterans First, Colchester

A few respondents referred to Combat Stress in this section; one was referred by them to NHS veterans' mental health services. Another said the most positive aspect of care from them was feeling 'more motivation' afterwards.

Other services referred to positively in this section include Big White Wall, Hidden Wounds, Phoenix House and Trevellis House.

Some veterans said there was nothing positive about their care.

NHS mainstream mental health services

Many veterans said having someone to talk to and willing to listen was the most positive thing. Others said it was getting the right diagnosis and the right treatment, whilst some said it was about now understanding their condition and being better equipped to manage their symptoms and recognise triggers.

'I understand my mental health issues much more and am able to cope with life in a more positive manner.'
Male veteran, aged 41-65, Nottingham

Several referred to the quality of their care or support as being the most positive:

'My therapist is very easy to talk to and I feel that she understands me.'
Female veteran, aged 41-65, Guildford

Some veterans said the most positive aspect was the care being local to them, and not having to travel far. Some felt it was the speed of either the first appointment, or the package of treatment. Some referred to the positive impact in their wider lives, whether that was at work or in their personal relationships.

‘...my relationships with family and friends have improved greatly, work ethics, empathy towards others and their plights, the list is endless.’

Male veteran, aged 41-65, Redhill

Some respondents used this section to provide negative feedback.

‘Nothing really, the NHS has been poor.’

Male veteran, aged 26-40, Bournemouth

Other

Many of the positive comments in this section were similar to those detailed previously. Respondents again referred to the high quality of care provided by their mental health professional, or other staff they came into contact with, and the degree of understanding they displayed. Several said it was the fact they no longer felt alone.

A number of respondents in this section were very complimentary about the treatment they had received from Combat Stress.

‘Following a 6-week treatment programme at Combat Stress, I felt equipped with the tools to deal with my illness. I also attended other groups, Shoulder to Shoulder was really helpful. Through them I became involved with Thrive, who use social and therapeutic horticulture which I really enjoyed and felt was beneficial.’

Male veteran, aged 41-65, Birmingham

Other services or facilities referred to positively in this section include Lifeline, Tom Harrison House and The Warrior Programme.

Some veterans used this section to provide negative feedback. One referred to charities stepping in to help when the NHS ‘did nothing’. Other feedback was more general.

‘What care, what programme of care. I only have regular peer support meets as the mental health charity has premises in Bognor Regis where we live, I cannot afford to travel as both my wife and I are on welfare benefits.’

Male veteran, aged 41-65, Portsmouth

14. What, if anything, could have been better about your care?

NHS veterans’ mental health services

There were fewer themes identified here than for NHS mainstream mental health services. Negative comments about the quality of care tended to come from veterans who had accessed care through NHS veterans’ mental health services, as well as through other routes (though one using Veterans First in Colchester felt there needed to be ‘better understanding of our needs and backgrounds’).

‘Earlier access, earlier treatment, more outreach facilities and support.’

Male veteran, aged 41-65, Bolton

'Not being told that there is no help available unless you're actively suicidal.'
Female veteran, aged 26-40, Bristol

A few veterans referred to waiting times being too long for meetings and group therapy, or between appointments. One veteran found it difficult to get to therapy meetings in the afternoon, with childcare responsibilities. Another wanted aftercare follow-up reviews.

A few veterans referred to their discharge and felt transition out of service needed to be better, with one saying they felt 'abandoned by the military medical system'. Some would have preferred not to have their number of sessions restricted. One veteran felt that the referral process needed to include a way of identifying people in crisis, and fast-tracking them.

Other suggestions on how to make the care better included:

- Have someone to phone between therapy sessions or out of hours
- Provide a dedicated location for treatment to take place
- Mental health services acknowledging addiction / alcoholism
- More access to community psychiatric nurses (CPNs)
- Invite veterans' mental health units to provide support for employers
- More support for GPs.

Specific comments about the 12 NHS veterans' mental health services included:

'I have not been seen since December 2015 as my counsellor left and there has not been a replacement.'

Veteran using South Central Veterans Service

'The only thing I could suggest is getting the message out to boys / girls that they can come forward and there is a service that they can get help [from]. I didn't know anything about or heard of SCVS till I was referred by Combat Stress.'

Veteran using South Central Veterans Service

'The waiting time from first face to face contact to the second face to face contact.'

Veteran using Military Veterans' Service in Lancashire

'Not getting moved to new service. I was using the military veterans' service based in Bury Manchester who were excellent. They saved my life. They saw me and my wife and gave us so much help. But then I was handed over to a new veteran service for Merseycare and they tried to get rid of me. They were rude to my wife and had no understanding of the military.'

Veteran using Military Veterans' Service in Bury, Manchester

'More champions to pick up people like me.'

Veteran using services at Sussex Partnership NHS Foundation Trust

'Make it longer! I am still experiencing days that are very bad.'

Veteran using Stress Clinic (Reading), South Central Veterans Service

NHS mainstream mental health services

Many veterans felt their care would have been better had their mental health professional been more knowledgeable of the armed forces and military life.

'Nurses could be given more training, perhaps ex-forces nurses could provide that training to help them understand the difficulties ex-forces people can face when moving into civilian life.'

Male veteran, aged 26 – 40, Newcastle-upon-Tyne

A number of veterans felt the overall speed of the process could have been better.

'The referral process felt like an eternity. Every day I was not under care I felt that I just wanted to die and get it over with. 6 weeks is a long time to feel like that.'

Male veteran, aged 41-65, Reading

Other veterans felt there could be more done in relation to follow-ups, after treatment programmes were completed.

Some veterans said the quality of care could be better, especially in relation to empathy and understanding. There were some specific requests to have more access to talking therapies.

A few veterans felt that the MOD needed to take greater responsibility for the mental health care of veterans.

Individual comments included:

- Support, such as occupational therapy, needed for cognitive issues related to PTSD
- Suitability for places on courses should be filtered better, to avoid wasting them
- Better administrative procedures to support applications for war pensions
- Transition from military to NHS needs to be aligned from a person's camp location

- GPs need to be informed of NHS veterans' mental health services, along with emergency departments
- Have a one-stop shop with access to a range of services, such as free gyms and weight loss support
- Veterans should not be made to feel rushed during their treatment.

Other

Some veterans said it would be better to access NHS care in the first place.

'Easier access to NHS care instead of having to rely on a charity.'

Male veteran, aged 26-40, Redhill

As in the previous sections for this question, veterans felt it would be better if other services had more understanding of military life and veterans themselves; specialist training to deal with PTSD and other complex mental health problems; shorter waiting times for treatment; more support from their GP, and a better discharge process out of the services with veterans' mental health services available immediately.

Some veterans felt continuity of care needed to be better.

'There is nothing worse / more disheartening than having to repeat incredibly difficult subjects and times over and over again to new people.'

Male veteran, aged 41-65, Swansea

A few veterans felt there needed to be more awareness-raising in relation to mental health problems whilst members were still serving. One said you 'have to find the help yourself, it does not come to you'.

Other individual comments included:

- More directed care, with a treatment plan
- More day visits and longer-term treatment
- Offer a drop-in service to veterans as a 'middle-ground,' as it could stop some symptoms getting worse
- More local services.

15. If you would like to share anything further about your experiences of NHS mental health services, please do so here

NHS veterans' mental health services

Some veterans used this section to provide **positive** comments and thanks for their care. A number of veterans specifically thanked South West Veterans' Mental Service.

'If South West Veterans service do not carry on, then the feeling from veterans in Gloucester is they will cease with treatment, as a good relationship of trust, understanding and care ... has been built up.'

Male veteran, aged 41-65

Some gave more **negative** comments:

'For veterans it's in general totally useless and reliant on charities to solve the issue.'

Male veteran, aged 26-40, Guildford

Others reiterated their point in response to previous questions that understanding of the armed forces is vital.

Suggestions for the **future** included:

- Allocate more funding and staff
- Have more publicity and advertising about what is available
- Do not limit the number of therapy sessions available
- Make all the different services 'more joined up'
- Put a sticker marked 'veteran' on the front of all medical notes
- Focus less on traumatic experiences and more on the effect of the 'dehumanising training process'.

NHS mainstream mental health services

Some veterans used this section to provide **positive** comments and thanks for their care.

'Thank you for helping me out of a very dark place.'

Male veteran, aged 41-65, Bournemouth

Some gave more **negative** comments. One respondent felt the wording used on sick notes should be less abrupt, while another felt that navigating services was too difficult.

'It really wasn't worth the hassle and massive let down.'
Male veteran, aged 41-65, Leeds

Some gave negative feedback on services in specific areas, with mental health services in Maidstone and Lincolnshire highlighted by two respondents as needing to improve.

Others reiterated points they had made previously. Some felt the **stigma** in relation to mental health issues is beginning to reduce. Others felt there is still more to be done with regards to treating **PTSD**. Some felt the treatment needs to be **longer-term**, and not be time-limited.

Some gave suggestions in relation to **future service** models, including more funding; fewer delays; making more use of animal therapy; more ability to feed back about decisions made about an individual; more focus on therapy rather than medication; not looking at mental health provision in isolation; considering homelessness; having a specific veteran pathway; and the NHS and military charities working as one and not against each other.

Some suggestions were linked to the armed forces.

'I feel very fortunate that my defence psychiatrist was able to liaise with my GP and suggest a continuation of care on my discharge. This is essential and should be mandatory.'
Male veteran, aged 41-65, Liverpool

Other

A number of veterans **criticised** the NHS in this section, stating that there was no help available, it took too long to receive help or they were relying solely on charities.

'I am afraid the NHS system simply does not work. I was told there was a 6-week waiting list even though I was suicidal at the time.'
Male veteran, aged 41-65, Durham

Some veterans also told us they were receiving privately funded treatment.

There were some specific comments about **Combat Stress**. These were mostly **positive**, though one respondent stated their services in Chatham needed to improve.

'More support needs to be given for Combat Stress monthly outreach...
Combat Stress gives us a toolbox of coping strategies.'
Male veteran, aged 41-65, Manchester

Suggestions for the **future** included:

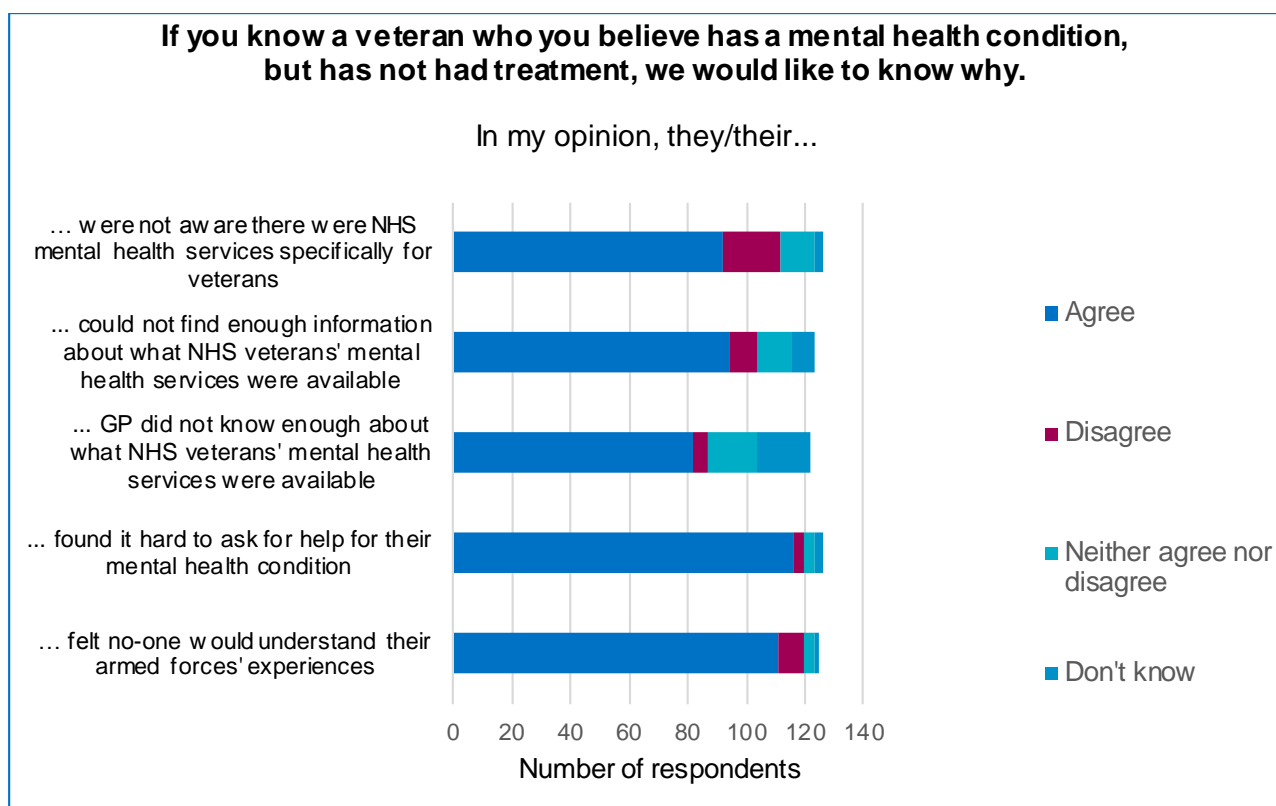
- Have more mentoring services
- Make access to services easier
- Increase funding for veterans' outreach and rehabilitation
- Have better sign-posting
- Be more appreciative of the fact that women can suffer from PTSD too
- Set up an appointment for service men and women before discharge.

6.3 Know a veteran and believe they have a mental health condition but have not had treatment (part A)

Some respondents answered part A, even though their answers suggest that the people they know **are** having treatment. These responses have been included; it is possible that they are at the very start of their treatment, or are accessing some forms of treatment but not others.

A very small number (8) of respondents answered both part A and part B (Know a veteran with a mental health condition who has had treatment), but this was counted as one response.

The main aim of this part of the questionnaire was to find out why respondents had not had treatment. The table below shows how people, who know a veteran and believe they have a mental health condition, but have not had treatment, responded to all five questions. The rest of this section considers each question individually.



1. In my opinion, they were not aware there are NHS mental health services specifically for veterans

	Number	%
Agree	92	73.0
Disagree	20	15.9
Neither agree nor disagree	11	8.7
Don't know	3	2.4

Overall, respondents said that they agreed that the veteran they know who they believe has a mental health condition, but has not had treatment, was not aware there are NHS mental health services for veterans.

'I wasn't aware of NHS veterans' mental health service!!'
Female, aged 26-40, Newcastle-upon-Tyne

2. In my opinion, they could not find enough information about the services available

	Number	%
Agree	94	76.4
Disagree	10	8.1
Neither agree nor disagree	11	8.9
Don't know	8	6.5

Over three-quarters of the 123 respondents who answered this question agreed that the veteran they know who they believe has a mental health condition, but has not had treatment, could not find enough information about the services available.

‘Poor advertisement of services specifically for veterans, a lot of the veterans do not know these services exist until they contact an organisation like ours (H4H) or British Legion or another service charity.’

Key support worker for Help for Heroes, male, aged 41-65, Birmingham

3. In my opinion, their GP did not know enough about what services were available

	Number	%
Agree	82	67.2
Disagree	5	4.1
Neither agree nor disagree	17	13.9
Don't know	18	14.8

Over two-thirds of the 122 respondents who answered this question said that they felt that the veteran they know who they believe has a mental health condition, did not know enough about what services were available.

‘More understanding needs to be in the community. GPs are often the first point of call and yet they are the ones who know little or nothing about the condition. One tablet does not fit all and yet that's what they do ... The Covenant does not come into the GP surgery - there is little understanding of what a veteran is entitled to or what should be done with them.’

Female, aged 41-65, Birmingham

‘I believe GPs are not trained enough or made aware enough.’

Female, aged 26-40, Witney

4. In my opinion, they found it hard to ask for help for their mental health condition

	Number	%
Agree	116	92.1
Disagree	4	3.2
Neither agree nor disagree	3	2.4
Don't know	3	2.4

Over 90% of the 126 respondents who answered this question said that they felt that the people they know who they believe has a mental health condition, found it hard to ask for help for their mental health condition.

'He didn't or couldn't ask for help because he didn't realise his problems were caused by PTSD, and being a man he wouldn't ask for help from GP etc. anyway, nor take any advice from family and friends.'

Female, aged 41-65, Stockport

'The armed forces mental conditioning is not to admit weakness, it is impossible to persuade a veteran to admit a problem to themselves never mind authority.'

Female, aged 41-65, unknown location

5. In my opinion, they felt no-one would understand their armed forces' experiences

	Number	%
Agree	111	88.8
Disagree	9	7.2
Neither agree nor disagree	3	2.4
Don't know	2	1.6

Nearly 90% of the 125 respondents who answered this question said they felt that the people they know who they believe have a mental health condition, felt no-one would understand their armed forces' experiences.

'There are not enough professionals with military backgrounds as they feel if they talk to someone they do not understand what they have seen or heard.'

Female, aged 41-65, Bishop Auckland

'The 2 individuals that I do know of that have successfully had treatment, accessed mental health services via Combat Stress, and this organisation is the one friends and family advise ex-Forces members to access. This is because the meetings are full of ex-service people and they can relate to each other better. Ex-service people relate to each other because of the known camaraderie and shared experiences.'

Female, aged 41-65, Fareham

6. If you want to tell us more about your answers, please do so

There were a couple of themes which were highlighted in this section:

Post-traumatic stress disorder (PTSD)

Several respondents commented that they felt it had been difficult to get treatment from the NHS for PTSD.

'My partner has had no help for years now due to the fact GPs do not understand his problems. People with PTSD find it very difficult to seek help and support off anyone due to the fact they feel no one will understand. The NHS told him he could only have 12 sessions of counselling ... Has had no help since.'

Female, aged 26-40, Cambridge

Support from charities

Respondents commented about how organisations, such as Combat Stress and the Royal British Legion, were supporting veterans as they were unaware of NHS veterans' mental health services, or because they felt let down by the NHS.

'My partner spent two weeks with Combat Stress which helped him come to terms with what he had witnessed, how he reacts and how to pre-empt what might happen in the future. He is, by no means, out of the woods yet but he is a better man since being at Combat Stress. All the work I had done with him was nearly all undone by a single visit to the GP.'

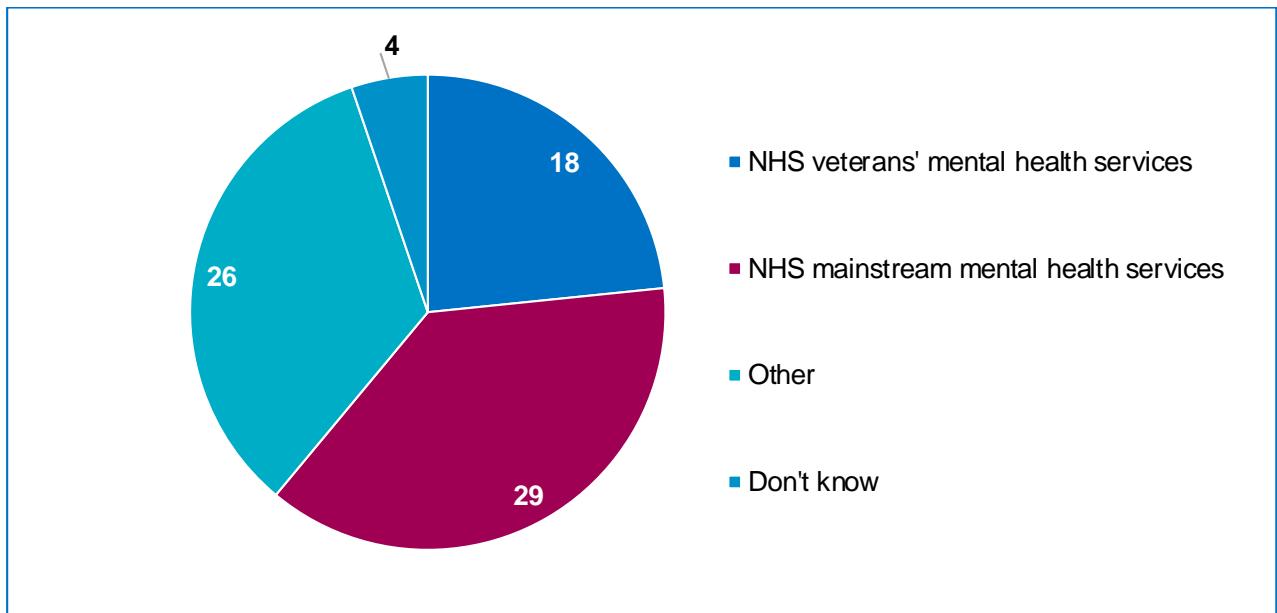
Female, aged 41-65, Birmingham

'NHS is not interested in our veterans' mental health especially PTSD. Have to go to an outside charity to get help.'

Female, aged 16-25, Birmingham

6.4 Know a veteran with a mental health condition who is currently using mental health services or has used them at any time since August 2010 (part B)

1. What type of mental health services is the person you know currently using or has used since August 2010?



190 respondents said that they know a veteran who is currently using mental health services, or had used them at a time since 2010.

The three key themes that the majority referred to, where they felt that the people they know who have a mental health problem, are that:

- Their GP did not have enough information or didn't understand them as veterans
- They were ashamed of the fact that they had a mental health problem or that they 'just got on with it'
- The NHS was difficult to access, where people were passed from organisation to organisation, or that they didn't know where to access NHS services.

