



Defence Select Committee inquiry

Mental Health and the Armed Forces

Part Two: The Provision of Care

The Royal British Legion written evidence

1.0 About us

- 1.1 The Royal British Legion is at the heart of a national network that supports our Armed Forces community through thick and thin – ensuring that their unique contribution is never forgotten. We were created as a unifying force for the military charity sector at the end of the First World War, and still remain one of the UK's largest membership organisations. The Legion is the largest welfare provider in the Armed Forces charity sector, helping veterans young and old transition into civilian life. We help with employment, financial issues, respite and recovery, through to lifelong care and independent living. For further information, please visit www.britishlegion.org.uk
- 1.2 The Legion is grateful for the opportunity to respond to the Defence Select Committee's inquiry: '*Mental Health and the Armed Forces, Part Two: The Provision of Care*'.
- 1.3 The Legion is a major funder of specialist mental health provision through other partners. We also have a significant role to play in supporting those experiencing mild or moderate mental health or wellbeing issues. We support beneficiaries to identify the causes of these issues, to seek appropriate clinical support, as well as providing financial and specialist advice to address elements which may impact on mental health such as debt or housing issues.
- 1.4 The Legion is a member of Contact, a collaboration of military charities working with the NHS and the Ministry of Defence (MOD). Contact aims to help members of the Armed Forces community access mental health and wellbeing support. As a member, the Legion supports the views put forward in Contact's written evidence; however we wish to also raise a number of specific points below.

2.0 Meeting specific mental health care needs: Serving personnel

- 2.1 Data collected on suicide rates of Serving personnel currently excludes data on Reservists, amongst others, as Defence Statistics do not receive routine notifications of all deaths among Reservists and non-Regulars.
- 2.2 Research has indicated there is an increased prevalence of probable PTSD and common mental health disorders amongst deployed Reservists compared to Regular personnel and non-deployed Reservists (Fear et al., 2010). Given the increased

likelihood of mental health issues among deployed Reservists we believe it is worthwhile to collect data on suicide rates within this group, to explore whether there is increased incidence of suicide or self-harm.

3.0 Meeting specific mental health care needs: Veterans

- 3.1 Recent research into veteran help-seeking for mental health issues has found that some veterans may fail to seek help as they can't recognise what constitutes a mental health problem (Rafferty et al., 2017). The same research found that although stigma can be a barrier to seeking care for those who have never done so, veterans who had previously sought care were likely to do so again if they developed another mental health problem. However, if previous treatment sought was considered to be of poor quality, veterans were unlikely to seek treatment – whether for a worsening condition or the development of another issue.
- 3.2 NHS England's *Transition, Intervention and Liaison Service (TILS)*, launched in April 2017, seeks to improve mental health care for veterans and Armed Forces personnel approaching discharge. According to figures provided by the NHS¹, as from April 2017 to the end of November 2017, TILS received 1,669 referrals. Since recording began for referrals appropriate for assessment (October 2017), 72.8% were deemed appropriate. Thirty per cent of patients assessed were seen for treatment within TILS, whilst some have been referred for treatment by other services, including 18% to IAPT.
- 3.3 In April 2018, NHS England launched the *Veterans' Mental Health Complex Treatment Service (VMH CTS)*. VMH CTS sits within the TILS referral pathway. CTS referrals provide a range of intensive care and treatment for people with military related complex mental health difficulties. Referral via the TILS ensures that the veteran's military service has been confirmed and any interventions earlier in the pathway have been considered.
- 3.4 The Legion welcomes both the TILS and CTS provision of mental health support for those approaching transition, as well as for those who have already exited Service. In particular, the Legion commends the availability of a self-referring service to those who are preparing to transition, and to veterans regardless of when they exit. Likewise, we welcome the provision of a dedicated support pathway to those with more complex conditions and support needs.
- 3.5 The Legion believes that NHS England should commit to publishing annual figures outlining the number of TILS referrals, assessments, and onward referrals. This would provide valuable data around the types of issues veterans and transitioning personnel present with (including self-referral), as well as the types of support deemed suitable for this group including onward referrals to the CTS. Available data on TILS referrals is currently limited to the figures referenced above, which do not expand on assessment and treatment waiting times, onward referrals for patients, and treatment efficacy. Until such figures are available, it is difficult to assess how provision for mental health services to serving and former Armed Forces personnel in the UK meets their needs.

