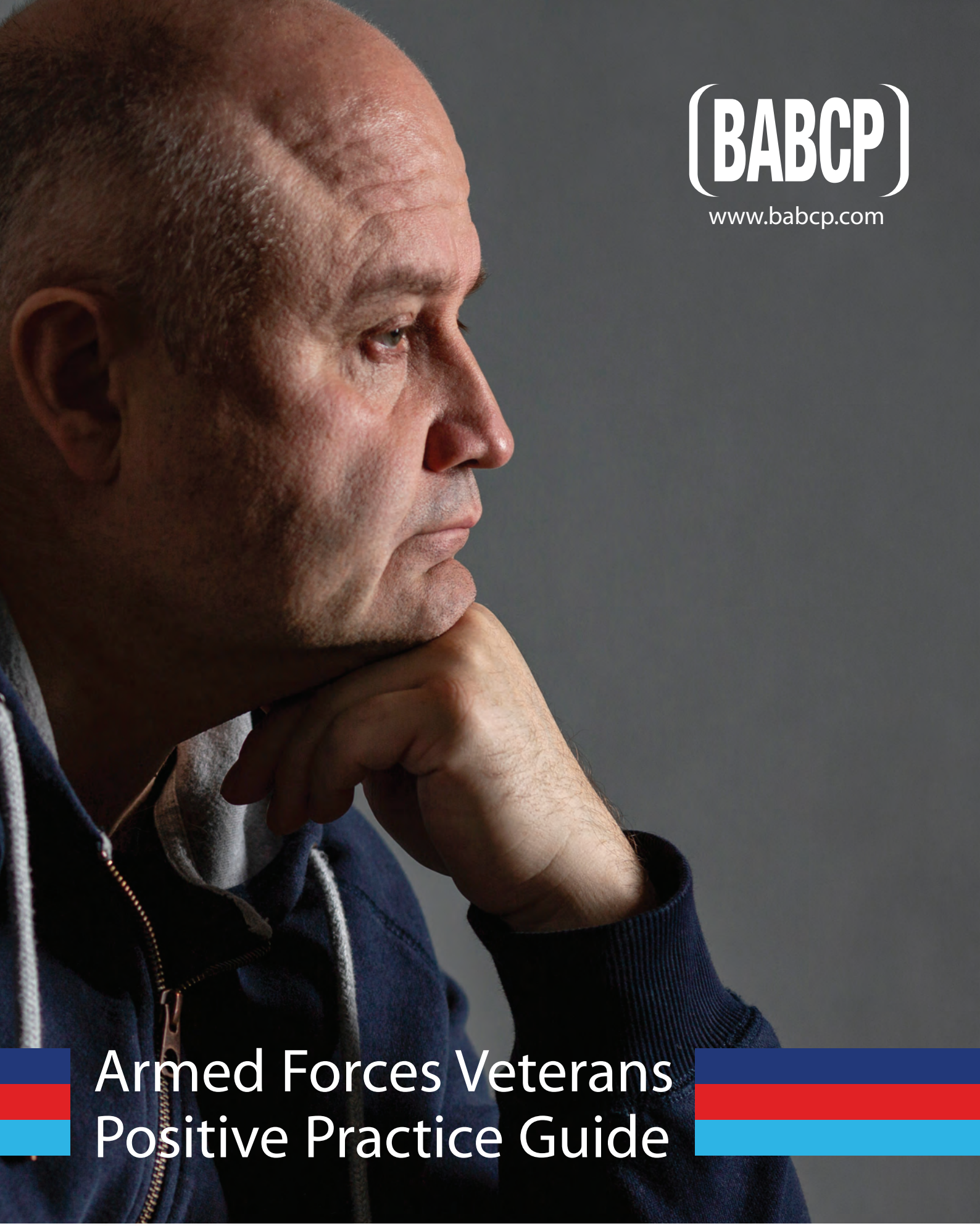

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Armed Forces Veterans Positive Practice Guide

University of Exeter

Westminster Centre for Research in Veterans

University of Chester

A note on terminology

Choosing the most appropriate way to refer to the Royal Navy, Royal Marines, British Army, and Royal Air Force and the term Veteran or ex-forces are highly contested. Examples of both Armed Forces and military are commonly adopted and used interchangeably within policy documentation, practice, and the wider literature. Although there are few benefits associated with using one term in preference to the other, this Positive Practice Guide will adopt the term 'Armed Forces Veteran'. This will enable the guide to be consistent with both the *Armed Forces Covenant* and annual events such as *Armed Forces Day* that commemorate the service of men and women in the British Armed Forces. Furthermore, a qualitative study (Farrand et al, 2019) highlighted a belief amongst participants that had served in the Royal Air Force and Royal Navy that the term 'military' was more commonly associated with the British Army.

Whilst a UK Veteran is anyone who has served for at least one day in the Armed Forces (Regular or Reserve), the use of the term Veteran can be problematic given that it is also used to refer to *'a person of long experience in some occupation or skill (such as politics or the arts)*[1]. Furthermore, not all Veterans know, or want to associate with this term. This is particularly the case amongst younger, or female Veterans who often refer to themselves as 'ex-forces' or 'ex-services', due to the belief that a Veteran is someone who fought in historical conflicts such as Korea or the Second World War. However, Veteran is widely used in the United States of America and is the title of the main Ministry of Defence (MoD) Welfare organisation 'Veterans UK'. Regardless of the terminology used, the mental health workforce should always remember that Armed Forces Veterans experiencing mental health difficulties are firstly always people.

References
A list of references is set out in Appendix 1.

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Other contributory authors to this and previous editions are detailed in Appendix 2.

General advice
A selection of general advice for mental health providers is provided as *General Guidance for Mental Health Professionals Treating Ex-Armed Forces Personnel* at Appendix 3.

[1] *Merriam Webster Dictionary*

Contents

1. Background and policy framework

1.1 This Positive Practice Guide is primarily intended for those providing mainstream NHS mental health services for British Armed Forces Veterans (AFVs).

1.2 Most of the guidance will be of equal use to NHS services and non-NHS providers across all UK nations treating AFVs.

1.3 Guidance has been updated to address recent developments in services. For example, recognising developments included within the NHS England Improving Access to Psychological Therapies (IAPT) manual[2]. Additionally, recommendations by The National Institute for Health and Care Excellence (NICE) regarding CBT to treat complex Post Traumatic Stress Disorder (PTSD) and Eye Movement Desensitisation and Reprocessing (EMDR)[3].

1.4 The Armed Forces Community (AFC) comprises serving personnel, Reservists, AFVs and their families (Further details of these groups in Appendix 5). As a mental health therapist or practitioner, you will meet patients from all walks of life, including those from the AFC.

1.5 Most AFVs are generally fit and healthy when they are selected to join the Armed Forces and remain so. Only a minority have specific mental and physical health needs that relate to (or may be compounded by) their time in service. Likewise, some of the general population (especially those from uniformed/security/emergency services) may have similar characteristics to AFVs.

1.6 Concerns exist, however, as to the extent NHS professionals have enough awareness of the Armed Forces and potential adaptations to service delivery or practice to ensure AFVs, Reservists and their family members get the right care and treatment.

- The **findings** of a national survey undertaken in 2016 by NHS England on AFVs mental health services highlighted a lack of awareness amongst some NHS staff on the health needs of these groups and specific additional services available to them
- Findings also highlighted a lack of knowledge amongst NHS professions and the AFVs themselves of the dedicated welfare, care and (psycho-social) support available to them
- Referral to other and more veteran specific services may therefore be helpful in improving choice and releasing pressure on mainstream services

1.7 Ensuring all NHS professionals can work effectively with AFVs, Reservists and their family members is therefore fundamental to meeting the commitment in the NHS Constitution to the Armed Forces Covenant.

