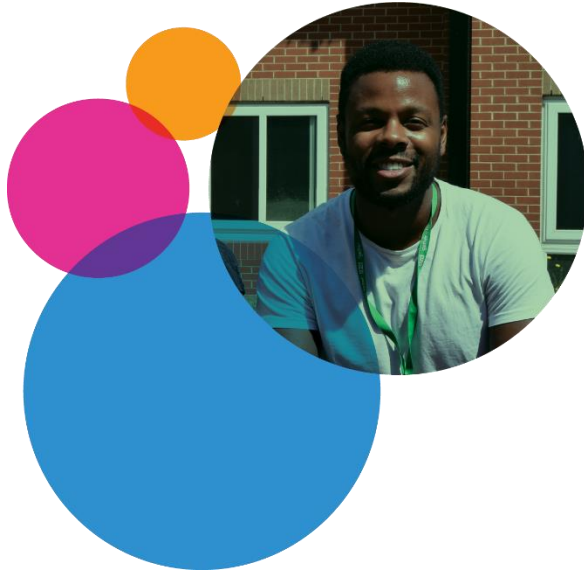




**Gloucestershire Health and Care**  
NHS Foundation Trust



# Veterans and Mental Health

Monday 18<sup>th</sup> July  
Gloucester Rugby Club



working together | always improving | respectful and kind | making a difference



**Gloucestershire Health and Care**  
NHS Foundation Trust

# Welcome and Introductions

**Ingrid Barker**

Chair of Gloucestershire Health and Care NHS Foundation Trust



## Aims of the event to:

- Increase understanding of veterans' needs and the ways in which veterans might present with mental health problems, including hearing from veterans about their lived experiences of accessing mental health services
- Understand the national context of the Armed Forces Covenant and support for veterans
- Raise awareness of the local mental health support available for veterans, including those from specialist services and other sectors
- Identify service gaps and how these might be addressed.

**Target audience is GHC colleagues** but welcoming colleagues from other organisations, particularly those supporting veterans, and veterans themselves.

# AGENDA



Gloucestershire Health and Care  
NHS Foundation Trust

- 10:00** Welcome and introductions
- 10:10** Experts by Experience – Our Stories, *video*
- 10:20** The Mental Health Needs of Veterans
- 11:10** Experts by Experience – Our Stories
- 11:20** The Op Courage Service
  
- 11:50** *Marketplace and Lunch*
  
- 12:50** What GHC Offers to Veterans and their Families
- 13:20** Experts by Experience – Our Stories
- 13.30** Breakout Groups – will each run twice
  - Group 1 - What can we do better to support veterans and their mental health (includes Op Courage)
  - Group 2 – “Forbidden Drugs” - Substance Misuse
  - Group 3 – Housing and Homelessness
  - Group 4 - Isolation
- 14:45** **Feedback** from breakout groups
- 15:05** **Closing comments**
- 15:15** **Close**

# Experts by Experience Our Stories

YouTube Link:

<https://youtu.be/GLWGudWr3zQ>

# The Mental Health Needs of Veterans

*Debra Elliott, Director of Transformation – Armed Forces Health Commissioning for England*

*Dr Dan Barnard, Consultant Clinical Psychologist / Mental Health Lead NHS England Clinical Reference Group*

# Gloucestershire

## Veterans Mental Health Conference



Debra Elliott

Director of Transformation Armed Forces Health

NHS England and NHS Improvement





# **The Commissioning Model for Armed Forces under the Health & Care Act 2022**



# The future model of commissioning

- **Armed Forces** – includes the commissioning of all secondary care health services for serving personnel and families registered with **DMS and specific specialised services for veterans** that, by law, NHS England must provide access to for those distinct populations across England.
- These are **directly commissioned by NHSE** with providers of secondary and specialised services.
- NHSE sets **national standards and service specifications** which providers are contracted to deliver against.
- Commissioning healthcare for veterans of **Armed Forces veterans and their families** registered with NHS GP practices will remain with the ICBs.

## The challenge?

Evolving this model to deliver on the opportunities ICS/ ICBs present to improve patient care

# Armed forces health commissioning in England



- Directly commission services for those registered with a DMS practice, including emergency care for serving personnel

NHS England

- Commission bespoke services for veterans; Op COURAGE: The Veterans Mental Health and Wellbeing Service and Prosthetics

NHS England

- Responsible for Veterans, their families, carers & non mobilised reservist & for families of serving registered with an NHS GP

Integrated Care Systems

- Provide a range of services for regular serving personnel in the UK, those serving overseas and in some cases their families

Defence Medical Services (DMS)

- Support the Armed Forces community & are sub-contracted as part of commissioned services and through funding for social prescribing and peer support initiatives

Armed Forces Charities

# Armed forces health legislation



## The Armed Forces Covenant

The Armed Forces Covenant reflects the moral obligation that exists between the Armed Forces and society and proposes the Armed Forces community **should not face disadvantage** compared to other citizens in the provision of public and commercial services; and that special consideration is appropriate in some cases, especially those who have given the most **such as the injured or bereaved**.

The Armed Forces Covenant is reflected in the NHS Constitution.

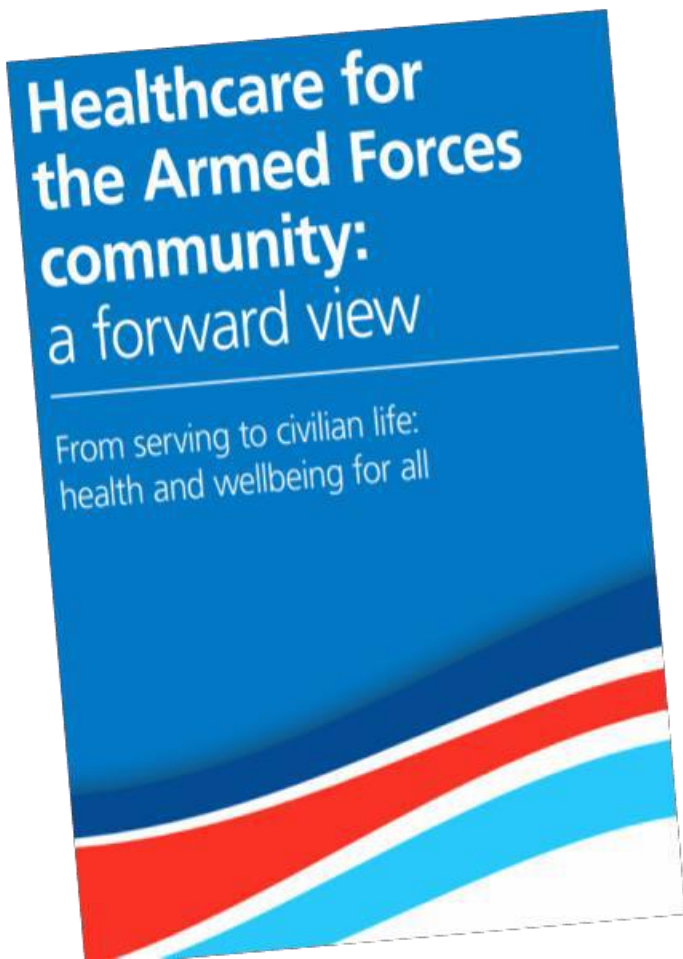
The **Armed Forces Act 2021** enshrines the Covenant in law, creating a duty for certain public bodies, health, education and housing to have 'due regard' to:

- the **unique obligations of and sacrifices** made by the Armed Forces,
- the principle that it is desirable **to remove the disadvantages** arising from being a member of the Armed Forces community; and
- the principle that **special provision may be justified**

## Assurance of ICBs

As part of the Health & Care Act and the establishment process ICBs will undergo assurance and as part of that process ICBs will be asked to demonstrate how they are **giving due regard to the health and social care needs of the Armed Forces community in the planning and commissioning of services**

# Armed Forces policy and strategy





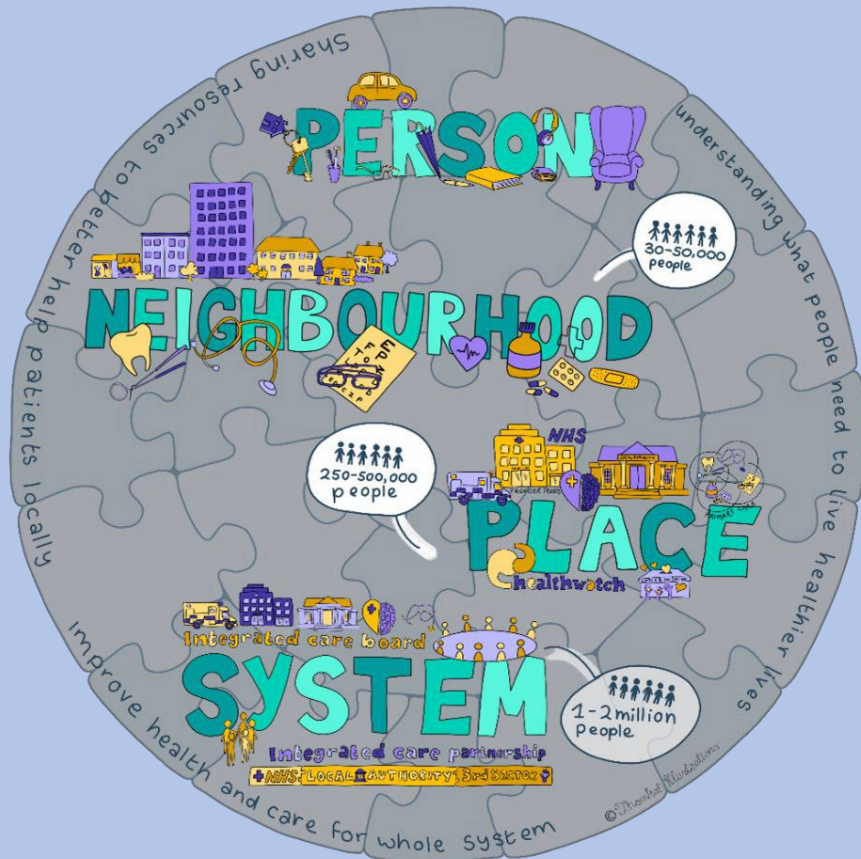
## The Armed Forces Forward View

- Is a **companion document** to the NHS Long Term Plan (LTP), outlining the commitments NHS England is making to improve the health and wellbeing of the Armed Forces community
- **Supports society's obligations** to the Armed Forces as set out in Armed Forces Covenant
- **Upholds the NHS Constitution** principles and values to ensure that those in the Armed Forces community are not disadvantaged in accessing health services.
- **Forms part of the partnership agreement** between NHS England and the MOD to support joint working to deliver good quality healthcare for the Armed Forces community
- Is **based on feedback from patients & families** and Armed Forces charities
- **Compliments the MOD's** Defence People Mental Health and Wellbeing Strategy and the OVA Strategy for Veterans
- Is **linked to** and will **benefit from:** We are the NHS People Plan together with Our NHS People Promise
- Focuses **on inclusive access to services**, improving health services and addressing health inequalities
- **Responds to the Legislative changes &** lays the foundations for the healthcare of the Armed Forces community in a landscape of Integrated Care Systems
- Each commitment sets out what the NHS and partners **will do** to improve the care and support delivered to this population

