



Ministry of Defence

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THE RT HON TOBIAS ELLWOOD MP
PARLIAMENTARY UNDER-SECRETARY OF STATE AND MINISTER
FOR DEFENCE PEOPLE AND VETERANS

Our ref: D/Min(DPV)/TE MC2019/04569e

13 May 2019

Thank you for your letter of 9 April 2019 following up on some of the issues raised at the Westminster Hall debate on veteran suicide held on 3 April 2019. I am happy to answer your queries and am also taking the opportunity to respond here to a number of important issues raised by other Members during the debate on which I promised to write.

I understand your concerns about the availability of data on the number of veteran suicides in the UK and agree that we need better data on this, and more widely on our veteran community.

Previous studies on suicides among two veteran cohorts (1982 Falklands Campaign and 1990-91 Gulf Conflict) have shown for both cohorts levels of suicide and open verdict deaths that are statistically significantly lower compared to the UK population. To supplement these studies, we announced last October a new study to investigate causes of death amongst all those who served between 2001 and 2014, including those who deployed to operations in Iraq and Afghanistan. It will also compare suicide rates with previous conflicts and compare rates of suicide in veteran population with the UK general population. The Defence Secretary announced at the weekend that this study will be expanded to include the most recent service leavers and will be updated on an ongoing basis to provide near real-time monitoring of suicides. The Defence Secretary also announced that this will be complemented by a new study, funded jointly by the Ministry of Defence (MOD) and NHS (England), by Manchester University into ex-Service personnel who take their own lives. The study will look at risk factors in the year leading up to a suicide and will use the National Confidential Inquiry into Suicide and Mental Health database and records from Coroners' inquests to look at factors which led an individual to take their own life. Combined, these studies will provide increasingly robust data in order to understand whether suicide in the ex-Forces community is disproportionate compared to the rest of the UK general population and will identify potential interventions in order to prevent suicide.

Advice from the Ministry of Justice is that there are no plans to mandate coroners to record information about veteran status in suicide conclusions. This is because the effectiveness of such a measure depends on being able to collect information which is reliable, consistent and comprehensive. This is not possible in the context of coroner

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suicide conclusions for a number of practical and administrative reasons – for example, the potential difficulties in accurately establishing the victim's occupational history in a statistically significant number of cases. Additionally, even if coroners were able to provide information on veterans' status, there is no definitive database of all veterans to provide context. We have done some work on this and estimate that it would require over 4 million veteran records to be digitised to create such a database. This is why there are plans to include a veteran question in the 2021 census as, coupled with the electronic data the MOD holds, we will have, for the first time, an indication of all veterans living in the UK.

In your letter you appear to be suggesting that the MOD is under-reporting suicide among veterans and that, rather than suicide among the veteran community being lower than the general population, it is in fact higher. The evidence available currently does not support your view. As I have mentioned above, our existing studies on two veteran cohorts show a suicide and open verdicts rate lower than the general population. I am unaware of the provenance of the under 6,000 sample you cite, but can assure you that our studies involved a sample of nearly 128,000 veterans (Falklands and Gulf cohorts combined). And the new Iraq and Afghanistan study will be monitoring a further 500,000 personnel. Once this new data is available, later this year, we will be able to review our position.

You have also referred to the higher rates of veteran suicide being reported in Canada, the USA and Australia. It is difficult to make direct comparisons as each country has its own definition of a 'veteran' and provides different levels of support. My officials have been working closely with colleagues in the US Department for Defence and Canadian National Defence to better understand the rate of suicides amongst currently serving personnel. The findings, which will be published later this year, do show that the UK military suicide rate is significantly lower than for our North American allies, however there is more work to be done to understand the reason why some of our veterans commit suicide. My officials are undertaking further research with colleagues from Veteran Affairs Canada to compare suicide rates for veterans of both nations, this work will continue into 2020.

You referred to concerns raised about the Veterans' Gateway and I am sorry to hear that some veterans are not getting the support that they expect from the Veterans' Gateway. An independent review of the Veterans' Gateway has been commissioned through Ulster University, and I will pass the observations you have raised onto them. I would like now to address the issues raised by other Members in the debate that it was not possible to cover on the day.