The **NHS Constitution** states *'the NHS will ensure that in line with the Armed Forces Covenant, those in the Armed Forces, Reservists, their families and AFVs are not disadvantaged in accessing health services in the area they reside'.*

[2] ***IAPT Manual (england.nhs.uk)***
[3] ***https://iapt.rdash.nhs.uk/about-doncaster-iapt/individual-therapy/eye-movement-desensitisation-and-reprocessing/***

The **Armed Forces Covenant** sets out the following commitments:

- The Armed Forces community should enjoy the same standard of, and access to healthcare as that received by any other UK citizen in the area they live
- Family members should retain their place on any NHS waiting list, if moved around the UK due to the service person being posted
- AFVs should receive priority treatment for a condition which relates to their service, *subject to clinical need*
- Those injured in service should be cared for in a way that reflects the nation's moral obligation to them, by healthcare professionals who understand the Armed Forces culture

1.8 The Armed Forces Act (2021) also requires health services to have a legal duty to have "due regard" for the needs of the armed forces in the planning and delivery of services.

1.9 It is therefore important to ensure that the provision of health and care adheres to the principles above.

1.10 An AFV is someone that has served (Regular or Reserve) for at least one day. There are currently just over 2 million AFVs in England of whom just over half are 75 years or older.

1.11 In many cases, AFVs have similar levels of health to the general population. However,

- A small minority have physical and mental health issues specific to their time in service.
- For those who are discharged from the Armed Forces on medical grounds, the three top reasons are for medical problems relating to back, knees and hearing.
- The majority of AFVs are willing to and make extensive use of mainstream NHS services
- Despite increased mental health service provision, 82% of AFVs receive no treatment (Woodhead et al, 2011), compared to 63% of the general adult population (Lubian, 2014).
- Variation in access rates to mental health services highlights the need for additional considerations and increased awareness to help overcome many help-seeking barriers faced by AFVs (Coleman et al, 2017) and enhance mental health treatment for this group (see Section 3).

1.12 There are many myths[4] about the mental health needs of the Armed Forces community. This guide seeks to expose these, whilst educating and empowering psychological therapists, practitioners, service providers and commissioners to offer improved NHS services for the Armed Forces community.

[4] *https://www.kcl.ac.uk/kcmhr/publications/reports/files/Mental-Health-of-UK-Armed-Forces-Factsheet-Sept2018.pdf*

2. Understanding the mental health needs of Armed Forces Veterans (AFVs)

2.1 Nearly all health care commissioning for AFVs in England is the same as for the general adult population, being the responsibility of Integrated Care Boards (ICBs[5]).

- In Scotland and Wales most AFVs' health needs are met by local NHS services.
- Separate arrangements are made in Northern Ireland due to security concerns.

2.2 In addition to mainstream services, AFVs may choose to access the dedicated national services offered by:

- NHS England Operation (Op) COURAGE services see 7.3 and Appendix 8); previously called:
  - *Veterans' Mental Health Transition, Intervention and Liaison Service (TILS)*
  - *Veterans' Mental Health Complex Treatment Service (CTS)*
  - *Veterans' Mental Health High Intensity Services (HIS) Pathfinders*
    it is due to be re-procured for 2023 as a single integrated service (see 7.3 and Appendix 8)
  - Bespoke veteran services in the other "Home nations"
  - AF charity services (see Appendix 4)

2.3 Some AFVs may deliberately decide not to access services that are Armed Forces orientated for many reasons, such as negative reminders of their past service. It is important that as far as possible, service users make informed choices.

2.4 Commissioners need to understand the demographic profile of their local population of their AFVs to provide Step 2 and 3 mental health services (established in England as part of the IAPT programme).

- It should not be forgotten that AFVs are not a homogenous group with characteristics informed by their former service role and rank, gender, age, ethnicity, sexual orientation, marital status, and occupational groups

2.5 All mental health services are required to meet the full range of demands and needs presented by the general population with different demographic profiles and from different cultural groups that includes AFVs.

- To achieve this aim, it is appropriate to consider the needs of AFVs and their treatment (for example PTSD may be more complex in parts of this population).
- The best estimates of numbers of AFVs in local populations are currently provided by the Defence Statistics Office for National Statistics and new figures are expected as part of the 2021 Census.
- Local circumstances (before and after service) in terms of urban/rural, employment, housing, levels of crime, alcohol use, etc should also be considered.
- Service welfare charities are also a good source of local AFV knowledge.

[5] *Formerly Clinical Commissioning Groups (CCGs)*

2.6 Whilst there has been an emphasis on AFVs with PTSD, the actual rates for this condition are not high (around 6.2%), which is broadly equivalent to the incidence amongst civilians.

- However, for those AFVs who deployed when serving, rates of PTSD are higher at 9% and up to 17% for those who deployed in a front-line, e.g., infantry combat role.
- More common issues include other mental health difficulties, such as anxiety and depression, as well as problems related to alcohol.

2.7 In general there is a significant difference in the objectively measured prevalence of PTSD and the number of diagnoses given to AFVs. Potential reasons for this apparent discrepancy include:

- PTSD may represent a more acceptable diagnosis as it is perceived to have lower levels of stigma
- Practitioners being willing to accept the Veteran's own self-reported diagnosis rather than relying on their own assessment
- Potential to access a wider range of Veteran specific services that may be considered more acceptable, such as those offered by the charity Combat Stress
- Greater access to a range of allowances and/or compensation from different organisations.
- Potential that a PTSD diagnosis increasingly seen as a 'badge of honour' by AFVs and the wider public

2.8 Given the large discrepancy between the prevalence of PTSD and diagnoses given, when working with an AFVs it is important to:

- Understand where, when and from whom the AFV was given a diagnosis of PTSD.
- Ensure the diagnosis was correctly reached
- Consider other diagnoses or interventions that may be helpful on occasions where symptoms, such as poor sleep due to nightmares or hypervigilance are distressing but do not reach full diagnostic criteria for PTSD
- Determine the correct treatment pathway if the diagnosis remains clinically accurate[6]

2.9 Other risks to the mental health of AFVs include:

- Adverse experiences prior to AF service, especially adverse childhood experiences and/or traumatic events
- Past harsh and/or insensitive training regimes

[6]*Note: it is possible for patients to score above 33 on the 'Impact of Events Scale' but not meet diagnostic criteria determined by the ICD10, DSM4 or 5. To help explain that these patients may experience trauma related symptoms, some clinicians therefore choose to use the term 'Post Traumatic Stress' (PTS) with patients that have symptoms but fail to meet all the diagnostic criteria of PTSD*

- Frequent or prolonged (especially unexpectedly prolonged) deployments
- Disruptions or instability in home life and relationship issues due to frequent moves and/or enforced separation
- Discharge and transition out from service to civilian life (especially unplanned discharges, e.g. medical discharges) and disciplinary discharge for the Armed Forces (e.g. for the use of illicit drugs)
- Early Service Leavers leaving before the end of an initial employment term, most often during basic training (Godier et al, 2018)
- Exposure to extreme or repeated trauma in combat arms
- The consequences of the excessive (but declining) drinking culture often found amongst service personnel (and then sometimes adopted as a coping mechanism).
- Lack of awareness and help-seeking (see Section 3)
- Post service employment as a private security/military contractor (PMC) without the range of armed forces support mechanisms

2.10 There is growing evidence of delayed onset of symptoms and that a range of mental health conditions may appear some years after they have left the Armed Forces.

2.11 Commissioners and practitioners should be aware that distinct features of the Armed Forces culture may make AFVs more reluctant to seek support for a mental health difficulty and engage in treatment. These include:

- A tendency to be more reliant on trust and loyalty as core values driving their lives
- Increased self-sufficiency, leading to later presentation when symptoms are entrenched
- Increased tendency to use alcohol as a social adjuvant, but less likely to use other drugs. Greater use of alcohol potentially accounts for often reported differences in rates of alcohol misuse compared to the civilian population.
- Expectations of being able to get quick medical appointments in Armed Forces specific medical centres
- Hypersensitivity to 'broken expectations' (and sometimes seen as a breach of core values)
- A struggle to understand, acknowledge and/or convey treatment needs

2.12 Individual AFVs may have complexities and distinct differences from the rest of the population that can make them more vulnerable.

