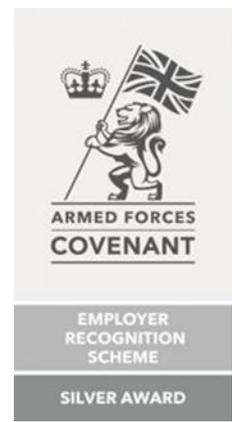
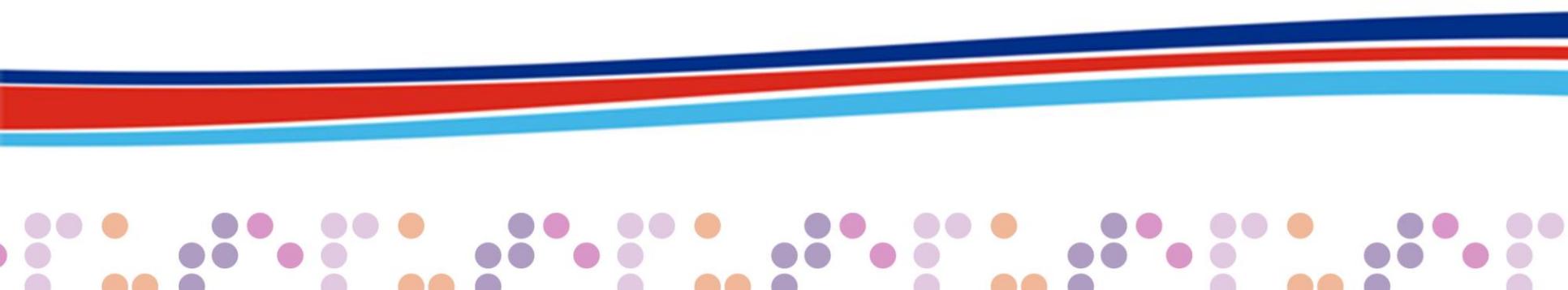
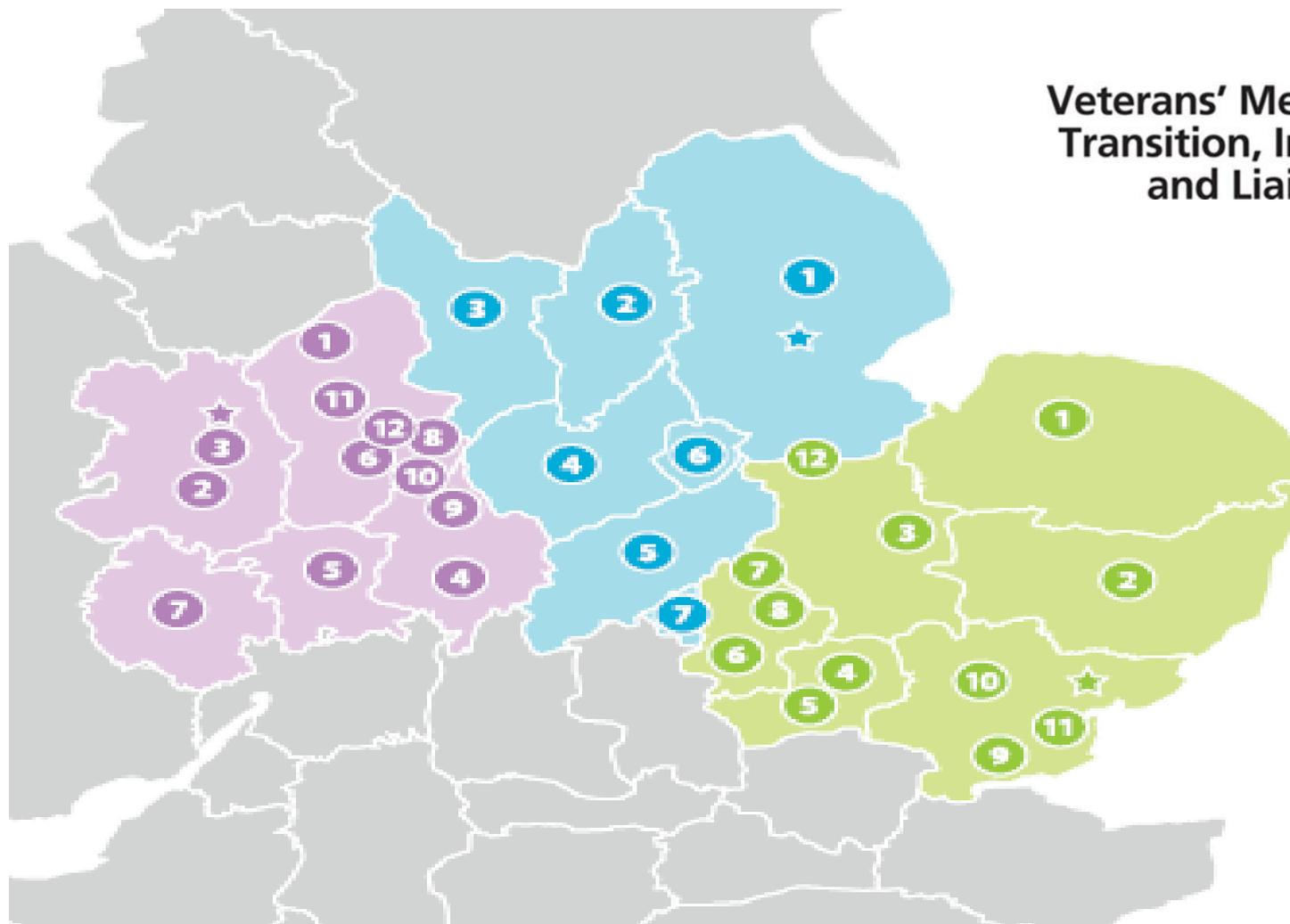