# Partnerships

To discharge NHS England responsibilities, we have a partnership agreement with the MOD (Surgeon General and Defence People)





# Working with Integrated Care Systems

# Share & tell classes with the ICBs – areas covered



- What the Health & Care bill means for Armed Forces commissioning for health
- Who is responsible for what in the world of co-commissioning
- Demographics of serving and veterans
- Health needs assessment profiles for serving, veteran and families
- Who NHS England commission from
- What NHS service are available in ICB areas;
  - Defence Medical Service practices
  - Royal College GP College accredited practices
  - NHS Acute & Community Trusts/ Partnerships
  - Veteran Covenant Hospital Alliance accreditation programme for Acute Trusts
  - Veteran Trauma Network partners
  - Armed Forces networks
  - Armed Forces Covenant Boards / Military Civilian Partnerships





## Actions for ICSs

Within each Commitment of the Armed Forces Forward View a number of key actions for ICBs to consider that will support the Armed Forces Community.

***And demonstrate how they are giving due regard to the needs of the Armed Forces community in the planning, commissioning and delivery of services in their ICS***

- Understand and include Veterans & Family Health needs in the ICB JSNA
  
- Support the Armed Forces community to access services in general:
  - Support to carers
  - Integrated personalised care
  - Mental health services including suicide prevention programmes
  - Social prescribing
  - Support Accreditation programmes:
    - ✓ Veteran Friendly practices with RCGP
    - ✓ Veteran Covenant Healthcare Alliance
    - ✓ Support employment – Step intoHealth

**Healthcare for  
the Armed Forces  
community:  
a forward view**

From serving to civilian life:  
health and wellbeing for all

# Who we commission from across South West

- **OP Courage** : Avon & Wiltshire Partnership Trust
- **Secondary care** : 10 Acute Trusts in the South West including GHFT
- **Prosthetics** : North Bristol Trust
- **Veterans Trauma Network in Acute Trusts** : North Bristol FT ; Salisbury FT  
University Hospital Plymouth; Torbay & South Devon FT
- **RCGP** : 114 GP practices accredited across the South West (and growing)
- **Veterans Covenant Healthcare Alliance** : 17 Acute & Community Hospitals accredited across the South West ; with 3 in process of accreditation = 100%

## South West Regional Intelligence – areas of good practice – **NOT EXHAUSTIVE**

- Rebasing by 2020 an additional 4,000 military personnel and their families relocated to Tidworth, Ludgershall, Bulford, and Larkhill – Good CCG liaison in place.
- Larkhill Medical and Dental first joint facility - accommodating both NHS general practice and Defence Medical Services General practice and Dentistry.
- Wiltshire Military Civilian Integration (MCI) Partnership brings together military and public services maximising the economic and social benefits of Wiltshire's military presence.
- Forces Connect South West is a developing regional partnership that aims to improve services and support to the military community.
- Devon primary care Defence Medical Services and NHS liaison pilot in early discussion – based on PCNs
- Wiltshire development of suicide prevention and bereavement to families
- DMS Joint hospital group based at Derriford Hospital supports the Veterans Trauma Network across Salisbury Bristol & Derriford
- Dorset & Cornwall pathfinder - implementing a dedicated social prescribing model for the armed forces community with dedicated AF Champion Link Workers employed – to be evaluated via Northumbria university
- **Gloucestershire hosting a Veterans Mental Health conference in July for commissioners/ providers and service users**



# **Demographics and health needs of Armed Forces serving personnel and Veterans**

**Dr Dan Barnard**

**Consultant Clinical Psychologist and NHS England Clinical  
Reference Group Chair of the Mental Health Expert Advisory  
Group**

# Armed Forces Serving population



- Armed Forces population statistics are published on a bi-annual basis by the MOD. Defence personnel NHS commissioning bi-annual statistics: [financial year 2021/22 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/armed-forces-population-statistics)
- The latest available data is for the population as at 1 October 2021.
- There are 110 DMS practices, of these 21 allow registrations of families/entitled civilians.

\* Numbers on the gov.uk website are subject to rounding and suppression for <5 so may not add

NHS Region	UK Armed Forces	Naval Service	Army.	RAF.	Civilians	Total Pop'n
North West	1,860	170	1,660	30	0	<b>1,860</b>
North East and Yorkshire	15,400	80	13,190	2,130	1,390	<b>16,780</b>
Midlands	15,620	540	6,060	9,040	1,950	<b>17,570</b>
East of England	13,600	1,060	8,000	4,550	1,060	<b>13,600</b>
London	4,290	380	2,810	1,090	170	<b>4,460</b>
South East	39,180	11,580	17,220	10,380	2,530	<b>41,700</b>
South West	39,180	14,510	23,070	1,600	5,040	<b>44,220</b>
<b>Grand Total</b>	<b>129,130</b>	<b>28,320</b>	<b>71,990</b>	<b>28,820</b>	<b>12,140</b>	<b>141,270</b>

The Annual Population survey is the only definitive estimate of the total size of the veteran population. It also collects information on self-reported health conditions and using this data it is possible to identify if there are significant differences when compared to civilians.

Defence statistics publish detailed information on the numbers of veterans in receipt of either an occupational pension, War Pension or Armed

# Ethnicity

Black, Asian and Minority Ethnic personnel accounted for 9.4% of the UK Armed Forces (14,010 personnel), as of 1 October 2021. Nearly 7% of troops come from outside the UK, most notably Nepali Gurkhas and Fijians.



Ethnicity Across TILS CTS HIS		
White - Irish	106	0.5%
White - British	17641	83.5%
White - other Background	136	0.6%
Unknown	1188	5.6%
Other Ethnic Group	84	0.4%
Not Stated	1122	5.3%
Mixed - White Black Caribbean	65	0.3%
Mixed - White and Black African	54	0.3%
Mixed - White and Asian	25	0.1%
Mixed - Any other Mixed Background	94	0.4%
Black or Black British - Caribbean	198	0.9%
Black or Black - any other Black Background	91	0.4%
Black or Black British - African	226	1.1%
Asian or Asian British - Pakistani	5	0.0%
Asian or Asian British - Indian	32	0.2%
Asian or Asian British - Bangladeshi	5	0.0%
Asian or Asian British - any other Asian Background	44	0.2%
Total	21116	100.0%

# Women in the Armed Forces

Women make up 12% of the UK Armed Forces and veteran population and the percentage of veterans who are female is projected to increase from 10% to 13%

The limited research on female veterans in the UK indicates the following:

- **Pre-Service factors** – women who seek help for mental health problems post-discharge may be likely to have come from disadvantaged backgrounds, and that leaving the military prematurely is associated with problems in behaviour during childhood (this may also be the case for many men).
- **Integration into the military** - experience difficulties in adapting to the masculine military culture. This includes accepting masculine 'banter', inadequate equipment and uniforms, and negative gender stereotyping/sexism. The impact of this on women's health and wellbeing post-service is currently unknown.
- **Deployment experiences** - research suggests **similar health and wellbeing outcomes** for men and women associated with **exposure to combat and traumatic events** during deployment. However, women appear more likely to have experienced pre-deployment traumatic events. Women also report feeling their deployment experiences are unrecognised by civilian society.
- **Sexual harassment and assault** - sexual harassment and assault, and reporting these experiences, remain a problem in the UK Armed Forces, and that Service personnel lack clarity on what constitutes this behaviour is unclear.

Most gender differences reported on the physical health of veterans reflects those seen in the general population. However, an increased occurrence of **certain cancers, including ovarian and breast cancer, and hazardous drinking was found in female** veterans compared to female civilians. Female veterans may also be at **more risk of musculoskeletal problems** than their male counterparts.