¹ [Written evidence submitted to Defence Select Committee by NHS England, 2018](#)

3.6 The Legion recommends that the NHS also give consideration to ensure that there is no gap in support provision for those experiencing the most complex mental health issues - who may require specialist treatment but may not be able to access it via current service provision.

4.0 Priority Treatment

4.1 The Legion shares concerns around Priority Treatment raised by the Defence Select Committee in the report *Mental Health and the Armed Forces, Part One: The scale of mental health issues*. The Legion is concerned by the apparent disconnect between original political intention, practical implementation and user expectation when it comes to the policy.

4.2 In terms of mental health access, the Legion welcomes Priority Treatment provision in the form of dedicated pathways such as TILS, CTS and Veterans NHS Wales. However, the Legion is concerned about broader issues around the concept of Priority Treatment, its definition and interpretation.

4.3 We recognise that Priority Treatment is the delivery mechanism through which a veteran with a condition caused or aggravated by Service is able to receive appropriate care by preferential access to treatment. However, the current system is confused as to how it has been communicated to both healthcare practitioners and veterans. We note that while Scottish and Welsh government, some UK politicians and veterans appear to generally consider Priority Treatment in terms of waiting lists and treatment times (as originally outlined by ministers both when the policy was first announced); NHS officials and ministerial evidence to the DSC this year generally discuss the policy in terms of specialist commissioning and bespoke pathways.

4.4 Legion research has found that the majority of health practitioners know very little about the policy and those that do are unclear about how to apply it in practice. This is often due to the absence of a formal procedure for noting a veteran's status and confusion around whether to send a veteran on a pathway and/or apply priority to their appointment waiting time. As a result, health bodies seem rarely able to measure or demonstrate conclusively that Priority Treatment is being delivered.

4.5 The Legion is also concerned by the Parliamentary Under-Secretary of State's suggestion in oral evidence to the DSC's Part One inquiry on mental health that there may be tension between the Armed Forces Covenant and the principles of the NHS. The Covenant forms part of the NHS Constitution and so we contend that no such tension should therefore exist.

4.6 While NHS officials have acknowledged more can and should be done to improve awareness of Priority Treatment, the Legion strongly recommends that before this exercise can be meaningfully pursued, there must first be confirmation of what is meant by Priority Treatment and how it can be applied.

- 4.7 The Legion believes that any policy and messaging regarding Priority Treatment should, where possible, be consistent across the UK to ensure parity of service and minimise confusion for veterans.
- 4.8 As noted above, when originally announced, Priority Treatment was described in terms of waiting lists and treatment times. The Legion is concerned that the policy appears to have been reinterpreted within some parts of government without being effectively communicated to the public. The Legion is also concerned that changes carried out without sufficient stakeholder consultation, or reassurance around entitlements, may negatively impact upon the Armed Forces community. We therefore welcome and support the Defence Select Committee's finding that Priority Treatment needs to be clarified and confirmed - whether via the forthcoming Veterans Strategy, or by other means, such as a dedicated inquiry by the Defence Select Committee on the subject.