- However, as with all patients, the delivery of evidence-based psychological therapy by a clinically competent patient-centred workforce that establishes a strong therapeutic relationship remains the most important factor.

2.13 Commissioners and Practitioners can enhance their success by ensuring services are effective for AFVs with a range of circumstances. As part of this, it is important to consider the following sub-categories of AFVs:

- AFVs can be more vulnerable to social exclusion including homelessness and unemployment. Although rates are not generally worse, these may be less visible than for the general population and additional routes (such as Job Centre Plus/DWP) may help.

- AFVs are no more likely to be in the criminal justice system than the general population but have different patterns of offending. In 2015/16, approximately 2,500 former serving personnel entered the prison system in England and Wales.

- This figure represents 4-5% of the prison population where bespoke services are available for AFVs in the criminal justice system.

2.14 Having a better understanding regarding the range of mental health needs experienced by AFVs could help to address a higher rate of suicide experienced by some age and gender cohorts within the AFVs than the general population.

2.15 Common risk factors associated with suicidal ideation in AFVs includes (Harden & Murphy, 2018):

- Being unemployed

- An early service leaver

- Taking less than 5 years to seek help

- Experiencing pre-service adversity

2.16 Whilst always having to remain a concern suicide rates in the Armed Forces community have declined since the 1990's (Nicholson & McLoughlin, 2019).

- Suicide rates in UK AFVs remains lower than that experienced in many other international Armed Forces and lower than UK police forces.

2.17 Reductions in suicide rates may reflect enhanced provision in services to prevent suicides[7]. These include:

- Launch of a unified care pathway for mental health in Armed Forces personnel

- Dedicated 24-hour crisis helpline

- Partnership with Samaritans to provide support for those contemplating suicide

[7] *There is new suicide prevention training available from* **Help for Heroes with Samaritans Suicide Awareness Training**

3. Barriers to service access

3.1. AFVs can face many barriers preventing them from accessing psychological therapy services for their mental health needs. These were recognised in the report by Dr Andrew Murrison MP, *'Fighting Fit – a mental health plan for servicemen and veterans'* (Ministry of Defence, 2010). The Government accepted all the recommendations made by Dr Murrison around barriers to care.

3.2 Common barriers include beliefs of AFVs that:

- NHS professionals will not understand them or their service history (Coleman et al, 2017)
- NHS professionals have a poor knowledge about the Armed Forces culture (Clarkson et al, 2013)
- Mental health problems can be handled by oneself (Britt et al, 2011)
- Mental health service providers are untrustworthy
- NHS professionals will be harmed by treating AFVs
- The effort, stigma and shame outweigh the benefits of asking for and receiving help (Sharp et al, 2015)
- Seeking help for something that is not a physical injury or illness is a weakness
- Requesting help and support or treatment is letting themselves and the team down
- Psychological therapies are not as effective for AFVs
- They will have to be part of a mental health group that could involve them having to discuss their difficulties with strangers

3.3 In addition to the above, some AFVs may lack the confidence to seek help (Edlund et al, 2008) and may be concerned about discussing aspects of their service with civilians and may cite the Official Secrets Act in their defence. Treatment hardly ever requires the AFV to share the classified parts of their story to the practitioner.

- Consider referring to AFV specialist services on the very rare occasions (for example Special Forces operations) where classified details of the operations are pertinent to assessment or treatment.

3.4 AFVs may seek to withhold information that is legitimate to inform an assessment or treatment. This may be for legitimate or illegitimate concerns about secrecy and confidentiality. On a very large number of occasions however, assessment and treatment will not require specific classified information. On occasions where the AFV is reluctant to share such information:

- Consider if this raises concerns regarding fabricated stories, the authenticity of the story, and/or a lack of willingness to engage.

- If in doubt, requests can be made to access in service medical records (see Appendix 6) and some of the specialist AFV services may have easier access to these and/or have therapists with the necessary security clearances

3.5 Barriers related to knowledge, beliefs and behaviours held by AFVs may prevent them from receiving psychological therapies. Knowledge based barriers can include:

- Poor awareness of where to seek help following transition from Armed Forces to civilian healthcare.

- Being unsure how to manage the (complex) health and care systems, for example when addressing a mental health difficulty being experienced alongside problem drinking or health and social care needs.

- Poor awareness, especially amongst socially excluded AFVs, regarding how to initially access general health services, or the knowledge that self-referral is possible into IAPT mental health services.

- Avoiding mental health services because of previous bad experiences with mental health services in the Armed Forces or NHS.

3.6 AFVs can exhibit a range of unhelpful behaviours that may inhibit service delivery:

- Deliberately hiding symptoms from health professionals in the belief that mental health problems are shameful and/or will affect their employment/employability

- Taking alcohol or drugs to mask moods or problems and stop them being detected to retain autonomy

3.7 Social exclusion can result in AFVs not registering with General Practitioners (GPs) on discharge from the Armed Forces and therefore having poorer access to health care.

- Promoting self-referral (and supported self-referral) routes that are commonly available into all IAPT services or accepting referrals directly from ex-service charities can be of great value to this population.

- The use of AFVs (or Armed Forces aware) leaders within the NHS is another route for this patient group to access mental health services without access to GPs. Although the individual should be encouraged to register and to declare that they have served in the Armed Forces.

3.8 Barriers arising from GPs and other primary care professionals may also inadvertently prevent AFVs from accessing psychological therapies services because they:

- May not understand that AFVs may have specific needs because of past Armed Forces cultures

- May not ask the question as to whether the individual in front of them has ever served in the Armed Forces, therefore not considering that the aspects of their presentation may be related to features of their time in Service. It is therefore helpful to include the Read/SNOMED CT code in letters to GPs.

- Do not have access to or have not sought, the summary or full and available, in-service health records
- May inadvertently prevent AFVs accessing other services due to a lack of education, skills, or experience
- May have time constraints in their surgeries that reduce the probability of diagnosing AFV mental health problems effectively, leading to an overestimation regarding the likelihood of PTSD
- Recognise symptoms of depression or anxiety disorders but fail to recognise that they can be treated with evidence-based psychological therapies
- May miss other potential diagnoses such as neurological conditions, sleep apnoea and or traumatic brain injury with similar symptoms
- Mistakenly believe, or reinforce beliefs already held by AFVs that psychological therapies are not effective for them
- Believe that treating any physical health problems is a higher priority than treating mental health problems and consequently do not refer to psychological therapy services
- Lack knowledge of how to coordinate mental health treatment with substance misuse services
- Lack knowledge of how to use the Veterans' Trauma Network (VTN)
- Lack expertise from fellow GPs and other primary care professionals (includes making use of a RCGP accredited AFV friendly practice)[8]

3.9 Barriers arising from specialist mental health services may inadvertently prevent AFVs from accessing services that provide psychological therapies because staff working within the services:

- Lack confidence working with AFVs
- May be fearful that the AFV may be violent
- Have concerns about their ability or skills to build a therapeutic relationship with the AFV
- Are not aware of how to deal with co-morbidities
- Lack appropriate clinical and non-clinical staff who have contact with AFVs

[8]*The SNOMED CT identifier (SCTID) 302121005 translates as "History relating to military service (observable entity)". There is also guidance from the RCGP > Veteran friendly GP practices (rcgp.org.uk) which specifies recording as "Military Veteran".*

4. Service engagement with Armed Forces Veterans (AFVs)

4.1 Whilst most AFVs use NHS services in the same way as the rest of the population, some may find it difficult to engage and need extra assistance to get the help they need.