It should be noted that in some cases, respondents stated that the person they know is accessing NHS veterans' mental health services, but is:

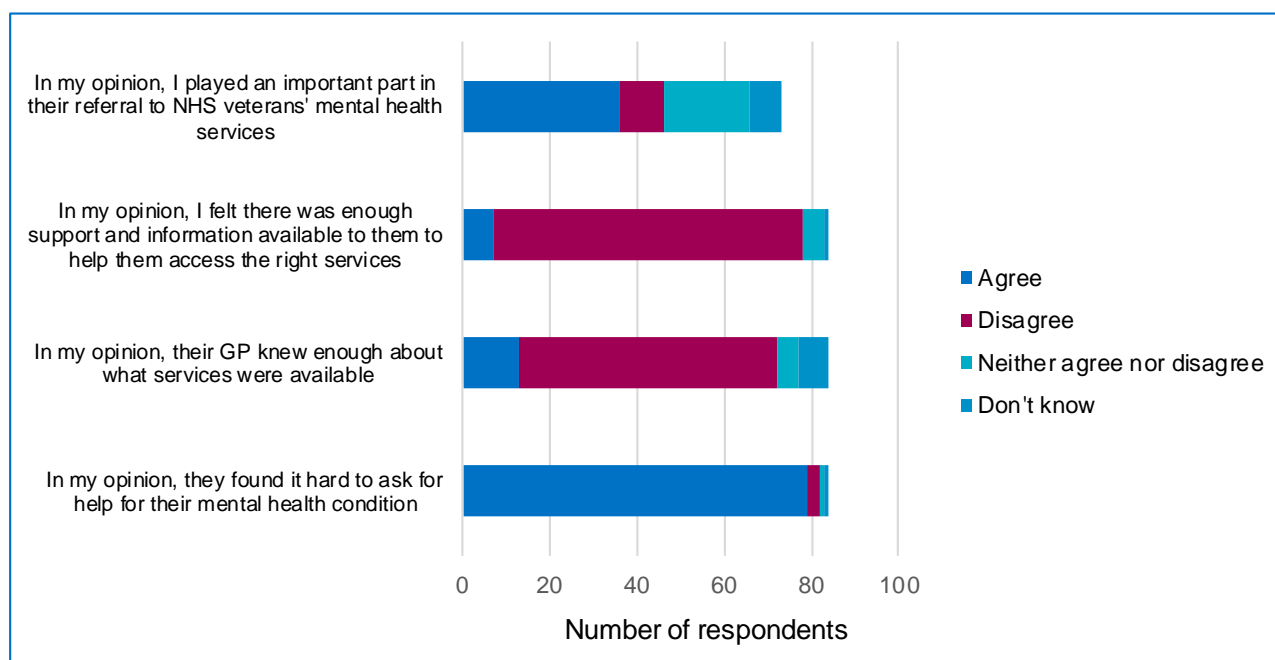
- not accessing one of the 12 NHS veterans' mental health services, or
- accessing one of the 12 NHS veterans' mental health services, as well as other mental health services.

Wherever possible in this section, comments made specifically about the 12 NHS veterans' mental health services have been included.

2. What is your relationship with the veteran you know?

	Number	%
Partner or spouse	54	64.3
Family member	16	19.0
Carer	0	0.0
Friend	11	13.1
Advocate	1	1.2
Other	2	2.4

The answers to questions 3 to 6 below are summarised in the chart, and explored in more detail afterwards:



3. In my opinion, I played an important part in their referral to NHS veterans' mental health services

	Number	%
Agree	36	49.3
Disagree	10	13.7
Neither agree nor disagree	20	27.4
Don't know	7	9.6

Just over one-third of respondents said that they had helped play a part in the referral to NHS veterans' mental health services of the person they know. This was echoed whether they had used NHS veterans' mental health services, mainstream NHS mental health services, or other services provided by voluntary and charitable organisations.

Although the number of people who responded to the question was small (73), a few themes emerged:

- Those that had used mainstream NHS services said that they were unaware of NHS veterans' mental health services
- Combat Stress is the non-NHS organisation that most people said they had contacted
- It was difficult to know where to go for help.

'He isn't under the veterans' NHS, just the normal one; the specialist one hadn't even been mentioned to us; I've only just heard about it using this questionnaire.'

Female, aged 26-40, Poole

'My partner is currently being treated by Combat Stress. We thought at first this was a service provided on a voluntary basis but have since found out that it is part funded / commissioned by the NHS CCG in Leicestershire.'

Female, aged 41-65, Chesterfield

'Constantly fighting to get referrals, chase appointments, follow ups and some kind of relevant treatment. It's an utter mess.'

Female, aged 41-65, Wakefield

4. In my opinion, I felt there was enough support and information available to help them access the right services

	Number	%
Agree	7	8.33
Disagree	71	84.52
Neither agree nor disagree	5	5.95
Don't know	1	1.19

Nearly 85% of respondents did not agree that there was enough support and information available to them to help them access the right services.

Again, although the number of people who responded to this question was small (84), it did not matter what services they had accessed, they all felt that there was not enough information available to help them. Others also cited that health professionals are unaware that there are specialist services available to veterans.

'It wasn't until I was introduced to our Veteran Lead, did I become aware of what there was on offer for the veterans, and how veterans were classed, by that I mean, you didn't have to be over a certain age and retired from the services.'

Female, aged 41-65, Lincoln

'We found Combat Stress by chance. No information came from the GP and we remain unsure on any local NHS mental services either for my husband or my family.'

Female, aged 41-65, Gosport

'There are not even any helplines which actually help. Local mental health crisis teams do not understand military trauma. The best help was given by the police (and local military security) who as they are often ex-Service understood better than the NHS.'

Female, aged 41-65, Yeovil

5. In my opinion, their GP knew enough about what services were available

	Number	%
Agree	13	15.48
Disagree	59	70.24
Neither agree nor disagree	5	5.95
Don't know	7	8.33

Nearly three-quarters of the 84 respondents said that their GP did not know enough about what services were available.

This disagreement was highest in respondents who said that the person they know is accessing NHS and other services rather than NHS veterans' mental health services.

'Our GP suggested self-referral to veterans charities and left the decision to my husband. He has now asked the GP for a referral.'

Female, aged 41-65, Wrexham

'Our GP surgery hadn't a clue about Veterans First, however do liaise and work with them since my husband's diagnosis in 2012.'

Female, aged 26-40, Colchester. Partner used Veterans First, Colchester

'Only because the GP is ex-service personnel and had an understanding of individual's experience - consider that this was pure luck though very good luck!'

Female, aged 41-65, Nottingham

6. In my opinion, they found it hard to ask for help for their mental health condition

	Number	%
Agree	79	94.05
Disagree	3	3.57
Neither agree nor disagree	1	1.19
Don't know	1	1.19

The overwhelming majority of respondents agreed that the person they know found it difficult to ask for help for their mental health condition and that the main reason for this was that they felt ashamed or embarrassed to ask for help.

A small number also said that the person they know didn't think, or didn't own up to the fact that they have a mental health problem.

'A big step to ask for help.'

Female, aged 41-65, Wakefield

'Took partner a good 5 years to seek proper help.'

Female, aged 26-40, Ashton-under-Lyne. Partner used Healthy Minds, Pennine NHS Foundation Trust

'Every ex-service man / woman finds it hard to admit to having any kind of weakness and then to go and ask for help is another level.'

Female, 26-40, Haslemere. Partner / spouse used Veterans First, Colchester

7. Were you offered the opportunity to be involved in their care? If no, would you have liked this option?

	Number	%
Yes	24	28.6%
No	54	64.3%
Don't know	6	7.1%

Nearly two-thirds of the 84 respondents said that they had not been offered the opportunity to be involved in the care of the person they know has a mental health problem.

Although the numbers were quite small, those accessing NHS mainstream services had the most respondents saying that they had not been offered the opportunity to be involved in their care.

'Yes [I would have like this option], or at least been made aware of how best to support that care.'

Male, aged 41-65, Darlington

'I had to ask rather than being offered.'

Female, aged 41-65, Lincoln

'Yes [I would have liked this option], as I felt I didn't know anything about his treatment. I was worried that he might not complete the course of treatment and because I didn't know how long it was for, this made me anxious. I would have also found it useful to know if there was anything I should be aware of about his treatment and recovery and if there was anything I could do to support it.'

Female 26-40, Newbury. Partner / spouse accessed South Central Veterans Service

8. In your opinion what, if anything, has been good about their care, and why?

Many respondents said that the person they know has received good care from services, both NHS and non-NHS.

Of those that received care from NHS veterans' mental health services, key to that care was that it was delivered by people who understood their military experiences, and that they were able to engage with other veterans as part of the treatment.

However, there were some respondents who said that nothing had been good about the care of the person they know. The examples given by some respondents were that they felt very alone in trying to help the person they know who has a mental health problem, while others stated that the person had got worse since starting treatment.

'Meeting Veterans' First team in Colchester was the only best thing out of my husband's condition. They have all been amazing and supported us as a family as well as treating my husband.'

Female, aged 26-40, Haslemere. Partner / spouse used Veterans First, Colchester

'The people at the trust have been excellent, involving me in my husband's care and offering support to both of us. The service has improved our quality of life, and their community involvement means that my husband feels more supported and less alone.'

Female, aged 26-40, Leamington Spa. Partner / spouse used Veterans Project, Coventry and Warwickshire Partnership NHS Trust

'He was able to use Skype and telephone for his appointments, which worked well as the clinic is not that near to where we live.'

Female, aged 26-40, Newbury. Partner / spouse accessed South Central Veterans Service

9. In your opinion what, if anything, could have been better about their care, and why?

Respondents used this opportunity to provide some clear suggestions for improvements in care, across all services, both NHS and non-NHS.

There was a definite feeling that veterans' mental health services are not as visible as they should be and that veterans should be able to access them quicker. GPs and other clinicians, support organisations and charities should be more aware of their existence and help to refer veterans to those services quickly.

'More up to date knowledge on services that might be available for veterans.'

Female, aged 26-40, Portsmouth

'There needs to be more Veterans First teams based around the world because there are so many veterans that need help and support.'
Female, aged 26-40, Haslemere. Partner / spouse used Veterans First, Colchester

'Initial advertisement or knowledge about the NHS veterans' services without having to search for it.'
Female, 26-40, Leamington Spa. Partner / spouse used Veterans Project, Coventry and Warwickshire Partnership NHS Trust

Another theme that emerged was for more continued care and follow-up support for veterans after they have completed their treatment.

'Continued access to mental health care after discharge is needed and would benefit the veteran enormously.'
Female, aged 41-65, Wrexham

'Our GP is fab the mental health service is ok but leave you hanging with no follow up support and no communication with either carer or patient.'
Female, aged 41-65, Tenterden

Some criticised the treatment that was offered.

'..husband had to stop sessions as were not relevant to his problems, there was absolutely no understanding of his experiences.'
Female, aged 26-40, Newcastle-upon-Tyne

Many of the respondents were spouses and had met barriers to how they were able to support and care for their spouse. These included repeated requests for consent to share information which had already been given, as well as support and help for family members.

There was also a call for NHS services to make sure those who treat veterans are knowledgeable about the armed forces and the experiences of those who have served in them.

'More awareness and support for partners of those suffering. I had no idea what to do to help or survive PTSD. More availability of military specialist therapists. Care was intermittent due to sickness of only specialised therapist and veterans often don't or won't open up to people with no idea of what they've been through.'
Female, aged 26-40, Ashton-under-Lyme. Partner used Healthy Minds, Pennine Care NHS Foundation Trust

'You don't need people with qualifications and no life experience of the forces. You need people who have lived it.'
Female, aged 41-65, Bristol

10. If you would like to add anything further about your views of NHS mental health services, please do so

Mostly respondents repeated points they had made earlier in the questionnaire. In particular, this was around publicising NHS veterans' mental health services more and increasing funding.

'There is not enough awareness and knowledge of them – it is really important they are promoted as widely as possible among the armed forces community and to potential referring clinicians so those in need can benefit from these services.'

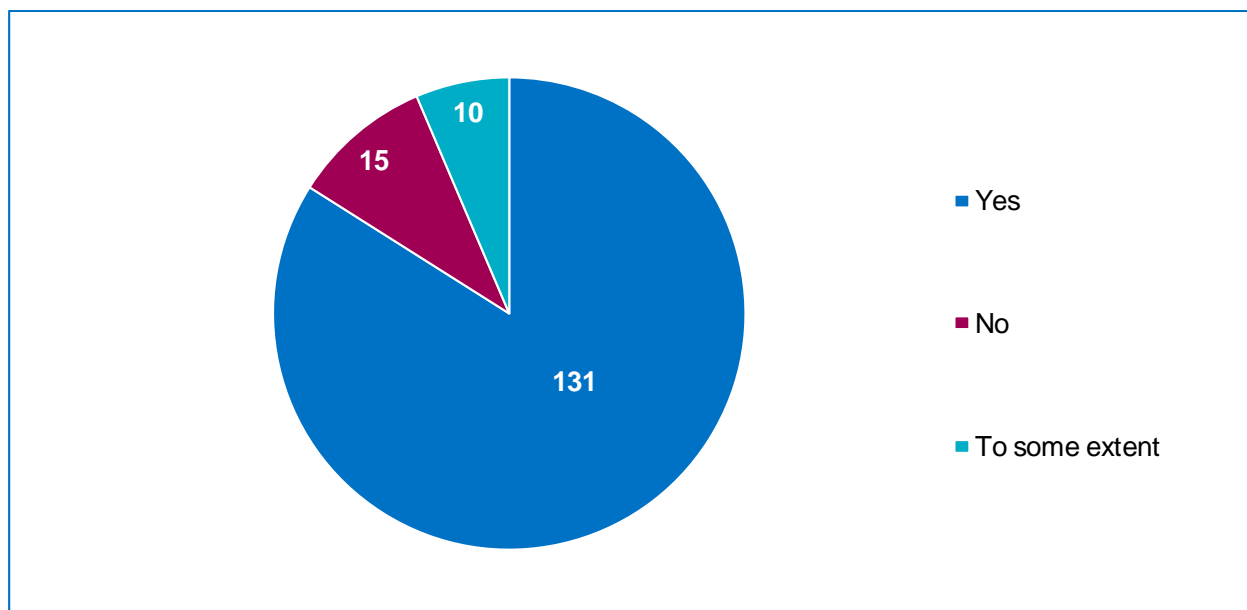
Female aged 26-40, Newbury. Partner / spouse accessed South Central Veterans Service

'As with the rest of the NHS it's severely underfunded and not supported as well as physical health is at present, huge stigma remains around mental health.'

Female, aged 26-40, Manningtree

6.5 Mental health professionals

1. Are you aware there are NHS mental health services specifically for veterans?



Most of the mental health professionals who responded are aware of NHS veterans' mental health services. Some are working in one of these services, or in other services that work closely with them. One respondent working for an NHS veterans' mental health service noted the benefits of clinical leadership and cooperation between these services, but was highly critical of national coordination and approaches to commissioning.

‘Very quickly the agenda moved away from service users and service delivery towards commissioning, politics, and third sector involvement.’

Mental health professional working in an NHS veterans’ mental health service, North of England

Of those working in wider mental health services who are aware of NHS veterans’ services, many felt the services are useful and help to raise awareness of veterans’ issues within their own services.

‘They are invaluable in offering expert advice, support and brief intervention to veterans and the staff working with them. They are able to assertively sign-post veterans to appropriate services, ensuring priority is given where appropriate to this client group.’

Mental health professional, IAPT service, North of England

However, some were more critical, describing the services as patchy, limited, slow to respond or inconsistent. Some suggested there is confusion between several competing services, and poor coordination with mainstream services; others suggested that the services are not well funded.

‘I am aware there are services geared at veterans. These are generally not advertised well and much feedback we receive from our clients is that they are vastly under-resourced.’

Service Manager, South of England

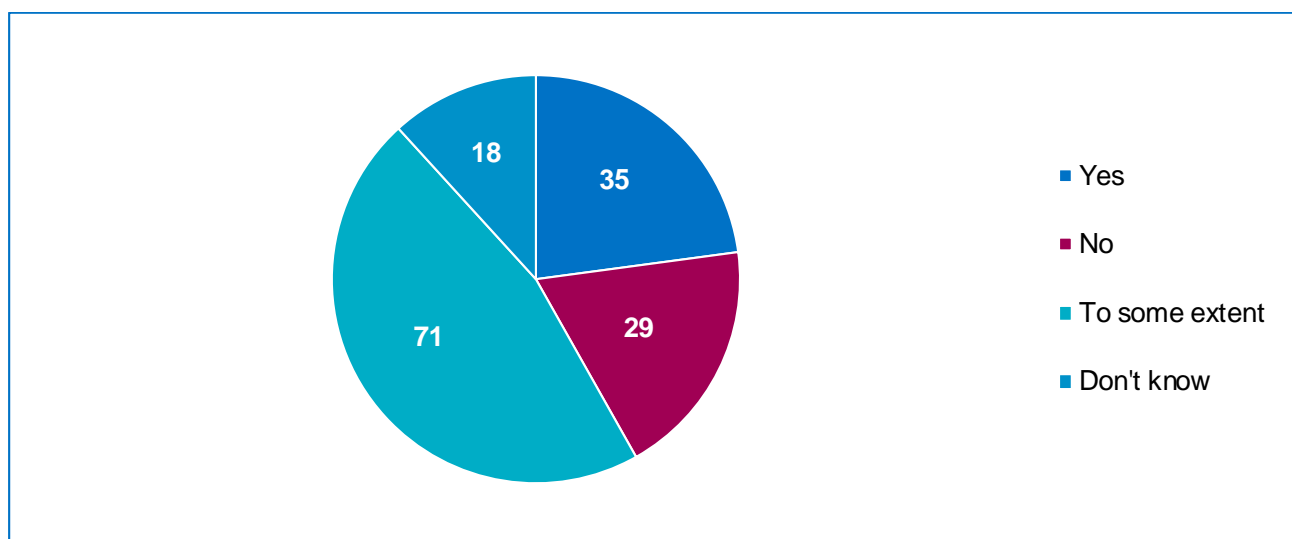
One respondent also noted that while there are services for veterans, there is little or no service provision for veterans’ families, and felt that this is not only a critical issue for veterans themselves but for the mental health of their families and carers too.

A few mental health professionals told us that they were not aware of specific services for veterans – in most cases they were aware of work by charities such as SSAFA or the Royal British Legion, but not of specific NHS services.

‘We have a Veteran Champion who ensures departments [are] aware to prioritise veterans, and aware of charities that work specifically with veterans. But unaware of a specific NHS service for veterans.’

Mental health professional, Midlands and East of England

2. Do you think NHS veterans' mental health services are working well?



Most respondents felt that to some extent, NHS veterans' mental health services are working well.

If yes, what is working well?

Mental health professionals who responded were able to give a wide range of examples of how veterans' mental health services are working well, and generally seemed to feel that they make a valuable contribution.

'They are all hitting above their weight with regards the tiny budget each region receives and the activities they undertake. The majority of criticism levelled at the NHS by veterans and veterans' charities relates to mainstream services and not veteran specific NHS services.'

Mental health professional working in an NHS veterans' mental health service, North of England

Some felt that a key role is in the coordination of care for veterans, where it was felt the specialist services are easy to refer to and link well with third sector and mainstream services.

'As an NHS service we are able to provide more integrated, safer care for the veterans with the most complex needs and those who pose the higher risk to themselves and others than third sector services. Relationships with GPs, criminal justice services, physical health consultants, secondary care / crisis mental health services and social services safeguarding teams in terms of information sharing and joint working are strong and our ability to advocate for our clients through the statutory sector is enhanced.'

Mental health professional, working in an NHS veterans' mental health service, North of England

Others noted the lead these services have taken in proactive engagement with veterans, encouraging them to come forward and raising awareness of veterans' mental health issues and the services available.

‘Veterans are self-referring, coming forward for help much sooner, engaging better and achieving better outcomes. Their families are also better informed.’
Mental health professional working in veterans’ services, East of England

Several respondents described services that delivered good outcomes through NICE-approved evidence-based interventions, with targeted and tailored treatment packages delivered by teams with expert knowledge. Services often incorporated military veterans in their teams or had been developed in conjunction with veterans, and this specialist understanding is invaluable.

‘For those veterans who are able to access services I think the provision of assessment, diagnosis and appropriate treatment / therapy is excellent within a specialist team. Working with veterans within Talking Therapies was not as effective in my experience. Tight restrictions on the number of sessions offered had the potential to be detrimental to the veteran. There are some excellent clinicians in our Trust who would like to offer more, myself included. Overall the feedback that I have had working with veterans offering counselling / psychotherapy has been very good. I am also ex-Army myself which I also think enhances the therapeutic relationship with our veterans.’
Mental health professional, North of England

Others identified accessibility as a key part of this – services operating from good, local venues, taking time to listen to veterans, providing the kind of wrap-around support not available in mainstream services.

‘I think the service we provide in our organisation addresses the complete care a MV [military veteran] may need. We have an IAPT arm to the team, a recovery coordinator and a wrap-around support service that addresses housing, finance, employment and social issues.’
Service Manager, North of England

If no or to some extent, what could be improved?

Mental health professionals identified various areas for improvement. Several respondents in particular challenged the resourcing and organisation of veterans’ mental health services, arguing that having 12 services to cover the whole country means resources are overstretched, so that services have to set criteria and exclude potential service users because of a lack of resources, and waiting lists are sometimes long.

'There is nowhere near enough funding to provide the number of clinicians needed to provide a service as large as the South West with such a high population of veterans. We have large bases in the South West and our region is geographically large with large rural areas. More funding is needed to provide more people in more areas to ensure the service is able to meet the needs of veterans, their families and the NHS. The service could be doing a lot more psychoeducation groups, family work etc. that would help a larger number of people if it had appropriate resources. The current team works extremely hard but it is on a tipping point into being unmanageable because of the sheer number of veterans needing help.'

Mental health professional working in an NHS veterans' mental health service, South of England

Raised particularly as an issue is that the 12 services are all funded equally – when the distribution of veterans, and therefore of service needs, is not equal, tending to be clustered where there are more military bases. Some respondents identified local gaps; for example there does not seem to be any provision available to veterans in Nottinghamshire. There is overall a postcode lottery, with different services and levels of access in different areas.

'Some areas are innovative and have a full service as a one stop shop, others a member of a team covering a large area. This is not a responsive service and they do not chase veterans if they disengage or fail to attend.'

Mental health professional working in the armed forces, Midlands and East of England

Others noted that, with veterans so widely distributed, it is a challenge for mental health services to get funding from CCGs, who often do not see this as a local priority. They argued that funding would be better if centrally directed. Several criticised the short-term commissioning of services, which sometimes means disruption for service users as valued services are changed or closed.

'Centralised funding from DoH [Department of Health] rather than GP commissioning. These services are often geographically stretched and multiple individual bids to CCGs is an almost impossible ask while managing highly complex caseloads.'

Mental health professional working in a veterans' outreach service, North of England

Respondents felt that the veterans' services are not always well advertised, so that potential service users do not know where or how to access them. In particular, there is an issue of GPs not being aware of veterans' services or familiar with the Armed Forces Covenant. Raising awareness would encourage referrals and ensure more veterans get timely support.