NHS TILS and Military Mental Health



Veterans' Mental Health Transition, Intervention and Liaison Service





**Veterans' Mental Health
Transition, Intervention
and Liaison Service**



**Coventry and
Warwickshire Partnership**
NHS Trust



Lincolnshire Partnership
NHS Foundation Trust



Essex Partnership University
NHS Foundation Trust



Understanding Our Armed Forces



Physical Injuries

Hearing loss/Tinnitus

Lower back pain

Knee pain

Ankle pain

Shoulder pain

Non- freezing cold injuries

MTBI

Chronic pain



Mental Health

Depression

Anxiety

Acute Stress Reaction/Disorder

Adjustment Disorder

PTSD

Alcohol misuse



Scale of the Issue

- UK veterans who served at the time of recent military operations were more likely to report a significantly higher prevalence of common mental disorders (CMD) (23% v. 16%), post-traumatic stress disorder (PTSD) (8% v. 5%) and alcohol misuse (11% v. 6%) than non-veterans. Stratifying by gender showed that the negative impact of being a veteran on mental health and alcohol misuse was restricted to male veterans. Being ill or disabled was associated with a higher prevalence of CMD and PTSD for both veterans and non-veterans.



“Veteran suicide is a ‘hidden epidemic and the government is ignoring it’”

The overwhelming number of suicidal military members, and the neglect they face Independent Experts claim the amount of money the Ministry of Defence spends on mental healthcare for veterans is not enough

[Telegraph](#) Monday 08 July 2019 13:53

Brett Savage: 'Ministry of Defence failed our Army veteran son'

By Kevin Sharkey BBC News NI 4th Sept 2020



Veterans have historically struggled to access to NHS Mental Health Services...WHY?

- Too complex and high risk for IAPT
- Not appropriate for secondary care
- Long wait for Psychology
- There is a fear by many NHS staff that they are not skilled to work with Veterans.
- Veterans often think that civilian staff are all pink and fluffy tree huggers
- NHS approach to DNA
- Veterans worry that NHS staff could never understand what they had been through and that NHS staff do not understand the Military's unique language and culture.
- Stigma
- Macho image



Military/Civvy

- Language
- CDRILLS
- Stigma
- Macho culture
- Green
- Black and white thinking.
- Family



Resilience

- Strengths based.
- Used to adversity
- Good networks
- Banter
- Charity support networks.



LANGUAGE

It wasn't until I was on RNR that I realised how affected I was about being on Op Herrick, It was worse than Op Telic. I was at the FOB most days and felt at constant risk of RPG's and IED's, little did I realise that it would be a blue on blue USG that would get me. I was casevaced to Bastion and then RCDM. My RSM came to visit me and the UWO did my WISMIS visits. I was then in DMRC for 6 months, that helped a lot, but when I RTU'd I was drinking a lot and my full screw told me I should see the MO. I'm P0 and my PRO from the PRU is Capt Smith. He's told me I've got a PSMB soon and I'm likely to be P8S8.



GP FRIENDLY PRACTICES

The Veteran friendly accreditation

In summary, the accreditation consists of five elements:

Ask patients registering with the surgery if they have ever served in the British Armed Forces.

