



Together for Mental Health – Delivery Plan 2016-2019

Royal British Legion Consultation Response

1.0 About us

- 1.1** The Royal British Legion was created as a unifying force for the military charity sector at the end of WWI, and still remains one of the UK's largest membership organisations. We are the largest welfare provider in the Armed Forces charity sector, providing financial, social and emotional support, information, advice, advocacy and comradeship to hundreds of thousands of Service personnel, veterans and their dependants every year. In 2014, we responded to over 450,000 requests for help – more than ever before – and spent £1.4m every week on welfare support. For further information, please visit www.britishlegion.org.uk
- 1.2** The Legion is grateful for the opportunity to respond to the Welsh Government's Consultation, 'Together for Mental Health, Delivery Plan: 2016-19'. We commend the overall aim of the delivery plan and the principles underpinning it that aim to address inequalities of access to mental healthcare services, mental health stigma, service integration, provision of evidence based interventions, comorbid interventions strategies and recognition that supporting integrating actions in other policy areas, such as housing and finance, will bolster the overall impact of positive mental health policy.
- 1.3** The Legion highly commends the Welsh Government's efforts to support the Veterans NHS Wales mental health service and the Government's specific Armed Forces mental health support, as detailed in the Welsh Government Package of Support for the Armed Forces Community 2013. The Legion believes the Welsh Government has done a huge amount to improve and support veterans' mental health, and to recognise the excellent service Veterans NHS Wales provides. We praise the Government for its commitment in 2015 to increase funding to this service by £100,000. It is laudable step taken by the Welsh Government on which the Legion wishes to build.
- 1.4** Additionally the Legion has been pleased to note other welcome improvements to the health landscape in Wales for members of the Serving and ex-Service community. The appointment of Local Health Board (LHB) Armed Forces Champions and the establishment of LHB Armed Forces Forums across Wales is a very positive step in highlighting the health needs of the Armed Forces community and must be utilised as a vehicle for ensuring the principles of the Armed Forces Covenant are delivered at a local level.
- 1.5** The Legion however is disappointed that the service delivery goals and key actions relating to veterans mental health provision are particularly limited in this consultation document. The delivery plan at present does not address the complete package of mental healthcare needs for the Armed Forces community, and will not provide the right level of leadership or performance measures to adequately address the future needs of Welsh veterans or their families.

- 1.6** We thank the Welsh Government for including the priority goal in point 7.7 – *‘To ensure mental health services for veterans in Wales who are experiencing mental health problems are sustainable and able to meet that populations needs in a timely and appropriate manner’*. This is an important recognition of veterans’ mental health requirements, however the Legion advises that this goal is particularly limited in its scope and in turn has limited associated key action and performance measures. For example, it falls short of including veterans’ families in this requirement, some whom are particularly in need of mental health support.
- 1.7** The Armed Forces community in Wales is an important and sizeable population, some of whom will experience an increased risk of mental health problems compared to the general population. The Royal British Legion advises that the Welsh Government consider creating a separate delivery strategy that addresses the Armed Forces community’s needs in mental health services, which would work alongside the main service delivery strategy.
- 1.8** Alternatively, and at a minimum, we recommend that the priority goal in point 7.7 and its associated key actions and performance measures are expanded to ensure veterans and their families mental health needs are met in Wales. The Legion recommends that to meet the priority goal 7.7, the Welsh Government must seriously consider putting in place increased, sustainable funding for veterans mental health services in Wales. Currently the Legion does not feel the needs of this population will be adequately met without specific attention. Therefore, more specified actions are required on the part of Government to increase knowledge of the mental healthcare needs of this group to ensure inequalities of treatment do not occur between the civilian and veteran populations.
- 1.9** We detail below evidence pertaining to the specific mental healthcare needs of the Armed Forces community, what priorities we believe are missing in this delivery plan, and specific actions or performance measures that should be included to ensure the obligations of the Armed Forces Covenant are fulfilled in Wales.

