



Ministry
of Defence

MINISTRY OF DEFENCE
FLOOR 5 ZONE B MAIN BUILDING
WHITEHALL LONDON SW1A 2HB

Telephone: 020 7218 9000 (Switchboard)

THE RT HON EARL HOWE PC
MINISTER OF STATE IN THE HOUSE OF LORDS

MSU/4/8/2/3/ap

24th February 2016

Dear David,

Thank you for your contribution to what was a very well-informed and constructive debate on 11 February regarding the Armed Forces Bill. I know how seriously you take the issue of support to our Armed Forces community, and I am grateful for the opportunity to set out the Government's position on the questions you raised.

I would like to start by addressing your points on mental health support for veterans. Please let me begin by assuring you that the healthcare of former personnel who suffer mental illnesses as a result of their Service remains a very high priority for the Department of Health, the National Health Service (NHS) in England and the Devolved Administrations, and the Ministry of Defence. It should, of course, be remembered that the vast majority of our former personnel do re-enter civilian life with no concerns about their health. However, we recognise that for those who do encounter problems help should be available.

Any decision about the funding of healthcare for veterans is a matter for the NHS Clinical Commissioning Groups in England and their equivalents in the Devolved Administrations. The Ministry of Defence (MOD) has no responsibility for the delivery of clinical or other healthcare to veterans. Since 1948 it has been the policy of successive Governments that the NHS should be the main provider of healthcare for veterans, and for the majority of veterans their mental health needs are fully met by current NHS provision. Veterans in England, Scotland and Wales accessing NHS secondary care are entitled to priority treatment for conditions attributable to their Armed Forces service subject to the clinical needs of all patients. There is in fact little evidence that veterans generally suffer different mental disorders from the rest of the community or that these require different treatments when seen in veterans. There is good evidence of effective treatment for a range of common mental health problems and increasing understanding of best practice settings. To be effective, users must feel comfortable accessing services and this is something that the NHS and MOD have worked hard to achieve. Although it is recognised that some proposed interventions will not suit everyone receiving them, the aim at all times must be to do no harm.

Gen Lord Ramsbotham GCB CBE
House of Lords
London
SW1A 0PW

There is a range of support available uniquely to Service leavers. Those identified with a mental health problem at their discharge medical are able to access MOD Departments for Community Mental Health (DCMH) for six months post discharge. The Veterans' Transition Protocol ensures any Service person discharged with a diagnosed mental health disorder is handed over appropriately to the NHS in England and the Devolved Administrations via a Veterans' Transition Protocol. The Veterans Information Service makes contact with Service leavers 12 months after discharge to make them aware of support services available from MOD, the NHS and charitable organisations. The Veterans and Reserves Mental Health Programme (VRMHP) at DCMH Chilwell also provides mental health assessments for veterans who have been deployed since 1982, and Reservists deployed since 2003.

Service leavers also have online access to the mental wellbeing service run by Big White Wall (BWW). BWW is an online early intervention service for people in psychological distress combining social networking principles with a choice of clinically informed interventions to improve mental wellbeing. It can be accessed 24/7 and has staff (Wall Guides) who ensure the full engagement, safety and anonymity of all members.

The MOD also provides war pensions and compensation for injuries and illnesses, including mental health problems, caused by Service.

Turning to your points about veterans in the criminal justice system, the latest figures I have seen suggest that the percentage of the UK prison population from an Armed Forces background is very low at 3.5% i.e. about 2,800 veterans compared to an overall UK veterans population of some 2.83 million and a UK prison population of 86,000.

I should point out that Armed Forces veterans in prison are the responsibility of the Ministry of Justice. However, I will just say that I am aware that all prisoners with a military history are eligible for the full range of interventions and services available in the National Offender Management Service's 'Core Rehabilitative Offer'. In addition, Armed Forces charities – including The Royal British Legion, SSAFA, and Combat Stress - send caseworkers to support and work with veterans in some prisons.

I welcome the efforts of any organisation which aims to reduce re-offending, and my Department is also privy to the work of the Probation Institute Network which recently launched a professional network for probation practitioners and stakeholders from across the country. The key objective of this is to review the provision of services available for serving and ex-forces personnel. That said, it is for the Ministry of Justice to make an assessment of the importance of any particular work in this endeavour.

You also mentioned inspections of the Military Corrective Training Centre (MCTC) by Her Majesty's Chief Inspector of Prisons (HMIP), and suggested that the HMIP remit should be extended – by statute - to cover other facilities which the Military Provost Staff Corps will manage. As you are aware, the current inspection regime is a voluntary one, but it now encompasses all UK Service custody facilities, not just MCTC. An inspection of Service Custody Facilities took place in 2014 and the Services are continuing to take forward the recommendations which came out of that. Given that the existing regime is working very well, we do not believe there is any requirement to put this onto a statutory footing.

A copy of this letter has been placed in the Library of the House.

I hope this information is helpful.

*Yours ever,
Kendie*

THE RT HON EARL HOWE PC