Code it on the GP computer system. We recommend using 'English' rather than Read codes as these vary according to which computer system is used. Having changed the Read codes available and removed derogatory codes such as 'dishonourable discharge', we recommend that the term 'Military Veteran' is used. It is therefore very simple.

Have a clinical lead on veterans in the surgery. This should be a registered health care professional, but could be a nurse or paramedic, not just a GP.

This clinical lead is required to undertake dedicated training, attend training events (RCGP or other provider), stay up to date with the latest research and innovations and ensure that the practice is meeting the health commitments of the [Armed Forces Covenant](#). They should also be available to provide advice to colleagues, as well as possibly seeing veterans themselves.

Eligible practices should have a CQC 'good' rating or higher



MILITARY COVENANT

The mutual obligations between the Nation and it's Armed Forces. Basic principles include:

Military personnel should experience 'No disadvantage' in relation to accessing council housing, healthcare and education as a result of being in service.

Priority NHS treatment for service related conditions



Transition

- 1. Transition: service for those in transition, leaving the armed forces** The service will work with the Ministry of Defence (MOD) to offer mental health support for armed forces personnel approaching discharge.



Intervention

- 2. Intervention: service for veterans with complex presentation** Service personnel approaching discharge and veterans will have an assessment within two weeks of a receipt of referral. If their needs are identified as more complex, they will be offered an appointment two weeks thereafter at the TIL veterans' mental health service. This will be with a clinician who has an expert understanding of armed forces life and culture.



Liaison

3. Liaison: general service for veterans Patients who do not have complex presentations, yet would benefit from NHS care, will be referred into local mainstream NHS mental health services where they will receive treatment and support



Offering!

- A national service that seeks to provide increased access to local care and treatment across England in a more uniformed manner.
- Veterans, and for the first time armed forces personnel approaching discharge, can self-refer or request referral via a health care professional or service charity, with an initial face to face assessment offered within two weeks of a receipt of referral and where appropriate a first clinical appointment offered two weeks thereafter.
- Veterans can access the service regardless of when they leave the armed forces.



- A single point of contact for patients that accepts and makes referrals so that the appropriate care and support is accessed in a timely and responsive manner.
- An enhanced range of treatment and support from recognising the early signs of mental health problems and providing access to early interventions, to providing therapeutic treatment for complex mental health difficulties and psychological trauma.



- Patient advice and care provided in a range of locations and settings and via a range of methods, such as face to face and Skype, to support improved access.
- A Care Programme Approach, with patients involved in the development of tailored care packages to help them enjoy a full life and achieve positive outcomes relating to mental health, employment and reduction in alcohol consumption, as well as improved housing and social support.
- Where appropriate, families and carers will be involved in planning and assessing care with patients and will be supported to access care and treatment for themselves if required.



- All patients being seen in the service will have access to an out of hours point of contact in the event of an emergency.
- Collaborative working with the wider NHS, Defence Medical Services (DMS), statutory bodies, local authorities and the third sector to ensure holistic support is in place for patients and their families. This will include working with existing veterans' mental health services commissioned by NHS clinical commissioning groups so that patients can access and receive the highest quality of care.



- A single point of contact over extended working hours for health and social care professionals that provides evidenced based professional advice on the treatment of and support for veterans with acute mental health difficulties and guides service providers on the most appropriate initial treatments, including referral pathways.



VETERANS GATEWAY

Veterans' Gateway is made up of a consortium of Armed Forces charities, including The Royal British Legion, SSAFA – the Armed Forces charity, Poppyscotland, Combat Stress and Connect Assist. Our connection with additional key referral organisations - both within and outside the Armed Forces sector - means we can get you to the right organisation who can help. We want veterans and their families to get whatever support they need, easily – wherever they are, whenever they need it. Veterans' Gateway is the first point of contact to make that happen. As the gateway to a network of expert partners, we point people to the right support quickly and easily, by assessing their needs at the first point of contact. Anyone needing support can visit our website or call us 24 hours a day from anywhere in the UK or abroad. www.veteransgateway.org.uk 0808 802 1212



Access criteria

- To access the service as a veteran, patients must:
- be a resident in 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.



Contact

- **Midlands and East of England**
- (Derbyshire, Leicestershire, Lincolnshire, Northamptonshire, Nottinghamshire, Rutland, Herefordshire, Shropshire, Staffordshire, Warwickshire, West Midlands, Worcestershire, Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk)
- **Service contact Email Contact number**
- mevs@mhm.org.uk 0300 323 0137