2.0 Background

- 2.1 Armed Forces Covenant and Welsh Government Package of Support For the Armed Forces Community** – The Armed Forces Covenant was enshrined into law May 2011 and represents the nation’s and Government’s recognition of its moral obligation to members of the Armed Forces community, and states that the Armed Forces and their families “deserve our respect and support, and fair treatment”. The two key principles underlying the Covenant are:
- ‘No disadvantage’: the Covenant commits the Government to removing, where possible, disadvantage experienced as a result of Service.
 - ‘Special treatment’: for those injured in Service, or for families bereaved by Service, it can be appropriate for the principle of ‘special treatment’ to be applied.
- 2.2** We believe the Welsh Government and the ‘Together for Mental health - delivery plan’ must be more explicit in its obligations to the Armed Forces community. We suggest a separate but associated delivery plan should be created for the Armed Forces community. We believe the delivery document must echo the intentions enshrined in NHS England’s constitution which was updated in 2015 to include a guiding principle in relation to the Armed Forces community as detailed below:

2.3 ‘...the NHS will ensure that in line with the Armed Forces Covenant, those in the armed forces, reservists, their families and veterans are not disadvantaged in accessing health services in the area they reside. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment’

‘As part of this principle and in line with the Armed Forces Covenant, the NHS will ensure that members of the Armed Forces Community (including those serving, reservists, their families and veterans) are supported, treated equally and receive the same standard of, and access to healthcare as any other UK citizen in the area they live. For those with concerns about their mental health who may not present for some time after leaving Service, they should be able to access services with health professionals who have an understanding of Armed Forces culture.’ (NHS England, *The NHS Constitution and accompanying handbook*, 2015)

2.4 This following principle should be included in future mental health delivery plans in Wales to detail what the Armed Forces community can expect from their mental health services and what standards providers should be held to in their delivery of mental health treatment.

3.0 The Size And Health Needs Of The Ex-Service Community In Wales

3.1 In 2014 the Legion’s household survey research (Royal British Legion, *A UK Household Survey of the ex-Service Community*, 2014) estimated that the adult ex-Service community in Wales comprised of approximately 310,000 people, making up 12 percent of the adult population of Wales. This community frequently interacts with the National Health Service in Wales for both primary and secondary care, and whilst in many areas mental health issues are broadly comparable with the general population, there are some notable differences that should inform the Welsh Government’s approach in the delivery of mental health services.

3.2 Mental health needs:

- In the Legion’s household survey, one in ten of the ex-Service community reported feeling depressed, which equates to approximately 31,000 individuals in Wales. The age group most likely to report being depressed are those aged 35-64 (14%). Reporting depression was more common for those unemployed, those not seeking work that were under retirement age, and those who reported problematic alcohol consumption.
- Working age members of the ex-Service community were more likely than the general population to report having depression (10% v 6%)
- Military personnel who have deployed are at high risk of experiencing traumatic events (Hoge et al., 2004), particularly those who deploy in a combat role. UK research has found an association between holding a combat role and PTSD (Rona et al., 2009, Fear et al., 2010). There is an increased risk of PTSD and relationship problems in deployed Reserve personnel compared to non-deployed Reserves (Harvey et al., 2012). The prevalence of common mental health disorders (CMD) in the UK Armed Forces is estimated at 20%, alcohol misuse 13% and PTSD 4% (Fear et al., 2010).
- Recent research by Goodwin et al. (2015) comparing UK Service personnel and the English working general population suggests that odds of CMD were double in the military

compared to the general population (which approximates the Legion's Household survey finding regarding depression).

- Longer deployments, deployment extensions and PTSD in military personnel were found to be associated with psychological problems for Armed Forces spouses (De Burghet al., 2011).
- Children of deployed parents had higher risk of moderate to severe emotional and behavioural problems than their civilian counterparts (White et al., 2011).
- The mental health needs of the Armed Forces community should primarily focus on treating depression and common mental health disorders, and also provide targeted PTSD treatment. Equally resources should be focused on those most at risk (i.e. those who are unemployed, those with alcohol problems, those who have deployed, Reserves and veteran spouses and children)