In regard to mental health, the available research indicates that ex-servicewomen are at a **lower risk of self-harm/suicide** than male veterans, but at a higher risk of common mental health disorders. Compared to civilian women, female veterans **are at increased risk of post-traumatic stress disorder (PTSD) and suicide/suicidal thoughts.**

# Sexual orientation

- As of 1 October 2021, 26% of Armed Forces service personnel declared a sexual orientation
- Evidence-based research on LGBT+ veterans' health and wellbeing is scarce. Between 1955 and January 2000, the UK Armed Forces and Ministry of Defence enforced a ban on LGBT+ who were serving - dismissing or forcing immediate retirement of personnel because of their sexual orientation or gender identity.
- Although more than 21 years has elapsed little academic literature has explored the ban's impact on the mental health and wellbeing of the LGBT+ veteran community. Anecdotal evidence suggests many still **endure consequential hardship and mental health struggles and remain isolated from the military family and traditional support services.**
- Data on LGBTQ+ is not always routinely gathered or asked of service users - though some services do record numbers going through their service, if the service user discloses the information.
- Slight increase in the number of service users disclosing this information since **Fighting with Pride** has helped to raise the profile



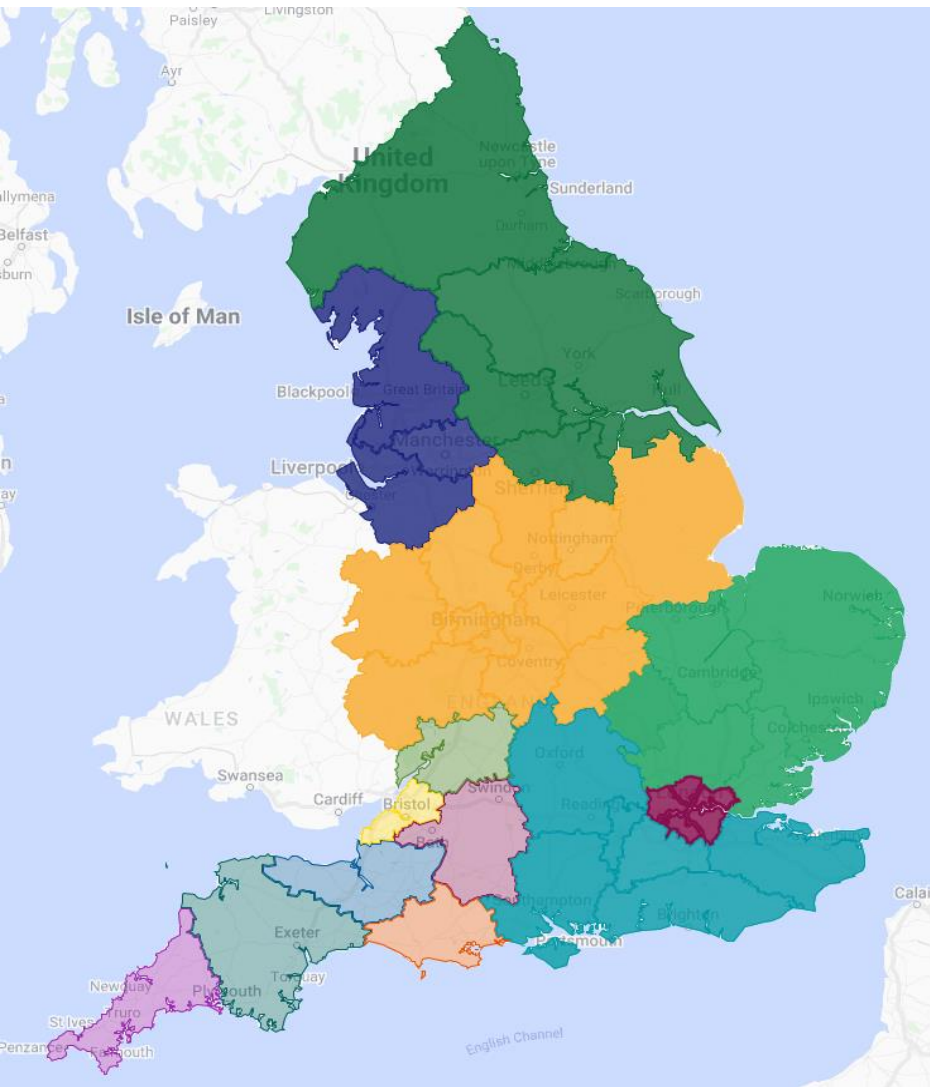
# Health Needs of serving personnel and families

## Serving Personnel

- Typically younger and fitter than that of the general population
  - 88% of the serving population is male
  - 80% of the serving population are aged under 40 years
  - Rates of Mental Health comparable with general population
- **Some conditions preclude enlistment** - these include diabetes, cardiovascular disease and respiratory conditions. These may be managed, if they develop whilst in service, but this means that there is a low prevalence of long-term conditions.
- Due to the nature of the role there is a **higher incidence of musculoskeletal injury** and this is reflected in the services that are commissioned in secondary care.

## Families

- It is important to note that whilst families and dependents of serving personnel have **health needs typical of their age and gender** there are a number of **underlying elements** as to their daily lives which **could impact on their health**, these include:
  - Geographic and social isolation which may have a negative impact on mental health
  - Mobility due to moves which may impact on access to secondary care services.
- Key population figures:
  - Most families (spouses/partners and children) are registered with NHS GP Practices and the responsibility of CCGs.
  - Approximately 12,140 are registered across 21 DMS practices in England and are the responsibility of NHS England
  - Approximately 7,510 of these are children under the age of 19.



# Veteran Population



In the UK a veteran is defined as someone who has served in the Armed Forces for a day. Estimates of the veteran population are available here:

<https://www.gov.uk/government/statistics/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain-2017-based-on-the-annual-population-survey-and-is-available-at-County-level-census-data-is-due-late-autumn-2022>

NHS Region	Veterans
North West	242,000
North East & Yorkshire	370,000
Midlands	377,000
East of England	245,000
London	123,000
South East	386,000
South West	299,000
	<b>2,041,000</b>

# Demographics – Veterans

- Research shows that on average 15,000 people leave the UK Armed Forces every year. In 2021, there were c2.04 million veterans residing in Britain.
- 99% White
- 89% Male
- 60% are over 60
- 47% are over 75
- The veteran population in Britain is projected to decrease year on year to approximately 1.6 million veterans in 2028.
- The typical profile of those using the Op Courage Veterans mental health service tends to be 30 to 55 years, white male and have served in the Army.
- Working - age members of the veteran community are more likely than non veterans in England and Wales to have caring responsibilities. Unpaid carers often feel under-supported and that their contribution is unappreciated by the services they come into contact with.

# Health needs of Veterans'

Overall there were no differences between veterans and non-veterans self-reported general health

Veterans aged between 35 and 49 were significantly more likely than civilians to report problems with **back or neck, leg or feet, or arm or hand related conditions.**

## Veterans mental health :

- 22% of working age (16 to 64 years) veterans reported issues with depression compared to 20% of working age civilians;
- 10% of working age veterans reported issues with mental illness compared to 9% of working age civilians.

# Substance Misuse and other addictions:

Alcohol misuse among UK military personnel **remains high compared to general population** and **continue once personnel leave the Armed Forces**. The current estimates suggest 10% of UK regular personnel meet the criteria for alcohol misuse (defined as scoring 16 or more on the Alcohol Use Disorders Identification Test (AUDIT)).

**While the proportion appears to be decreasing over time, it remains significantly higher than the 3%** among the UK general population. Despite high levels of alcohol use, military serving and ex-serving personnel often **do not recognise their alcohol misuse problems and fail to seek help**. Only **14% of UK military personnel who drink harmfully and 41% who meet criteria for probable dependence report that they have an alcohol problem**.

The OP Courage HIS data indicates that almost half (43%) of service users are likely to be alcohol dependent or drinking in a hazardous or harmful way, as the chart below demonstrates:

HIS Alcohol Dependence	
Alcohol Dependence Likely	23.6%
Hazardous or Harmful Drinking	11.3%
Low Risk Consumption	20.0%
Abstainer	45.1%
Total	100.0%

# Gambling

A UK study found high rates of gambling participation and potential problematic gambling among veterans – **more than 10 times** more likely to experience gambling harms and to gamble as a way of coping with distress

PTSD status was closely associated with problem gambling risk. However, the length of military service (between 0 and 4 years) and years since discharge (10 + years) predicted decreased gambling severity.

In addition, the veterans surveyed **were four times more likely to have gambled in the past year** and to have gambled on more activities than non-veteran counterparts.

# Self Harm

- Research indicates the rate of lifetime self-harm increased significantly among UK serving personnel and veterans from 2004 to 2016, with greater numbers of veterans experiencing lifetime self-harm . The main risk factors for both suicide attempts and self-harm among research participants were symptoms of mental disorder and suicidal ideation.
- The research outcomes suggest that UK military suicide prevention strategies should focus on improving mental disorder symptoms and seek to encourage symptomatic individuals to engage with mental health care while attempting to reduce negative views of mental illness and fostering good social support.
- Op Courage services have become more effective about assessing the risks around suicidal ideation and self-harm, and getting information from veterans who can be reluctant to discuss these issues.