During the debate it was stated more than once that one in every six veterans has complex mental health problems. That is not a figure recognised by this Government, who provides healthcare, including mental healthcare, to veterans through the National Health Services in England and the Devolved Administrations. Information from NHS England dated 17 December 2018 at <https://www.england.nhs.uk/2018/12/nhs-long-term-plan-to-create-national-heroes-service-for-veterans/> states that around one in 20 veterans will suffer from Post-Traumatic Stress Disorder (PTSD) and that a smaller number will have severe and complex mental health needs. The NHS is committed to ensuring that veterans get the mental health support they need as evidenced by bespoke veterans' services provided by NHS England, the Veterans' Mental Health Transition, Intervention and Liaison Service and Veterans' Mental Health Complex Treatment Service. Based on the NHS England information the numbers of veterans with PTSD and complex mental health needs are substantially fewer than the one in every six referred to during the

debate. But no matter what the number is, like you, I want to be assured that the appropriate mental health support is available at the right time for those veterans that need it no matter where they live, and we look to the NHS to deliver those services.

As referred to during our debate, on 25 February 2018 the Secretary of State for Defence announced increased funding for the Armed Forces mental health services by £20 million over 10 years, making a total of £220 million over the decade. The additional funding is being used to provide the 24/7 Military Mental Health Helpline for serving personnel and their families. Mental health services have been improved with the implementation of a new care pathway for Service personnel with common mental health disorders with the aim of enhancing the care provided by the GP and revising the referral pathways into our Departments of Community Mental Health. We are also beginning the roll-out of a national Outpatient Service Contract with the Midlands Partnership Foundation Trust, provided by a number of NHS partners, to provide improved access and additional capacity for high-intensity psychotherapy. In a challenging national recruiting environment that sees the MOD, the NHS and the private sector competing for a limited number of suitably experienced mental health specialists we have been successful in increasing the number of mental health specialists in Defence ensuring that we continue to provide a good, timely service for our people.

Despite attention focussing on the prevalence of Post-Traumatic Stress Disorder among UK Armed Forces personnel, the rate among personnel assessed with the disorder in 2017-18 at MOD Specialist Mental Health Services remains low at 0.2% (2 in 1,000 personnel) and we are introducing a new Cognitive Processing Therapy service, specifically focused on improving care for those with combat-related PTSD.

The Government is committed to the mental health of our Armed Forces and has long recognised that Service life can cause stress. Although no system can provide a guarantee to detect every individual at risk of mental illness measures are in place to increase awareness at all levels and to mitigate the development of operational stresses. These include pre- and post-deployment briefing and the availability of support, assessment and, if required, treatment both during and after deployments. Service personnel who need help are encouraged to come forward to access the wide range of support that is available for all mental health disorders, not only PTSD.

Following discharge, it is the NHS that is responsible for the delivery of mental healthcare for veterans such as NHS England's Veterans' Mental Health Complex Treatment Service providing an enhanced local community-based service for veterans with service attributable complex mental health problems including PTSD.

The profile of our veteran population is changing. In 2017 there were an estimated 2.4 million veterans in Great Britain with the veterans' population estimated to be predominantly male (89%) and older with 60% aged 65 or over, of which some 47% were aged 75 years or over: i.e. from the World War Two and National Service generations.

It is projected that by 2028 there will be some 1.6 million veterans in Great Britain, with the percentage of veterans of working age (16-64) projected to increase from 37% in 2016 to 44% by 2028 and the percentage of veterans who are female projected to increase from 10% in 2016 to 13% by 2028. The number of veteran deaths is expected to continue to be higher than the numbers leaving the UK Armed Forces and entering the veteran population, with the overall number of veterans continuing to decrease beyond 2028.

Of this smaller veteran population, some will have a high level of need, but many may have higher expectations of public support than the World War Two and National Service generations. We must ensure that the UK can deliver public services to such a group, and that we retain public support for doing so. That is why our cross-Government Strategy for our Veterans, published jointly with the Scottish and Welsh Governments to mark Armistice 100 in 2018, looks out to 2028 to set the intent for the delivery of public services to veterans across the UK. By 2028 we aim that every veteran feels valued, supported and empowered and never disadvantaged as a result of their Service.

We live in a country that works under a devolved model and therefore must always expect delivery of service provision to vary from area to area as a consequence. The MOD is currently working with all four home nations to identify how the Covenant is delivered across the UK so that we can better explain to our Service personnel and their families where there are differences in how services are provided and what action they could take to mitigate any the effect on their family.