4.2 Actions that encourage engagement and retention include:

- Punctuality by the therapist or practitioner
- Developing a rapport before asking for sensitive information. This is also important for busy referral/triage practitioners
- Use of community venues in preference to mental health settings where possible.
- A tolerant attitude to *'Did Not'* or *'Could Not Attends'*
- Ensuring the therapist or practitioner has awareness of the Armed Forces community and familiar with (not necessarily an expert) common terminology used in the Armed Forces
- Having mechanisms in place to ensure that High Intensity Cognitive Behavioural Therapists have a choice of supervision and are supported to deal with potentially harrowing accounts of trauma when treating PTSD
- The availability of a therapist or practitioner that has knowledge and experience working with AFVs that can be consulted for clinical skills supervision or advice.
- Explaining PTSD is treatable and most people seeking treatment improve, and especially the case if trauma work is delivered according to NICE Guidance CG26 (NICE, 2005)
- Consider the order of treatment and where group therapy may not be appropriate.
- Not assuming the needs and symptoms are solely related to service in the Armed Forces.
- Consider increasing the number of sessions and extending and front-loading engagement (e.g., mood regulation, distress tolerance, sleep, anger, and safety)
- Consider lack of sleep as an aggravating factor
- Consider onward referral to a dedicated AFV service (see Appendix 4)
- Engendering hope to develop a patient's motivation, commitment to the therapeutic process and to their own recovery
- Consider getting veteran quality accreditation[9]

4.3 Commissioners and providers of mental health services should engage with AFV organisations and groups, and with those who have existing expertise in working with AFVs, including:

[9] ***Quality Network for Veterans Mental Health Services | Royal College of Psychiatrists (rcpsych.ac.uk)***

- The existing mainstream traumatic stress services (mostly members of the UK Trauma Group) usually include staff with experience in treating AFVs

- Finding a provider that is linking with the local *Veterans' Covenant Healthcare Alliance* (VCHA)[10] provider in your area with an Armed Forces specialist

- Engaging with specially commissioned services nationally provided NHS Op COURAGE (TILS/CTS/HIS) or locally provided (e.g., the Military Veterans' Services (MVS) in the North West of England and bespoke services in the Devolved Administrations) where issues can be addressed

- Any AFV specific outcomes used to monitor the performance of services should make sure that they complement, or add to, the mainstream/existing (e.g., IAPT) minimum data set and not replace it. This will enable comparisons to be made.

4.4 Mental health clinicians working with AFVs can act as intermediaries with AFV organisations such as national or local AFV charities to enable better access to services for AFVs by:

- Providing commissioners and providers with information that can be used to encourage AFVs to engage with services and accept IAPT treatment

- Raising awareness and guiding AFVs to IAPT services (by being included in the referral pathway to IAPT services)

- Providing commissioners with useful feedback to help IAPT services improve the way they encourage engagement with AFVs

4.5 Commissioners and providers of IAPT services will want to ensure that the location of the service encourages engagement with AFVs. An ideal location is one that offers some level of anonymity that may help engage those who fear the stigma of having mental health problems, and who may feel isolated or anxious about using NHS services.

4.6 Engagement of AFVs with services is enhanced where aspects of service delivery are recognised as representing the Armed Forces. Where possible, services should therefore consider ways that publicity materials and interventions could be adapted to better reflect the AF community.

- With respect to low-intensity CBT interventions this may be facilitated by adapting interventions, including the use of Armed Forces specific case studies.

- This approach has been implemented within the Help for Heroes *Hidden Wounds* service (Farrand et al, 2018).

4.7 Service providers should pay attention to the nature of imagery used to promote their service (Farrand et al, 2019).

- Currently, many services seeking to engage AFVs over-emphasise images of AFVs that have experienced physical injury or amputees. This can disengage AFVs seeking treatment for a mental health difficulty by reinforcing beliefs that the treatment of physical health has higher priority than mental health problems.

[10] ***Veteran Covenant Healthcare Alliance***

4.8 Developing an Armed Forces 'specialist' may help to ensure the service better accommodates preferences held by AFVs to encourage referrals and improve acceptability.

- Developing CPD opportunities in this area may help to establish this 'specialist' role.

4.9 There is a perception amongst AFVs that there is little support available for their family members, who are a distinct group.

- Families are often a great source of strength to AFVs due to the impact of living with someone who is unwell.
- It is important to consider their health needs and the care and support that the families may benefit from, both in supporting their loved one and in taking care of themselves.

5. Training and developing the workforce

5.1 The capacity and capability of High Intensity mental health therapists or practitioners should be appropriate for the culture and type of people in the community they will be seeing.

- Where feasible, it is an important principle that the workforce should reflect and be representative of the local community, including AFVs (approximately 6% of the general population) and their families.

5.2 Online courses are available to enhance understanding the Armed Forces culture (Greenberg et al, 2018). Courses are available on understanding Armed Forces culture via these links:

- **https://www.e-lfh.org.uk/programmes/nhs-healthcare-for-the-armed-forces/**
- **https://portal.e-lfh.org.uk/**
- **http://elearning.rcgp.org.uk/**

5.3 There are also a growing number of videos[11] and advisors to help such training. Accredited training options are available by searching for AFV awareness training UK on any good search engine.

5.4 Commissioners should try to recruit, develop, and retain a workforce that is able to deliver high quality services that are fair, accessible, appropriate, and responsive to the needs of all AFVs, Reservists and family members.

[11] *For example:* ***https://www1.chester.ac.uk/introduction-armed-forces-community***

6. Enhancing clinical engagement

6.1 Experience and research (Farrand et al., 2019) suggests AFVs will seek help from, and engage with, mental health therapists and practitioners with no Armed Forces background.

6.2 At the point of self-referral or prior to referral into mental health treatment, where possible, ask the AFV to highlight any known preferences regarding the therapist or practitioner they wish to work with.

6.3 Increased knowledge by the clinician of the Armed Forces and continuity of care between therapists or practitioners will avoid the need for repetition by the AFV of, sometimes harrowing events, and make for a good therapeutic relationship to be enhanced at an early stage through common factor skills, such as empathy.

6.4 Clinicians can also adapt their practice in many ways:

- Be as fully prepared for the assessment session as possible, having read all information given at referral.
  - If this information indicates the person referred is an AFV, raise this early in the session and request further information regarding the specific service served in.
  - From that point onwards refer to the specific service when appropriate.

- Demonstrate interest, honesty and understanding with acknowledgement that there may be issues about life in the Armed Forces which you do not understand but could be helped to understand.
  - However, stress your expertise in recognising and treating the mental health difficulties.
  - Mention if you have worked successfully in the past with AFV or family members.

- General misconceptions held by therapists or practitioners about the Armed Forces, or held by AFVs regarding treatment should be explored.

- A choice of evidence-based interventions should be provided.
  - Given an increased priority placed on physical activity when serving, interventions such as behavioural activation or physical activity promotion for depression may have highest acceptability (Farrand et al., 2019).

- Armed Forces specific mental health focused groups/classes (if involvement is through informed choice) may be particularly acceptable to re-establish a sense of belonging and connectedness to others that can be perceived as being lost when leaving the service.
  - However, when introducing groups, ensure the AFV is aware they are not required to talk to the group unless they wish to.

- There is some suggestion that a small number of AFVs and personnel may associate the term 'military' more commonly with the British Army than other services.
  - Unless the AFV identifies the specific service they served in first, it may be preferable to initially refer to the UK Armed Forces.
  - Then request clarification regarding the specific service in which they served.

- AFVs positively respond to being followed-up and where necessary having their treatment co-ordinated with AFV organisations, groups and services (see Appendix 4).
  - These features of support should be made clear early in treatment.

- Issues of substance misuse and stigma may be particularly relevant in this population.
  - Clearly address these during assessment and throughout treatment when necessary.

6.5 There is a preference to avoid terminology considered to be too clinical and to adopt straightforward language that better describes its meaning that reduces the potential to be interpreted in other ways (See Appendix 7).

- Additionally, practitioners are encouraged to avoid terms that could be related to unpleasant features of life in the Armed Forces (e.g., discharge).

6.6 Whilst within-session engagement between the therapist and AFV can be facilitated using terminology found to have greater acceptability, it remains very important to ensure the most appropriate clinical terms are adopted when recording sessions, within clinical notes and during supervision.