# Impact of COVID 19

- Concerns raised about the needs of service users with personality disorders as they struggled to access appropriate mainstream services for these veterans
- Research suggests that overall veterans experienced the pandemic in similar ways to the general population and in some cases may have responded in resilient ways
- During first lockdown many service users reported that this was a good period for them as there were rules about staying in and they were clear about what they had to do, so there was no increased use of drugs and alcohol reported
- In second lockdown OP Courage services were reported they were seeing more pronounced use of substances, particularly alcohol, as many service users found the ambiguity about the rules more confusing and difficult to manage



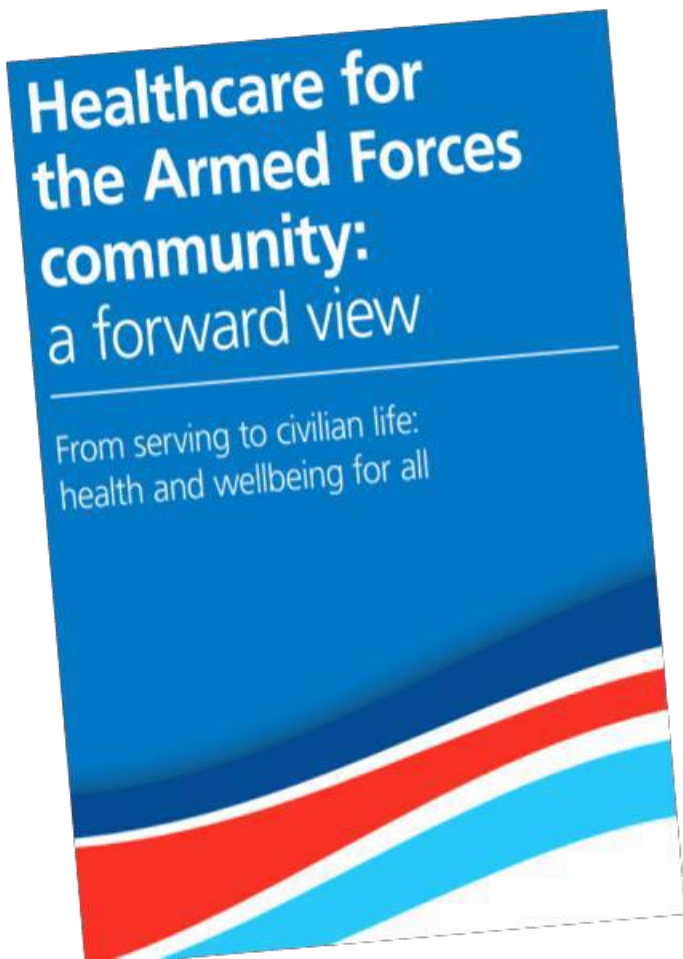


# NHS England Armed Forces Transformation Programme

**Debra Elliott**  
**Director of Transformation Armed Forces Health**  
**NHS England**



# Armed Forces policy and strategy



# Serving and ex - serving women Programme



Prevention  
and lifestyle

Maternity  
pathway

Mental Health  
pathway

Domestic &  
sexual  
violence

SESW in the  
criminal  
justice service

Employment  
after service

Research



# Domestic abuse & sexual violence

**With the MOD we are ;**

- Reviewing the **current clinical pathway** for those reporting Domestic abuse and/or sexual violence against those serving to ensure access to the NHS Sexual Abuse Referral Centres.
- Planning a **national SARC campaign** with MOD for serving and Veterans
- Working with the MOD on the development of a **comprehensive training package** on safeguarding of adults and children.
- Developing a **comprehensive training module for healthcare professionals** to support the commitments in the Domestic Abuse Act 2021
- **Commissioning the RCGP** to include in the GP veteran aware accreditation framework a training module on domestic violence and sexual violence to support early intervention for individuals and their families.
- Supporting the **Catterick Pathfinder** into the pathway for serving women into NHS SASS

# Veterans and the Criminal Justice System

**With the MOD and MOJ we are :**

- Working with colleagues in the MOD to review existing pathways for serving personnel including transitioning from the MOD unit at Colchester to civilian custody.
- Working with the MOJ to review existing pathways for veterans , through post custody, custody and release from prison.
- Including the learning from both programmes into the evolving '*Veterans in the Criminal Justice service model*'.
- Ensuring the Female Estates Review includes SESW as a vulnerable group and are considered in the planning of future estates.

# Employment after Service

## Working with partners we ;

- Continue to support programmes that provides **dedicated pathways into a career in the NHS** including training opportunities, clinical and general work placements, insight days and receive application support.
- Continue to support programmes that **provide training opportunities and work placements outside of the NHS** where transferable skills can be utilised.
- **Scoping all existing employment** support programmes and networks and their 'offers' and produce a single resource catalogue .
- Request that partners demonstrate that they have given due regard to those with protected characteristics including ethnicity and gender in attracting them to use the services and securing employment and where this is lacking provide plans through which to improve uptake.

# Armed Forces Families

In 2020 concluded an England-wide engagement seeking views on how the NHS could improve care and support for Armed Forces families: 1,391 responses

## **What we were told**

- The NHS needs to have a better understanding of military life and culture
- Need to better meet the needs of Armed Forces families
- Improve communications and engagement with families and between organisations
- Records management needs to be more robust
- Establish Armed Forces families support network to help achieve the above

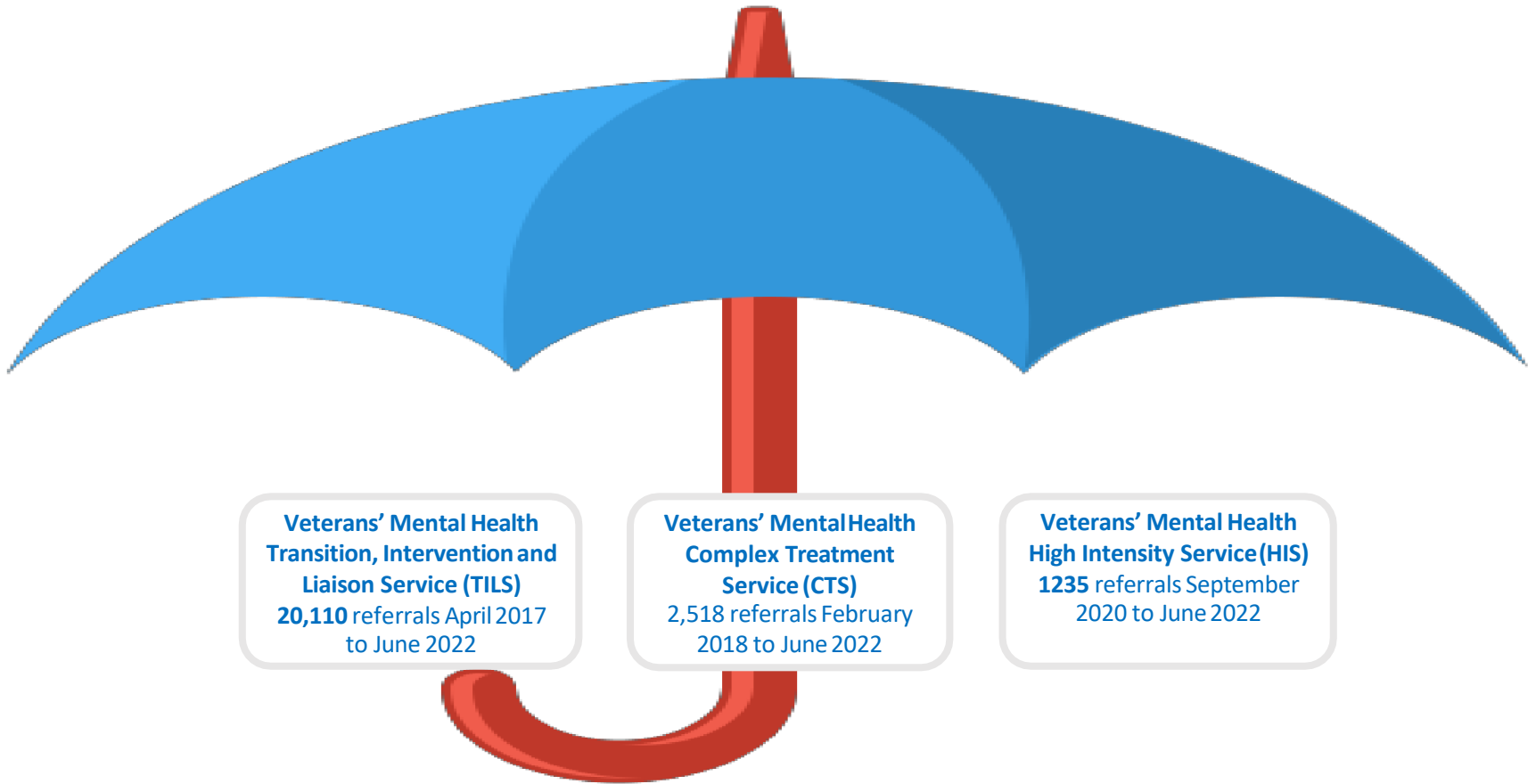
## **What we did .....**

Established Integrated Care Board (ICB) based Armed Forces families / Armed Forces community single point of contact as pathfinder services

The three pilot services launched April 2022 and run for up to 18 months, helping to inform an England-wide roll out – and are being evaluated

- Humber and North Yorkshire;
- Hertfordshire and West Essex;
- Kent and Medway and Sussex

**We are bringing on a further 4 Pathfinders later this year ? Interested**



**Veterans' Mental Health  
Transition, Intervention and  
Liaison Service (TILS)**  
20,110 referrals April 2017  
to June 2022