3.3 Armed Forces Help-Seeking

- Help-seeking for mental health problems is low in the UK military population (Iversen et al., 2010, Hines et al., 2014).
- In a UK military sample including Service personnel, Reserves and ex-Service, only 23%, 50% and 64% of those with alcohol problems, depression/anxiety and PTSD respectively, had sought professional help (Iversen et al., 2010). A recent UK military study, Hines et al. (2014) found that out of 888 military personnel who reported a stress or emotional problem as a result of deployment, only 42% were seeking any help and only 29% seeking formal/professional help. Help-seeking for alcohol problems in this study (n=291) was again even lower with only 31% seeking any help and 17% seeking formal/professional help.
- In the UK military therefore, 46% - 83% of individuals with probable mental health disorders do not seek help and of those who do access help, most help sought is from informal sources (Iversen et al., 2010, Hines et al., 2014).
- In the Legion's household survey, reported mental health problems had doubled since 2005. Additionally, only one in twenty had sought help for mental health problems. Even among those reporting psychological problems, only 16% had accessed help.
- The Legion Household Survey found that time since military discharge was a factor in help-seeking attitudes. Those discharged within the last five years from Service were less likely to seek medical advice and were more likely to ignore their own health problems assuming that their health problems would improve on their own. This group were also more likely to avoid seeking help because they worried what others might think about them.
- UK research has found several barriers that impede help-seeking behaviour and engagement with treatment in military populations; these include **stigma** (Iversen et al., 2011, Sharp et al. 2015), **practical or logistic barriers to care** (Iversen et al., 2011), **negative attitudes related to mental health problems or mental health treatment** (Forbes et al., 2013), **poor recognition of the need for treatment** (Iversen et al., 2005, Momen et al., 2012), **the effect of military culture** and **gendered (masculine) help-seeking** (Iversen et al. 2005, Langston 2007).
- Overall mental health services should assess how they can break down different barriers to accessing their services and target positive help-seeking behaviour campaigns on those least

likely to seek help. (i.e. young males, those recently discharged, and those with alcohol problems). Equally veteran mental health services should expect more people to access their services as they advertise their treatment and as help-seeking campaigns start to have an impact on behaviours.

3.4 Comorbid Mental Health Problems, Long Term illness/disability and Alcohol Abuse

- Half of the ex-Service community have some long-term illness or disability, most often a physical condition. Prevalence of many conditions has increased in the last decade because of the ageing population (46% are now aged 75+, compared with 28% in 2005), especially musculoskeletal conditions, cardiovascular and respiratory problems, and sensory problems. The King's Fund reported in 2012 that individuals with long-term illnesses or disabilities were 2-3 times more likely to have a comorbid mental health problem. Individuals with comorbid physical illness and mental illness were more likely to face poorer clinical outcomes and a significantly lower quality of life than people with a physical health problem alone (The Kings Fund, *Long term conditions and mental health: the cost of co-morbidities*, 2012). Hence, this group of the Armed Forces community, with long term illness/disability, are particularly at risk of mental health problems and need their health addressed holistically.
- Research has found that 50% of those with a PTSD diagnosis in the UK Armed Forces also have an alcohol abuse or dependence problem (Rona et al. 2010, Brewin et al. 2012). Hence many of those with a diagnosis of PTSD will need alcohol detox and treatment support, often before they can engage with mental health care services.

3.5 Carers and Mental Health Needs

The Legion's household survey found one in five of the ex-Service community has some unpaid caring responsibilities, which is equivalent to approximately 62,000 people in Wales. Compared to the general population, the ex-Service community are more likely to have a caring responsibility. The difference is most stark for the age group 16-24 where 18% of this ex-Service population have a caring responsibility compared to 5% nationally. Carers UK found that 92% of carers reported a negative impact on their mental health, including stress and depression (Carers UK, 2013, State of Caring 2013). Hence this group of the ex-Service community are also at risk of mental health problems.

- 3.6** The service delivery plan for mental health services in Wales must be specific about the needs of the Armed Forces community as they make up a sizable proportion of their population. The overall goal in delivery must include mental health service provision for veterans and their families. Service provision must also target those that are the most at risk of mental health problems and those least likely to seek help (on which we present evidence above).

4.0 Veterans NHS Wales Service

4.1 We thank the Welsh Government for their important strides to improve veterans' mental health treatment services. We believe there have been vital improvements since 2010, which the Government has spearheaded, and we commend the Government for the specific funding increase committed to the Veterans NHS Wales service in 2015, which gave an uplift of £100,000 to the service.

