

**VETERANS MENTAL HEALTH****VETERANS COMMUNITY MENTAL HEALTH PILOTS****Key Points**

- The vast majority of the 23,000 personnel who leave the Armed Forces each year make a successful transition to civilian life and do not require any additional support.
- MOD recognises that a relatively small minority of those leaving the Services might require access to mental health services; some may require it many years later in their civilian life.
- Following recommendations on mental health services for veterans made in 2005 by the independent Health and Social Care Advisory Service, the MOD, the Department of Health and Devolved Administration launched six community NHS mental health pilots for veterans, designed to run for two years.
- Their location and start dates are Stafford (Nov 2007), Camden & Islington (Dec 2007), Bishop Auckland (May 2008), Cardiff (Feb 2008), Plymouth (June 2008) Edinburgh (April 2009).
- The pilots provide an expert assessment and treatment service, led by a community veterans' mental health therapist with an understanding of the issues faced by ex-service personnel.
- Evaluation by Sheffield University is currently underway, with a report due later this year. Data collected from the pilots will help shape the design of a best practice NHS led community health service for veterans to be rolled out during 2011/12.
- Veterans not within the catchment area of the pilots can access the MOD-funded Medical Assessment Programme, which offers comprehensive physical and mental health assessments.

**Background**

Although we lack definitive information on veterans' health, there is little suggestion that veterans generally suffer different mental health disorders from the rest of the community or that these require different treatments in veterans. Stigma and discrimination are major community barriers to effective mental health treatment.

To address these issues, the MOD, the four UK Health Departments and the ex-Service are piloting an NHS led, community-based mental health care service for veterans in six NHS trusts across the UK. The pilots, the first of which started in 2007, aim to deliver expert

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evidence based assessment and to improve local health professionals' awareness and understanding of veterans and military life.

## **MEDICAL ASSESSMENT PROGRAMME**

### **Key Points**

- MOD's Medical Assessment Programme (MAP) was established in July 1993 to examine UK Gulf veterans who were concerned that their health had been adversely affected by service in the 1990/1991 Gulf Conflict. It is located at St Thomas' Hospital, London. Its scope has since been extended to include Porton Down Volunteers, Iraq (Op TELIC) and Afghanistan (Op HERRICK) veterans.
- In 2007, the MAP was opened to veterans who have deployed on operations since 1982 and who were concerned that they have a service related mental health problem that has not been fully understood within the NHS.

### **Background**

The MAP's main purpose is to investigate patients' medical complaints and, so far as possible, to diagnose what they are suffering from and to recommend appropriate management or provide reassurance if no illness is found.

Doctors are encouraged to refer to the MAP any patients who are concerned that their health may have suffered as a result of their Service and who fulfil the criteria for being seen. This allows the patient to have a thorough assessment by a physician with considerable knowledge of veterans' physical and mental health issues. The MAP physician will then provide a report to the referring doctor including, as relevant, any diagnoses made and recommendations for treatment, or provide reassurance if no abnormalities are found.

The MOD pays the travelling expenses of veterans attending the Medical Assessment Programme and will pay for overnight accommodation for those travelling long distances. To date, it has seen over 3,500 individuals.

## **Reserves Mental Health Programme**

In November 2006, MOD launched the Reserves Mental Health Programme for Reservists who have deployed on operations since 2003. This provides a full mental health assessment by military specialists carried out at the Reservist and Mobilisation Centre at Chilwell, Nottinghamshire. Where the person has a disorder caused by operational trauma, Defence Medical Services treatment is provided at one of the military Departments of Community Mental Health.

## **RESEARCH**

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## Key points

- MOD has been sponsoring independent research with the Kings Centre for Military Health (KCMHR)<sup>1</sup> looking at the impact of deployment to Iraq and Afghanistan on the overall health and wellbeing of military personnel.
- The latest report was published in the Lancet on 13 May and concluded that the prevalence of mental health disorders among UK Service Personnel was broadly similar to the population as a whole.
- Only 4% of respondents displayed symptoms of PTSD. This can be compared with other studies showing a range of rates between 3 - 7% in the general population.
- Deployment on operations was associated with an increase in symptoms of PTSD in reservists (5%). This should be viewed against the very low prevalence of symptoms of PTSD for Reservists (1.8%) who did not deploy on operations. Policies associated with reservists are being reviewed in the light of the report's findings.
- There was limited association between increased reporting of PTSD symptoms and time since return from deployment and mental health problems. 3% of Service Personnel reported mental health issues up to 1 year following deployment, rising to 5.8% between year 3 and 4 and reducing to 5.2% at year 6.
- MOD will continue to monitor the situation but there is no evidence to date of the time bomb or 'epidemic' claimed by some media and ex-Service organisations.