5.0 Meeting specific mental health needs: Families

- 5.1 Spouses, partners and children of Armed Forces families currently receive mental health treatment from the NHS. However, Armed Forces families have specific needs in the way they access mental health support, experience unique stressors, and face increased risks of mental health problems (Murphy et al., 2016; White et al., 2011).
- 5.2 The Legion believes that there may not be adequate mental health support for veteran families. Whilst some veteran mental health services accept referrals for spouses, generally spouses of veterans and children access mainstream NHS services.
- 5.3 The Legion emphasises that families must be included in Armed Forces Covenant responsibilities. The Covenant is the nation's recognition of its moral obligation to members of the Armed Forces and their families, and establishes how they should be treated.
- 5.4 Due to the unique stressors and risk of mental health problems for families, the Legion believes there should be clear access points and care pathways for Armed Forces spouses, partners and children, including families of current or former members of the Armed Forces.
- 5.5 These care pathways and mental health treatment services need to understand Armed Forces families' particular health needs and must be culturally sensitive to their experiences of Service. Much attention has rightly been focused on mental health needs of Service personnel and veterans; however we wish to ensure that families also have access to tailored support.

6.0 Meeting specific mental health needs: GPs and NHS medical practitioners

- 6.1 Routine and effective data collection is fundamental to both ensuring that GPs are able to meet veterans' needs and to veterans engaging in mental health services. The current

Read code/SNoMed CT Code “Served in Armed Forces” is in place, yet anecdotal evidence suggests it is not routinely and uniformly used to identify veterans accessing health care.

- 6.2 The Legion believes it is the duty of all statutory bodies and those delivering statutory services to ‘ask the question’ and ensure veterans, and family members, are identified and therefore receive the services to which they are entitled. Progress in this area has been welcome – in particular, the Legion welcomes the work carried out by the Royal College of General Practitioners on this - but more work is needed.
- 6.3 Consistently ask the question “Have you or a family member served in the UK Armed Forces?” and coding e-health record systems accordingly would allow effective referral to suitable support. It would also bestow a number of other benefits such as allowing more accurately informed service planning by local government or Health Boards for local populations, and provide data around Priority Treatment cases applied across the UK.
- 6.4 We support further work by NHS England, NHS Digital and Devolved Administrations to improve the coding of members of the Armed Forces Community within GP computer systems. We also support initiatives by NHS England to improve the transfer of clinical notes into the NHS as service personnel leave the services and register with an NHS general practitioner.
- 6.5 Feedback from Legion Members suggests that many do know of the specific veterans’ mental health services available, although our view is that further work is needed to ensure that this knowledge is more broadly available.
- 6.6 Following a pilot project with NHS England in the West Midlands to accredit NHS GP Surgeries as “veteran friendly”, the Legion welcomes the national roll-out of Military Veteran Aware Accreditation scheme. We are hopeful that this scheme will improve identification and recording of veterans presenting at GPs, awareness of issues affecting veterans, and improved awareness and application of Priority Treatment, where appropriate.
- 6.7 However, the Legion notes that 90 out of a possible 800 West Midland GP practices (11%)² signed up to the pilot - a somewhat disappointing figure considering its potential scope. Furthermore, no evaluation of the pilot has been released, resulting in a lack of data around its effectiveness. While the Legion continues to welcome the accreditation scheme, we recommend an evaluation of the pilot to feed learning and evidence into the national roll-out.

7.0 Veterans’ Gateway

- 7.1 Launched in April 2017, Veterans’ Gateway is the first point of contact for veterans seeking support. Veterans’ Gateway is made up of a consortium of organisations and

² [Midland Faculty, RCGP website, 2018](#)

Armed Forces charities, led by The Royal British Legion and including SSAFA – the Armed Forces charity, Poppyscotland, Combat Stress and Connect Assist.

7.2 Veterans' Gateway offers a range of support and signposting for veterans – including self-help guides containing advice from a range of organisations covering issues from employment, finances and housing, mental wellbeing, physical health, and families and communities and directly from its 36 Referral Partners and over 80 listed Information Organisations. Support from VG is available 24 hours a day, 7 days a week. Veterans can contact the VG via phone, email, live chat, social media channels or text.