'The services are available but it is the individual who has to speak out to a GP or self-refer in order to access the help that is available.'

Mental health professional and veteran, working in a counselling service, South of England

Some respondents noted an issue with drug or alcohol abuse for veterans, in that the typical approach from mental health services to require service users to stop drinking before allowing them access to services is preventing many from receiving treatment.

‘Poor awareness and co-ordination between veterans’ services and services particularly in relation to dual diagnosis of mental illness and substance use disorders.’

Mental health professional working in drug and alcohol treatment, South of England

Some respondents made suggestions on how mental health services for veterans could be improved. One suggestion made by several respondents is for there to be mandatory education about mental health for serving members of the armed forces; for veterans’ resettlement packages to include information about IAPT services; and for post-discharge support to be provided based on needs.

‘Promotion of prevention and early intervention services; ie mandatory mental health awareness training as part of military training, registration to talking therapy service on discharge so waiting periods can be avoided and ‘no limit’ to number of therapy sessions.’

Mental health professional working in private practice, North of England

‘I think education within the forces itself, regarding conditions such as PTSD, and others would help to de-stigmatise this and help veterans present at an earlier stage with their mental health difficulties.’

Mental health professional, North of England

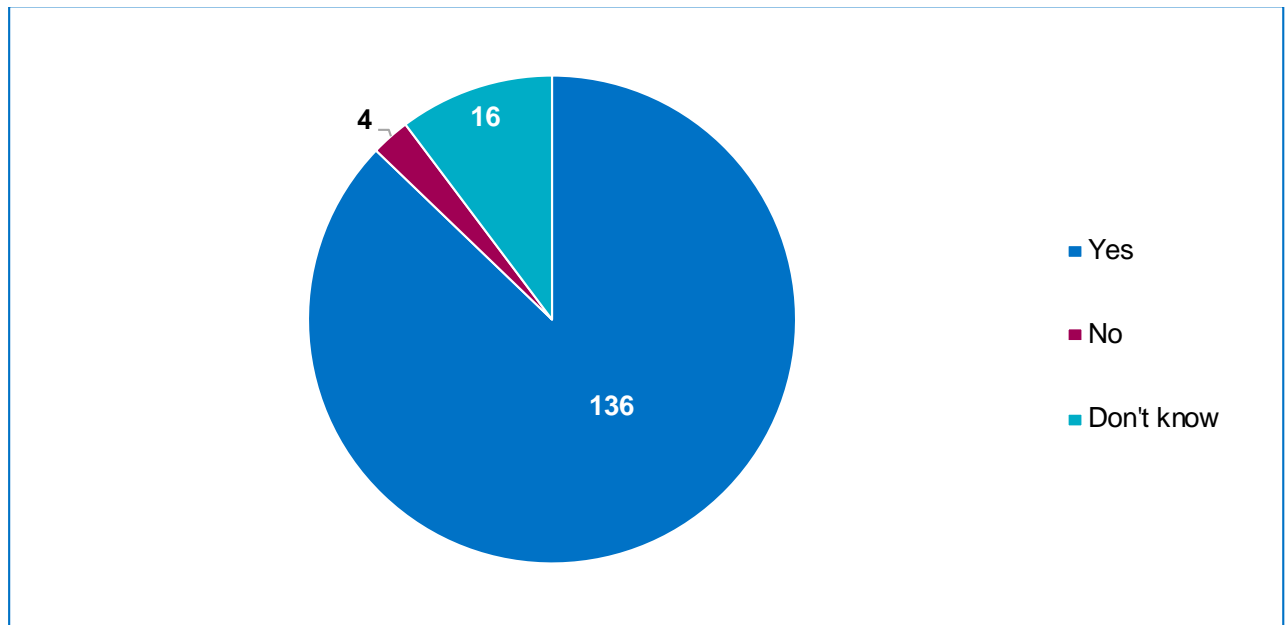
Others suggested that, while the specialised services might be performing well, a priority should be to have a veterans’ champion in all mental health teams, and training for staff in all IAPT services. This would mean that they are better able to recognise and manage the kinds of issues that veterans face. There was recognition that if every CCG area could not have a specialist service, there should at least be local expertise.

‘Really important to make mainstream NHS services easy for veterans to access and equipped to meet veterans’ needs. Specialist veteran services have a place but the majority of care should be delivered by mainstream services. Knowledge of the military culture and integrating with health should be mandatory for all health professionals. Our experience shows that this training needs to be face to face for maximum effect.’

Service manager, South of England

Some argued that there are too many services and charities providing veterans’ mental health services, which can be confusing. One respondent suggested that there should be a ‘one-stop-shop’ contact number available that could direct veterans to appropriate services according to their needs. Another respondent suggested that better use could be made of access via the internet or smartphone apps.

3. For various reasons, some veterans have difficulty asking for help for a mental health condition. Do you think we can do more within NHS veterans' mental health services to address this?



The majority of mental health professionals who responded agreed that more could be done to help veterans ask for help, and there was a wide range of suggestions. At the forefront of these were suggestions for increasing promotion of veterans' mental health services – this could be done via regular publicity campaigns, NHS websites, apps and leaflets in GP surgeries.

'Perhaps something like the winter pressure campaign where a very specific message is targeted at a set date for a month.'

Communications professional, working for an NHS trust, Midlands and East of England

Part of this promotional activity, and a priority in its own right, would be to increase understanding amongst GPs, as the first port of call, and mainstream mental health staff about specific issues around military culture, so that they can recognise veterans' mental health needs more easily. Again, it was emphasised that every mental health team should have a veterans' champion, to help increase awareness amongst all staff. Several respondents also suggested that it should be routine for GPs to ask their patients whether they are a veteran.

Other respondents focused their suggestions on what could be done through the armed forces, suggesting there should be much more education of military personnel, and of senior officers, as well as mandatory mental health training during service and resettlement education at discharge. All of this would help to destigmatise mental health issues. Similarly, more should be done to engage with the families of service men and women and veterans.

‘Talk to the different armed forces and see if they can design an awareness course that can be put on during basic training sessions for soldiers currently serving about mental health issues so that when they leave they do not feel they cannot seek help.’

Mental health professional, working in a psychiatric intensive care unit, South of England

It was also suggested that veterans’ mental health services should make use of reservists and veterans to run training and awareness events for current personnel, and to act as mentors for those with mental health needs. This would help to increase confidence in the services and make sure that they speak to service users in a way they understand.

‘There is [a] high level of pressure on those leaving the military (notwithstanding the transitional support) to cope in what is effectively an alien environment without the level of support that they have been used to. A way of combatting this would be [to] train up veterans who have experienced post-discharge problems as mentors who could more convincingly carry the message pre-discharge and be available as a confidential support network for those beginning to experience problems.’

Mental health professional, working in an NHS veterans’ mental health service, South of England

Some respondents suggested that veterans’ mental health teams should be co-located in community health centres or GP practices, giving veterans a one-stop-shop for physical and mental health problems and helping to reduce the stigma that may be associated with accessing a specialist service.

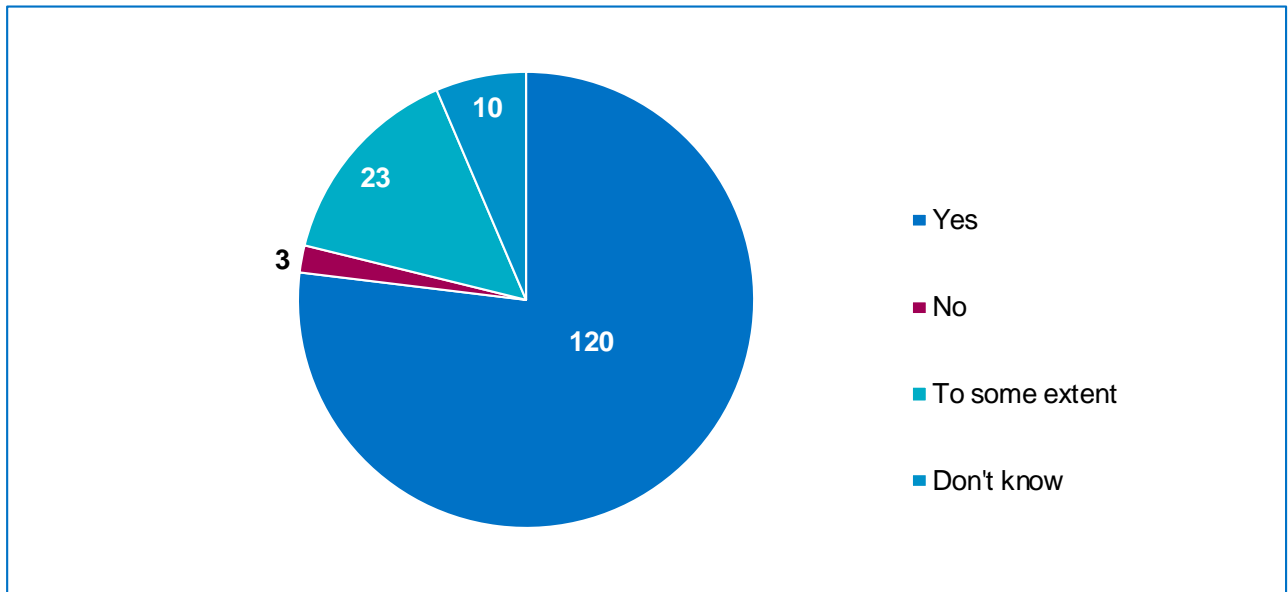
‘I have found seeing patients within their own GP surgery has removed some of this stigma but unfortunately due to time / space and funding the services cannot always be provided in their GP practice of choice.’

Mental health professional, working in primary care, North of England

Others said that veterans’ mental health services needs additional funding so that they could take a more proactive approach to identifying veterans with mental health needs – for example enabling them to undertake outreach with homeless organisations and hostels. Extra funding would also enable them to be more assertive and persistent with service users who drop out or miss appointments. At present, these patients are often removed from the service, when what they really need is extra support.

Several respondents argued that different approaches need to be taken with veterans to encourage their engagement – for example, veterans might be deterred by conventional therapy, and may prefer treatment regimes that involve meaningful activity. It was also noted that veterans would benefit from integrated mental health and substance misuse programmes.

4. Do you think some veterans who need mental health care face difficulties accessing it?



The majority of mental health professionals responding agreed that veterans face some difficulty accessing care. For many, stigma is the major cause of this difficulty; veterans come from a culture that emphasises strength and self-reliance, which makes it difficult to admit that they need help or are suffering from what others might see as a weakness.

They may believe that others will judge them for not managing the situation on their own, or that accessing mental health services might harm their future career. Some may believe that civilians, including NHS staff, might suggest that, having chosen a military career, they should deal with the consequences. One respondent suggested this might be particularly an issue for officers, who may be even more reluctant to admit to 'weakness'.

'Yes, there is still stigma and limited awareness, and promotional information about mental ill health and services should be ongoing. If armed forces and outside organisations could work more proactively to plan support before and after people leave, including prevention / education sessions, so it becomes an accepted 'normal' process, much like physical health checks this would help reduce stigma.'

Mental health professional working in an IAPT service, North of England

Another issue identified by many respondents is that veterans may present with a combination of issues, including substance misuse or violent behaviour, which could mean that they are then excluded from mental health services.

'Families have reported that if there was an alcohol issue alongside the PTSD then service providers were less likely to offer support.'

Mental health professional working with veterans, South of England

A third major issue identified is a lack of awareness of the services available by both veterans and by their GPs. There is no clear single point of access for NHS veterans' mental health services; and at times there may seem to be an overload of information. Veterans used to clear and consistent military structures, and who may well have received care from the same medical officer for a period of years, may find the structures of the NHS confusing and difficult to access.

A consequence of this is that many veterans may instead access services from one of the hundreds of charitable organisations that offer support in this area. Several respondents felt that this is often not the best option for veterans; that charities frequently do not know enough about the NHS care available, and that veterans can sometimes find themselves subjected to non-evidence-based treatments that might be harmful or deter them from seeking more appropriate mental health care.

'Veteran charities hoovering veterans up and dissuading them from accessing evidenced intervention services continues to be a problem. Veteran charities (who may be the first port of call for veterans) offering bogus or inconsequential 'therapy' which in turn misleads clients as to what is involved in therapy (and what can be achieved) hence reducing their expectations, and likelihood of coming forward.'

Mental health professional working in an NHS veterans' mental health service, North of England

Alongside a lack of awareness of NHS veterans' mental health services, some respondents argued that the real issue is that there are not enough of these services available. Some areas do not have any access to specialist services, or are located at such a distance that veterans, if they are disabled, do not have easy access to transport, or live in rural areas, might easily be deterred.

Many respondents suggested that veterans may have a distrust of civilian services, feeling that they would not understand the specifics of their situation. Related to this, the media focus on PTSD and the image of the veteran as a dangerous individual, makes it more difficult for veterans to come forward, even if the problems they have are of a different kind. Some respondents suggested that this distrust is at times justified – for example, they felt that GPs are too willing to diagnose PTSD when they hear that a patient is a veteran, which sometimes leads to inappropriate treatment and disengagement. As a result of this, veterans often prefer to seek support from those with a military background – which may or may not lead to appropriate mental health support.

'Having treated an ex-service person they informed me of the difficulty they had getting the right service and of the care staff involved not really understanding this person's combat related symptoms.'

Mental health professional working in a community mental health service, North of England

'Many NHS staff are still unaware of the military covenant, see veterans as dangerous and volatile, struggle with differences in communication style and react badly to cultural differences between civilian and military approaches. Some NHS staff are actively hostile to military personnel. Also some veterans find it difficult to access support because there is an implicit assumption that a veteran will need a specialist service. This is simply not the case.'

Mental health professional working in a veterans' outreach service, North of England

A few respondents suggested that avoidance of support is actually a symptom of PTSD – if they engage at all, veteran patients are more likely than other groups to disengage or miss appointments, and then be discharged. This is primarily an issue in mainstream services where there are pressures to discharge patients who do not attend, and there may not be a full understanding of PTSD and other veteran-specific conditions. Similarly, it is sometimes the case that veterans present with symptoms too complex for IAPT (where there may otherwise be availability), but not severe enough to be fast-tracked for other services (where availability is limited and waiting lists long). This again emphasises the importance of specialist veterans' mental health services, and for investment to ensure that they support persistent outreach to engage with these patients.

'The Depression and Anxiety Service (DAS) is not really good for veterans with multiple traumas. The veteran will go to an assessment and when they tell their story they are often told that they do not fit the DAS service. This makes them vulnerable as they have just opened the box and told their traumas and now have no one to help with dealing with them as the next step is psychology which has a long waiting list.'

Mental health professional working with veterans, South of England

One further suggestion was that there may be psychosocial reasons why veterans are unable to access services. In particular, they may be homeless or have no permanent address, making it difficult to access primary care as the first point of contact with the NHS.

5. If you have views that are not covered in the questions above, or would like to add anything, please do so here

Many mental health professionals took the opportunity to offer additional comments. While these were often quite specific, there are a number of broad themes that can be drawn from the responses.

Some of the themes reflected suggestions that were raised elsewhere in the questionnaire; for example, several respondents raised the need for better education about mental health for military personnel, including some form of discharge package. Others identified a need for NHS veterans' mental health services to employ more staff with a military background who are able to relate to the specific situations that veterans describe.

‘There is an over reliance upon using mental health practitioners with zero military background. This, in my opinion, is a significant reason as to why dropout rates to services are high.’

Mental health professional, North of England

Some respondents identified gaps in the current provision, noting that there should be more attention paid to the specific situation of reservists and the difficulties they often face in returning to their normal jobs. Others identified a need for family support for veterans, since marriage and family life can often be threatened by veterans’ mental health issues.

‘When families of a veteran feel supported this has a huge impact on the veteran and on the carers own wellbeing. Many carers that I have worked with have told me that their marriage and family life was at breaking point before they started to work with me. After 12 sessions of 1-1 clinician led intervention using web conferencing technology their lives have been changed. A carer would be supported to encourage their loved one to seek help and given guidance in how to do this.’

Mental health professional working with veterans, South of England

A number of respondents were divided over the emphasis on, and investment in, specialist services for veterans. Some argued that veterans’ mental health needs are usually not so very different from the general population, that it is unfair they are prioritised over other service users, and that the money spent might better be used for research and education to ensure that mainstream services are able to deal with specific veterans’ issues when they do arise. There was also criticism that the definition of a veteran included personnel who might have served for as little as a day or failed basic training – since people like this are unlikely to have experienced mental health issues specific to the armed forces.

In contrast, other respondents felt that investment in specialist services is urgently needed, and that this is a much more efficient way to deliver care to this group – ‘better to provide a small number of specialist services than to try and train everyone in the NHS’.

‘Please keep this resource going. It is so useful and without it I am confident many of the veterans who are prepared to seek help from the veterans’ services would not do so through the mainstream NHS for fear of not being understood. Whilst their diagnoses may be the same, the military produces a unique set of individuals with very unique experiences and they require a specialised service who understand this.’

Mental health professional working in a military rehabilitation centre, South of England

A number of responses offered insight into the nature of mental health difficulties experienced by veterans, with a view to influencing the direction of services. For example, several people suggested that veterans with mental health needs often had childhood attachment issues, which were masked through the discipline of service life, but then returned on discharge. Veterans in this category often have complex

needs that are too difficult for an IAPT-style approach and would benefit from early recognition.

'We feel the level of complex trauma in veterans may have been underestimated. In our experience the majority of veterans also have had childhood issues which exacerbate the trauma and make it far more complex to treat. Also it can be really hard to tease out what is and what isn't a service related issue as these issues can be interwoven. Due to a mixture of risk and complexity it can be hard to manage in a primary care setting.'

Mental health professional working with veterans in an IAPT service, North of England

There were a number of criticisms of the way that services are planned and coordinated. Some respondents suggested that there are far too many services and third sector organisations involved in the care of veterans – leading to confusion for service users and for staff. It was suggested that too many services are employed to assess patients and refer them on, and too few are actually delivering treatment.

Several of the mental health professionals responding were particularly critical of the role of the charity sector, arguing that some charities in a number of ways undermine NHS care – by providing ineffective treatments without NICE approval, or by favouring certain clients over others, often leaving the most complex and expensive cases to NHS care. It was suggested by some that the charity sector should restrict its activities to providing social rather than therapeutic support.

'Inviting veteran charities to take funding away from the NHS to spend on treating clients of their choosing (people they like or people that are easy to treat) has a double negative impact on the NHS, as firstly they do not provide the value for money that the specialist NHS services achieve, and secondly this leaves the most difficult and complex veterans being treated by the NHS services with the least amount of funding. NHSE [NHS England] has to take responsibility that this way of working continues to increase the likelihood of serious untoward incidents involving military veterans. Services like ours have to now work with the veterans that mainstream NHS and veteran charities will not (sex offenders, violent offenders, the chronically unwell, complex co-morbid presentations, substance dependent, medically unexplained symptoms etc). This has been our experience. Of the 2,000 veteran charities and organisations we've had contact with, the ones involved in activities that complement the NHS, such as employment advice or social inclusion activities, have been the best for enhancing the NHS treatment services. Those offering MH treatment have frequently caused conflict, miscommunication, confusion, and increased risks for clients.'

Mental health professional working in an NHS veterans' mental health service, North of England

A few respondents identified challenges for the armed forces in dealing with veterans' mental health, as many of the difficulties that veterans face are a product of the particular culture of the services. It was argued that there needs to be action to remedy aspects of this culture or to educate personnel while in service. Furthermore, it was suggested that there should be better information sharing between DCMH and

the NHS, so that GPs and others are aware of veterans with mental health needs after discharge from the armed forces, and so that veterans do not have to repeat the details of their experiences numerous times.

'If the armed forces is government based and so is the NHS, why can't medical records be accessed especially if under DCMH in the military? Veterans are constantly having to re-tell their very distressing experiences again and again for no other reason than not sharing information which is the number one recommendation / problem of every serious incident looked into from police, NHS, military, social services.'

Mental health professional working in a mental health trust, South of England

Lastly, a small number of respondents were critical of this questionnaire and engagement – they were concerned that it wouldn't reach key sectors, such as infantry veterans largely resident in the North and South West of England, that relying on an internet questionnaire would exclude many veterans, and that a centralised approach to engagement would result in a centralised approach to service planning.

6.6 Charity or representative groups

1. Does your organisation offer care, treatment or advice to veterans?

Of the 70 responses from charities or representative groups, 67 offer some form of care, treatment or advice to veterans.

2. If you answered yes, please tell us what kind of care, treatment or advice your organisation offers and the nature of it.

	Number	%
Formal, such as via an NHS contract	7	11.5
Informal, such as advice given to veterans via a website	24	39.3
Both	30	49.2

There is a huge and varied amount of support offered by charities and representative groups in England, with much of it crossing over any formal / informal divide.

Formal support

The care, treatment or advice offered to veterans breaks down into the following areas:

- **Accommodation**, including shorthold tenancies for people in insecure housing with mental health problems
- **Mental health services**, including therapeutic one to one support, peer support, in home visits to promote independent living, reduced relapse, reduced substance

abuse and increased treatment adherence support

- **Training**, including work and education opportunities
- General **welfare support**, including support around social functioning (family, work and wider society)
- **Money advice**.

Informal support

The care, treatment or advice offered to veterans breaks down into the following areas:

- **Telephone number** to call
- **Money and welfare advice and support**, such as debt, benefits, war pensions, financial planning, housing and independent living
- Three-day **residential and education programme** (followed by 12 months support and sign posting)
- **Advocacy** when dealing with statutory services, such as the NHS or social care, or applying to the MOD for compensation for service related injuries
- **Outreach team** providing assistance in 'moving on' – taking veterans to appointments, completing forms and discussing their living options and benefits
- **Sign posting** to organisations, especially for those who have difficulty accessing the range of available support and assistance
- **Practical, emotional or financial help** and signposting to mental health care.

Both formal and informal support

The care, treatment or advice offered to veterans breaks down into the following areas:

Assessment: This includes both **mental and physical health assessments** and treatment services, such as mental health group work; special interest sessions on issues, such as building confidence and cognitive rehabilitation; talking therapies; and a 'quick reaction team' capable of travelling anywhere in the UK to help an acute case. Additionally, **assessment at the first point of contact** for veterans and their families; and pointing to out-reach and Combat Stress (such as a PTSD counsellor) to ensure immediate contact is made and the caller is not left waiting.