4.2 We commend the Veterans NHS Wales mental health service. We believe the particular structure of this service benefits veterans in providing excellent mental healthcare and

encourages reluctant veterans to access its services. For example, the ability of individuals to self-refer to the service decreases barriers veterans may face in accessing the service through primary care means. Equally, we support the way the service has created partnerships with appropriate supporting statutory services and the Armed Forces charity sector. Through these partnerships many veterans are signposted to supporting services that concurrently support the success of their mental health treatment. Lastly we support Veterans NHS Wales in their use of evidence based therapies and their focus on research and data collection to support better knowledge of their clients, and to consistently aim to improve their mental health treatment offering to veterans in Wales.

4.3 Sustainability of Veterans NHS Wales - The Legion is concerned that despite the increased funding to Veterans NHS Wales, and the excellent practice of the Veterans NHS Wales mental health service, the service is not being funded to a level that meets demand or ensures sustainability. Unfortunately the service suffered from static funding 2010-2013 and only recently, in 2015, was awarded a permanent budget increase. This increase, as we detail in point 4.4-4.6 still does not meet the current level of demand. The service delivery plan point 7.7, *'To ensure mental health services for veterans in Wales who are experiencing mental health problems are sustainable and able to meet that populations needs in a timely and appropriate manner'*, is not currently being fulfilled and will not be fulfilled unless extra funding is made available for the Veterans NHS Wales mental health service.

4.4 Increasing demand – Veterans NHS Wales has experienced an increase in demand, year by year, from veterans accessing their service. In 2010-2011, 191 veterans were referred; this has increased to 542 veterans in 2014-2015 (Veterans NHS Wales – Annual Report April 2014-March 2015). With increasing awareness of this service and a sizeable proportion of veterans in Wales with mental healthcare needs, we believe this figure will continue to increase.

4.5 Waiting times – Veterans NHS Wales currently has an average waiting time of referral to first appointment of 42 days. This is well outside the NHS target of a waiting time of 28 days. Veteran NHS Wales conducted research with Academi Wales to assess their current capacity in relation to demand. The research found that the service was at a deficit of **83** therapist hours per week (Veterans NHS Wales – Annual Report April 2014-March 2015). It is a success of the service that veterans are willing to access its support, however the promise of support must be met with appropriate supply of therapist hours, particularly if the Government wants to promote confidence in this service, and promote help-seeking for mental health problems more generally.

4.6 The Legion recommends that the Welsh Government seriously consider funding the Veterans NHS Wales service to a level that ensures its future sustainability and enables the service to meet its current and future demand. In tandem with this requirement, an additional goal is needed in the service delivery plan which should include a goal to: **'Reduce waiting times in Veterans NHS Wales to NHS target of 28 days'**. This is also a call the Legion has made in its manifesto for the National Assembly for Wales elections 2016¹. This performance measure would be a practical test of service delivery success.

4.7 Embedding of Peer Mentors into Veterans NHS Wales – The Legion recommends the Welsh Government examine the possibility of supporting Veterans NHS Wales to develop greater

¹ For more information please see <http://www.britishlegion.org.uk/community/news/campaigning/legion-launches-wales-manifesto-2016/>

links with peer mentoring and support services in Wales. Peer mentors, can and do play an important part in supporting veterans going through mental health treatment. Embedding peer mentors within Veterans NHS Wales would provide additional mentoring and advice to veterans, on a peer-to-peer basis, which could have an important positive effect on the level of engagement of veterans with their mental health treatment. In other veteran mental health services, such as F1rst point in Scotland², peer mentors have been accredited with decreasing drop out rates from mental health services and more successful health outcomes for veterans. We ask the Welsh Government to explore with Veterans NHS Wales and supporting partners, how peer mentors might be embedded within that service to bolster current mental health support provision.