**Veterans' Mental Health  
Complex Treatment  
Service (CTS)**  
2,518 referrals February  
2018 to June 2022

**Veterans' Mental Health  
High Intensity Service (HIS)**  
1235 referrals September  
2020 to June 2022



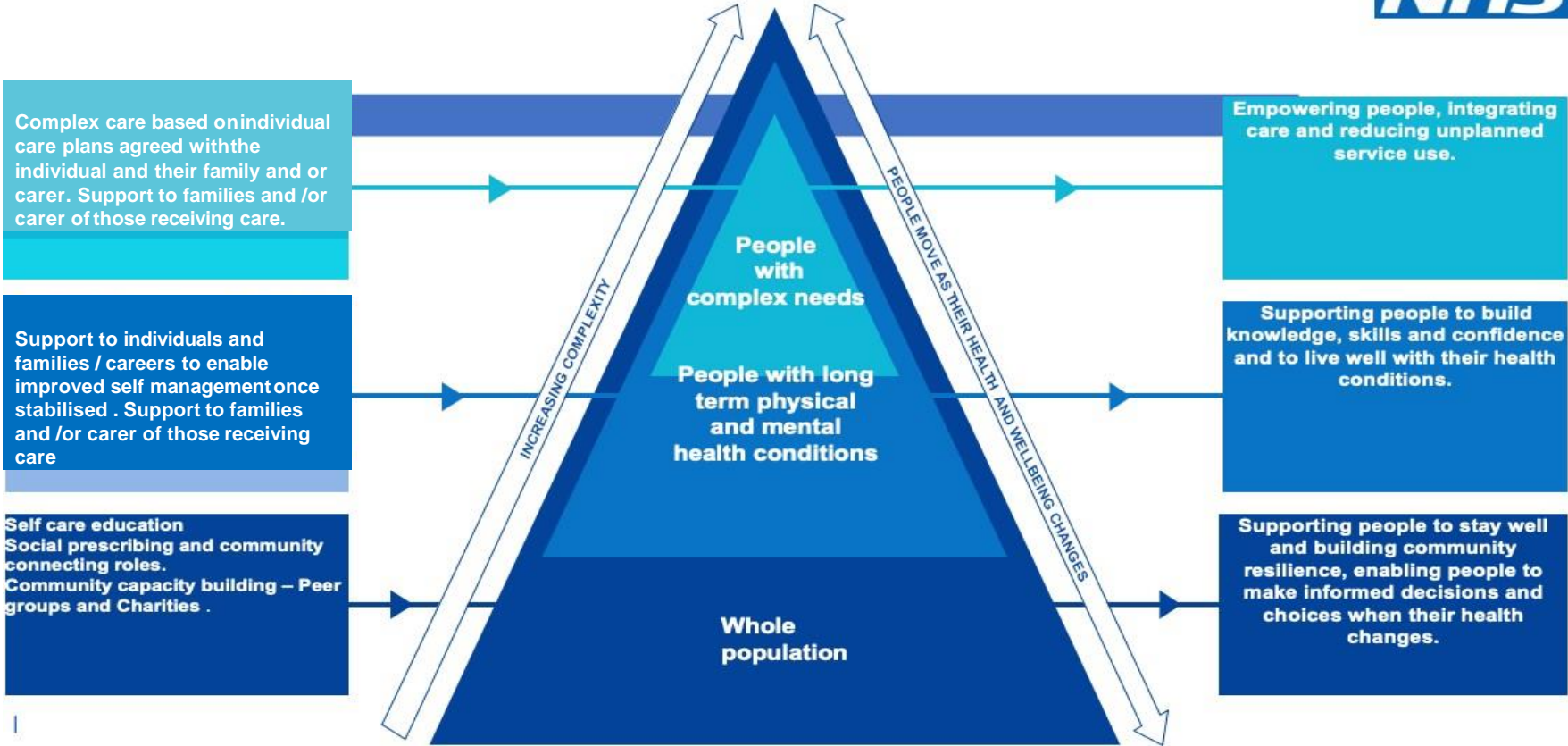
# Feedback from Engagement

Respondents were welcoming of OP COURAGE, the dedicated care / pathways it offers and positive difference it is making to patients, however, felt the following areas needed improving / addressing:

- Improved communications to raise awareness of the service amongst NHS staff and veterans and address mental health stigma / barriers to access
- Support for the families of veterans, recognising the impact on them
- Improve waiting lists / referral times
- Provide consistency and continuity of care
- Provide equity of access, noting that services are not local to veterans in some areas
- Review the referral criteria
- Ensure future capacity to support increasing referral numbers
- Improve support for those transitioning out of the military to facilitate continuity of care / ease of access

# What the service will look like

## Veterans Mental Health – Hierarchy of need





**Gloucestershire Health and Care**  
NHS Foundation Trust

# Any questions?



# Better Care Together: Veterans' Mental Health

WEST MERCIA POLICE – WELFARE  
OFFICER

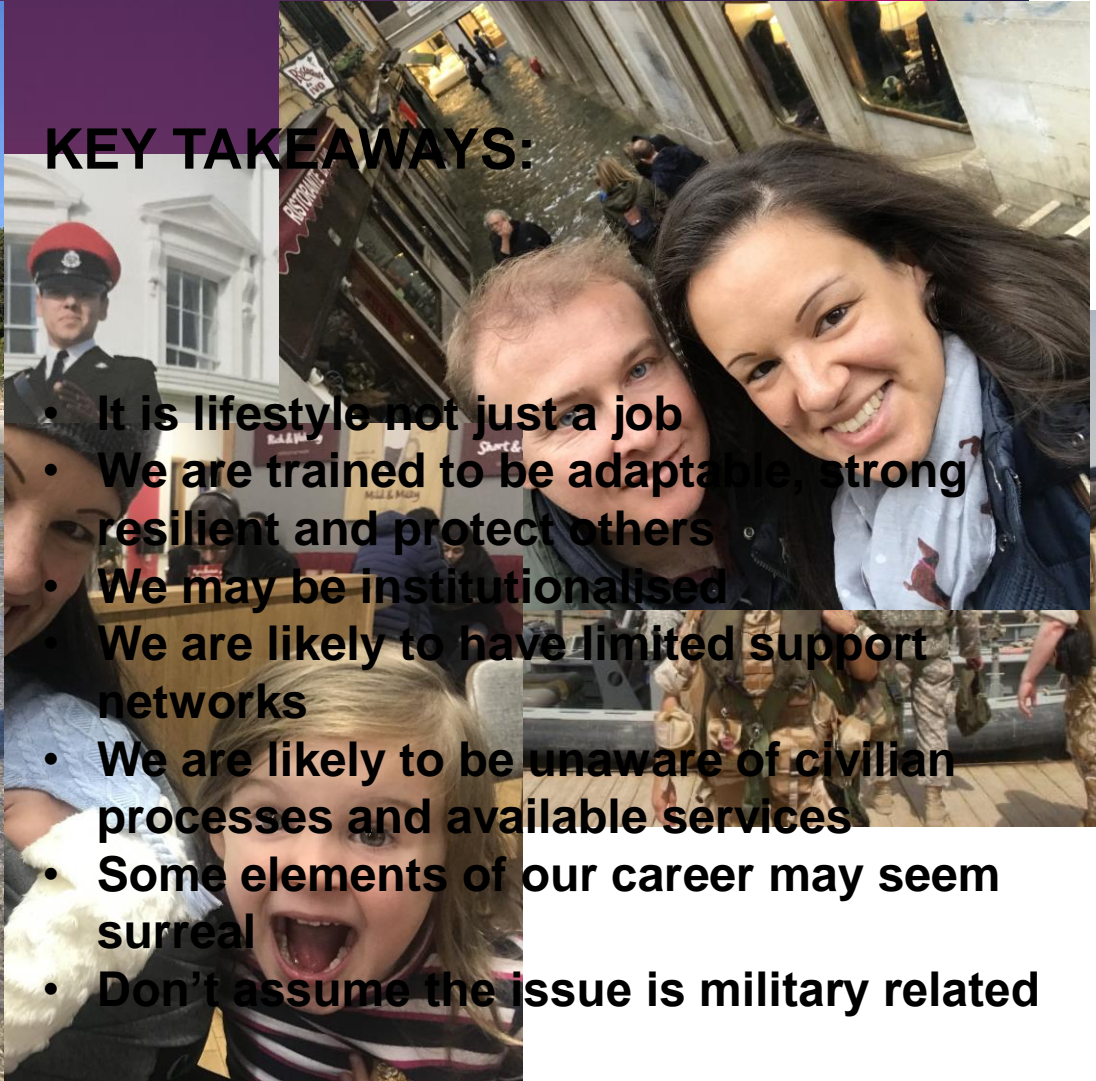
CLAIR ROBINSON-KIRK





## KEY TAKEAWAYS:

- It is lifestyle not just a job
- We are trained to be adaptable, strong resilient and protect others
- We may be institutionalised
- We are likely to have limited support networks
- We are likely to be unaware of civilian processes and available services
- Some elements of our career may seem surreal
- Don't assume the issue is military related





**Gloucestershire Health and Care**  
NHS Foundation Trust

# The Op Courage Service



**OpCOURAGE**

**Specialist care and support for Service leavers,  
reservists, veterans and their families**  
[www.nhs.uk/opcourage](http://www.nhs.uk/opcourage)

**NHS**

The Veterans Mental Health  
and Wellbeing Service



Referral: 0300 365 2000 option 4 or email [\\_GATEWAY@BERKSHIRE.NHS.UK](mailto:_GATEWAY@BERKSHIRE.NHS.UK)

Commissioned by  
NHSE

Transition Intervention and Liaison  
Service  
(TILS)

Complex Treatment Service  
(CTS)

High Intensity Service  
(HIS)

OpCOURAGE

NHS

The Veterans Mental Health  
and Wellbeing Service

## The first call for help takes courage

Op COURAGE: The Veterans Mental Health and Wellbeing Service

Specialist care and support for Service leavers, reservists, veterans and their families

The first step to getting help is to contact Op COURAGE or ask your GP, a charity or someone else, such as a family member or friend, to do this on your behalf.

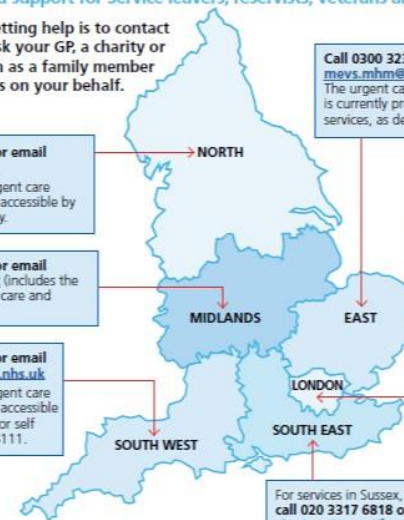
### Contact details

Call 0800 652 2867 or email  
[VTILS@cntw.nhs.uk](mailto:VTILS@cntw.nhs.uk)

The Op COURAGE urgent care and support service is accessible by healthcare referral only.

Call 0300 323 0137 or email  
[mevs.mhm@nhs.net](mailto:mevs.mhm@nhs.net) (includes the Op COURAGE urgent care and support service).

Call 0300 365 2000 or email  
[gateway@berkshire.nhs.uk](mailto:gateway@berkshire.nhs.uk)  
The Op COURAGE urgent care and support service is accessible by healthcare referral or self referral by calling NHS111.