Access and signposting: Helping veterans to access other organisations or support mechanisms (though some continue to give other support after referral), as well as signposting them to **treatment centres** (Combat Stress has three in the UK) and **specialist support**, such as substance misuse service and support for gay and bisexual men.

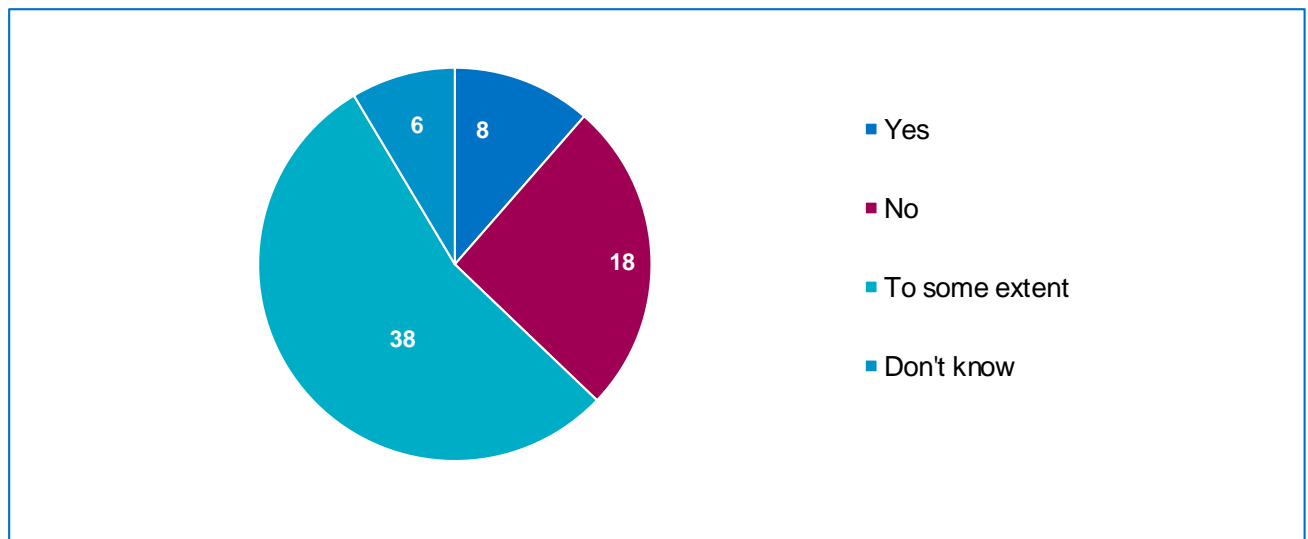
Support for the family: This can take the form of relationship and family counselling for couples or individuals.

Access to education training and employment: Reintegration support, especially around university, employment skills, establishing business start-ups, apprenticeships, training support, social / educational courses and workshops.

Completing forms and claims: One to one help with applications and form-filling, such as war pensions, disablement claims, housing, benefit and employment support and compensation (including phone calls, form filling, letter writing and appeals).

Criminal justice system: Diversion and early intervention support.

3. Do you think NHS veterans' mental health services are working well?



Most respondents felt that to some extent, NHS veteran's mental health services are working well.

There is recognition that while there are improvements that could be made to veterans' mental health services, it is a positive step to see the NHS is taking a lead on this.

The idea of having one point of contact for a veteran is seen as positive.

'Having one point of contact for our area that we have been able to build a good working relationship with.'

Action, Take 2 Project, Sheffield

Others saw positive results from working with NHS services and good referral pathways:

'Good client outcomes from working with NHS veterans mental health service.'

The Royal British Legion, London

'Good referral pathways from partner organisations.'
The Royal British Legion, Brighton

Respondents identified a number of areas that **could be improved**, including:

Support and assistance: Some felt that other government departments should follow the example of the NHS and try to take a lead on veterans' issues, whilst others felt there should be more help in prisons, as well as education for local authority employees. They also thought that there should be more pro-active assistance, particularly around housing and support for veteran families. One respondent said that a new centre of excellence for veteran care should be created.

Coordination: There was a feeling that there is an over-reliance on the charity sector and coordination is spread too thinly. There needs to be better partnership working between the NHS and other organisations.

Treatment: There were several comments on how improvements could be made to treatment. Some cited time delays to get treatment and a general lack of resources for mental health - other respondents pointed to a lack of coverage in Norfolk (from Essex) and West Yorkshire (from Humber). One suggested that there should be a veteran-specific care pathway and that NHS veterans' mental health services should play more of an outreach role.

Training: Others felt that there should be more training for GPs so that they show more understanding and are encouraged to ask if a patient is a veteran.

Publicity: Some respondents felt that wider publicity of NHS veterans' mental health services is needed, as well as the need to improve availability of contact details and information sources in general (including websites). Others felt that there is a need to change public perceptions on mental health.

'Veterans are not always aware of what services are available to them. GPs do not always know what to do with a veteran and who to signpost them to. Raising awareness amongst GPs, A&E, mental health units, charities, units within the tri-services before soldiers become veterans and councils. Greater sharing of best practice across the veteran services. Ensuring the DCMHs within the tri-services handover care appropriately to veteran mental health services. This does not always happen.'

The Parachute Regiment Charity, Coventry

'The Veterans Network is improving as it becomes more mature and is working particularly well where there is clinical input. There is a need for GPs and others to be more aware of what is available and signposting services could be improved with better education throughout the NHS, including primary care. Similarly, statutory non-specialist services would benefit from greater awareness of what is available. Better clinical training in military mental health and psychological trauma.'

Combat Stress, Leatherhead

'In my geographical area, the NHS Veterans' Mental Health Service is The Veterans' Outreach Service. The mental health practitioner is part-time which means that clients do not seem to get visits as regularly as may be necessary and although the referral pick up time is supposed to be 7 days - clients do seem to be waiting much longer than this for an initial visit.'

The Royal British Legion, Leeds

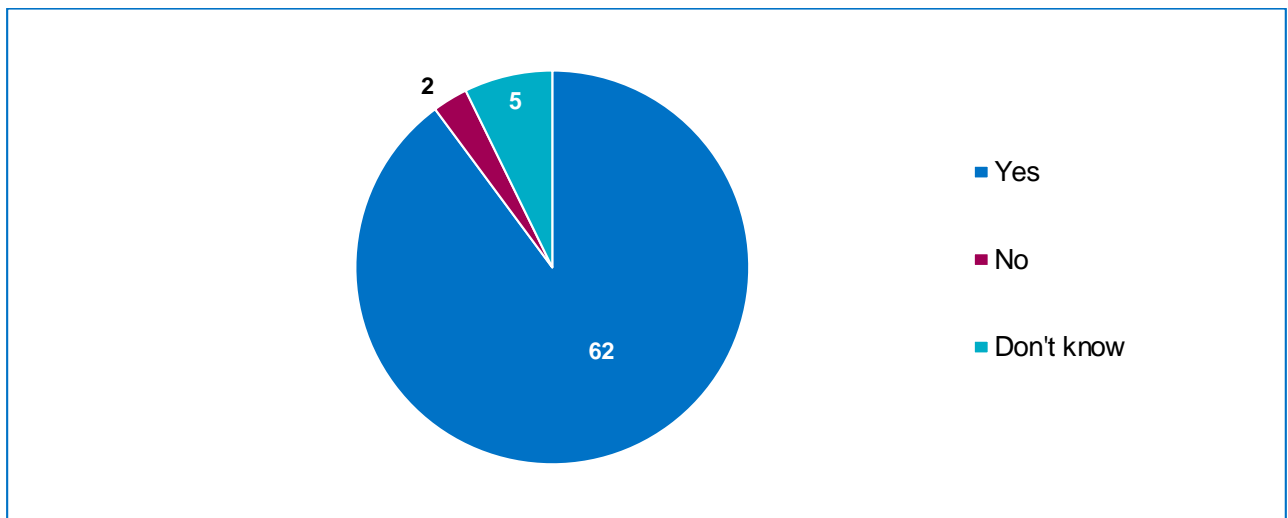
'We are a paid workforce of 120 health and social care professionals and a volunteer / peer support workforce of about 150 people and unfortunately nobody at Touchstone is aware of the Veterans' Outreach Service at Humber NHS Foundation Trust until I read about it as part of this consultation. We understand the restrictions presented by providing a specialist service over a wide geographical area. However, this service simply is not being offered to people in West Yorkshire, and there has been no attempt to engage the voluntary and community sector as far as we can see.'

Touchstone, Leeds

'There should be similar services for families who are supporting veterans - these services just don't exist. There is 30 years of evidence that tells us that if you deliver family intervention to caregivers that you get 50% reduced relapses and reduced re-hospitalisations for the patient (veteran). You also significantly improve the lives of the family members! In helping families, you are also helping the veterans.'

Healios, Southampton

4. For various reasons, some veterans have difficulty asking for help for a mental health condition. Do you think we can do more within NHS veterans' mental health services to address this?



The majority of respondents felt more could be done by the NHS to encourage and support veterans to ask for help for their mental health condition. Suggestions for how this could be achieved included:

- Improve specialist care (such as for PTSD)

- Simplify points of contact
- Improve the promotion of services (including greater transparency of care pathways)
- Improve interaction with and training of GPs
- Better identification of veterans
- Draw on the expertise of the third sector (use more volunteers / experienced charities).

'I feel the biggest challenge is PTSD and lack of specialist care to treat this condition, eg EMDR⁷ is not NICE registered, so not used by many practitioners. There is a huge waiting list for cognitive counselling and for the general public there is an extreme lack of understanding [of] what PTSD is and how it impacts on lives.'

Individual working for a charity or representative group, Devon

'We need a national campaign which includes TV adverts and tabloid adverts, big posters in all doctors' surgeries and pharmacies. We need to work towards removing the stigma with reassurance to veterans they are not weak but strong for asking for help.'

Blue Apple Heroes / Veterans, Warrington

'Change the name of 'mental health'. Attempt using post-traumatic stress injury. 'Disorder' is emotive for military personnel, very upsetting. An 'injury' would be more acceptable to talk about and therefore taking it out of 'stigma'.'

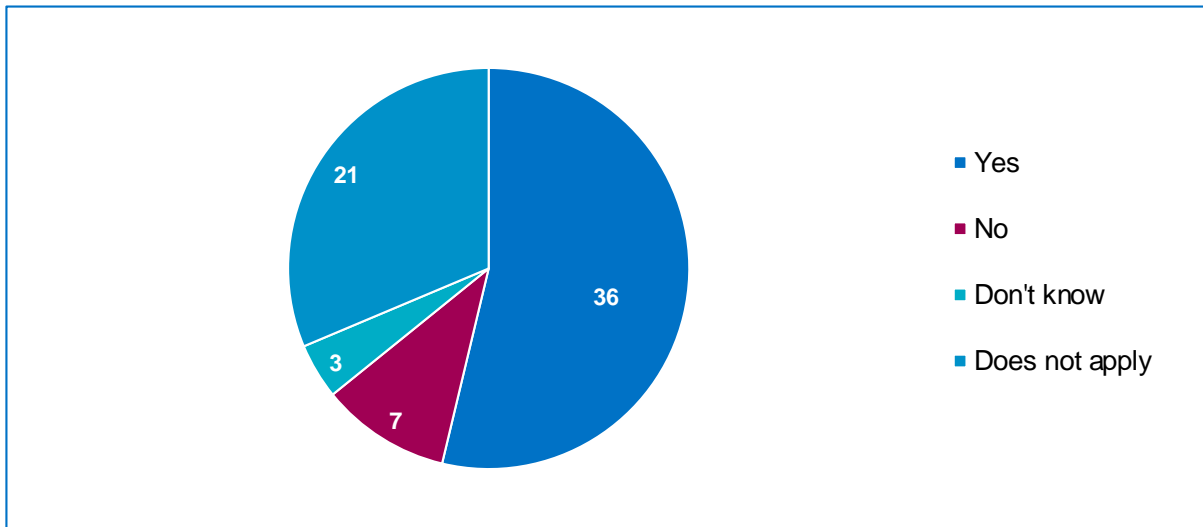
Save our Soldier, Bath

'Work alongside the voluntary and community sector who have tried and tested approaches to combating stigma and discrimination and building trust with hard to engage people and communities. For example, Touchstone has worked with the South Asian community to dispel myths about dementia (seen as being possessed by evil spirits). This in turn has increased the uptake of statutory dementia services among BME people in Leeds from a low baseline.'

Touchstone, Leeds

⁷ EMDR - Eye Movement Desensitisation and Reprocessing

5. If you work alongside an NHS organisation, do you think there are aspects of this relationship that could be improved?



Most respondents who work alongside an NHS organisation, felt there were aspects of the relationship that could be improved. The main suggestions were:

- Better communication and collaboration between local care providers, including better access to care records and perhaps sharing premises
- Clearer referral pathways and improved waiting time lists for treatments
- NHS organisations should work alongside charity staff to improve understanding of the support and associated benefits charities provide
- Access to and involvement of GPs
- Trained mentors to support NHS veterans' outreach workers.

'Veterans' health should not be a competition - it should be for and in the best interest of the veteran and their family. NHS trusts need to be open, honest and transparent with each other and the third sector. Collaboration is fundamental to reducing waste, be that financially, time or health intervention. If one service is providing a good intervention, then we need to share it - this is what the UK are poor at - sharing innovation!'

Military Children and Young Carers, Newcastle

'NHS have to be less arrogant, they don't have all the answers in fact they don't have many, they need to listen more to veterans and to those charities who are doing this 24/7.'

Blue Apple Heroes and Veterans, Warrington

6. If you have views that are not covered in the questions above, or would like to add anything, please do so here

In total, 28 of the 70 respondents from charities or representative groups chose to add further comments, with the key themes being:

- Joint communication
- Use of blind surveys (to encourage more accurate responses from those facing mental health problems)
- Funding and incentivising treatment
- Working with people before they leave the armed forces
- Monitoring the third sector.

'Veterans' mental and physical care should be provided for by extra funding to the CCGs, which is ring-fenced for care of veterans only. GPs should be incentivised to register and treat veterans as they are incentivised currently for other treatments / diagnosis.'

Charity or representative group, Oxford

'Primary care veterans' mental health services in Kent are currently not as developed as they could be. Local CCGs are considering options for this, but funding is very limited.'

Kent and Medway NHS and Social Care Partnership Trust

'NHS and third sector partnering is the way forward, but some method of assessing the 3rd sector is required as some are less than professional, possibly doing harm and they confuse the user and the landscape of provision. The charity commission or Cobseo should have a way of registering / governing - inspecting services via CQC.'

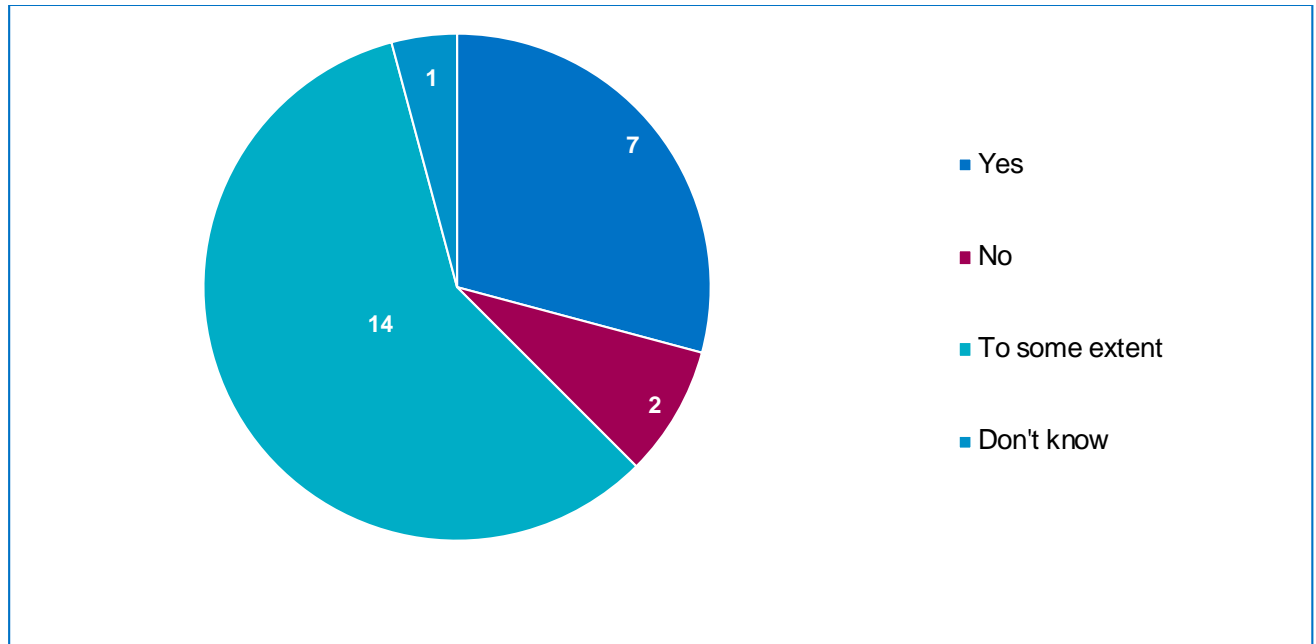
Charity or representative group, no postcode given

'The Hull and Humber Veterans' Outreach service is outstanding, the care and compassion for the veterans is tremendous.'

Hull and East Riding Citizens Advice Bureau

6.7 Clinical commissioning groups

1. Do you think veterans with mental health problems in your area face difficulties accessing care?



Most CCG representatives responding agreed that veterans do face difficulties to some extent. The most commonly cited reason for this is lack of awareness of what services are available, which can be exacerbated by fragmented and confused pathways and the range of services available. A related comment was that veterans are not aware of their right to priority treatment.

'The commissioning of specific services for veterans by NHSE has led to some misunderstanding around the services available and led to fragmented pathways and care at times.'

NHS Brighton and Hove CCG representative

Linked to this, for some respondents, is the issue of identifying veteran patients in the first place. It was felt that GPs are not always identifying veterans, and it seems veterans do not tend to self-identify either.

'Few GPs actively record and seek identification of serving / ex personnel. There is an expectation by GPs that personnel will bring everything with them and announce themselves as a veteran.'

NHS Chiltern CCG representative

Several respondents identified stigma about admitting to mental health problems and reluctance to access care as an issue. It was suggested that veterans are particularly unlikely to be willing to access care when it is provided in conventional NHS settings, such as hospitals, or where there are no veterans involved in providing the service.

'There is still a reluctance to come forward to ask for help. From experience as a GP who is known to be involved in the veterans' agenda I find that often the suggestions need to be made and repeated prior to people accessing help. Encouragement from friends and family is key to moving forward. Signposting from professionals is all good but hand holding is probably even more important.'

NHS Portsmouth CCG representative

Where veterans are identified and seek help, there are other difficulties around accessing care – one comment was that veterans are often complex patients with multiple conditions, meaning they might not fit into easy service categories and could end up passed around providers. Some services that might be useful for veterans, especially those for PTSD, often have long wait times.

Other issues raised included the fact that many veterans live in rural areas – where provision can be patchy, with a small number of staff trying to provide services over a massive area. One respondent raised the issue of non-UK forces veterans, who might suffer the same mental health problems as UK veterans, but have no access to specific services beyond mainstream mental health services.

2. Do you commission specific veterans' mental health services?

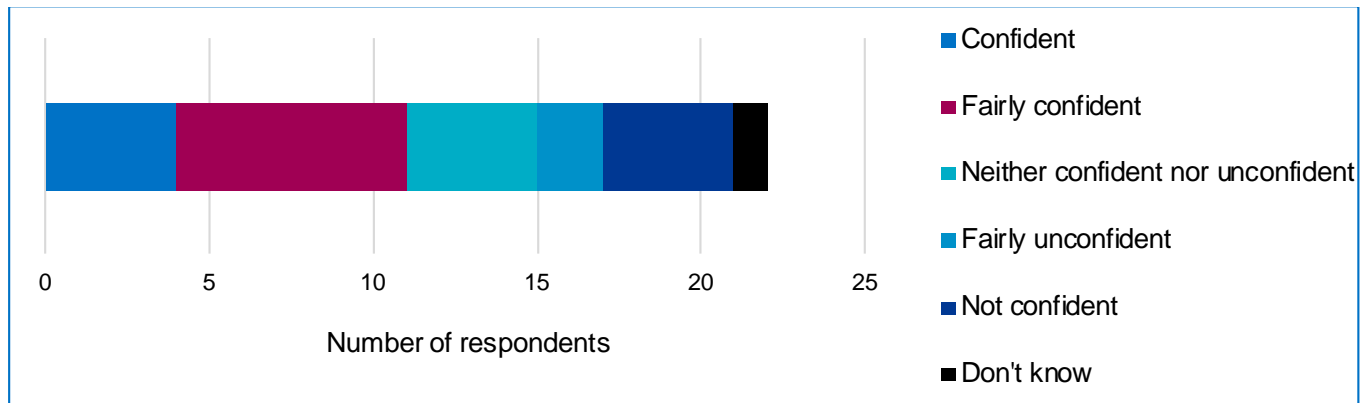
	Number	%
Yes	11	45.8
No	11	45.8
Don't know	2	8.3

Several of the CCG representatives who responded stated that their CCG does not commission specific veterans' mental health service, nonetheless they identified local pathways or services that veterans are able to access, such as IAPT. They also emphasised work with mental health trusts to establish veterans' champions and to increase awareness amongst GPs.