7.3 As of 31 July 2018, Veterans' Gateway has received 1,272 support queries in relation to mental wellbeing. These are broken down as:

Mental wellbeing	1,272
About mental wellbeing	115
Accessing support	826
Bereavement	7
Mental wellbeing	324

7.4 In the same time period, Veterans Gateway has recorded a total of 160,653 views of self-help guides, with 15,469 views (approximately 10%) of self-help guides for mental wellbeing.

7.5 In the rolling year up to 31 July 2018, Veterans Gateway recorded 38,276 self-referrals, of which 1,178 were to Combat Stress, the UK's leading military mental health charity.

7.6 The Gateway Consortium, led by The Legion, is encouraged by the figures above and is committed to Veterans' Gateway growth, broader awareness and reach as it evolves over time.

8.0 Regional variations in care and support

8.1 The Legion notes that while there are a number of dedicated and tailored mental health services across the UK, variances in statutory funding and service provision across the devolved nations may result in support inequalities and infringement of the Covenant's promise of 'no disadvantage' for the Armed Forces community.

8.2 Likewise, different interpretation and implementation of policies such as Priority Treatment may potentially limit support and intervention opportunities for those experiencing mental health issues.

- 8.3 The Legion is hopeful that new initiatives targeted at veterans such as TILS and the Military Aware Accreditation scheme will improve support provision for this group, and may be adopted or replicated by the other nations.
- 8.4 The work carried out by the Legion in England and Wales is carried out by two organisations in Scotland. One of which is Poppyscotland, who have reported anecdotal evidence that veterans in parts of Scotland have become increasingly anxious about their own emotional wellbeing as a direct consequence of recent media coverage regarding the topic of suicide prevention and veterans' mental health.
- 8.5 While we welcome reduction in stigma surrounding mental health issues, the Legion and Poppyscotland urge caution in media reporting of suicide amongst veterans. Guidance from Samaritans highlights that inappropriate reporting of suicide may lead to imitative behaviour. In particular, the guidance notes that *"a vulnerable person who might not otherwise have attempted suicide could strongly identify with a particular characteristic of a person who has died by suicide, and this may lead them to take their own life."*³ Given evidence around vulnerability factors linked to veteran suicide and evidence of veteran suicide rates being no greater when compared to the general population (Kapur et al., 2009), we urge media caution when representing veteran mental health issues.
- 8.6 In Scotland, the Scottish Government has a 10 year mental health strategy in place which has led to the development of a suicide prevention action plan. We hope that veterans' mental health will be strongly considered by the newly established National Suicide Prevention Leadership Group. Furthermore, in May 2018 the then Scottish Veterans Commissioner produced a report on Veterans Health and Wellbeing in which he called for an increased focus to be given to veterans' mental health plus developing work on a National Trauma Network⁴.
- 8.7 The delivery of health and social services to veterans in Northern Ireland is often complicated for several historical and socio-political reasons. These include real and perceived veteran concerns about personal security and the related reluctance to disclose Service history when accessing services (Armour et al., 2017). This also likely impacts on GPs 'asking the question' in relation to Service history. Potentially related to this, there is a real lack of data on the veteran population in Northern Ireland. As such, it is difficult to establish whether there are differences in service provision for veterans in this region. More detailed evidence on this population will be provided by Ulster University's ongoing Northern Ireland Veteran Health and Wellbeing Study (NIVHMS). Early findings from a preliminary NIVHMS focus group with 50 veterans indicated that mental health is a significant concern for this group and their immediate support networks (Armour et al., 2017). Without further data however, it is difficult to establish whether appropriate support is available to this population and what support gaps may exist.

³Samaritans, 2013 [Media Guidelines for Reporting Suicide](#)

⁴ Scottish Veterans Commissioner, 2018 [Veterans' Health & Wellbeing - A Distinctive Scottish Approach](#)

For further information about this submission, please contact the Legion's Public Affairs and Public Policy team via Meg Stapleton, Policy Officer (Health and Care): mstapleton@britishlegion.org.uk

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