5.0 Broader NHS mental health services and UK Services

- 5.1 Asking the question** – 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 that it isn’t always being routinely and uniformly used to identify veterans accessing health care. As a minimum we would expect the presentation of an Fmed 133 form to automatically result in the allocation of the Read code, as outlined in the Package of Support, however this alone will not guarantee universal coverage.
- 5.2** Progress in this area has been welcome but more work is needed. The Legion believes it is the duty of all statutory bodies and those delivering statutory services to ‘ask the question’ and ensure veterans are identified and therefore receive the services to which they are entitled. We therefore advise that a performance measure is included that counts which statutory bodies are identifying veterans in their data capture.
- 5.3 Priority Treatment** - The implementation of priority treatment in referral practices is not comprehensively enacted. The Legion believes there may be a problem with awareness, knowledge of what priority treatment means in practice, and misunderstanding of priority treatment or unwillingness of NHS providers to implement it as a policy.
- 5.4** Legion research has found that awareness of priority treatment amongst veterans and GPs appears to be very low. In response to a 2009 survey of 500 GPs across England and Wales, 81 per cent of respondents said they knew not very much or nothing at all about priority treatment (Ipsos-Mori, 2009). Although this may be improving, it is still a significant problem and more should be done to educate GPs and other medical professionals about military health needs once Service history is identified.
- 5.5** A small research study by Northumbria University investigating alcohol treatment pathways for ex-Service personnel found that some NHS alcohol treatment providers knew about priority treatment but were reluctant to implement it as a policy (Kiernan et al., 2015). The providers either did not believe veterans should be treated differently to other civilians or believed they were following priority treatment ‘by treating everyone the same’. We believe there are misunderstandings as to what priority treatment is and what it means in practice.
- 5.6** The Legion believes the NHS should collate a short guidance document to healthcare professionals detailing what priority treatment is and provide examples of best practice. We believe this may help to rectify issues of awareness or misunderstanding in the NHS of what

² For more information please see: <http://www.veteransfirstpoint.org.uk>

priority treatment is. Additionally we believe a performance measure should capture how often priority treatment is used in referral processes to assess its success as a policy.

5.7 Creating mental healthcare services appropriate for Armed Forces spouses and children - as detailed in section 3.2, spouses and children of veterans can be at a higher risk of mental health problems themselves. These individuals will be accessing mainstream mental health services in Wales. The Legion believes that a strategy delivery document must mention its intention to support families of the Armed Forces community and should be specific in what actions and targets it will take to ensure these needs are met in mainstream services.

5.8 Publicising UK wide veteran mental health support to Welsh Veterans and their families – In the service delivery plan - Priority Area 4 – *‘To enable people in wales to have access to appropriate information and advice to promote well-being and to help them understand/ manage their conditions’* – the Legion recommends adding a key action point – specifically that the Government promote the best information concerning veteran mental health treatment services both in Wales and UK wide services.

5.9 Key veteran mental health services include:

- Veterans NHS Wales
- The Veterans and Reserves Mental Health Programme
- Combat Stress 24 Hour Helpline
- Big White Wall (online counselling and e-resources, free for all of the Armed Forces community, including spouses and children)

5.10 Whilst these services are noted in the Welsh Government Package of Support for the Armed Forces Community 2013, the publicising and documenting of this information must be a priority for NHS services in Wales. Publicising this information will ensure that both veterans and their families, and healthcare professionals, have access to information detailing all of the service available to the Armed Forces community. We therefore advise that the publicising of this information becomes a key action point.

6.0 Main Service Delivery Recommendations

- Creation of a mental health service delivery plan for the Armed Forces community (to use in tandem/support with the main delivery plan), or an extension of the current priority goal relating to veterans.
- Service delivery plan to be specific about the health needs of veterans and their families.
- Service delivery plan to provide specific action points that address veterans and Armed Forces families’ mental health treatment provision.
- Service delivery plan to target those in the Armed Forces community most at risk of mental health problems and the least likely to seek help.
- Increased sustainable funding should be provided to the Veterans NHS Wales mental health service to meet current and future demand – include performance goal to reduce waiting times to NHS target of 28 days.
- Welsh Government to examine the possibility of supporting Veterans NHS Wales to develop greater links with peer mentoring and support services in Wales.
- Include performance measures on 1) what statutory services identify veterans in their data capture and 2) How often priority treatment is being used in healthcare referral processes.
- Include action point for the Welsh government to issue guidance on priority treatment with good practice examples.

- Include action point to specifically publicise information on mental health services available to Welsh veterans and their families, including UK wide services.

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