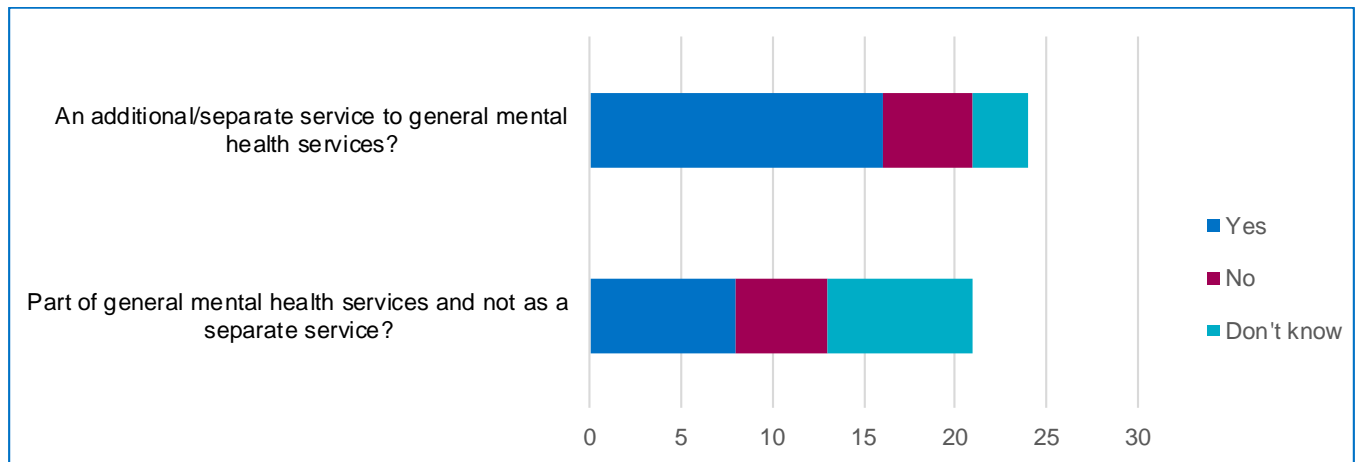
The table below lists those services identified by CCG representatives as being available or commissioned locally.

Service	Number of references
Big White Wall	1
London Veterans' Service	1
Pennine Care NHS Foundation Trust	4
Rotherham, Doncaster and South Humber NHS Trust	1
SERVES	1
Solent NHS Trust	1
South Central Veterans Service	1
South West Veterans' Mental Health Service	2
Talkplus	1
Tees, Esk and Wear Valley Foundation Trust	1

3. A range of organisations offer services and treatment for veterans, including the NHS, charities and representative groups. How confident do you feel in your knowledge of what is available in your area?



4. Do you think there is value in NHS veterans' mental health services being delivered as:



Additional / separate service to general mental health services

Views on this question from CCG representatives were quite polarised. Some agreed with the need for separate specialist services, while many felt the mental health conditions experienced by veterans, such as PTSD, are sufficiently different from those experienced by the wider population to require specific expertise.

'Veterans have specific needs especially related to trauma and require someone with knowledge and experience in treating specific PTSD in veterans.'

NHS Newark and Sherwood CCG representative

For others, the key issue was the stigma that veterans can feel, which often prevents them from accessing mainstream services. A specialist service would give them the confidence that they are dealing with people who understand their background and situation, and that they are more likely to have access to peer support which would be vital in aiding their recovery.

'Both separate and universal services needed – could learn from USA VHA [Veterans Health Administration] model (single secure access portal using a service number). Service personnel would welcome accessing bespoke services that understand their circumstances. There is a need for service personnel to have confidence in tailored and confidential services.'

NHS East and North Hertfordshire CCG representative

But for those who disagreed with the idea of separate services for veterans, there were a number of drawbacks. One was that such services would be small scale and relatively isolated; and might therefore be more difficult for veterans to access and have longer waiting times than if, say, there are veterans' champions in mainstream services. There was also a risk that by diverting veterans into a specific silo, they would lose access to a wider range of mainstream mental health services.

'Veteran services should continue to be delivered via the global offer to ensure inclusion to all primary care services. By directing veteran care away from the larger general mental health services [this] may cause disruption to normal services.'

NHS Doncaster CCG representative

Several respondents favoured a middle path, with most veterans accessing mainstream services for the majority of needs and conditions, but with specialist services available for individual veterans with very specific needs, provided through either the statutory or voluntary sectors.

'I am ambivalent about this. I think too many access points muddy the water for referrers and can dilute skills. However, there is no doubt that veterans respond better in many circumstances to more targeted provision that recognises where they have come from and lived through. I believe that making better use of the charities we currently have with a simple access point would be more useful than another assessment service at a distance to people that doesn't case load for long etc.'

NHS Portsmouth CCG representative

Part of general mental health services, and not as a separate service

Responses to this were largely in line with the previous question. Some respondents felt that general mental health services lack the specific understanding of the culture and background of veterans.

Others argued that treatment for 'low level' conditions could be managed through general services, such as IAPT, but where needs are more complex, specialist services are still needed.

Several respondents who felt that veterans' mental health should be managed through general services argued that the advantage of this is that it would raise everyone's awareness and ability to care for this complex patient group. Investment in specialist services might help a minority of veterans, but investment in training and skills for general services would help ensure a much larger number of veterans are cared for by staff who understand their needs. This could be ensured through

specifications that identify veterans as a priority group and specify training requirements.

'There is a need to raise everyone's awareness to the issues of this group of our population. By mainstreaming the services we would be able to help many more people appropriately who don't currently reach thresholds for accessing specialist services. While there will always remain a need for complex needs to be dealt with by experts many more would benefit from lower level empathetic interventions by people with a greater understanding of their needs.'

NHS Portsmouth CCG representative

It was also argued that the commissioning of specific services for veterans has led to some misunderstanding around what is available and subsequently fragmented pathways and care.

5. If NHS veterans' mental health services continue to be delivered as an additional / separate service to general mental health services, what would be the benefits and drawbacks?

CCG representatives identified a number of significant benefits from delivering NHS veterans' mental health services as a separate service. Most obviously, such services would have specialist staff with a greater understanding of the armed forces and of issues affecting veterans, particularly around PTSD; either because they are veterans themselves or because they have gained understanding through working with veterans. This would make it easier for veterans to overcome the perceived stigma of mental health needs and come forward. Furthermore, the recognition of their specific need implied by the existence of specialist services might be a benefit.

'...it is difficult for veterans to identify a personal mental health need. If this is a recognised service for veterans they are more likely to feel that they are understood.'

NHS Barnet CCG representative

Some respondents also saw the opportunity for clearer pathways for veterans, with the capacity to combine health and social care whilst linking into other veterans' support services, such as SSAFA. There would also be much greater access to peer support mechanisms and options, such as targeted group therapy.

Specialist services could also be effective in local engagement and achieving a high level of veteran identification, as well as streamlining access for those with the greatest need. This would help to ensure that more veterans who need services are able to access them. Part of this might also involve further developing relationships with the MoD, with the possibility of identifying veterans' needs prior to discharge to ensure seamless support.

'Greater focus, expertise and training. Ability to work closer with MOD and help transition and improving awareness. Improved local engagement and higher levels of identifying veterans.'

NHS Chiltern CCG representative

On a practical level, retaining separate services would effectively ring-fence budgets that might otherwise be diverted within generalist mental health services.

Respondents also identified a range of drawbacks in having separate services. The most apparent of these was that, since the service would typically have relatively restricted funding, they would only be available from specific centres – this might limit their accessibility, lead to delays in access or force veterans to travel further, which might be a challenge where a veteran has physical health needs.

Separate services would also be less likely to have strong links to local services and other local support networks; which are exactly the kind of resources that patients need once their treatment ends. By providing segregated support these services would not help veterans learn to navigate the NHS and wider health and social care landscape.

'No integration with mainstream services – veterans need help to learn to navigate the NHS. Will a specialised separate service help them do that?'
NHS Newark and Sherwood CCG representative

Separate services might also lead to many veterans missing out, through lack of awareness. This could result in fragmented pathways – veterans with similar needs having very different experiences of care depending on where and how they first ask for help.

Several respondents suggested that separate services might actually increase stigma – both in veterans themselves who might be more inclined to think 'I'm not bad enough for that', and more widely if other mental health professionals and the general public see veterans being segregated because they are 'difficult' or 'dangerous', or see them accessing extra services.

Some CCG representatives also saw separate services as a lost opportunity to spread understanding about veterans' mental health needs, which would ultimately bring better care for more people.

'If it is part of a general service with staff who are specially trained then the skills of these specially trained staff could be used for a wider group of people, eg PTSD for trauma not just armed forces trauma.'
NHS Hull CCG representative

There were also practical issues around commissioning these services. CCG budgets are tight, and some respondents anticipated disputes between commissioners over responsibility. They also felt that these services would always be at risk of funding cuts, making long-term service planning a challenge. Furthermore, as funding levels or needs changed, it was suggested that services would have to introduce a criteria for access – with the risk of some patients 'falling through the gaps'. For example, being too complex for mainstream IAPT services, but not meeting the criteria for a specialist service.

6. If NHS veterans' mental health services were delivered as part of general mental health services, and not as a separate service, what would be the benefits and drawbacks?

Most respondents were in agreement that the main benefit of delivering NHS veterans' mental health services as part of general NHS mental health services was an opportunity for better integration with local services, such as social care and the voluntary sector, as well as other NHS services – for example if a veteran also has physical health needs. It was felt that there would be clearer and more consistent pathways for referral and less likelihood of confusion.

'Locally delivered service with seamless transfer through available treatment options and local support networks. Greater involvement with voluntary sector as peer support, skills in national charities and integration with civilian provision.'

NHS Portsmouth CCG representative

Including veterans' mental health in mainstream services could mean they would be easier to access, closer to home and have shorter waiting lists. From a commissioning perspective, costs would also be reduced.

Several respondents suggested that this approach would encourage the 'normalisation' of veterans' mental health needs rather than leaving them feeling like a special case. They would engage with other service users and services, which could help ease social isolation and promote independence.

'Veterans could be seen as part of the general population and allow their mental health problems to be seen as 'normal'.'

NHS Wiltshire CCG representative

Several CCG representatives also felt that this would have a wider benefit by encouraging the education of more mental health professionals in veterans' mental health needs, and the sharing and development of best practice. This would also make it easier to engage with GPs, which in turn would support with the initial identification of veterans.

'Part of a continuum of care. Holistic service with specialist staff working alongside generic staff and therefore the ability to share learning, skills and experience of staff.'

NHS Hull CCG representative

The principal drawback identified by CCG representatives in delivering NHS veterans' mental health services as part of general NHS mental health services, is the risk that services would lose some of the ability to manage some of the most complex cases, which arguably requires highly specialised skills.

'May not have highly specialised skills for the few veterans who really need specialist help.'

NHS Leeds West CCG representative

Some respondents suggested that veterans have a higher prevalence of crisis PTSD, which might see them prioritised over other non-veteran patients. As a consequence, they felt that this could mean non-veteran patients would lose out and there could be a perception of unfairness, which may add to the stigma around veterans' mental health.

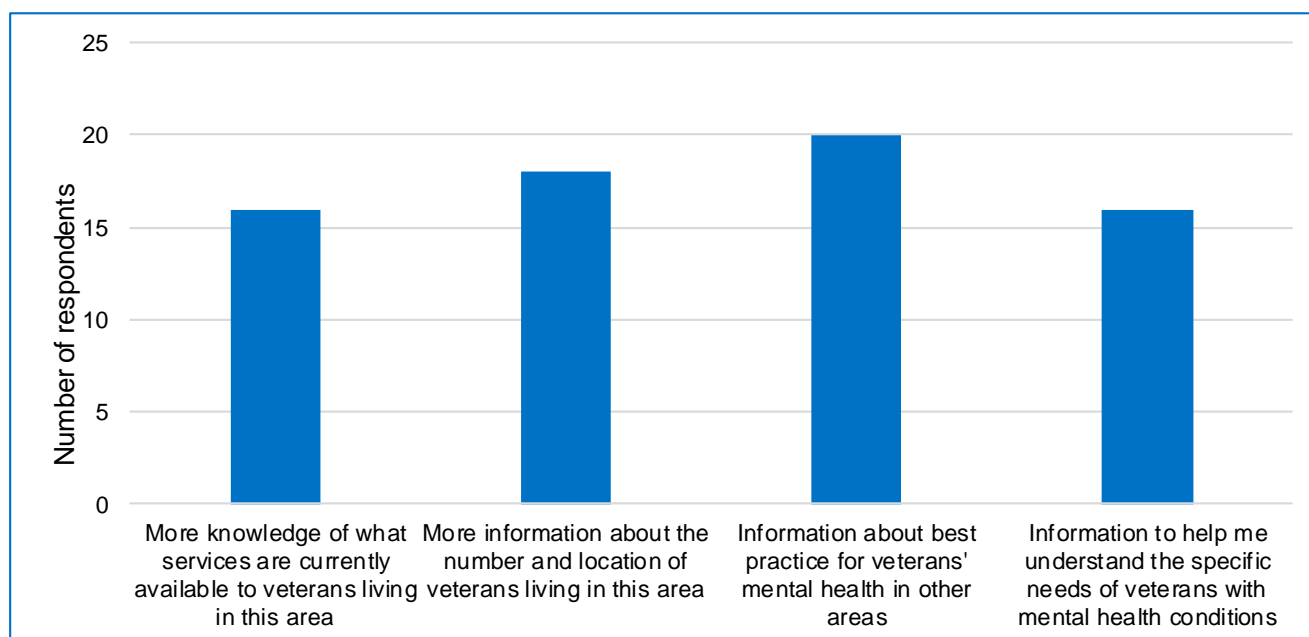
'It is possible that veterans could overwhelm mental health services, we are expecting more PTSD cases and if these are all mainstreamed it will be at the detriment to other service users, not least as PTSD in crisis is often fairly serious therefore taking priority.'

NHS Wiltshire CCG representative

Others highlighted the risk, depending on the number of veterans referred, that the capacity of mainstream services could be challenged and waiting times could increase.

It was also recognised by a number of respondents that the stigma some veterans feel around discussing mental health conditions might make it less likely for them to engage with mental health services if provided through mainstream centres, such as hospitals.

7. If you were to commission specific veterans' mental health services in the future, or increase the provision of services you already commission, what would help you do this?



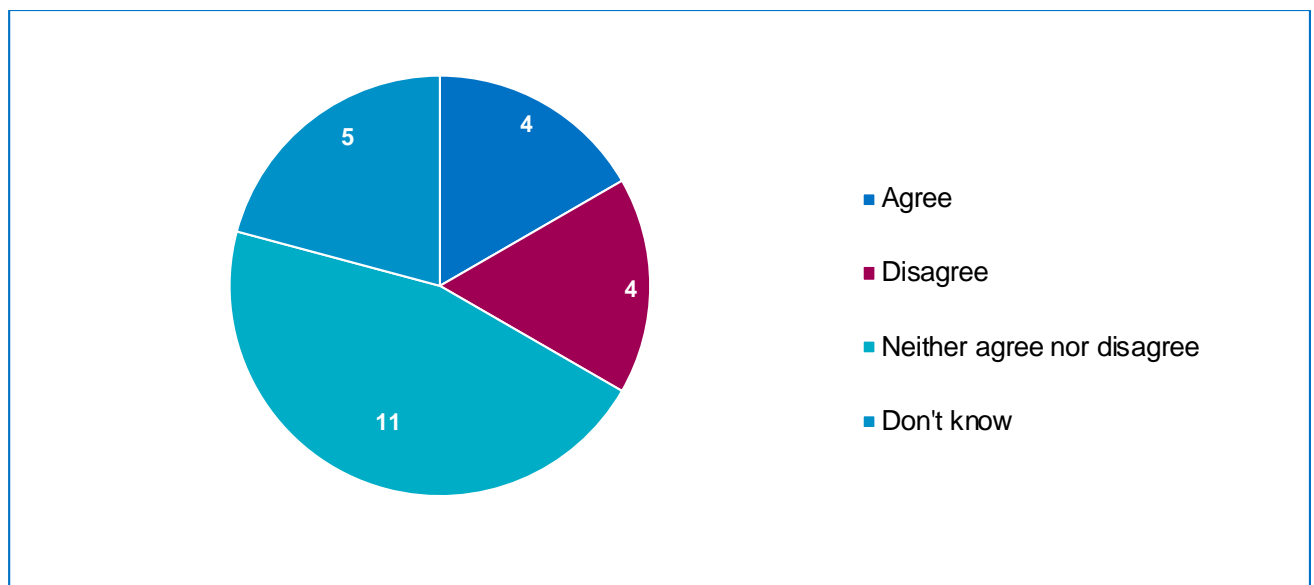
CCG representatives were able to make additional suggestions for what would help them commission specific veterans' services. One respondent emphasised that the key issue is support to identify local veterans – they were running a survey and encouraging GPs to keep a register of veterans, but they were aware that many veterans are still not being identified, making it impossible to meet their needs.

Another respondent suggested that an important factor is better engagement with the MOD and support around transition out of the armed forces.

One respondent noted that, as well as knowing what services are currently available, and having more information about the number of veterans, CCGs would need more information about access levels by CCG area, and more clarity about what is or should be offered to veterans' families.

A further CCG representative suggested that it would be useful to design the 'perfect pathway' to demonstrate best practice for this patient group, in line with pathways designed for other conditions and groups of patients.

8. I would like to see CCGs take over full responsibility for commissioning NHS veterans' mental health services in the future – please explain why you agree or disagree



Views from CCG representatives were mixed on this issue. Those who agreed with the proposal felt that there are significant advantages to these services being commissioned locally.

They saw it as an opportunity for local commissioners and providers to understand this group of patients, who they feel are often largely hidden. This, together with a knowledge of local services, would enable holistic commissioning for this patient group.

'Enable CCGs to understand their veteran population better. Currently we KNOW what we need to do but the population we are wanting to target are hidden. Very little info on MH [mental health] issues whilst serving is accessible to GPs and when it is, it takes a very long time.'

NHS Newark and Sherwood CCG representative

However, most of those who agreed with the proposal did so on the basis that the budget for these services must follow the commissioning responsibility. Others also

felt that, while the majority of veterans' services could be commissioned locally, there is still a need for some highly specialised provision to be commissioned regionally or nationally.

Similar thoughts were at the forefront for those who disagreed with the proposal. Most felt it would be very difficult to commission this effectively within current allocations. For others, the key issue is the lack of local expertise and knowledge about veterans' issues.

'I don't think that CCGs currently have the resource (funding and personnel), knowledge or skills to commission for veterans. In addition, general MH [mental health] services are under increasing pressure due to significant increase in demand and complexity of patients.'

NHS Brighton and Hove CCG representative

It was argued that mental health services are already under considerable strain, with increasing demand and budgetary pressures. There is a risk that, if veteran services were expected to compete with other priorities, they might lose out – especially if, in some areas, veterans are seen as less high profile or have less support than other groups with mental health needs.

From a commissioning perspective, there was a perceived risk that in areas where there are very few veterans, there may be a decision not to commission this service at all. As a consequence, it was felt that local commissioning could easily lead to a postcode lottery for veterans.

If you agree, how might you demonstrate assurance that NHS veterans' mental health services are a distinct element of general mental health services?

Two CCG respondents suggested adding specific requirements and KPIs (key performance indicators) around veterans' mental health to the specification for local mental health services; this would be an obvious way to ensure that NHS trusts develop services for this group and report their performance to commissioners, with contractual levers for assurance.

Another respondent noted that there are already various sub-specialties within mental health services, and it would be easy enough to treat veterans' mental health as another one of these.

6.8 Other

People who responded in this category include veterans who do not have a mental health condition, serving personnel and mental health professionals working in mainstream services. In addition, there were some respondents who felt they belonged in a number of groups, such as being a veteran with a mental health condition and working in veterans' mental health. There were also several responses from veterans who think they might have a mental health condition, but have not had this formally diagnosed. All of these responses have been analysed with the following themes identified.

Awareness

Several respondents agreed that there is a need for greater awareness amongst veterans and serving personnel of NHS services and organisations, such as Combat Stress. Adult education settings were suggested as one site for promotional information.

Some mental health professionals working with veterans in mainstream services acknowledged that they were unaware of specialist NHS veterans' mental health services and that it was difficult in the acute environment to relate to veteran-specific trauma. It was therefore seen as vital to establish better links between veterans' mental health services and mainstream mental health teams.

Access

Some respondents noted that referrals while serving in the armed forces work well, with Service personnel supported by facilitators. However, problems arise once they are no longer serving members, as there is often uncertainty as to what the NHS offers. It can be difficult for a veteran who has been diagnosed with a mental health condition while serving to not know what is available as a civilian or to have to wait a long time for treatment. This can lead to rapid disengagement.

'There is uncertainty about just what assistance the soldier is going to get. It is accepted that the NHS clinicians will want to make their own minds up but this uncertainty can last for some time – which increases the soldier's anxiety.'

Serving officer supporting transition, North of England

Respondents said that the NHS should change this by making new veterans a priority, as early action would have beneficial (and cost-effective) outcomes in the long term. One veteran with a mental health condition, who is also a mental health professional, noted that his transition from military mental health to the NHS had been very poor – there were long waiting times, and the IAPT service was not adequate to manage veteran issues.

'I've been 'fobbed off' with IAPT, which is the psychological equivalent of putting a sticking plaster on a traumatic amputation.'

Veteran with a mental health condition, and mental health professional working with veterans, North of England

A couple of respondents felt that there is better support for veterans available through the German health service.

'I feel that the German health service provides good mental support and it is paid for out of the health insurance. They understand many mental health problems such as PTSD, anxiety, multi personal disorders, OCD etc. I find that my clients feel that they get better help either from the Forces Personal Recovery Unit in Sennelager or from Combat Stress. In three years' time the forces will withdraw from Germany and it will be volunteers like us that will continue to support veterans and point them in the right direction.'

Volunteer case worker, working in Germany

Many noted that services are varied – some areas have clear pathways and excellent information about veterans’ services, whilst in others these seem to be non-existent.

One respondent identified gaps of a different kind. Personnel working for organisations such as the Royal Fleet Auxiliary are suffering workload stress on account of their postings, but are unable to access mental health support.

Stigma

Respondents agreed that stigma plays a major role in preventing veterans from accessing mental health services. There is a need for explicit guidance to ensure that veterans seek help and remain engaged – one veteran described leaving it 22 years before seeking help. Another respondent noted the benefits of mental health first aid and suggested this is a way of ensuring people in the services are able to ask for help or offer it to others.

Role of charities

There was some criticism of the role of charities, with the suggestion that they could be unwilling to take on the most challenging cases, leaving these to the NHS. For some, this was the fault of the commissioning process – third sector providers are employed on short term contracts with targets to achieve, meaning there is little continuity and an incentive to support the least difficult cases first. In addition, as there are so many organisations involved in providing this support, it can be confusing for a veteran who is looking for help.