Call 0300 323 0137 or email  
[mevs.mhm@nhs.net](mailto:mevs.mhm@nhs.net)  
The urgent care and support service is currently provided by other NHS services, as detailed below.

Call 020 3317 6818  
or email [cm-tr.veteranstilservice-lse@nhs.net](mailto:cm-tr.veteranstilservice-lse@nhs.net)  
(includes the Op COURAGE urgent care and support service).

For services in Sussex, Surrey or Kent,  
call 020 3317 6818 or email  
[cm-tr.veteranstilservice-lse@nhs.net](mailto:cm-tr.veteranstilservice-lse@nhs.net)

### Urgent and emergency support from other NHS services

If you experience a mental health crisis you can also get help by dialling **111**, booking an emergency GP appointment, visiting A&E or calling **999**. If you are still serving, you can also call the Military Mental Health Helpline on **0800 323 4444**.

For services in Hampshire, the Isle of Wight, Berkshire, Oxfordshire or Buckinghamshire,  
call 0300 365 2000 or email  
[gateway@berkshire.nhs.uk](mailto:gateway@berkshire.nhs.uk)  
For the Op COURAGE urgent care and support service, call 023 9438 7924 or email [snhs.veteranshis.se@nhs.net](mailto:snhs.veteranshis.se@nhs.net)

### Register with a GP

If you've left the military, it is important to register with an NHS GP and tell them that you've served in the Armed Forces so you can access dedicated services for veterans. To find your nearest GP visit [www.nhs.uk](http://www.nhs.uk)

For further information on Op COURAGE: The Veterans Mental Health and Wellbeing Service, visit: [www.nhs.uk/opcourage](http://www.nhs.uk/opcourage)





# Inclusion Criteria

- Be considered to be part of the ordinarily resident population of England.
- Have served in the UK Armed Forces for a full day
- Be registered with a GP practice in England or be willing to register with a GP
- Be able to provide their military service number or another form of acceptable proof of eligibility
- Serving personnel must meet the criteria to access the transition element of the service as set out in the transition service specification

## The first call for help takes courage

Op COURAGE: The Veterans Mental Health and Wellbeing Service

Specialist care and support for Service leavers, reservists, veterans and their families

The first step to getting help is to contact Op COURAGE or ask your GP, a charity or someone else, such as a family member or friend, to do this on your behalf.

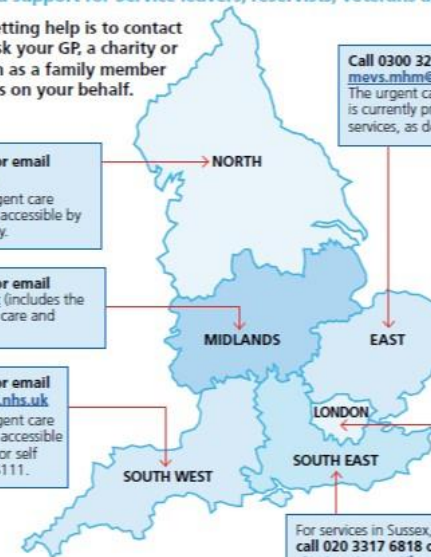
### Contact details

Call 0800 652 2867 or email [VTILS@cntw.nhs.uk](mailto:VTILS@cntw.nhs.uk)

The Op COURAGE urgent care and support service is accessible by healthcare referral only.

Call 0300 323 0137 or email [mvs.mhm@nhs.net](mailto:mvs.mhm@nhs.net) (includes the Op COURAGE urgent care and support service).

Call 0300 365 2000 or email [gateway@berkshire.nhs.uk](mailto:gateway@berkshire.nhs.uk)  
The Op COURAGE urgent care and support service is accessible by healthcare referral or self referral by calling NHS111.



Call 0300 323 0137 or email [mvs.mhm@nhs.net](mailto:mvs.mhm@nhs.net)  
The urgent care and support service is currently provided by other NHS services, as detailed below.

Call 020 3317 6818 or email [cim-tr.veteranstilservice-lse@nhs.net](mailto:cim-tr.veteranstilservice-lse@nhs.net) (includes the Op COURAGE urgent care and support service).

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# TILS

## Aims and objectives of the service

- The primary objective of the service is to increase the access and treatment to appropriate and timely **locality** mental health services by Armed Forces veterans with mental health problems.
- **(i) Service for those in transition** -serving personnel who are in the process of leaving the armed forces and entering civilian life and meet the access criteria.
- **(ii) Services for Veterans with complex presentation** -a case management and co-ordination function for those patients with complex presentations and particularly those who have suffered significant psychological trauma, where a military understanding would be beneficial and working alongside mainstream psychological and other mental health services, a community based psychological or psychiatric ongoing assessment and/or treatment service.
- **(iii) General Service for Veterans** For those patients who do not have complex presentations who would benefit from navigation and liaison support to other services where appropriate.

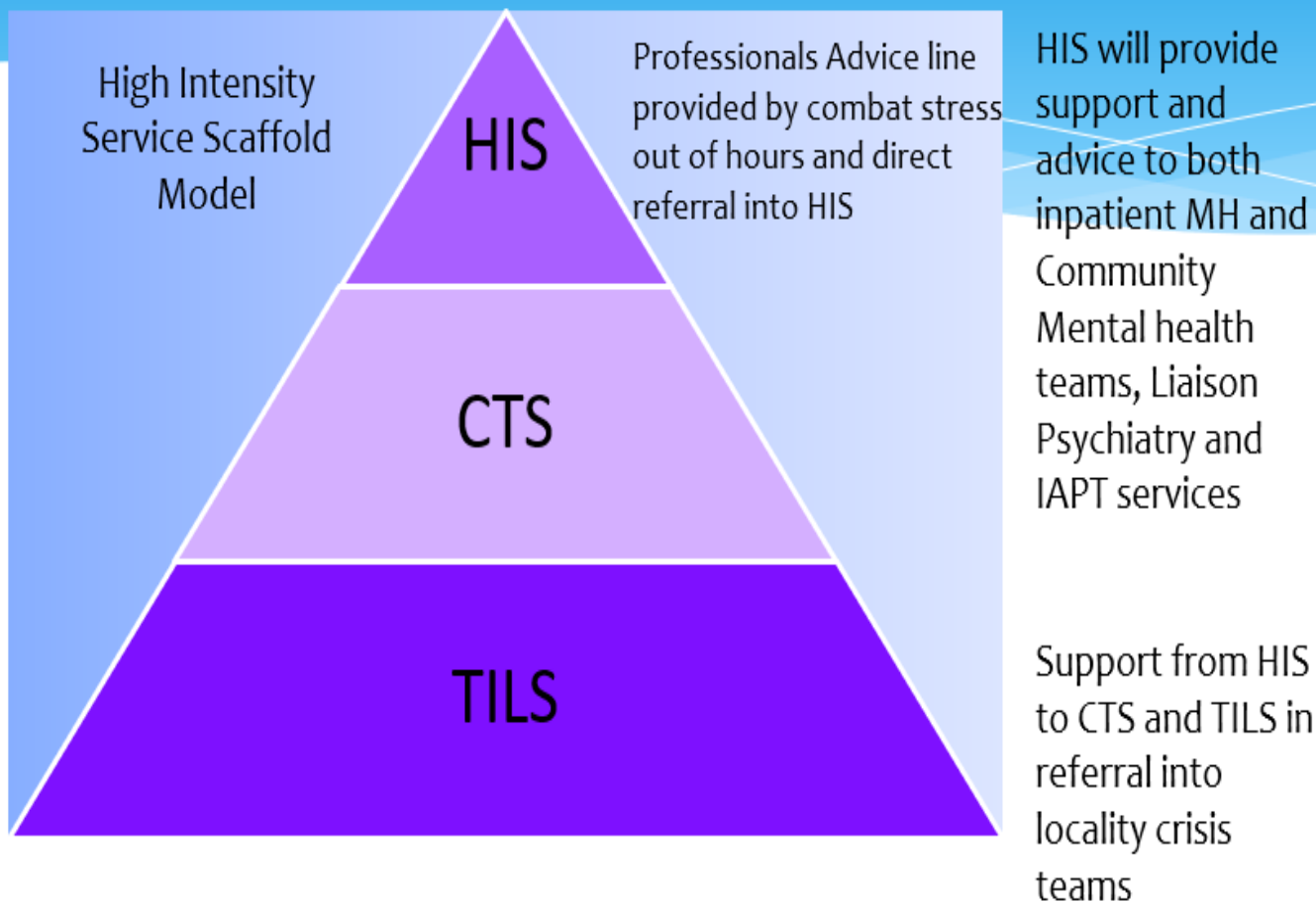
# CTS

- Gateway for referral is TILS
- Estimated 5% of patients seen in TILS will be referred to CTS

# CTS

- **Primary Objective**
- to provide an enhanced service for veterans who have complex mental health problems that are attributable to military service, which have not been resolved earlier in the care/support pathway and require a period of intensive and proactive interventions. The service will focus on those veterans who have complex mental health problems including post-traumatic stress disorder (PTSD). Assessment will indicate that the veteran has not responded to interventions earlier in the pathway; the veteran needs more intensive/assertive package of interventions; or the veteran may have been excluded from other primary or secondary mental health services
- **Interventions include** (but are not limited to) substance misuse, occupational therapy, physical health, employment, accommodation, relationships, financial and trauma focused therapy
- Interventions will normally be provided up to a period of 32 weeks.