- Failing to adopt clinical terminology beyond the actual patient engagement could result in problems arising with court reports, expert witness statements and all professional communications the patients or their representatives have access to.

7. Armed Forces Veteran (AFV) specific mental health services

7.1 AFVs have greater choice of mental health services than the general population (Appendix 4).

- Although this should not be used to exclude AFVs from mainstream services.

7.2 In addition to mainstream NHS services and those directly provided by service charities or charity funds, the MoD has wider provision including:

- **Defence Medical Services (DMS):** Provides out-patient treatment for:
  - AFVs with all operational service since 1982 (including Northern Ireland) who have any mental health problem related to their service
  - Current or former Reservists demobilised since January 2003 and believe that overseas operational deployment as a Reservist might have adversely affected their mental health.
  - Welfare support for AFVs who have been medically discharged to help facilitate a smooth transition to civilian life (e.g., through *Single Service Welfare Teams*)
  - War pensions from Veterans UK for AFVs who develop mental health problems after leaving the Armed Forces
  - An award under the *Armed Forces Compensation Scheme* (AFCS) from Veterans UK where the AFV problem is caused by service after 6 April 2005

7.3 There are many publicly funded AFV services including (some of which are provided by charities. For detail and contacts see Appendix 4):

- **Together All:** On-line psychological support.

- **24-Hour Veterans' Mental Health Helpline:** Provided by Combat Stress.

- **Veterans UK - Veterans' Information Service:** Provided by Veterans UK and where AFVs are contacted a year after leaving the Armed Forces and provided with advice/information that can include information relating to mental health[12].

- **NHS Op COURAGE:** See also Appendix 8 (incorporating):
  - **Veterans' Mental Health Transition, Intervention and Liaison Service (TILS):** Out-patient service for serving personnel approaching discharge from the Armed Forces and AFVs experiencing mental health difficulties. Provides a range of treatment, from recognising the early signs of mental health problems and providing access to early support, to therapeutic treatment for complex mental health difficulties and psychological trauma. Help may also be provided with housing, employment, alcohol misuse and social support.
  - **NHS Veterans' Mental Health Complex Treatment Service (CTS):** Enhanced out-patient service for AFVs who have Armed Forces related complex mental health difficulties that have not improved with previous treatment. The service provides intensive care and treatment that may include (but is not limited to) support for drug and alcohol misuse, physical health, employment, housing, relationships, and finances, as well as occupational and trauma focused therapies.

[12] ***Support for UK Veterans***

- **NHS Veterans' Mental Health High Intensity Service (HIS):** This is a series of regional pathfinders testing the proposed service model that provides:
  - Crisis care
  - Therapeutic inpatient support
  - Help with co-ordinating care across organisations
  - Support and care for family members and informal carers where appropriate

  The HIS is being delivered through provider-led mental health care collaboratives, comprising organisations from across the NHS and independent and third sectors. This approach is intended to fully join up mental health care pathways, so that coordinated decisions are made across organisations to improve the experiences and health outcomes of those using the service.

- **Local veteran specific services:** There are a few CCG/ICB commissioned specialist psychological therapy services for AFVs. For example, the *Military Veterans' Service* (MVS) in the North West delivers primary and secondary care mental health services. Since 2011 MVS has assisted over 3,000 patients. In part, this service recognises the large numbers of army infantry that settle in the area with mental health problems. Devolved Administrations also have dedicated services.

- **Non-clinical services:** AFVs may also access a range of services that are generally available from local authorities and other statutory bodies with some of these having Armed Forces champions within them. For example, welfare and social services, Citizens Advice Bureau (CAB) and Job Centre Plus. Patients may easily access a range of services and knowledge via the Veterans' Gateway and can access them via the Veterans' Service Directory (see Appendix 4).

7.4 Especially in services with a high AFV and family member population it is important that all practitioners can demonstrate awareness of the range of services available to meet their specific needs.

- Ensuring awareness of AFV specific services could be a role undertaken by a practitioner with specific responsibilities for the Armed Forces.

7.5 Charities such as Combat Stress, Help for Heroes and Walking with the Wounded also fund and provide NICE-approved psychological therapies.

7.6 Other ex-service agencies, such as Sailors, Soldiers, Airmen and Families Association (SSAFA) and the Royal British Legion, play an important role in helping AFVs access appropriate mental health care and can provide a useful referral route or case management services. Clinicians and commissioners should liaise with such organisations to ensure that the needs of AFVs are included when designing or adapting IAPT services to enhance acceptability.

7.7 Families caring for AFVs with mental health problems may also need support. Organisations like SSAFA and Ripple Pond can be contacted to support family needs.

7.8 There is also wider charity service provision, some of which is funded from statutory services, Office for Veterans' Affairs, Armed Forces Covenant Fund or by fundraising used to provide:

- AFV specific NHS health services (e.g., prosthetic support)

- AFV specific charity services:
  - Mobility (wheelchair) services
  - Hearing services
  - Eyesight
  - Amputees

- Psycho-social support such as job seeking, financial management, adaptive sport, and peer support

- Social prescribing options

7.9 Many charities also provide treatment, support and/or 'alternative' therapies.

- Some of which are not recommended by the National Institute for Health and Care Excellence (NICE).

- Alternative forms of support may help individuals but are unlikely to be funded by statutory services.

- These should only be entered with fully informed consent and when the AFV or family member has initially tried all evidence-based services.

8. Conclusions

8.1 AFVs do not have excessive mental health needs and respond well to evidence-based psychological therapies, especially when common factor skills are first used to develop a good therapeutic relationship.

8.2 Whilst rates of PTSD are generally equivalent to those in the general population, being trauma-aware alongside good clinical risk assessments and robust risk management protocols is beneficial.

8.3 To enhance engagement and improve recovery rates, adaptations to practice alongside an increased awareness of the Armed Forces community held by the mental health workforce and service providers can be helpful.

8.4 Having an awareness regarding wider service provision to complement or offer additional care to AFVs and their family members can further enhance treatment for this community.

8.5 Most importantly, please make sure that you ask whether your service users have ever served in the Armed Forces or are a family member. This information should be accurately recorded and used to inform the way your interventions are planned and delivered.

If you have any comments on this document or wish to seek further advice please email: afv@babcp.com

Appendices

Appendix 1 - References

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Acknowledgement
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Appendix 3 – Supporting our Armed Forces Veterans (AFVs) – how you can help

General Guidance for Mental Health Professionals Treating Ex-Armed Forces Personnel

As a mental health clinician, you will meet patients from all walks of life, including those that have served in the British Armed Forces.

Although most AFVs are generally fit and healthy and remain so, a minority have specific mental and physical health needs that relate to (or may be compounded by) their time in service. Having Armed Forces-aware NHS professionals is therefore important to help ensure AFVs get the right care and treatment, supporting our commitment in the NHS Constitution to the Armed Forces Covenant (that requires them not to be disadvantaged by service). This was reiterated in the findings from a **national survey undertaken in 2016 by NHS England** on AFVs' mental health services. These findings highlighted a lack of awareness amongst some NHS staff on the health needs of AFVs and the specific additional services available to them, as well as a lack of knowledge amongst them and AFVs of this extra dedicated welfare, care and (psycho-social) support.

Our duty to the Armed Forces community

The NHS has a duty to deliver on many health commitments in relation to the Armed Forces community (Service personnel – regular and reserves), their families and AFVs), which are set out in the NHS Constitution and the Armed Forces Covenant.

These are reflected in the **NHS Constitution,** which states *'the NHS will ensure that in line with the Armed Forces Covenant, those in the Armed Forces, Reservists, their families and AFVs are not disadvantaged in accessing health services in the area they reside'.*

Whilst much has been undertaken over the last few years to ensure that we are meeting these commitments, an important element is raising awareness of this amongst NHS colleagues, AFVs and their families. New AFVs' specific mental health initiatives (see below) include the launch of the Veterans' Mental Health Transition, Intervention and Liaison Service, the Veterans' Mental Health Complex Treatment Service, and the Veterans' Trauma Network.