Other respondents noted that they found the charity sector, including organisations such as Combat Stress, more responsive and aware of veterans’ needs.

Role of GPs

There was some criticism that not all CCGs are doing enough to ensure that GPs are aware of veterans’ issues. GPs should be making sure that all veterans and their families are identified – in fact this should be a question for all patients on registration. CCGs need to drive this change, but it was felt that not all CCGs have taken ownership of this or appointed veterans’ leads. One suggestion was that CCGs should engage through local Armed Forces Forums.

One GP practice that responded raised their concern about only having 17 patients identified as veterans out of a predicted cohort of 2,000. They were keen to know what more could be done to increase identification, and felt that part of the issue is that veterans are reluctant to self-identify or seek help.

Several respondents suggested GP understanding of veterans is poor, and that not enough are taking the Royal College of General Practitioners (RCGP) [training module](#) on this subject (recently developed further and relaunched by e-Learning for Healthcare). The perceived outcome of this, since GPs are the first point of contact, is that veterans lack the confidence that the NHS will meet their needs.

'Generally, GPs understanding of mental health itself is woefully and inexcusably inadequate. When it comes to understanding veterans' mental health they haven't got a clue.'

Veteran with a mental health condition, also a mental health professional working with veterans, North of England

One veteran who described himself as possibly having PTSD noted the flawed referral process from his GP. He never received a letter from the local psychiatric services, and as a result has disengaged from NHS care and is attempting to manage his condition with family support. Another veteran described his GP as not helpful, with 'no time to talk', meaning that he has been left to himself and is embarrassed to seek help.

Role of mainstream mental health

Some respondents felt that mainstream NHS mental health services lack an understanding of issues affecting veterans, especially in relation to PTSD and substance misuse. Veterans with these conditions can often find themselves regarded as difficult and excluded from services. Other veterans may have pre-existing personality disorders, which make it difficult to access services. Even if a veteran is successfully engaged, it was felt that often the talking therapy provided by the NHS is too brief – veterans often need more time to trust the therapist than is possible under a standard IAPT course.

'I would not refer to NHS as a first choice because I do not believe that the NHS is capable of delivering the specialist service required in these cases. My referrals would always be to Combat Stress as specialists in the field. In my experience veterans have no faith in NHS services and do not feel understood by them. This isn't any disrespect to [the] NHS but simply that service related mental health is a specialised area which most NHS staff cannot truly understand.'

Ex-MOD staff member, North of England

There was a strong case for specialist services or services making use of veterans as staff – this would encourage a bond with veteran patients and allow trust to develop. Alternatively, it was suggested that NHS trusts have dedicated psychiatrists and CPNs for veterans with PTSD. It was important that services should be able to link veterans in with charities and other support organisations.

'Follow up services would be invaluable for veterans and their families with accessible outreach services available without red tape and waiting times. It's not difficult to set up and provide a service that allows veterans the opportunity to develop a personal plan of intervention that would offer support and guidance that would facilitate change. Veterans just want a fair chance to be able to function in society.'

Independent veterans' adviser, North of England

One veteran with a spouse with a mental health condition felt that mainstream services had been completely unsupportive, had re-scheduled appointments at short notice and then discharged the patient for not attending, and had made no effort to engage with the patient's family.

A mental health professional, who is also a veteran, expressed shock at the ignorance of veterans' issues and attitude towards veterans shown by some colleagues. Some mental health professionals appeared to believe that veterans had brought their conditions on themselves, and there should not be any special effort by the NHS.

Role of the armed forces

Some respondents argued that the armed forces should do more to ensure personnel are supported to look after their mental health. One veteran described feeling abandoned by the army on discharge, with no one directing him to charities or NHS services.

6.9 Feedback about services before 2010

Veterans were the group who were mostly likely to visit this part of the questionnaire. Some used it to reiterate points they had made in earlier responses. Where they gave feedback about services before 2010, it was generally negative. Comments included that these services were ineffective, slow, sporadic and not accessible, as the NHS did not see veterans as a priority; and awareness was poor. Two respondents stated 'there was none' in relation to service provision.

'The mental health services I experienced before 2010 did not make me reluctant to seek help later, however no account was taken of the fact that I was an armed forces veteran.'

Male veteran, aged 41-65, Coventry

A few people who know veterans commented in this section, and made similar points to veterans.

One respondent working for a charity or representative group said:

'I have come across veterans who served before 2010 and were not given the support when they left, which has left them very bitter towards the current service.'

Female, aged 41-65, working for Take2

7 Analysis of responses submitted by letter, email, phone and online

Many of the points raised in letters, emails, by phone, and as comments posted on the NHS England website echoed the views expressed through responses to the questionnaire.

7.1 Veterans

The main points raised by veterans are as follows:

- The NHS needs to work more with charities, and should not see charities as 'competition'
- There needs to be more empathy towards veterans and understanding of them, including if they have broken the law
- The correlation between mental and physical health needs to be remembered
- The help for PTSD needs to be better
- Veterans of the Gulf War have particular medical needs following their service, and these should be considered
- There needs to be more funding
- The continuity of care needs to be better
- It needs to be easier to get a GP appointment
- The NHS should not abandon veterans when their symptoms are severe
- More needs to be done to raise awareness of mental health concerns whilst people are still serving in the armed forces
- There was criticism of the army in relation to the treatment of soldiers during training, and to military health clinics under local pressure to sign them as being fit.

Specific comments in relation to the 12 NHS veterans' mental health services are:

'At St. Pancras, I feel that the staff can be trusted with military information.'
Veteran using London Veterans' Service

'The service has been brilliant. The weekly drop-ins are really beneficial. Having to attend appointments at a set time [is] stressful, so having a drop-in ensures that he attends weekly as there is less pressure.'

Male, aged 41-65, providing services at Military Community Veterans' Centre

'Poor service received via the NHS and South Central Veterans Service. Angry that veterans are left to get on with things themselves. GPs do not understand veterans. Bring back a Forces Health Service.'

Veteran using South Central Veterans Service

7.2 Respondents who know a veteran

Respondents used the NHS England website in particular to tell us about what their family members had gone through after leaving the armed forces. All referred to PTSD, with two respondents stating the waiting times for treatment were too long.

One welcomed the action being taken through this engagement, another felt 'some actual action would be good. The so-called Covenant is proving to be words rather than action'. Another said they know of military veterans with pensions who did not know about this engagement, and that this group should be contacted directly.

7.3 Mental health professionals

Some mental health professionals gave suggestions for the future:

- On discharge from the armed forces, provide members with information about the mental health symptoms that they may experience, and a list of therapists they can refer themselves to, funded by the MOD (unless it is clear the problem does not relate to the armed forces)
- Let family members refer veterans to mental health services.

7.4 Charity or representative groups

The main points raised by charities or representative groups are:

- There is no help for veterans in the east of the country / east Anglia region
- The issue of PTSD is exaggerated and has become 'a bit of a cottage industry'
- Waiting times need to be reduced
- More funding is needed
- There needs to be national campaigns about veterans' mental health and related services

- There needs to be more community services / outreach
- The treatment needs to be appropriate, and given by people with an armed forces' background
- More needs to be done to help people working with veterans to really understand their experiences
- There should be pre-screening of mental health issues before people enlist
- Veterans who served for a long time (as opposed to 'early servers') are often not coming forward, but are the ones who need most help
- Support workers for veterans have too much administration to do; the systems are not equipped to deal with this
- Bring all services together under one roof for veterans.

The Royal British Legion (RBL) responded to the engagement, and provided a wealth of information in relation to the size and health needs of the ex-service community, examples of good practice, barriers to care and issues of access in relation to mental health services.

They concluded that despite the 12 NHS veterans' mental health services across England, RBL beneficiaries and staff report that mental health service provision is variable across England. In areas such as Herefordshire, Worcestershire and Hertfordshire, RBL staff have said there is a need to have specific veterans' mental health service provision to cover gaps in the UK coverage.

Specific comments in relation to the 12 NHS veterans' mental health services:

'Highlighted by Legion staff as having a simple referral process that supports veterans to engage with the service quickly.'

South West Veterans' Mental Health Service and Veterans First (North Essex Partnership University NHS Foundation Trust)

'Provided working space and access to interview rooms at the Royal British Legion's Pop-in Centre at Bristol. This ensures Royal British Legion clients are well-connected to NHS mental health services.'

South West Veterans' Mental Health Service

'RBL staff report that there is not a standardised form for referrals and that they have to individually contact veteran liaison champions in different areas and often wait days / weeks to be able to refer a veteran to a service.'

East Midlands Veterans Liaison Service

The Royal British Legion also made a range of recommendations as part of their response:

- Veteran / ex-service 'badged' mental health services (irrespective of whether that service feeds into regular NHS mental health services)
- Have an understanding of military service and veteran healthcare needs
- Provide a service that has a specific healthcare pathway connected to other NHS healthcare services and works in partnership with supporting statutory or welfare organisations (for example housing associations or service charities, such as the Royal British Legion and Combat Stress)
- Services that are well publicised locally and have a user friendly website with clear information
- Services that accept self-referrals and / or services that have a standardised referral form
- Services that publicise their mental healthcare provision for ex-service families and reserves
- NHS England to take the lead on encouraging primary care services to record veteran status as standard data capture
- NHS England to reissue guidance document on priority treatment and provide examples of best practice to NHS healthcare professionals
- NHS England to take a lead in promoting the help-seeking campaign for the armed forces community in partnership with the Mental Health Round Table Group.

Future commissioned NHS veterans' services must also:

- focus resources on those most at risk of mental health problems
- pursue tactics to engage those most reluctant to seek help in the armed forces' community
- have specified budget allocated to publicising these services
- provide mental health support for armed forces' families or provide effective referral routes to treatment
- have specified referral routes to and from alcohol detox programmes.

7.5 Clinical commissioning groups

South Norfolk CCG stated that there is little indication of a specific difficulty for veterans accessing mental health services, but veterans do report difficulties in knowing where to go for help. This is justification for the new 'Britannia Veterans Centre' development in Norwich. In relation to how services should be commissioned in the future, this CCG feels veterans should receive an appropriate service that can be accessed through their GP and mental health pathways. For some, a bespoke service may be needed. Any separate service would require a comprehensive needs and impact assessment to be undertaken to determine the level of need.

Newcastle Gateshead CCG stated that veterans do not have difficulty in accessing mental health services in South Tyneside NHS Foundation Trust, due to the interface developed with various veterans' organisations and marketing the services to these groups including VWALS (Veterans Wellbeing and Liaison Service – one of the 12 NHS veterans' mental health services). Another reason cited is that veterans are prioritised in accessing the talking therapies service provided by Sheffield Teaching Hospitals NHS Foundation Trust.

One of the mental health professionals who contributed to this response stated that they had never worked with a veteran who indicated they couldn't engage in therapy on the basis that their therapists had no experience of active service. Respondents recommended that prior to commissioning services for veterans, views should be sought from a range of veterans groups, and suggested having a role of 'Specialist Veteran Worker'.

7.6 Other

The Chair of the **Greater Manchester Health and Social Care Strategic Partnership Board** responded to the engagement. He stated that a relatively high proportion of the population of Greater Manchester are either serving in the armed forces or veterans. He outlined a number of ways that veterans are already being supported in the region, and signalled the intention to align future commissioning of mental health care for veterans with the Greater Manchester Mental Health and Wellbeing Strategy, which is part of the wider Greater Manchester Strategic Plan.

Key asks of the engagement are as follows:

- Greater Manchester requires its share of the national allocation of mental health and funding support for veterans, to be managed within the 'devolution context'
- Greater Manchester requests a dialogue around nationally commissioned veterans' mental health services, for example online support, Big White Wall and Combat Stress, to ensure these services align with Greater Manchester's Commissioning and Mental Health Strategy
- Consideration should be given to add a percentage to the 'mental health tariff' for each veteran treated in any locally commissioned service. We should be looking at models of payment that incentivise swift access, high-quality care and good

outcomes. This will support identification and incentivise GPs, hospitals and councils to record armed forces' family data.

Tees, Esk and Wear Valleys NHS Foundation Trust (TEMV) and Northumberland, Tyne and Wear NHS Foundation Trust (NTW) responded, and their comments were made in relation to the VWALS (Veterans Wellbeing Assessment and Liaison Service) partnership they provide, in conjunction with the Royal British Legion and Combat Stress.

This service covers the North East of England and is one of the **12 NHS veterans' health services**.

They listed a range of ways that the service is working well:

- Single point of contact (single phone number and single email address for veterans anywhere in the north east)
- Single point of contact for Departments of Community Mental Health (DCMH) team
- Self-referral service: 40% of users self-refer
- Veterans / family of veterans employed within the team, including the support worker
- Partnership with the Royal British Legion and Combat Stress
- Case management provided through identified pathways including sequencing of care through different pathways when there is co-morbid presentation (for example alcohol and mental health)
- The service is a hub to connect various agencies to support a variety of needs (physical, mental health, social and welfare) in a sequenced and coordinated way
- Case management / liaison and assertive outreach service model works well in engaging seldom heard veterans – indicated by length of time with VWALS
- Link with DCMH (Leeming) works well. An added benefit is that TEMV provides inpatient services (via a contract with the MOD) to serving military personnel and has established relationships with Leeming. NTW also participated in the NHS / MOD pilot project furthering links to the DCMH
- Mobile team who visit veterans in their local area rather than expecting them to travel

- Session from medic with background of working in military and specialist addictions
- VWALS also works with families / carers and those of serving personnel where needed
- Working into the two NHS trusts helps with streamlining assessments into their secondary care services, if initial VWLAS formulation indicates secondary care level input.

They also listed a range of ways in which the service could be improved:

- Provide a small team to cover a large geographic area, although this could have time and travel implications
- Improve awareness of veterans and their mental health issues among NHS colleagues (across the acute and primary care settings) to improve the quality of care
- Promote NHS services for veterans more widely to raise awareness
- Support veterans to attend appointments by employing more peer support workers
- Increase streamlining of pathways across primary and tertiary care.

They provided ways in which NHS veterans' mental health services in general could do more to help veterans who find it difficult to ask for help:

- Promote the message that a service is veteran-friendly to help overcome the stereotype of civilians that veterans may have
- Work in partnership with larger, well-recognised military charities
- Ensure links to welfare, due to the complex nature of veterans' needs.

Other issues raised include:

- In relation to talking therapy contracts, sometimes the length of episode contracts is too short for them to be effective for veterans
- A period of time to establish rapport and trust should be built into all contracts
- Veterans need to be actively engaged in their treatment
- Don't forget the family

- Veterans are not a homogenous group
- Consider demographic differences of veterans across England; in the North they are seeing younger veterans (average age 33-41) and with complex, co-morbid issues.

The Royal College of GPs requested that consideration be given to the following issues in relation to NHS veterans' mental health services:

- GPs have difficulty identifying veterans in their practice; because patients may not identify themselves as veterans, or GPs may fail to ask
- More could be done to support GPs and to promote awareness of specialist mental health services for veterans in England
- Consideration could be given to a coordinated approach across the four regions of NHS England.

Information was also received from **York St John University**, about their Veterans Awareness and Interventions training. This tackles many of the issues raised by veterans during this engagement, including understanding the mind-set of veterans and issues in relation to transition.

8 Analysis of responses from the Healthwatch Norfolk engagement event

An engagement event was held on 15 March 2016, hosted by NHS England and Healthwatch Norfolk. Sixteen people attended, including veterans and family members with current or past mental health difficulties, representatives from service charities, mental health professionals and an HMP Norwich employee.

The feedback from this event is included in appendix one, but the key points and recommendations are as follows:

Getting the right care when leaving the armed forces

On discharge from the armed forces, individuals should be asked if their information can be passed to a local service charity. DCMH discharges should ensure that a GP referral is arranged, with an offer to refer to local service charities for support.

Getting help for mental health difficulties

There are various barriers for veterans, such as delaying seeing a GP, the complexity of some of their needs, and veterans' services not available in all areas. 'It bothers me there is no service provision in Norfolk.'

There are particular aspects of service provision that are important for veterans

This includes getting the right service from professionals who understand armed forces language and terminology. Veterans need time to build trust. There should be less talking and more treatment.

There are things that could be put in place to ensure veterans' mental health services better meet the needs of individuals

This includes having a wrap-around service, with organisations working together, and better support for families of veterans with mental health difficulties.

GP support and understanding of veterans with mental health difficulties is important

This includes GP training, and having a tick box on GP registration forms to say you're a veteran (though some do not like the term 'veteran').

Service provision and collaborative working

Service charity and NHS attendees were not supportive of regional funding or splitting money between CCGs as they felt it would negatively impact service provision. Continuity of services is key. There is a need to bring together NHS, Armed Forces Covenant and charity funding to provide a holistic service. Health Education England should be involved in training on better understanding veterans, which should include prison staff. The American National Referral Programme was cited as a good model.

9 Questionnaires received after the end of the engagement

One completed questionnaire was received after the end of the engagement. This was from a mental health professional. Although this person's answers are not included in the tables and charts in the mental health professional section, we analysed their free text responses, which included the below suggestion on how the NHS could encourage veterans to ask for help:

'Holding specific clinics, so that all who attend are from similar veteran background[s] – individual may feel more comfortable.'
Mental health professional, working in a GP surgery, Northampton

10 Questions raised during the engagement

We received two questions during the engagement period. They are included below, with the responses:

Have you considered as part of your strategic planning the issue of commissioning and providing healthcare for veterans that are in prison?
From a health and justice commissioning manager

Response provided:

Thank you for the feedback you sent to us in relation to mental health services for veterans. All feedback, comments and questions will be considered, along with responses to the questionnaire, and a report will be written at the end of the engagement period. We will advise you when this report is available. If you do not wish to be kept updated, please let us know.

On your particular comment, we understand that there are specific pathways for this delivery - veterans who are in prison are not able to refer themselves, nor are they free to attend services. Can you advise how it is currently delivered through the health and justice route? Please also note that the vast majority of veteran health services are commissioned by CCGs.

Lots of Veterans will be 'deafened' by IED, or the noise of battle.... so trying lip-reading on the phone is going to be a problem. So, to order a questionnaire, they are not being offered a SMS Contact on the poster. Why this DIS-Abling Discrimination in 2016?
From a representative of a disability alliance network

Response provided:

Thank you for your email. Part of the engagement report will include feedback on how we engaged, and your (anonymised) comments will be included in this section. We want to ensure everyone who wants to can respond to this engagement, and so we have offered a range of ways for people to get in touch, which caters for different needs and preferences. If a respondent has a hearing impairment, they can write to us or send us an email. We have set up a freepost address, so that the NHS bears the cost of the postage, rather than the respondent.

Like all NHS organisations, we have a limited budget and have to use it wisely. We have translated the document into Nepalese, to ensure members of the Gurkha community can respond. We will also, on request, produce the document in other languages, in audio, large print and Braille (see the inside back cover of the document for details). I hope this helps. Do let us know if you have any other comments or feedback.

11 Next steps

NHS England is reviewing the findings of the engagement together with the findings of three pilots it recently funded to test enhanced models of care for mental health services for veterans. These pilots ran from November 2015 to 31 March 2016 and were provided by North Essex Partnership University NHS Foundation Trust, which developed a joint substance misuse and mental health service model for veterans, as well as an outpatient service for veterans with moderate to severe PTSD; and the Pennine Care NHS Foundation Trust, which developed a model to address the barriers that some veterans experience in accessing mental health services.

This insight and evidence will help to inform commissioning intentions for future mental health services for veterans. It is anticipated that procurement of these services will commence in September 2016 with a contract start date of April 2017.

12 Acronyms

Acronym	Definition
A&E	Accident and emergency
AFN	Armed Forces Network
AMMO	All Military Members Organisation
ASPD	Antisocial personality disorder
BME	Black and minority ethnic
Blesma	Blesma, The Limbless Veterans
CCG	Clinical commissioning group
CBT	Cognitive behavioural therapy
Cobseo	Confederation of Service Charities
CPN	Community psychiatric nurse
CQC	Care Quality Commission
CSU	Commissioning support unit
DCMH	Departments of Community Mental Health
DoH	Department of Health
DWP	Department of Work and Pensions
DAS	Depression and anxiety service
EMDR	Eye movement desensitisation and reprocessing
GP	General Practice / Practitioner
H4H	Help for Heroes
HMP	Her Majesty's Prison
IAPT	Improving access to psychological therapies
IED	Improvised explosive device
KPIs	Key performance indicators
MH	Mental health
MoD	Ministry of Defence
MV	Military veteran
NHS	National Health Service
NHSE	NHS England
NEL CSU	NEL Commissioning Support Unit
NGVFA	National Gulf Veterans and Families Association
NICE	National Institute for Clinical Excellence
NTW	Northumberland, Tyne and Wear NHS Foundation Trust
OCD	Obsessive compulsive disorder
OPEN	Our Public Engagement Network
PH	Public health
PPI	Patient and public involvement
PTSD	Post-traumatic stress disorder

Acronym	Definition
RBL	Royal British Legion
RMN	Registered mental nurse
SCVS	South Central Veterans Service
SERVES	Surrey Engagement: Reservists and Veterans Emotional Support
SHAID	Single Homeless Action Initiative in Durham
SSAFA	Soldiers, Sailors, Airmen and Families Association
TEMV	Tees, Esk and Wear Valleys NHS Foundation Trust
THH	Tom Harrison House
TTT	Time to Talk
VHA	Veterans Health Administration (US Department of Veterans Affairs)
VWALS	Veterans Wellbeing and Liaison Service

13 Appendix A: Report from the Healthwatch Norfolk engagement event

Event: NHS England mental health services for veterans engagement event

Date: 15 March 2016

Venue: Britannia House, Veterans' Hub, HMP Norwich, Norwich

Hosts: NHS England and Healthwatch Norfolk

Attendees:

The event was attended by 16 people, including:

- Veterans with mental health difficulties / history of mental health difficulties
- Veterans with experience of mental health difficulties representing the following service charities:
 - Outside the Wire, The Matthew Project
 - Project Nova
 - Regular Forces Employ
 - The Walnut Tree Project
 - Walking with the Wounded
- Psychologist and Chair from Norfolk and Suffolk NHS Foundation Trust
- Wife of veteran with mental health difficulties
- HMP Norwich employee (also a veteran).