## Background

In 2003, MOD put in place a research programme in order to be able to identify any adverse health impacts of deployment to Iraq on service personnel. An independent longitudinal study<sup>[1]</sup> was commissioned from the King's Centre for Military Health Research (KCMHR) into the impact of deployment on the overall health and wellbeing of a random sample of 20,000 UK service personnel, some of whom took part in Op TELIC and others that did not. In 2006, the study was extended for a further 3 years (Phase 2) and explicitly broadened to include all subsequent Iraq deployments and deployments to Afghanistan. Recognising the value of this longitudinal study, we have put in place a further three year contract with KCMHR from 2010-2013 (Phase 3) to maintain the database of Service Personnel.

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<sup>1</sup> KCMHR report "What are the consequences of deployment to Iraq and Afghanistan on the mental health of the UK armed forces? A cohort study" 2<sup>nd</sup> Report published in The Lancet 13 May 2010.

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## **NHS VETERANS MENTAL HEALTH SERVICES**

### **Key Points**

- Veterans are a Special Interest Group and as such, receive priority in accessing Psychological Therapies (talking therapy) as part of the Department of Health's Improving Access to Psychological Therapies Programme. The aim of this programme is to train 3,600 new NHS therapists by 2010/11.
- The Department of Health has provided funding of £140k for 2010/11 as matched funding with Combat Stress and Mental Health Trusts to ensure that the services they provide are accessible to and appropriate for military veterans. This involves appointing clinicians with clinical accountability to the NHS Trust and managerial responsibility to Combat Stress.
- The Department of health announced £m additional veterans mental healthcare funding in April 2010 to support additional services. These included a package of measures including awareness raising and training for GPs, (which is under discussion with the appropriate professional bodies) and the establishment of a 24 hour helpline.

## **MOD FUNDING OF COMBAT STRESS**

### **Key Points**

- The MOD funds the individual costs of War Disablement Pensioners with service related illnesses caused before 6 April 2005 undergoing "remedial treatment" at homes run by Combat Stress. In 2009/10 this amounted to some £3m.

### **Background**

With the introduction of the NHS, it has been the policy of successive governments that the NHS should be the main provider of treatment for war pensioners' service related disablement. Since 1917 however the War Pensions Scheme has included provision to meet cost of treatment for accepted disablements, under the Service Pensions Order. It provides that expenses of medical, surgical or rehabilitative treatment may be defrayed subject to their not being provided for under other UK legislation.

Traditionally, MOD meets the cost of war pensioners with psychiatric injury or disablement (caused or aggravated by Service) undergoing "remedial treatment" at any of the three Combat Stress homes – Hollybush House (Ayr), Tyrwhitt House (Leatherhead) and Audley Court (Newport, Shropshire). The treatment is intended to prevent deterioration in the war pensioner's disablement.

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Eligible war pensioners are admitted for up to six weeks per annum, typically taken in one week or fortnightly blocks.

## COMPENSATION

- The MOD provides compensation to service personnel who, as a result of service, suffer from illness or injury including mental health problems under the War Pensions Scheme for illness caused before 6 April 2005.
- In March 2003, during the course of Op TELIC, eligibility for survivor's benefits from the Armed Forces Pension 1975 was extended to non-married partners of Service personnel who died in combat, provided that the relationship had been substantial. In September 2003 eligibility was extended further to cover non-combat deaths attributable to Service.
- The Armed Forces and Reserve Forces Compensation Scheme (AFCS) came into force on 6 April 2005 to pay compensation for injury, illness or death caused by Service on or after that date.
- An evaluation was carried out in 2006 to assess the Scheme's performance in its first year and to identify any emerging issues. The results of the evaluation were published in Mar 07 following wide circulation of the draft and consultation with ex-service organisations, the three services, service welfare organisations, Service Personnel Veteran's Agency staff and claimants.
- In July 2009 the then Secretary of State (Mr Ainsworth) announced that he was bringing forward a review of the Armed Forces Compensation Scheme. The Review was chaired by Admiral Lord Boyce. All the recommendations made by the Review were accepted. All previous cases/decisions made since the scheme was introduced in April 2005 will be reviewed.

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