Pathways

AFVs may enter mental health services through a variety of routes, some of which are unique to the ex-armed forces personnel (e.g., via Service charities, from Ministry of Defence services etc.). AFVs use mainstream services (e.g., primary and community mental health services, IAPT, ambulance, crisis, A&E, 111, psychiatric liaison, out- or in-patient services) in the same way as any other England resident. These services meet most of their needs and most care for AFVs is delivered through them. This means that they may use charitable services, normal NHS services, or NHS specialist AFV services before, after, or during treatment in one or more of the others.

NHS AFV mental health services

You may receive referrals from or wish to pass referrals to the specialist services (see Appendix 8) which are available throughout England. Therefore, you will need to understand what they offer and for further information visit the NHS website.

Veterans' Trauma Network (VTN)

The VTN provides care and treatment to those who have been injured during their time in the Armed Forces. The service is available in many NHS major trauma centres across England (including Plymouth, Oxford, London (three centres), Birmingham, Nottingham, Liverpool, Leeds, and Middlesbrough); with care provided by Armed Forces and civilian clinicians who are experts in service-related trauma injuries.

Top tips for mental health clinicians

Read our top tips to help ensure that any AFVs you are treating are getting the right care and support from the outset.

- When seeing a patient for the first time, ask them if they have served in HM Armed Forces (regular or reserve). It is useful to be aware of the different terms to describe AFVs, which include ex-forces, ex-services, and ex-Service personnel. The term Veteran is often associated with those who have fought in the Second World War.
- When an individual advises that they are ex-forces, make sure you record this in their patient notes as this will help understanding and for others to help them access bespoke services.
- If you have the opportunity, ask the patient if they have told their GP that they are a AFV, so this can be flagged in their patient record. This will help to ensure that they are able to access dedicated AFVs' health services, such as those for mental health, hearing loss, trauma, limb amputation and wheelchairs.
- The clinical treatment for AFVs is normally the same as for the wider population; it's the context, language and understanding of their experiences in the Armed Forces and context that is important.
- To familiarise yourself with the specific health needs of AFVs, complete the following training sessions of the Armed Forces community:
  - **https://www.e-lfh.org.uk/programmes/nhs-healthcare-for-the-armed-forces/**
  - **https://www1.chester.ac.uk/introduction-armed-forces-community**
  - If you would like advice on treating AFVs, you can contact your local **Op COURAGE** or contact NHS England at england.armedforceshealth@nhs.net.
- Remember, although there are dedicated NHS AFVs' health services available, some AFVs may prefer to keep their service in the Armed Forces private.

Appendix 4 – Onward Referral Contacts and Resources

Introduction

On average, AFV patients achieve outcomes that are at least as good as, if not better, than the general population. The origins of their mental health issues may not be related to their service but to pre, or post-service issues, or due to an adverse transition out of service. Being an AFV and/or having a diagnosis of PTSD should not be a bar to using appropriate mental health services. Acceptable services may be those provided by the NHS or at times provided by AFV focused charities or organisations. It is therefore important to offer patients a choice of services to achieve the best outcomes.

Statutory

Additional and specific services – NHS services[12]
The NHS provides additional services which are designed to support (i.e., not replace the rights of access to mainstream services such as IAPT). In England includes Op COURAGE (see Appendix 8).

Additional and specific services – MoD services[13]

- Welfare support for AFVs who have been medically discharged to help them achieve a smooth transition to civilian life (e.g., through Single Service welfare teams):
  - War pensions from Veterans UK for AFVs who develop mental health problems after leaving the Armed Forces

- Veterans' Information Service
  - Facilitated by the Service Personnel and Veterans Agency and where AFVs are contacted a year after leaving the Armed Forces and provided with advice/information that can include information relating to mental health[14]
  - An award under the Armed Forces Compensation Scheme (AFCS) from Veterans UK where the AFV problem is caused by service after 6 April 2005

Additional and specific services – charity services
Service charities also provide additional support, which ranges from clinical services through to social support/welfare provision. For mental health specific ones see www.contactarmedforces.org.uk

Some services may be difficult to navigate and so a main web site has been set up to help:

- Veterans – Veterans Gateway: **https://www.veteransgateway.org.uk/**

- Clinicians Map of Need/Veterans' and Families' Service Directory: **Find local support for veterans with an interactive map | Veterans' Gateway (veteransgateway.org.uk)**

[12] ***https://www.nhs.uk/using-the-nhs/military-healthcare/nhs-mental-health-services-for-veterans/***
[13] ***https://www.gov.uk/guidance/support-for-war-veterans***
[14] ***https://www.gov.uk/guidance/support-for-war-veterans#the-veterans-and-reserves-mental-health-programme***

The following NHS and community-based organisations provide specific support for AF personnel and/or AFVs, as indicated. These organisations may provide ideal referral or guidance and support opportunities, often to community based organisations. You are encouraged to find out about the availability of the organisations in your local area.

Mental Healthcare Support

Togetherall	• **Mental health support for all UK Armed Forces** • To find out more about the Big White Wall service, healthcare professionals can contact **Togetherall**	• Big White Wall provides an anonymous, online, early intervention service, aimed at self-help, staffed by professional counsellors for people who are experiencing common mental health problems • Big White Wall delivers Step 1 and Step 2 level anonymous support for AFVs, serving personnel, Reservists, and their families • The 'Guided Support' Step 2 programmes cover a range of topics from 'coping with grief and loss', through to 'PTSD', 'managing anxiety' as well as several physical health topics.	Serving, AFVs, Reservists, their families, and carers
Combat Stress	• **Mental health services for veterans | Combat Stress** The Combat Stress free 24-hour Helpline acts as a single point of access to referral to Combat Stress clinical and peer support services • Healthcare professionals wanting to find out more about the Combat Stress Helpline for Serving personnel or wish to refer a AFV to Combat Stress services can contact the free 24/7 helpline on 0800 138 1619, text 07537 404 719 (standard charges may apply for texts), or email helpline@combatstress.org.uk	• Combat Stress delivers dedicated treatment and support to ex-service men and women with conditions such as PTSD, depression, and anxiety disorders • The Combat Stress free 24-hour Helpline provides confidential mental health advice to serving personnel, AFVs their families and carers • Combat Stress residential treatment programmes are Step 4	Serving, AFVs and their families

Help for Heroes	• **www.helpforheroes.org.uk/get-support/mental-health-and-wellbeing/hidden-wounds-service/** • Find out more about the Help for Heroes Hidden Wounds services and how to refer an individual • Healthcare professionals can call 0808 2020 144 (Weekdays, 9.00am-5.00pm; free from UK landlines) or email hidden.wounds@helpforheroes.org.uk	• Help for Heroes Hidden Wounds programme provides Step 2 intervention adapted for the AF population based on IAPT programmes. Staff will also support with onward referral when appropriate if an individual requires more intensive support. • Programmes are available for managing anger, anxiety, specific phobia, challenging unhelpful thinking, goal setting, problem solving, low mood, difficulty coping, substance misuse, loss of motivation and relapse prevention	AFVs and their families
Walking With The Wounded	• **walkingwiththewounded.org.uk/Home/Programmes/17** • To find out more about the Walking with The Wounded Headstart programme, healthcare professionals can email headstart@wwtw.org.uk or call 01263 863906	• The Headstart programme helps to connect AFVs, who need access to talking therapies but, due to a variety of reasons, cannot easily access mainstream services. Headstart uses a network of private accredited therapists using evidenced based therapeutic modalities across the UK. • Headstart offers Step 3 psychological interventions for mild to moderate mental health issues. Duration is typically up to 12 sessions and in some circumstances 18 sessions of therapy. Referrals are approved within 5 days and the service is provided within 10 days of receiving the client's consent and verification of service (VOS). Services are typically provided within 10 miles of the client's home.	All AFVs