The £10 million per annum Covenant Grant Fund managed by the independent Armed Forces Covenant Trust Fund continues to offer funding to projects and initiatives which strengthen local Government delivery of the Covenant and community integration across the UK.

We need to ensure consistency of outcome for the Armed Forces Community, but this has less to do with holding local authorities to account – all have voluntarily signed Covenant pledges after all – and more to do with ensuring they have the information and guidance they require to deliver the Covenant. The Covenant website and the Our Community Our Covenant report – with its self-assessment tool kit and example of good practice – are helping local authorities to embed the Covenant within the delivery of their public services. Guidance includes local-authority guides to the Covenant, “Welcome to...” packs, introducing Service families to policies affecting them in each of the home nations of the UK.

I am aware of concerns about the support available to veterans’ families and this is part of the considerations of the UK Government Consultation Paper complementing the Strategy for our Veterans. The responses received to the consultation, which closed on 21 February 2019, are being reviewed with a view to publishing a response later this year.

In England both the NHS England Veterans Mental Health Transition, Intervention and Liaison Service and the Complex Treatment Service support family members. While these specific services do not offer direct treatment, they can offer support and treatment where it would assist in the treatment of the veteran. In addition, they can refer on to other services and family members are able to make use of all the other mainstream NHS mental health services.

It has been shown that interventions provided to family members which indirectly support veterans can be shown to have a positive impact on help-seeking and therapeutic outcomes for the veteran, such as psycho-educational interventions. The enhanced services outlined in NHS England Long Term Plan will be developing ways of treating family members of both veterans and serving personnel.

Work by Health Education England and the Royal College of General Practitioners is helping to raise awareness amongst all health professionals not just clinicians, thus increasing numbers of practitioners that understand the issues that members of the Armed Forces Community face. Health Education England's specific training and courses on Armed Forces community awareness support clinical professionals and families. The e-learning programme highlights both the similarities and the differences to allow healthcare personnel to understand both the context of military life and also how to respond to patient need. Access to the e-learning is not restricted to NHS staff; various professional groups, including students as well as staff working in social care in England, can access it too.

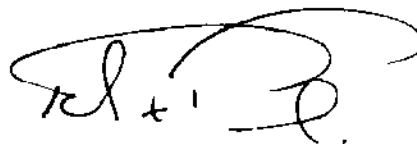
Veterans' NHS Wales ensure that veterans' families are signposted to appropriate services if required. The service has a Forces in Mind Trust funded partnership with TGP (Tros Gynnal Plant) Cymru, a leading independent Welsh children's charity. TGP are working with veterans from the Cardiff and Vale area who have a family with children potentially affected by the veteran's mental health. This pilot is being evaluated by Cardiff University to determine whether a bespoke family service would provide a useful addition to Veterans' NHS Wales by improving the communication and mental health in families living with the affected veteran.

I hope that this reassures you that the Government takes very seriously its responsibilities to veterans and their families. But we still want to do more. The Strategy for our Veterans set the principles and aims needed to meet the needs not only of older veterans but the wider veteran community over the next ten years. The findings of the public consultation, which will be published later this year, will inform how public services will be delivered to the veteran community across the UK, recognising that delivery will look different in each part of the country. The establishment of the cross-Government Ministerial Covenant and Veterans Board provides the support to enable the work to be taken forward to make a real difference to the lives of our veterans.

I am copying this letter to all members who spoke in the debate.

I am placing a copy of this letter in the Library of the House.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Tobias Ellwood', with a large, sweeping flourish above the name.

THE RT HON TOBIAS ELLWOOD MP

<ul style="list-style-type: none">• Peter Heaton-Jones	<ul style="list-style-type: none">• Luke Pollard	<ul style="list-style-type: none">• Emma Hardy
<ul style="list-style-type: none">• Jim Shannon	<ul style="list-style-type: none">• Dan Jarvis	<ul style="list-style-type: none">• Dan Poulter
<ul style="list-style-type: none">• Stephen Morgan	<ul style="list-style-type: none">• Andrea Jenkyns	<ul style="list-style-type: none">• Tanmanjeet Singh Dhesi
<ul style="list-style-type: none">• Caroline Lucas	<ul style="list-style-type: none">•	<ul style="list-style-type: none">•
<ul style="list-style-type: none">• Sir Mark Hendrick	<ul style="list-style-type: none">• Ruth Smeeth	<ul style="list-style-type: none">• Paul Sweeney