13.1 Key discussion points and themes

Getting the right care when leaving the armed forces

- When leaving the armed forces, individuals should be asked if their information can be passed to a local service charity to enable the right support to be offered and the right information provided. This is likely to prevent issues from arising rather than waiting until a veteran is in the criminal justice system or struggling

with getting support for mental health issues.

- DCMH discharges should ensure that a GP referral is arranged with an offer to refer to local service charities for support.

Getting help for mental health difficulties

- Culturally, there is an issue with veterans delaying seeing a GP – ‘you don’t always own up to the fact you need help’.
- ‘It’s a well-known issue that a lot of veterans’ mental health needs are too complex and don’t meet the necessary access criteria, so we fall through the cracks in terms of getting service provision’.
- Veterans have a fear of opening up and are worried about the treatment and therapy. ‘It’s like a military exercise to plan and prepare to come somewhere like this - we need to be able to trust people in order to open up.’
- Veterans’ services are difficult to reach and are not in all areas.
- ‘It’s luck as to whether or not you get the right help and support – it often comes down to a postcode lottery. This makes finding the right service at the right time difficult for veterans.’ This was evidenced by one veteran attendee who had found the right psychologist and one who hadn’t – both of whom are in very different places mentally.
- ‘It bothers me that there is no provision in Norfolk.’ There needs to be different levels of service provision across the county as there is a big veteran population in this part of the country.
- Veterans can’t get past the gatekeepers and have an issue with engaging.
- There have been issues with some veterans with complex issues attending IAPT services, which are not equipped to deal with them and do not have the ability to refer them on. This creates a ‘big loss of trust in the NHS’.

Thinking about the mental health support you have received or if you were to use a veterans’ mental health service, what things are important to you in terms of how the service is provided?

- It is important that veterans get the right service, by the right person, at the right time otherwise they lose faith in the NHS supporting them.
- What NHS staff say to you is so important; one veteran was told, ‘Forget your military career. It doesn’t exist’. This is the wrong thing to say – ‘how can you

forget your military career and where do you go from there if this is what you're told?'

- Don't tell veterans you can't treat them or support them.
- Veterans need to be able to converse with professionals who understand the language and terminology of the armed forces.
- It is important to allow time to unpack the psychological conditioning of basic training.
- Veterans need to be able to trust people in order to open up – feeling 'at home' reduces anxiety.
- Veterans need continuity of care to help them build trust with someone who 'gets it'. Changes in case workers cause problems as it takes a long time to open up. This is particularly important for patients with more complex issues – there was a general consensus that a 'buddy' charity worker can work well in these scenarios.
- One veteran was worried about moving home and what would happen in terms of continuity of care / transfer of notes – in his case, his PTSD was not attributed to his military service.
- Don't let diagnosis get in the way – there needs to be less talking and more treatment.
- Ease of access by different platforms is important.

How could veterans' mental health services better meet the needs of individuals?

- Need a wrap-around service – organisations working together means a more successful service.
- Need to invest in goodwill and effort to build trust within the veteran community.
- Need to better support families of veterans with mental health difficulties:
 - Need to extend support to the wider family and offer counselling / peer support for them as it affects everyone
 - It would be useful for families to be provided with support and information on what the sufferer is dealing with, particularly those with complex conditions. It would be useful to have tools to help them deal with issues / support their loved one.

GP support and understanding of veterans with mental health difficulties

- GP training is key.
- 'When you register with a GP, there should be a tick box on the registration form so you can say you're a veteran'.
- Veterans won't tell their GP that they are a veteran – 'we don't like the word 'veteran'.
- There is an issue with some GPs not wanting to include information on NHS supported veterans' services in their practices.
- Younger GPs seem more willing to engage, but GPs don't always show up at events – 'how can we get messages out to GPs?'
- There's a perception that doctors in A&E see it as a failure if you're handed over to mental health care.

Service provision and collaborative working

- Service charity and NHS attendees were not supportive of regional funding or splitting money between CCGs as they felt that this would negatively impact service provision. 'What safeguards are in place as to where the funding goes?'
- Need to ensure value for money in terms of getting the 'best bang for your buck' with a small pot of money.
- Continuity of services is key: all too often services are funded by non-recurrent monies or short term pilots and end with no long term provision, demonstrating a fragmented use of available funding.
- Service charities and the NHS need to work together – co-production is key and there is an ambition for joined up care for veterans.
- Need to bring together NHS, Armed Forces Covenant and charity funding and work collaboratively to provide local holistic services for veterans. The Veterans' Hub at which the engagement event was held is an example of the NHS working at the centre providing clinical input, with wrap-around support from local service charities to provide a holistic service to veterans and their families. This service is known locally as the veterans' stabilisation programme and is proving to be very helpful for those veterans using it.

- Health Education England training on better understanding and supporting veterans should not just be for GPs.
- Staff within prison healthcare should be trained in mental health and veterans' awareness – this needs to be a nationally implemented initiative with a supporting service specification. One veteran recently released from HMP Norwich reported that this was lacking in his view.
- Pockets of really good work need to be brought together and made national.
- The American National Referral Programme for veterans was cited as a good model.

General comments

- It's the tip of the iceberg – there are a lot more veterans who will have mental health difficulties over the coming years.
- PTSD is an overused term.
- A big issue with PTSD is relapse.
- We don't want lip-service; we want to see real improvements.
- How does this tie in with the priorities set out in the Mental Health Five Year Forward View? Will additional funding go to support veterans with mental health difficulties?
- IAPT services can't always help.
- It was felt that there is a hard-line in the application of what mental health difficulties are service attributable and what aren't – it's not always clear.

13.2 Lived experience of veterans and their families

Veteran in his early 20s

- As a known patient he went missing one night, however, he was located by a local service charity who accompanied him to A&E.
- It took six hours to get a psychiatric assessment, however, once completed, a good service was received.

- A charity support worker stayed with the patient and helped him to manage three anxiety panic attacks whilst moving around A&E.
- This demonstrates that services are there to support veterans – it's just hard to access them sometimes.

Veteran (41-65) and user / previous user of Combat Stress, IAPT and service charities

- 'Five years on and I'm sick to death of being sent from pillar to post – I just want help. It's not good being told 'we can't support you or treat you' – it feels like a brick wall.'
- 'I don't trust the NHS – I don't know if you're going to keep my life alive.' A negative experience at Great Yarmouth Hospital was highlighted in relation to treatment not being provided due to complexity of symptoms: 'They were scared of me and suggested I see a psychiatrist.'
- A negative experience of Combat Stress was also shared: 'I'm no further forward in the ten years I've been with them. There's been a lack of regular support and follow up over the years.'

Wife of veteran with PTSD (41-65)

- 'I get my support from other people in the same situation – we understand each other. My GP hasn't got a clue – I deal with it in my own way.'
- 'Why should a nine year old have to become a carer?' (in reference to her daughter when she was younger).
- 'We do things as a family to stop him hanging himself – we do a lot of talking and support him.'
- 'One night I approached my husband from behind and he swung around and held a knife to my throat – I laughed it off to diffuse the situation – that's how I cope with this – laughing.'
- 'In the past I've called Combat Stress to ask if my husband is alive [due to concerns over him still being alive], but they wouldn't give me any information – that isn't right.'

14. Appendix B: Activity reports

The following is a record of engagement and supporting promotional activity undertaken by NHS England and other organisations across England.

14.1 NHS England engagement and promotional activity

Date of activity	Type of activity	People engaged (such as veterans, family members, mental health professionals or service charities)
8 September 2015	Attendance at the MOD / NHS Armed Forces Joint Commissioning Group meeting to provide information on the engagement	MOD and NHS England health commissioners
8 September 2015	Presentation and discussion on the engagement at the North West Armed Forces Network	North West Armed Forces Network members
15 September 2015	Presentation and discussion on the engagement at the Yorkshire and Humber Mental Health Commissioners Strategic Clinical Network	Yorkshire and Humber Mental Health Commissioners Strategic Clinical Network members
15 October 2015	Engagement brief sent to the Deputy Inspector General, MOD	MOD
16 October 2015	Presentation and discussion on the engagement at the North West Armed Forces Network Partnership Forum	North West Armed Forces Network Partnership Forum members
19 October 2015	Presentation and discussion on the engagement at the North East Armed Forces Network meeting	North East Armed Forces Network members
21 October 2015	Presentation and discussion on the engagement at the Yorkshire and Humber Armed Forces Network meeting	Yorkshire and Humber Armed Forces Network members
21 October 2015	Presentation and discussion on the engagement at the South Central Armed Forces Network meeting	South Central Armed Forces Network members (22 attendees)
26 October 2015	Meeting at York St John University to discuss veterans' awareness and interventions CPD programme. Opportunity to brief on and discuss the forthcoming engagement.	Education and Development Lead

Date of activity	Type of activity	People engaged (such as veterans, family members, mental health professionals or service charities)
3 November 2015	Meeting to discuss the engagement	London Armed Forces Network lead
3 November 2015	Presentation and discussion on the engagement at the NHS England Armed Forces Health and Defence Primary Healthcare (North) Joint Commissioner meeting	Commissioners
3 November 2015	Presentation on the engagement at the South West Armed Forces Network meeting	South West Armed Forces Network members (32 attendees)
6 November 2015	Provided an overview of the engagement on the MOD / UK Department of Health Partnership Board Communications Sub Group Conference Call	MOD, Department of Health and NHS England communications and commissioner representatives
10 November 2015	Presentation and discussion on the engagement at the South East Armed Forces Network meeting	South East Armed Forces Network members (30 attendees)
11 November 2015	Phone call to discuss the engagement and localising activity	Commissioning manager from NHS Wokingham CCG
11 November 2015	Phone call to discuss the engagement, the role of the NHS England Armed Forces Patient and Public Voice Group and how best to engage service charities, veterans and their families	Chief Executive of the Poppy Factory, who is also Vice Chair of Cobseo, The Confederation of Service Charities, Board Member (Director) of the Forces in Mind Trust and a member of the NHS England Armed Forces Patient and Public Voice Group
13 November 2015	Engagement brief emailed to a range of stakeholders	<ul style="list-style-type: none"> • London Armed Forces Network members • North Armed Forces Network members • NHS veterans' mental health service providers in the North and South and associated CCGs • Combat Stress
13 November 2015	Phone call to discuss the engagement and seek support with local engagement activity	Armed forces veterans' mental health locality lead, Dorset Healthcare University NHS Foundation Trust
17 November 2015	Emailed engagement brief	NHS veterans' mental health service providers and associated CCGs in the Midlands

Date of activity	Type of activity	People engaged (such as veterans, family members, mental health professionals or service charities)
23 November 2015	Presentation and discussion on the engagement at the Barnsley Armed Forces Community Covenant meeting	Barnsley Armed Forces Community Covenant members
23 November 2015	Phone call with the Deputy Inspector General, MOD, to discuss engaging serving personnel	MOD
4 December 2015	Meeting to discuss involving and engaging service charities, veterans and their families	Chief Executive of the Poppy Factory, who is also Vice Chair of Cobseo, The Confederation of Service Charities, Board Member (Director) of the Forces in Mind Trust and a member of the NHS England Armed Forces Patient and Public Voice Group
7 December 2015	Presentation and discussion on the engagement at the East Riding Community Covenant Workshop	East Riding Community Covenant members
9 December 2015	Attendance at the MOD / NHS Armed Forces Joint Commissioning Group meeting to provide an update on and discuss the engagement	MOD and NHS England health commissioners
10 December 2015	Provided an update on the engagement at the North West Armed Forces Network meeting	North West Armed Forces Network members
10 December 2015	Emailed engagement brief	<ul style="list-style-type: none"> • Director Volunteer Operations and Director Client Services, SSAFA • Joint Chair of the Cobseo Criminal Justice System Cluster
15 December 2015	Provided an update on the forthcoming engagement at the NHS England Armed Forces Health and Defence Primary Healthcare (North) Joint Commissioner meeting	Commissioners
15 December 2015	Phone call to discuss the engagement and how to involve veterans in the criminal justice system and those organisations supporting them	Joint Chair of the Cobseo Criminal Justice System Cluster
17 December 2015	Presentation and discussion on the engagement at the Greater Manchester Strategic Armed Forces Family	Greater Manchester Strategic Armed Forces Family representatives

Date of activity	Type of activity	People engaged (such as veterans, family members, mental health professionals or service charities)
	meeting	
17 December 2015	Phone call to discuss the engagement and involving service charities	Head of Communications, Cobseo, The Confederation of Service Charities
18 December 2015	Letter sent to the Private Secretary of His Royal Highness Prince Henry to advise of the forthcoming engagement and request support with helping to raise awareness of it	His Royal Highness Prince Henry
18 December 2015	Emailed brief on the forthcoming engagement and requested support with local engagement	NHS England, CCG, CSU and NHS Trust communications and engagement colleagues across England
19 December 2015	Draft questionnaire circulated for review and comment	<ul style="list-style-type: none"> • Clinicians and service users from the Veterans' Wellbeing Assessment and Liaison Service (North East) and London Veterans' Service • Veteran using South Central Veterans Service • Healthwatch Norfolk for review and testing with local veterans with mental health difficulties and service charities • Healthwatch Reading for review and testing with the Gurkha community • Armed forces veterans' mental health locality lead at Dorset Healthcare University NHS Trust for review and testing with local veterans • Armed Forces Network members from across the country including CCG commissioners and clinicians, as well as nurses and outreach staff from NHS veterans' mental health services • Armed forces mental health clinician and civil engagement lead • Members of the NHS England Armed Forces

Date of activity	Type of activity	People engaged (such as veterans, family members, mental health professionals or service charities)
		Patient and Public Voice Group
22 December 2015	Draft questionnaire circulated for review and comment	Chief Executive of the Poppy Factory, who is also Vice Chair of Cobseo, The Confederation of Service Charities, Board Member (Director) of the Forces in Mind Trust and a member of the NHS England Armed Forces Patient and Public Voice Group
31 December 2015	Emailed update on expected launch date of the engagement	West Midlands Armed Forces Network members
6 January 2016	Presentation and discussion on the engagement at the London Armed Forces Network meeting	London Armed Forces Network members (over 15 attendees)
6 January 2016	Meeting to discuss the engagement and engaging service charities and veterans	Head of Communications, Cobseo, The Confederation of Service Charities
6 January 2016	Draft questionnaire and engagement document shared for review and comment	<ul style="list-style-type: none"> The Reserve Forces' and Cadets' Association for London Healthwatch Norfolk for review and testing with local veterans with mental health difficulties and service charities (engagement document only, as previously shared the questionnaire)
7 January 2016	Draft engagement document circulated for review and comment	Clinicians, nurses, outreach staff and service users at a number of the NHS veterans' mental health services
8 January 2016	Conference Call with the Big White Wall to discuss engaging veterans and their families who use Big White Wall	<ul style="list-style-type: none"> Managing Director Head of Impact and Research Senior Communications Manager
8 January 2016	Meeting to discuss the engagement and involving SSAFA volunteers and housebound veterans and their families	Director Volunteer Operations SSAFA and two SSAFA colleagues
14 January	Phone call to discuss the engagement and how current	Clinical Psychologist from the Veterans' Outreach

Date of activity	Type of activity	People engaged (such as veterans, family members, mental health professionals or service charities)
2016	service providers and service users can get involved	Service (Yorkshire and the Humber)
14 January 2016	Notification of the forthcoming engagement raised at the Yorkshire and Humber Veterans' Outreach Steering Group meeting	Yorkshire and Humber veterans' outreach workers
15 January 2016	Presentation and discussion on the forthcoming engagement at the North Yorkshire Armed Forces Community Covenant Network meeting	North Yorkshire Armed Forces Community Covenant Network members
18 January 2016	Article in Pathfinder magazine (Military Resettlement Careers Training magazine) on forthcoming engagement	Veterans
19 January 2016	Emailed engagement update	NHS veterans' mental health service providers in the South
20 January 2016	Forthcoming engagement discussed at the Tees, Esk and Wear Valleys NHS FT veterans champions Network launch meeting	Tees, Esk and Wear Valleys NHS FT veterans champions
21 January 2016	Emailed engagement brief to NHS England regional heads of communications for sending to the communications and engagement leads at the NHS veterans' mental health services	Communications and engagement leads at the NHS veterans' mental health services
21 January 2016	Presentation and discussion on the engagement at the Cobseo Criminal Justice System Cluster meeting	Cobseo Criminal Justice System Cluster members (16 attendees)
22 January 2016	Emailed engagement brief	<ul style="list-style-type: none"> • All Party Parliamentary Group for the Armed Forces, Ministers, MPs, Lords and Peers with an interest in veterans' mental health • Mental health charities Mind and Young Mind • Mental Health Taskforce Group • Mental Health Provider Forum • Chief Executive of Forces in Mind Trust

Date of activity	Type of activity	People engaged (such as veterans, family members, mental health professionals or service charities)
22 January 2016	Embargoed press release issued to national media (published on the NHS England website and tweeted on 25 January 2016)	<ul style="list-style-type: none"> • National media and NHS England Twitter followers • 2,858 unique views of the press release • 21 comments posted on the NHS England website that were considered as part of the engagement
25 January 2016	Issued letter from Rosamond Roughton, NHS England Director of NHS Commissioning to promote the engagement and encourage local activity	<ul style="list-style-type: none"> • CCG Clinical Leaders and Accountable Officers • Directors of Public Health • NHS Trust Chief Executives, Medical Directors and Directors of Nursing • Royal College of General Practitioners and GPs
25 January to 31 March 2016	Regular tweets to promote the engagement and link to questionnaire	<ul style="list-style-type: none"> • NHS England national and regional Twitter followers • 1,048 tweets from the national NHS England account reaching an audience of 128,000 followers (3,919 retweets) • The national and regional NHS England Twitter accounts provided an opportunity to engage 216,000 followers
25 January 2016	Launch email sent with engagement toolkit	<ul style="list-style-type: none"> • NHS England Armed Forces Patient and Public Voice Group • NHS veterans' mental health services • Armed Forces Networks • Department of Health • NHS England, NHS Employers, CCG, CSU and Trust communications and engagement colleagues across England • Cobseo, for sharing with its members

Date of activity	Type of activity	People engaged (such as veterans, family members, mental health professionals or service charities)
		<ul style="list-style-type: none"> • Joint Chair of the Cobseo Criminal Justice Cluster, for sharing with members • Parents in Power • SSAFA • Healthwatch organisations
25 January 2016	Information sent to My Health London for uploading to its website	Veterans and their families in London
25 January 2016	Social media content sent to Veterans World for use through its channels	Veterans (Potential to engage over 80,000 followers)
26 January 2016	Article promoting the engagement in the Informed NHS England bulletin	Sent to 38,667 health and social care professionals across England and 180 people clicked on the link to the questionnaire
26 January 2016	Article in Engage bulletin (NHS England internal newsletter) promoting the engagement and encouraging staff to participate and promote amongst target audiences	NHS England staff who are a veteran / family member of a veteran / know a veteran / working with veterans and their families
26 January 2016	Email seeking support with promoting the engagement amongst veterans	<ul style="list-style-type: none"> • RAF Association veteran members • The Royal Army Medical Corps Association veteran members
27 January 2016	Engagement discussed at the Gateshead Armed Forces Network meeting	Members of Gateshead Armed Forces Network
27 January 2016	Emailed engagement brief to the Invictus Games and Endeavour Fund charities to seek their support with promoting the engagement amongst veterans	Veterans supported by the Invictus Games and Endeavour Fund charities
27 January 2016	Engagement brief sent to the Prime Minister's office	Prime Minister and Johnny Mercer MP

Date of activity	Type of activity	People engaged (such as veterans, family members, mental health professionals or service charities)
29 January 2016	Article promoting the engagement in the Voluntary Sector Strategic Partnership Newsletter	22 strategic partner organisations and their networks across England (100 recipients)
February 2016	Article promoting the engagement in the February edition of the Permanent Secretary's newsletter, Department for Communities and Local Government	Local authority chief executives and chief fire officers in England (approximately 400 recipients)
4 February 2016	Published a blog written by a veteran with PTSD. This was posted on the NHS England website, tweeted and shared with a range of stakeholders for promoting locally with veterans and their families and those interested in / involved in veterans' mental health care	<ul style="list-style-type: none"> • Department of Health • NHS England, CCG, CSU and Trust communications and engagement colleagues across England • Armed Forces Networks • Healthwatch • My Health London • Big White Wall • Cobseo • Cobseo Criminal Justice System Cluster • 410 unique page views • Tweeted by NHS England, presenting an opportunity for 128,000 engagements
4 February 2016	Article promoting the engagement in NHS England's In Touch bulletin	Sent to 1,985 patients and members of the public across England and 73 people clicked on the link to the questionnaire
9 February 2016	Telephone call with Homeless Link. Followed up by emailing an engagement brief, poster and Twitter content for them to support awareness raising of the engagement	Network of homeless organisations supporting homeless people
9 February 2016	Telephone call with Crisis. Followed up by emailing an engagement brief, poster and Twitter content for them	Homeless veterans

Date of activity	Type of activity	People engaged (such as veterans, family members, mental health professionals or service charities)
	to support awareness raising of the engagement	
11 February 2016	Nepalese version of the engagement document distributed by email for local engagement with the Gurkha community	<ul style="list-style-type: none"> • NHS England, CCG, CSU and Trust communications and engagement colleagues across England • Cobseo, for sharing with its members and The Gurkha Welfare Trust • Healthwatch organisations • NHS veterans' mental health services • Armed Forces Networks
12 February 2016	Email encouraging participation in the engagement	CCG commissioning contacts across England (approximately 65)
15 February 2016	Shared engagement poster by email for local use	Providers and Armed Forces Networks (approximately 730)
15 February 2016	Emailed engagement toolkit to Awaz Cumbria	Ex-Gurkhas in Cumbria and Carlisle
22 February 2016	Emailed engagement toolkit to disablement service centre managers to support local engagement activity	Wounded veterans under the care of disablement service centres
2 March 2016	Sent email promoting the engagement to Nottingham County Council (Covenant Group) and Age UK Nottingham	Veterans and their families in Nottingham
3 March 2016	Circulated electronic version of the Nepalese poster and waiting room screen visual for local engagement with the Gurkha community	<ul style="list-style-type: none"> • NHS England, CCG, CSU and Trust communications and engagement colleagues across England • Cobseo, for sharing with its members and The Gurkha Welfare Trust • Healthwatch organisations • NHS veterans' mental health services