# The Shape of Veterans Service



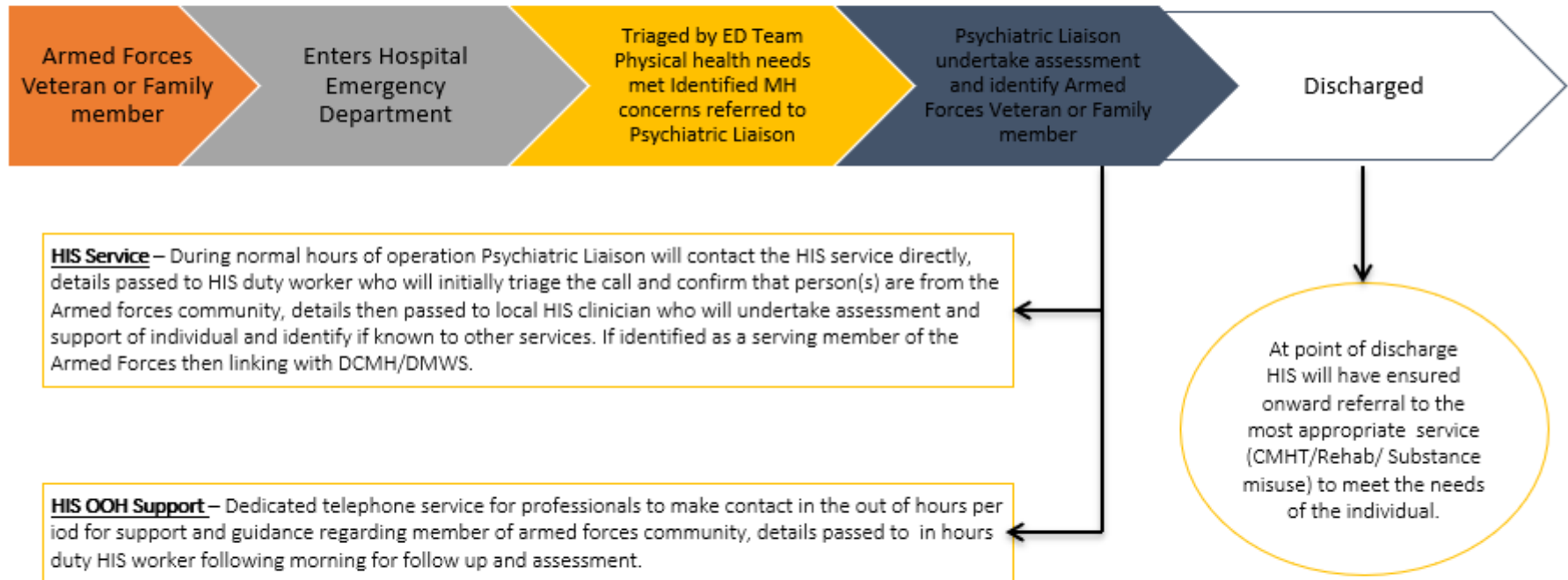
# HIS – What do we offer

- \* To provide signposting, support ,education and advice to existing services via our Network of locally placed Clinical Coordinators.
- \* Build direct links to other agencies such as the Ambulance Service, Police and Local Authorities.
- \* Provide education and support to wider sectors who interface with the armed forces community.
- \* Work across the region to identify multiagency groups that a person who is part of the Veteran Community may find support.

# Referrals to HIS

- \* We accept referrals from all Clinical professionals via our referral forms ([dhc.opcourage.his-sw@nhs.net](mailto:dhc.opcourage.his-sw@nhs.net)), NHS Gateway - 0808 802 1212 or via NHS 111 having identified themselves as a veteran.
- \* Office number for HIS - 01202 277140 for advise on a referral.
- \* HIS assess all referrals within 24/36 hours of receiving
- \* Refer will be contacted with the outcome of the referral
- \* Support for the professionals working with this difficult group of people.
- \* Out of Hours Professional line for HIS- 0333 800 1367

# S1: Emergency Department Pathway





# In Practice

- Referral received
- Screened to assess if the veteran is in crisis/immediate need
- Appointment scheduled for assessment
- Assessment completed over 2-3 contacts – telephone/video call/in person
- Onward referral to self help resources, locality NHS services or third sector services
- CTS referral- talking therapies and social re-integration

# Case Study

## **TILS pathway**

- Medical discharge from military- back injury
- Support to register with GP
- Onward referral to support housing
- Education regarding the sickness absence process (sick notes for work)
- Onward referral to support finance
- Supported psychoeducation for anxiety management
- Information to GP to support medication
- Onward referral to social prescriber

## **CTS pathway**

- Not required

# Case Study

## TILS pathway

- Military contract of 25 years service ended 12 years ago. Several operational tours
- Struggling with PTSD symptoms. Functional impact on current employment and relationships
- Supported psychoeducation (relevant to symptoms)
- Information to GP to support medication
- Onward referral for Family support/education
- Onward referral for talking therapy

## • CTS pathway

- Support to enable the person to be 'therapy ready'
- Talking therapy circa 32 week sessions
- Discharge from service

**OpCOURAGE**

**Specialist care and support for Service leavers,  
reservists, veterans and their families**  
[www.nhs.uk/opcourage](http://www.nhs.uk/opcourage)

**NHS**

The Veterans Mental Health  
and Wellbeing Service



Referral: 0300 365 2000 option 4 or email [\\_GATEWAY@BERKSHIRE.NHS.UK](mailto:_GATEWAY@BERKSHIRE.NHS.UK)



**Gloucestershire Health and Care**  
NHS Foundation Trust

# Any questions?



# Marketplace and Lunch

*Back online at 1250*

*See you then!*

## What GHC Offers to Veterans and their Families

***David Noyes** – Chief Operating Officer, GHC*

***Dr Phillip Fielding** – Deputy Medical Director of Physical Health, GHC*

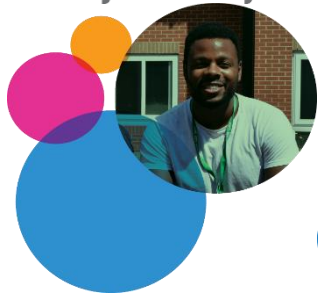
***Andy Mills, MBE** - Associate Director Workforce Systems and Planning, GHC*

***Jonathan Thomas** – Community Services Manager and Veterans Steering Group Lead, GHC*

***Sophie Ayre** – Partnership and Inclusion Development Worker, GHC*



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# GHC supporting the Covenant and Veteran Aware Programmes



working together | always improving | respectful and kind | making a difference



# David Noyes

## Captain, Royal Navy

### Chief Operating Officer, GHC



# Dr Philip Fielding

## Major, Royal Army Medical Corps

### Deputy Medical Director, Community Services, GHC



# Andrew Mills, MBE

## Warrant officer 1<sup>st</sup> Class (Staff Sergeant Major)

### Associate Director Workforce Systems and Planning GHC



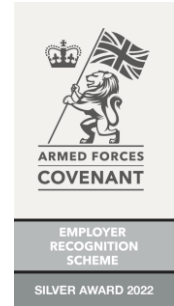
# Trust's progress with the Covenant



#SilverERS2020



# Employer Recognition Scheme - Supporting employees, future employees and their families



- Signed the Armed Forces Covenant
- Awarded Bronze in 2021 and **Silver in 2022**
- Ensuring that service personnel/armed forces community are not unfairly disadvantaged as part of their recruiting and selection processes
- Actively ensuring that our workforce is aware of our policies towards defence people issues. Such as internally publicised and positive HR policies on Reserves including return to role and carry over of outstanding annual leave following mobilisation
- Support mobilisations and training by providing additional unpaid/paid leave (up to 2 weeks)
- We are also reviewing our policies and guidance for Cadet Force Adult Volunteer to strengthen our commitment, this includes additional paid/unpaid leave for CFAVs to attend training weeks or take cadets on camps during the year

# Jonathan Thomas, Nurse, Community Services Manager, Mental Health and Learning Disabilities, GHC

One of the Veteran Leads for the Trust.  
Currently in my 34<sup>th</sup> year working in the NHS.  
My wife and two girls are clinicians working in the NHS as Nurses and Occupational therapists.



# Sophie Ayre, Partnership and Inclusion Development Worker, GHC

- Have worked alongside Jonathan for 5 years on our Veteran Strategy Group
- Have also worked in the national and local voluntary sectors, local government, for a professional association and for the statutory independent healthcare champion



# My Mum

## Mrs Mollie Thomas

### Veteran RAF Bomber Command

### Services, included overseas (Egypt)

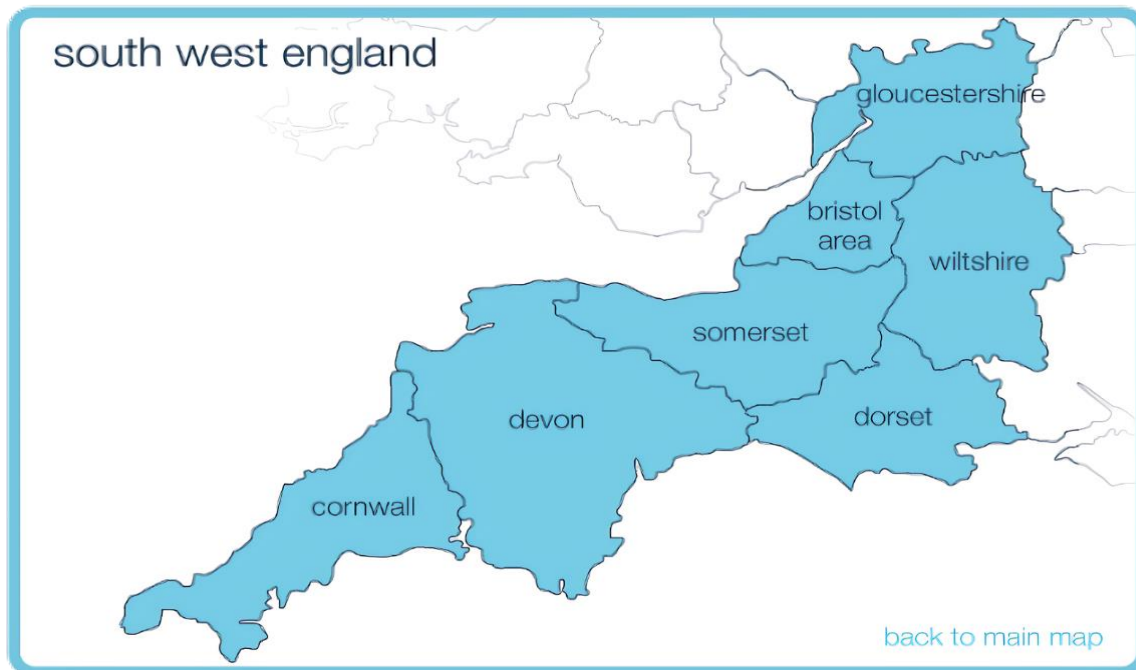




# Veteran Population in the South West

In 2017 there were an estimated **2.4 million UK Armed Forces veterans**

**12% of the population of the South West are classed as Veterans**



Annual Population Survey: UK Armed Forces Veterans residing in Great Britain, 2017  
Published 31 January 2019