NHS (in England)	To find out more about NHS care and treatment for serving personnel, AFVs, and their families, visit the NHS website at: **www.nhs.uk/using-the nhs/military-healthcare/** You can also find help and support for mental health issues at www.nhs.uk/using-the-nhs/military-healthcare/nhs-mental-health-services-for-veterans/	• The NHS has a range of treatments available as part of a co-ordinated care approach and provides evidence-based interventions for those with moderate to complex mental health difficulties. These services may also provide management and support to refer into other suitable care providers, such as charities.	Serving and AFVs
Veterans and Reserves Mental Health Programme	• **www.gov.uk/guidance/support-for-war-veterans#the-veterans-and-reserves-mental-health-programme** Tel: 0800 0326 258	• Open to all current or former members of the UK Volunteer and Regular Reserves who have been demobilised since 1 January 2003, following operational deployment overseas as a Reservist and who believe that their deployment may have affected their mental health • The Medical Assessment Programme, (formerly at Baird Medical Centre in London and subsequently at Chilwell) merged with the Reserve MH Programme, has been relocated to the Department of Community Mental Health in Colchester	Serving and ex-service Volunteer Regular Reserves personnel and AFVs – accessed via GP referral
Veterans Gateway	• **www.veteransgateway.org.uk/** • To find out more about the Veterans' Gateway, call 0808 802 1212 to speak to an advisor at the contact centre or email via the contact form: support.veteransgateway.org.uk/app/ask • To see all referral partners, visit here: **www.veteransgateway.org.uk/partners/**	• Veterans' Gateway provides a single point of contact for AFVs seeking advice and support • It is made up of a consortium of organisations and Armed Forces charities, including The Royal British Legion, SSAFA – the Armed Forces charity, Poppy Scotland, Combat Stress and Connect Assist	AFVs and their families

Welfare Support

Organisation	Contact Details	Additional Information	Availability
Army Welfare Service	**The Army Welfare Service (AWS) | The British Army (mod.uk)** Tel: 01722 436569 (during normal working hours)	A professional and confidential welfare support service for Army servicemen and women and their families, wherever they are located	Serving Army personnel and their families
Naval Personnel and Family Service	**www.rncom.mod.uk**	A professional and confidential welfare support service for Naval and Royal Marine (i.e., the Royal Marine Welfare service) service-men and women and their families, wherever they are located	Serving Naval and Royal Marine personnel and their families
RAF Community Support	**www.raf.mod.uk/community/**	A professional and confidential welfare support service for RAF servicemen and women and their families, wherever they are located	Serving RAF personnel and their families
Victim Support	**www.victimsupport.org.uk/** Tel: 08 08 16 89 111	A national charity giving free and confidential help to victims of crime, witnesses, their family, friends and anyone else affected across England and Wales	All
Carer Support	**www.nhs.uk/carersdirect/Pages/CarersDirectHome.aspx** Tel: 0808 802 0202	NHS website offering free, confidential information and advice for carers	All
Army Families Federation	**www.aff.org.uk/**	The Army Families Federation represents the views and concerns of Army Service personnel and their family members on the issues that affect them as part of the Army Family	Families of serving Army personnel

Naval Families Federation	Castaway House, 311 Twyford Avenue, Portsmouth, Hampshire, PO2 8RN **www.nff.org.uk/** Tel: 023 9265 4374 Fax: 023 9265 3862	The Naval Families Federation represents the views and concerns of Naval Service personnel and their family members on the issues that affect them as part of the Naval/Royal Marine family	Families of serving Naval and Royal Marine personnel
RAF Families Federation	**www.raf-ff.org.uk**	The RAF Families Federation represents the views and concerns of RAF personnel and their family members on the issues that affect them as part of a RAF family	Families of serving RAF personnel
SSAFA - Forces Confidential Support Help Line	**www.ssafa.org.uk** • For AFV Tel: 0800 731 4880 • From the UK (Main Line): 0800 731 4880 • From Germany: 0800 1827 395 • From Cyprus: 800 91065 • From the Falkland Islands: #6111 • From anywhere in the world: (Call-back) +44 (0)1980 630854 • From Operational Theatres, to enable access through Paradigm's phone system, dial the appropriate access number then 'Homelink' – enter *201 at the PIN prompt	The services SSAFA provides reflect the financial, practical, and emotional issues people face today and they are freely available to virtually everybody with a Service connection	Serving and ex service personnel and their families
The Royal British Legion	**www.britishlegion.org.uk** Tel: 0808 802 8080 (8.00am to 8.00pm, seven days a week) From overseas, call from overseas: +44 (0)20 3376 8080	The RBL offers support on a wide range of topics from compensation, bereavement, money worries to preparing to return to civilian life.	Serving and ex-service personnel and their families

Officers' Association	**www.officersassociation.org.uk** Tel: 0845 873 7150		Anyone who holds, or has ever held, a commission in the British Armed Forces
Royal Air Forces Association	**www.rafa.org.uk** Tel: 0800 018 2361		Serving and ex-service RAF personnel

Appendix 5 – Armed Forces Veteran (AFV) background and types

Serving AF personnel

There are around 123,000[15] regular serving personnel registered with MoD GP practices in England, with 66,500 serving in the Army; 27,000 Royal Navy and 29,000 Royal Air Force. There are around 37,000 personnel in the Reserve forces and since 2003 a proportion of these have been deployed on active service alongside the regular forces (although this has declined since the withdrawal from Afghanistan). Nearly all in-service mental health needs are met and paid for by the MoD.

Whilst in-service, Armed Forces personnel experiencing mental health problems have rapid access to primary care and are commonly referred directly to mental health services in Departments of Community Mental Health (DCMH). Service provision with DCMH is like NHS community mental health teams. However, some serving personnel fear accessing these services due to the perceived threats to their careers.

Reservists

Reservists make up about a sixth of serving personnel at any one time and tend to be older than Regulars. They are primarily cared for by the NHS but receive occupational health advice and care from defence medical services when mobilised. Often Reservists also do not have the potential supportive unit cohesion and geographical proximity of regular units and have poorer access to welfare and support services.

Armed Forces Veterans

An AFV is someone that has served (Regular or Reserve) for at least one day. It is estimated[16] that there are around 2.04 million AFVs in England of whom just over half are 75 years or older and about 4 million family dependents. Nearly all the mental health needs of AFVs are met and paid for by the NHS through mainstream services, although a minority may choose to access bespoke NHS or clinical service provision available within the charitable sector.

Healthcare arrangements for AFVs are different from serving personnel. Since 1948, their healthcare needs have become the responsibility of the NHS, normally in England through a Clinical Commissioning Group/Integrated Care Board (CCG/ICB), which works well for most leavers. However, some AFVs may have needs that differ from the general adult population (for example in hearing loss, musculoskeletal injury etc.). On average, compared to the general population, AFVs are believed to have similar rates of mental health need, but higher rates of co-morbidity or complexity of condition[17]. Given that the transition to civilian life can be a challenging time, some AFVs may benefit from additional support accessing NHS services during this time.

[15] *https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/758008/20181119_-_Bi-annual_NHS_Commissioning_Population_Statistics_1_October_2018.pdf;*
[16] *Annual Population Survey https://www.gov.uk/government/statistics/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain-2016;*
[17] *https://www.kcl.ac.uk/kcmhr/publications/reports/files/Mental-Health-of-UK-Armed-Forces-Factsheet-Sept2018.pdf*

It is important that AFVs can access mental health services, although some may be reluctant to access care provided by the NHS. This reluctance is expected to some extent among young men in general, appearing even more pronounced amongst those having an Armed Forces background.

Families of Serving, Reservists and AF Veterans

Families are often a great source of strength to serving personnel, Reservists or AFVs and may have significant benefits for them and their mental health. Impacts on families can however be amplified given that AFVs that have served are more likely to have experienced prolonged episodes of separation or isolation. At times this can be accompanied by long periods of concern when their partners or parents are on operations. Consequently, alongside AFVs, their families can also be a major source of referrals with their mental health needs needing additional consideration.