Date of activity	Type of activity	People engaged (such as veterans, family members, mental health professionals or service charities)
		<ul style="list-style-type: none"> Armed Forces Networks
4 March 2016	Article promoting the engagement in the NHS England GP Bulletin, seeking support with local promotion and engagement with veterans and their families, as well as GP practice staff	GP and practice staff
9 March 2016	Provided an update on the engagement and discussed reaching younger veterans	Armed Forces Clinical Reference Group members
10 March 2016	Article promoting the engagement in the NHS Clinical Commissioners Mental Health Commissioners Network newsletter	NHS mental health commissioners (53 recipients)
10 March 2016	Kate Davies OBE, Head of Armed Forces and their Families, Health and Justice and Sexual Assault Services Commissioning, NHS England promoted the engagement in her speech at the 'Veterans' Mental Health – the Road Ahead' conference at which associated leaflets were distributed	Senior leaders from the political arena, the NHS, academia, the third sector and Metropolitan police (approximately 220 attendees)
15 March 2016	NHS England and Healthwatch Norfolk engagement event	<p>16 attendees comprising:</p> <ul style="list-style-type: none"> Veterans with mental health difficulties Veterans with experience of mental health difficulties representing the following service charities: <ul style="list-style-type: none"> Walking with the Wounded Project Nova The Walnut Tree Project Outside the Wire, The Matthew Project Regular Forces Employ Psychologist and Chair from Norfolk and Suffolk NHS Foundation Trust

Date of activity	Type of activity	People engaged (such as veterans, family members, mental health professionals or service charities)
		<ul style="list-style-type: none"> • Wife of a veteran with mental health difficulties • HMP Norwich employee (also a veteran)
16 March 2016	Provided an update on the engagement and discussed engagement approaches	NHS England Clinical Reference Group Mental Health Working Group
17 March 2016	Email reminder of engagement deadline and request to promote and complete the questionnaire	NHS veterans' mental health services
17 March 2016	Circulated engagement toolkit	MOD communications leads for use via their networks and channels
21 March 2016	Blog by Kate Davies OBE (plugging the gap in care for veterans). This was posted on the NHS England website, tweeted and shared with a range of stakeholders for onward sharing	<ul style="list-style-type: none"> • Department of Health • MoD • Forces in Mind Trust • Armed Forces Networks • NHS veterans' mental health services • Cobseo <ul style="list-style-type: none"> • 494 unique page views • Tweeted by NHS England presenting an opportunity for 128,000 engagements
22 March 2016	Spoke to Veterans Association UK about the engagement and emailed the engagement toolkit to support local activity	Veterans Association Co-ordinators and veterans that they support
24 March 2016	Blog by the wife of a veteran with PTSD who is being treated by South West Veterans' Mental Health Service (supporting my man through PTSD). This was posted on the NHS England website, tweeted and shared with a range of stakeholders for onward sharing / encouraging engagement with families and carers of veterans	<ul style="list-style-type: none"> • Department of Health • NHS England, CCG, CSU and Trust communications and engagement colleagues across England • Armed Forces Networks • My Health London • Big White Wall

Date of activity	Type of activity	People engaged (such as veterans, family members, mental health professionals or service charities)
		<ul style="list-style-type: none"> • Cobseo • 902 unique page views • Tweeted by NHS England presenting an opportunity for 128,000 engagements

14.2 Engagement and promotional activity undertaken by NHS veterans' mental health services

Date of activity	Type of activity	People engaged (such as veterans, family members, mental health professionals or service charities)
London Veterans' service		
22 December 2016	Shared draft engagement material with veterans using the service to seek their feedback on proposed content	Veterans using the London Veterans' Service
9 March 2016	Presentation at the Stoll drop in	Veterans and charities (15 people)
February 2016 to March 2016	Service users spoken with individually face to face and / or telephoned	Veterans using the London Veterans' Service (48 people)
February 2016 to March 2016	Letters sent to service users, including those on the service user panel	Veterans using the London Veterans' Service (30 people)
February 2016 to March 2016	Poster in reception at London Veterans' Service	Veterans
February 2016 to March 2016	Multi-disciplinary team meeting presentation	Health and social care providers (8 people)
Military Veterans' Service (Greater Manchester and Lancashire)		
Throughout the engagement period	Emails to Armed Forces Covenant Groups and NHS Trust veteran champions	Armed Forces Covenant Groups and NHS Trust veteran champions across Greater Manchester and Lancashire
Throughout the engagement period	Posting on the Psychological Practitioners Network in the North West with a link in the weekly newsletter	Psychological practitioners in the North West of England (over 1,000 members)
Throughout the engagement period	Visits to a range of statutory services, such as A&E departments, social services, addiction services, probation, Job Centre+ and veterans champions, and e-mails sent to teams who could not fit in visits but wanted information	Organisations supporting / in contact with veterans across Greater Manchester
Throughout	Attended events at / visited Territorial Army Barracks, a	Veterans in Greater Manchester

Date of activity	Type of activity	People engaged (such as veterans, family members, mental health professionals or service charities)
the engagement period	Community Covenant Event, Fulwood Barracks, Preston, Wigan 4 Our Forces and veteran breakfast clubs	
Throughout the engagement period	Outreach work to voluntary sector and housing agencies (including lesbian, gay, bisexual and transgender and black and minority ethnic groups, Age UK, MIND and major veteran charities) via Walking With The Wounded and Veterans in Communities	Veterans in Greater Manchester
Throughout the engagement period	Engagement documents and link to the questionnaire emailed to all local authority Armed Forces Covenant Groups in Lancashire	Armed Forces Covenant Groups in Lancashire
South Central Veterans Service (Berkshire Healthcare NHS Foundation Trust)		
2 March 2016	Issued press release to Berkshire press and posted it on the Berkshire Healthcare website	Veterans and their families across Berkshire (35 pages views of which 29 were unique views)
End of February 2016	Distributed leaflets and posters to all major Berkshire Healthcare sites for display in inpatient and community patient areas	Veterans and their families and friends
11 March 2016	Sent letter encouraging response to the engagement	Service users of South Central Veterans Service (200 recipients)
Throughout the engagement period	Social media activity to promote the engagement and provide link to the questionnaire	Twitter and Facebook followers (Potentially engaged with 1,866 followers on Twitter and 451 people on Facebook)
19 February 2016	BBC Radio Oxford interview	30 minute live interview with veteran using the South Central Veterans Service and pre-record of clinician on weekday show
South West Veterans' Mental Health Service		
Throughout	Promoted the engagement and encouraged people to	Veterans and their families using the South West

Date of activity	Type of activity	People engaged (such as veterans, family members, mental health professionals or service charities)
the engagement period	respond by mentioning it in letters sent to service users and in conversations with them and their families	Veterans' Mental Health Service
Throughout the engagement period	Mentioned the engagement during clinical appointments and encouraged people to respond	Veterans using the South West Veterans' Mental Health Service
Throughout the engagement period	Promoted the engagement on social media	All those interested in veterans' mental health
23 February 2016	BBC Radio Wiltshire interview	Interview with veteran receiving treatment at South West Veterans' Mental Health Service, his wife and Dr Jonathan Leach (Chair NHS England Armed Forces and their Families Clinical Reference Group)
Surrey Engagement: Reservists and Veterans Emotional Support (SERVES)		
January 2016	Engagement information sent out via email	SERVES contacts (approximately 250 people)
Throughout the engagement period	Promoted and encouraged participation in the engagement at all meetings and training	230 people engaged via training and approximately 200 at meetings
4 February 2016	Interview with Eagle Radio Surrey to promote the engagement, the local service and veterans mental health awareness	Veterans and their families in Surrey
20 February 2016	Engagement article published in the Farnham Herald	Veterans and their families in Farnham
Sussex Armed Forces Network		
Throughout the	Engagement brief sent to veterans champions for onward sharing	Veterans champions (over 100) and veterans in Sussex

Date of activity	Type of activity	People engaged (such as veterans, family members, mental health professionals or service charities)
engagement period		
Throughout the engagement period	Engagement information shared with working group	Service charities in Sussex
Throughout the engagement period	Engagement information posted on the Sussex Armed Forces Network website with link to the engagement questionnaire	All those interested in veterans' mental health
Throughout the engagement period	Promoted at various community events and in CCG meetings	Veterans and CCG mental health commissioners in Sussex
Veterans First (Essex)		
Throughout the engagement period	Distributed leaflets and engagement questionnaires	All veterans using the service
Throughout the engagement period	Engagement promoted on the Veterans First website	Veterans in Essex
Veterans' Mental Health Services (East Midlands)		
Throughout the engagement period	Engagement promoted on the trust's intranet	Staff, veterans and carers (approximately 2,000 staff)
Throughout	Veteran Liaison Champions from the East Midlands	Veterans mental health service and NHS provider

Date of activity	Type of activity	People engaged (such as veterans, family members, mental health professionals or service charities)
the engagement period	Service promoted the engagement in local NHS trusts, GP surgeries, local support groups and in partnership with third sector providers	staff, veterans, carers and service charities
Throughout the engagement period	Engagement promoted on staff screen savers across the Trust	Staff / veterans (approximately 2,000 staff)
Throughout the engagement period	Regional lead provided engagement information and questionnaire link to the MOD via the DCMH and to the Royal British Legion during a presentation on the East Midlands veterans' mental health services	Serving personnel, families, carers and agencies supporting the armed forces
Throughout the engagement period	Information shared with the Managed Care Network for mental health in partnership with Lincolnshire Partnership Trust, the local authority and the SHINE network	Staff, carers, reserves, volunteers, veterans, charities and public sector organisations (The Managed Care Network has 67 member organisations and SHINE is a network of people, groups, organisations and businesses)
Veterans' Outreach Service (Yorkshire and the Humber)		
8 March 2016	Spoke at Hull City Council event about veterans outreach and housing and mentioned the engagement	External stakeholders including the voluntary sector
Throughout the engagement period	<ul style="list-style-type: none"> Retweeted @nhsenglandnorth messages Emailed referrers Posters displayed in hospitals and units 	Veterans and their families
West Midlands Military Veterans' Hub		
Throughout the engagement period	One to one service user engagement	Service users and veterans
Throughout	Engagement discussed at the West Midlands Veterans'	Combat Stress, Royal British Legion, SSAFA,

Date of activity	Type of activity	People engaged (such as veterans, family members, mental health professionals or service charities)
the engagement period	Steering Group Meetings	Community Covenant Group and NHS providers
Throughout the engagement period	Engagement discussed at the Veterans Training and Education sessions	NHS mental health professionals
Throughout the engagement period	Informal conversations with partners regarding veterans care within the Network and the engagement	GPs, referrals from GPs and other referral sources, such as the police and probation services
Throughout the engagement period	Engagement promoted in meetings	Housing associations and service charities
Throughout the engagement period	Engagement discussed at service user forums	Service users and veterans
Throughout the engagement period	Formal presentations given at the following meetings: <ul style="list-style-type: none"> • National Public Health event • Regional AGM • Kings College, London • Armed Forces Covenant conference • NHS Board Meetings • Sustainability and Transformation Plan Meetings • Regional Network Meetings • Clinical Commissioning Groups • Charitable sector (MIND) 	<ul style="list-style-type: none"> • Mental health professionals • Healthcare researchers • Commissioners • Senior managers from the third sector • Public Health clinicians • Members of the public • Service users, veterans and their families

Date of activity	Type of activity	People engaged (such as veterans, family members, mental health professionals or service charities)
	<ul style="list-style-type: none"> League of Friends 	
Throughout the engagement period	Engagement discussed at Recovery Colleges and in service user engagement sessions	<ul style="list-style-type: none"> Mental health professionals Healthcare researchers Commissioners Senior managers from the third sector Public Health clinicians Members of the public Service users, veterans and their families
Throughout the engagement period	Regional mental health network meetings at mental health providers	<ul style="list-style-type: none"> Mental health professionals Healthcare researchers Commissioners Senior managers from the third sector Public Health clinicians Members of the public Service users, veterans and their families
Throughout the engagement period	Engagement mentioned on websites and in IAPT services	<ul style="list-style-type: none"> Members of the public Service users Veterans and their families
Throughout the engagement period	Engagement materials sent to GP practices	<ul style="list-style-type: none"> Members of the public Service users Veterans and their families
Throughout the engagement period	Engagement focus groups	<ul style="list-style-type: none"> Members of the public Service users Veterans and their families

14.3 Engagement and promotional activity undertaken by NHS trusts and CCGs

Date of activity	Type of activity	People engaged (such as veterans, family members, mental health professionals or service charities)
Birmingham and Solihull Mental Health NHS Foundation Trust		
27 January 2016	Engagement discussed at the West Midlands Veterans Mental Health Network Regional Meeting	West Midlands Veterans Mental Health Network members (16 people)
Dorset Healthcare University NHS Foundation Trust		
Throughout the engagement period	<ul style="list-style-type: none"> Regular tweets Issued press release and gave two local radio interviews Spoke at local veterans breakfast club Sent an email to all Trust staff to raise awareness of the engagement and ask for people to promote and share it Emailed link to local garrison teams 	<ul style="list-style-type: none"> Trust staff Veterans and families in the Dorset area
George Eliot Hospital NHS Trust		
March 2016	Twitter activity	Local community (1,300 followers)
March 2016	Facebook activity	Local community (1,600 people)
March 2016	Leaflets and questionnaires displayed in all outpatient areas and posters displayed on outpatient noticeboards	Veterans and their families (approximately 3,000 people)
NHS Barnsley CCG		
25 January 2016 to 31 March 2016	Emailed engagement information and link to the questionnaire several times throughout the engagement period with a request to promote through local networks	<ul style="list-style-type: none"> CCG Patient Council and OPEN (Our Public Engagement Network) members (approximately 200 people) All CCG staff including GPs and practice managers via the CCG's Friday Round-Up e-bulletin Engagement leads working at local partner organisations (Barnsley Metropolitan Borough Council, Barnsley Hospitals NHS Foundation Trust,

Date of activity	Type of activity	People engaged (such as veterans, family members, mental health professionals or service charities)
		South West Yorkshire Partnership NHS Foundation Trust and Healthwatch Barnsley) <ul style="list-style-type: none"> • Lead mental health commissioners at Barnsley Metropolitan Borough Council and within the CCG • Barnsley Armed Forces Covenant Group
25 January 2016 to 31 March 2016	Displayed engagement poster on the Patient and Public Engagement Notice Board within the CCG offices and sent posters to local practice managers for display within surgeries	<ul style="list-style-type: none"> • CCG Staff • Patients attending GP practices where information was displayed
NHS Bath and North East Somerset CCG		
1 February 2016 to 31 March 2016	CCG web page news story with link to the engagement questionnaire	Website users (15 unique page views and 11 people exited news story to questionnaire)
1 February 2016 to 31 March 2016	Tweets about the engagement	Twitter followers (13 tweets, 17,440 impressions, 193 engagements, 44 retweets and 32 link clicks)
NHS Birmingham CrossCity CCG		
1 February 2016 to 31 March 2016	Engagement promoted on the CCG's website	Website users
1 February 2016 to 31 March 2016	Engagement promoted on the TV screen at the CCG's head office	CCG staff and visitors (potentially over 100 people)
1 March 2016 to 31 March 2016	Article in the People's Health Panel newsletter	Patients within the Birmingham CrossCity area (550 patients)
7 February 2016	Promoted on the CCG's Facebook page	CCG Facebook followers (86 people)
NHS Bracknell and Ascot CCG, NHS Slough CCG and NHS Windsor Ascot and Maidenhead CCG		

Date of activity	Type of activity	People engaged (such as veterans, family members, mental health professionals or service charities)
28 January 2016 to 31 March 2016	<ul style="list-style-type: none"> Series of tweets issued with link to the questionnaire Promoted on the CCG websites and GP practice member websites Circulated Nepalese material to specific practices that serve this community 	Veterans, including Gurkhas and their families in the Bracknell, Slough, Windsor, Ascot and Maidenhead areas
NHS East and North Hertfordshire CCG		
1 to 31 March 2016	Engagement promoted on TV waiting room screens in GP practices across Hertfordshire and mental health clinics at NHS Hertfordshire Partnership NHS Trust	Patients and carers attending 129 GP practices in Hertfordshire and mental health clinics at NHS Hertfordshire Partnership NHS Trust
25 February 2016	Article in the CCG's GP practice bulletin to remind practices to promote the engagement and display the poster	400 GPs and practice staff
NHS Fylde and Wyre CCG		
2 February 2016	Issued press release promoting engagement	Local media consumers (published on regional ITV news website)
February 2016 to March 2016	Social media activity to promote the engagement and link to the questionnaire	CCG social media followers (potential for 1,800 engagements)
NHS Herts Valley CCG		
16 February 2016	Social media activity	Public, clinicians, NHS organisations and staff (324 impressions, 2 'detail expands' and 1 link click)
February 2016 to March 2016	Promotional banner on the homepage of the CCG's website	Residents of West Hertfordshire and NHS staff
February 2016	Promoted in the CCG's GP newsletter	Clinicians (sent to 496 email addresses)
February 2016	Promoted in the CCG's general newsletter	Stakeholders (sent to 2,697 email addresses)
NHS Mid Essex CCG		

Date of activity	Type of activity	People engaged (such as veterans, family members, mental health professionals or service charities)
February 2016	Social media promotion of engagement	Veterans and general public (5,000 social media followers)
5 February 2016	Article promoting the engagement in the CCG staff newsletter and request to support with local activity	CCG staff and local providers (100 staff and local provider organisations)
15 February 2016	Details of the engagement shared with veterans' groups in locality areas	Veterans and three service charities, local service users and families
NHS Newcastle Gateshead CCG		
3 February 2016 to 31 March 2016	Information posted on the CCG's intranet and included in weekly GP bulletins for Newcastle and Gateshead	CCG and GP practice staff (66 GP practices)
March 2016	Discussed at the Newcastle Gateshead Mental Health Programme Board	Members include GPs, clinical leads and local authority, community and voluntary sector and mental health trust representatives (20 attendees)
NHS Warrington CCG		
11 March 2016	Focus groups	Veterans and support workers (10 attendees)
Throughout March 2016	Engagement promoted via press releases, social media, patient participation groups and in emails to CCG and Healthwatch	<ul style="list-style-type: none"> • Third sector support • Veterans • Families
Northumberland, Tyne and Wear NHS Foundation Trust		
6 February 2016	Promoted as part of Mental Health Day in Newcastle City Centre	Members of the public interested in mental health (up to 70 people)
Sheffield Health and Social Care NHS Foundation Trust		
28 January 2016	News item on staff intranet with link to questionnaire	Approximately 3,000 staff
28 January 2016	Posted link to questionnaire and engagement information on the trust's Facebook page	Approximately 600 people
28 January 2016 onwards	Retweeting NHS England Twitter posts about the questionnaire	Approximately 800 people

Date of activity	Type of activity	People engaged (such as veterans, family members, mental health professionals or service charities)
South Central Ambulance Service NHS Foundation Trust		
Four times throughout the engagement period	Graphic in internal newsletter with link to the questionnaire	Approximately 3,000 staff
January 2016 - February 2016	Posters sent to Trust sites for display	Approximately 3,000 staff
Throughout the engagement period	Retweeting messages	Members of the public
West Midlands Ambulance Service NHS Foundation Trust		
Seven times throughout the engagement period	Retweeted NHS England tweets	Trust followers (potential for 26,000 engagements)
Two times throughout the engagement period	Promoted on Facebook page	Facebook followers (potential for 9,000 engagements)
Two times throughout the engagement period	Promoted on Instagram page	Instagram followers (potential for 2,300 engagements)

14.4 Engagement and promotional activity undertaken by the Department of Health and Veterans UK

Date of activity	Type of activity	People engaged (such as veterans, family members, mental health professionals or service charities)
Department of Health		
4 February 2016	Article promoting the engagement on the Department of Health intranet	Department of Health staff
12 February 2016	Email to all Public Health England lead Nurses (children, young people and families) encouraging them to share and promote within their networks	Health visitors, nurses, school nurses, academics, health professionals and local authorities
12 February 2016	Email to all Health Education England area team networks encouraging them to share and promote within their networks	NHS providers and staff
12 February 2016	Email to York St John University Veteran Awareness Course network and contacts encouraging them to share and promote within their networks	Veterans champions from Yorkshire and Humber and beyond, including representatives from NHS, local government, charities, health providers and universities
12 February 2016	Email to the Service Charities Health Partnership Working Group encouraging them to share and promote within their networks	Representatives from the Royal British Legion, Combat Stress, Cobseo, Help for Heroes, SSAFA, Blesma, MOD and Blind Veterans UK
29 February 2016	Guest blog from Dr Jonathan Leach (Chair NHS England Armed Forces and their Families Clinical Reference Group) on the Social Care News blog about mental health support for veterans and the engagement. Tweeted by the Department of Health and NHS England, sent out in the Department of Health's social care newsletter and to Armed Forces Networks	<p>Readership includes people from across the care and support sector (service users, providers, commissioners, local authorities and many others working in health and social care, such as mental health nurses, care workers, approved mental health professionals and social workers)</p> <ul style="list-style-type: none"> • 653 clicks of which 492 were unique • 20,000 subscribers to the blog • Tweets reached over 328,000 Department of

Date of activity	Type of activity	People engaged (such as veterans, family members, mental health professionals or service charities)
		Health and NHS England followers
Early March 2016	Article promoting the engagement in the Health and Care Partnership newsletter and emailed to the Social Partnership Forum group	Representatives from health and care sector organisations including arm's length bodies, regulators, third sector, representative bodies and workforce (approximately 300 people)
March 2016	Tweets sent out to promote the questionnaire from a number of Department of Health accounts and Alistair Burt's personal account (including a tweet about him visiting the London Veterans Assessment and Treatment Service)	Followers from across the care and support sector (service users, providers, commissioners, local authorities and others working in health and social care, such as mental health nurses, care workers, approved mental health professionals and social workers) Potential for over 12,000 engagements
Veterans UK		
23 March 2016	News item published	General public and veterans (378 page views of which 319 were unique page views)
March 2016	Facebook post	Followers of Veterans UK's Facebook Page, including veterans, family members and service charities (potential for 341 engagements)
March 2016	Five Twitter posts	Followers of Veterans UK's Twitter Page, including veterans, family members and service charities (6,957 impressions)