# Impact on services in Gloucestershire

GHC see an average of 2000 veterans utilising its services per year.  
On average we have 400 referrals to mental health services each year (those who tell us)

Main areas of veterans entering our services are:

- Crisis and home treatment service
- Memory assessment service
- Later life services
- Social care services



There are currently 372 veterans on the case loads of our Mental Health Services. A high proportion are within our managing memory and later life services

# Supporting our staff to support Veterans and serving personnel



- Trust obtained Veteran Aware award in 2021
- Veteran Champions in teams across the Trust
- Ability to understand where veterans are coming into our service
- Training
- Internet and intranet specifically regarding Veterans
- Promoting the needs for Veterans
- Work in partnership with other organisations
- Links across the South West with other NHS services
- Organise events such as today
- Learn how to do things better



with you, for you



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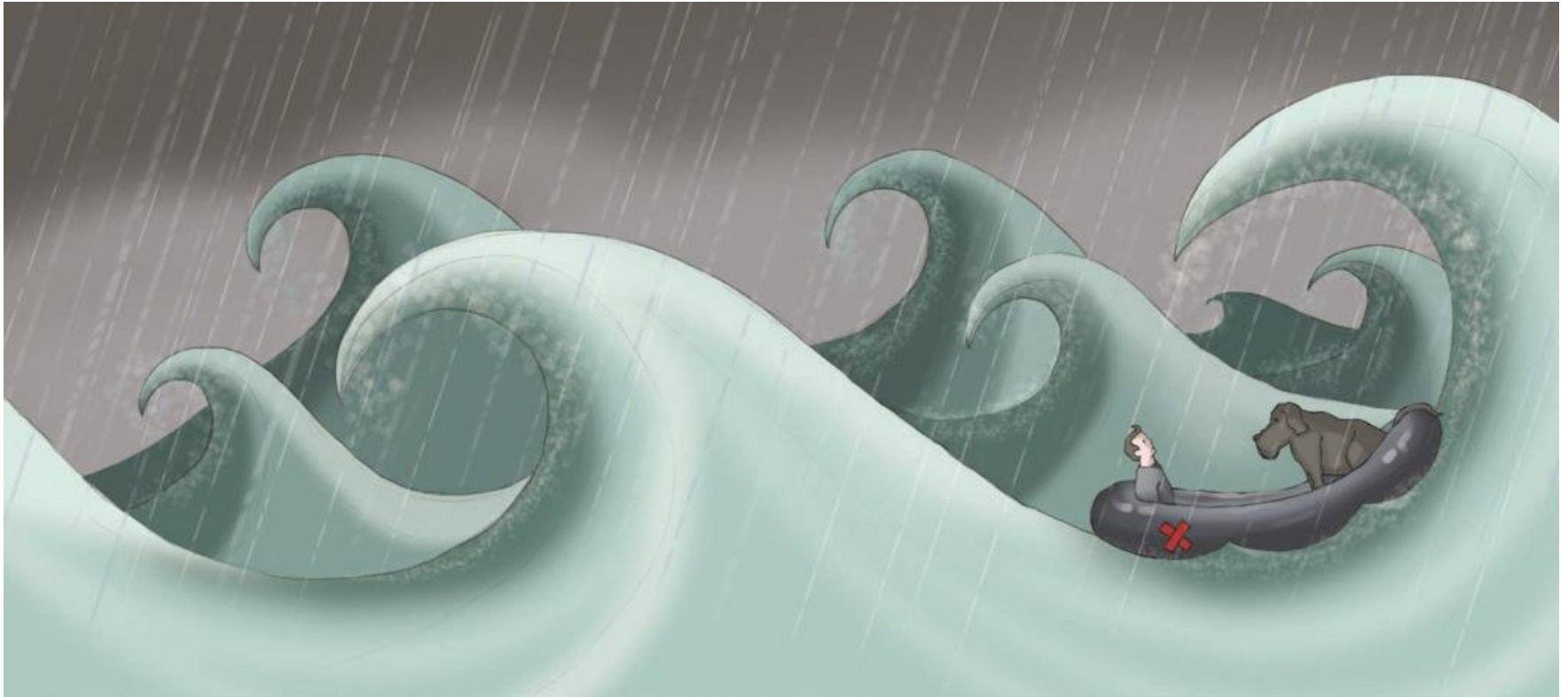
# Living alongside....

Caroline Parker



working together | always improving | respectful and kind | making a difference

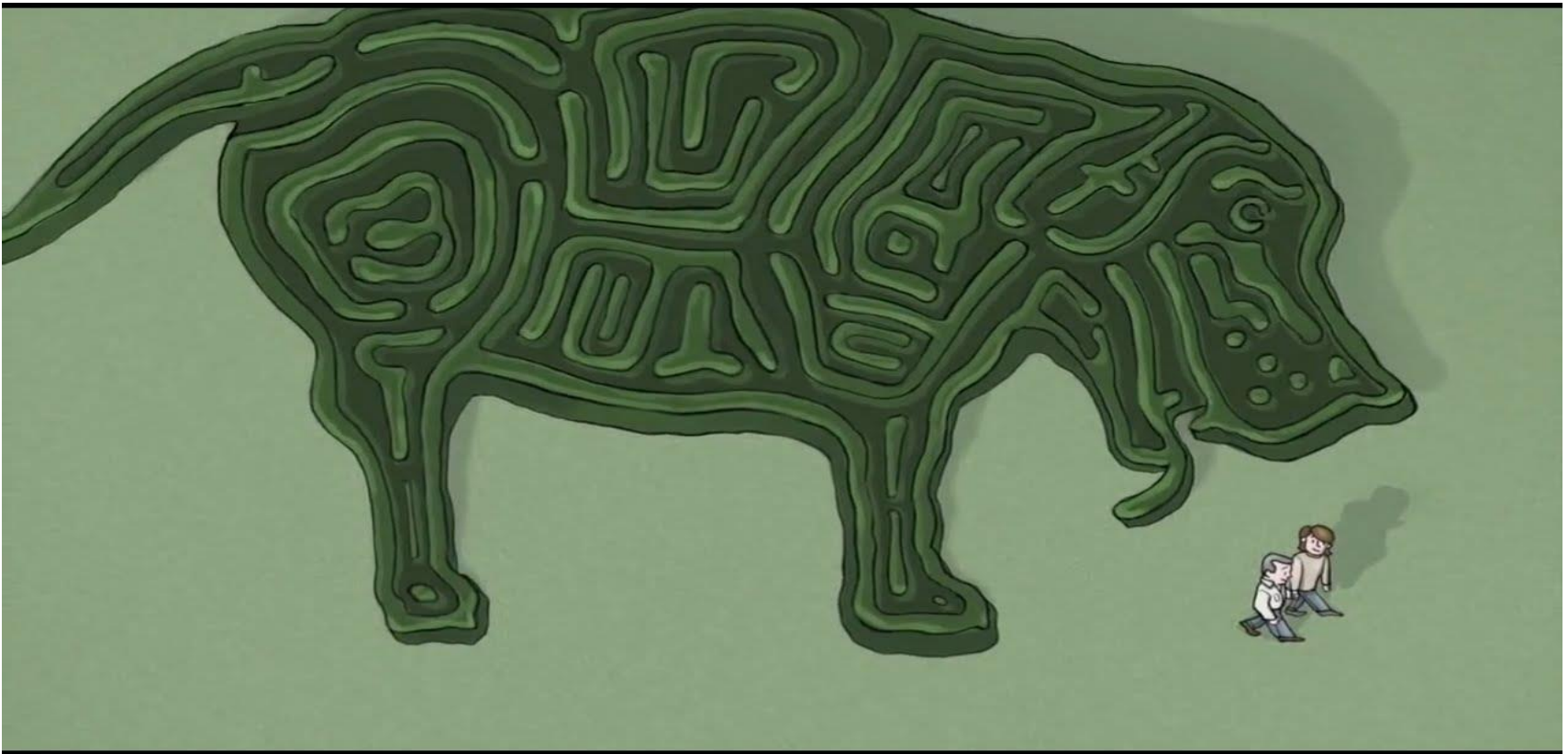
# Lost in the storm



# Finding our way



# What made a difference





# Breakout Groups

1330-1405 First Group session

1410-1440 Second Group session

*[online attendees – see you back online at 1445]*

Group 1 – What can we do better to support veterans and their mental health (includes OpCourage) – **Main Room**

Group 2 – ‘Forbidden Drugs’ – Substance Misuse – **The Directors Box**

Group 3 – Housing and Homelessness – **The BigDug Box**

Group 4 – Isolation – **Main Room**

# Feedback from Breakout Groups

What have we learned from today?

Three themes that can be owned by GHC and partners

# Closing Comments

## Ingrid Barker

Chair of Gloucestershire Health and Care NHS Foundation Trust



**Gloucestershire Health and Care**  
NHS Foundation Trust

# Evaluation and Close