Appendix 6 – Obtaining In-Service medical records

It is possible with informed consent for any NHS clinician to get access to In-Service medical records, although this may be of limited utility due to 60-80 day waits. However, checking AFV status with the MoD can be useful and can prevent impersonation ('Walter Mitty' type individuals).

The following are points of contact for requesting primary care medical records by GPs pertaining to an AFV's healthcare during their service:

ROYAL NAVY/ ROYAL MARINES	**BRITISH ARMY**	**ROYAL AIR FORCE**
RN Service Leavers Institute of Naval Medicine Crescent Road Alverstoke Gosport Hants PO12 2DL	Secretariat Disclosure 3 (Medical) Mail Point 525 Army Personnel Centre Kentigern House 65 Brown Street Glasgow G2 8EX	ACOS (Manning) RAF Disclosures Room 14 Trenchard Hall RAF Cranwell Sleaford Lincs NG34 8HB

Appendix 7 - Common NHS terms and Armed Forces alternatives

Commonly used term	Main comments (with quotes where appropriate)	Alternatives
Military	Considered to represent the army, rather than the Air Force or Navy	Armed Forces (however, when possible refer to specific services)
Straightforward terminology		
Client/service user	Did not reflect the role or someone receiving help for a problem	Beneficiary or Patient
Diagnosis	Unacceptable unless accompanied by information to help the person understand the wider meaning: *'Diagnosis is a label and can feel like being pigeonholed, but it education is also given then it's OK.'* (AF Veteran – Army)	Problem, outcome, identification
Formulation	Dislike of technical terms requiring knowledge to understand: *'Formulation too technical, better to use terms that clearly indicate what may mean.'* (AF Veteran – Army)	Understanding difficulties
Language promoting active management		
Interventions	Alternatives reflecting more of an active approach to getting on top of psychological difficulties was preferred	Self-help, ways to cope, coping mechanisms
Issues	Associated with pity and inactivity, whereas alternatives represented something that needed to be actively addressed	Challenges, problems, difficulties

Treatment	Felt to: *'...sound like something being done to you.'* (AF Veteran – Air Force). Preference for term to clearly represent what treatment consisted of	Self-help programme, support
Non-stigmatising terms		
Anxiety	Directly describe how someone was feeling	Feeling anxious, stressed
Depression	Strong preference to avoid when used to describe someone generally, except when directly used to describe their feeling	Feeling down, feeling low
Mental health problem	Term and related terminology identified as *'...too stigmatising.'* (PWP) and better avoided to engage an Armed Forces population	Emotional problem, psychological problem, psychological difficulty
Therapist	Stigmatising term implying the person receiving treatment was passive. 'Practitioner' felt to better represent the need for the patient receiving treatment to be active in the process. The focus on 'wellbeing' was viewed as having positive characteristics.	
Therapy	Stigmatising	Support sessions
Potential to cause distress		
Assessment	Negative reaction as it may be associated with failure: *'It reminds me of school and and that I could fail an assessment'* (AF Veteran – Army) Alternatives were felt to better describe the aim and general characteristics of assessment sessions	Discussion, feedback, consultation, appraisal, shared understanding, initial contact, chat

Discharge	Potential to raise distress if discharged early from serving: *'Discharge sounds too much like being forced to leave the Army and should be seen as potentially upsetting during a difficult time.'* (AF Veteran – Army)	Next steps
Homework	More of an 'active' term; however brought back thoughts of unhappy school days	Finding out for yourself

(Farrand et al., 2019)

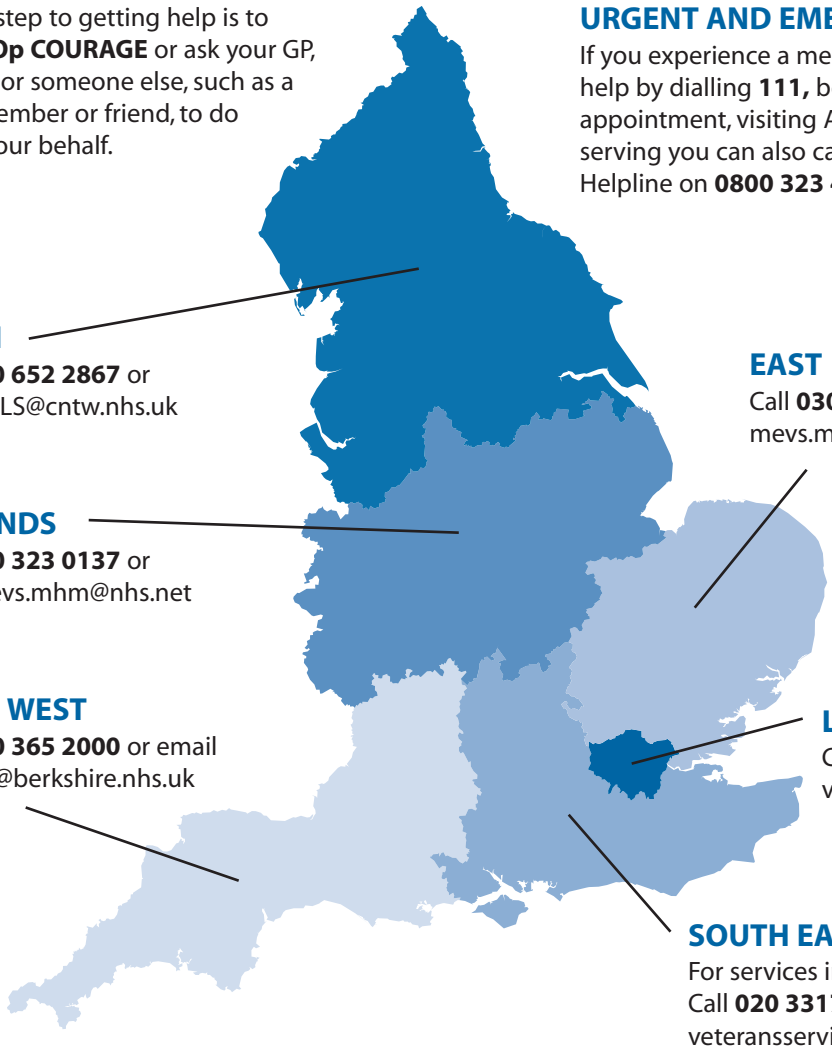
Appendix 8 - Op COURAGE – Map and Contact Points

The first call for help takes courage

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.

URGENT AND EMERGENCY SUPPORT

If you experience a mental health crisis you can 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**



NORTH

Call **0800 652 2867** or email VTILS@cntw.nhs.uk

EAST

Call **0300 323 0137** or email mevs.mhm@nhs.net

MIDLANDS

Call **0300 323 0137** or email mevs.mhm@nhs.net

SOUTH WEST

Call **0300 365 2000** or email gateway@berkshire.nhs.uk

LONDON

Call **020 3317 6818** or email veteransservice@candl.nhs.uk

SOUTH EAST

For services in Sussex, Surrey or Kent, Call **020 3317 6818** or email veteransservice@candl.nhs.uk
For services in Hampshire, the Isle of Wight, Berkshire, Oxfordshire or Buckinghamshire, call **0300 635 2000** or email gateway@berkshire.nhs.uk

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

OpCOURAGE

NHS
The Veterans Mental Health and Wellbeing Service

Op COURAGE: The Veterans Mental Health and Wellbeing Service
Specialist care and support for Service leaders, reservists, veterans and their families

For further information on Op COURAGE: The Veterans Mental Health and Wellbeing Service, visit: **www.nhs.uk/opcourage** or follow us on Twitter **@NHSArmedForces**

The Lead Organisation for CBT in the UK and Ireland

British Association for Behavioural
& Cognitive Psychotherapies

Minerva House, Hornby Street, Bury BL9 5BN
babcp@babcp.com
0330 320 0851
www.babcp.com
@BABCP

Charity No 1098704