Written evidence submitted by NHS England

1. Executive summary

- In many cases, veterans have similar levels of mental health to the general population, however, a minority have mental health issues specific to their time in Service. PTSD rates for veterans (4-6%) are broadly equivalent to the incidence amongst civilians (although may increase on presentation) with more common mental health issues including anxiety, depression and alcohol misuse.

- Although research on veterans’ mental health reports similarities with that of the non-veteran population, there are gaps in data collation. From a health perspective, this is particularly the case with joint strategic needs assessments (JSNAs) and the recording of veteran status in NHS patient records and data sets, the latter of which relies heavily on veterans disclosing this.

- Insight shows that help seeking behaviour by veterans can be impacted by the stigma associated with mental health and more is needed to address this. Furthermore, there is a lack of awareness amongst veterans of what services are available to them, which is compounded by a need for greater awareness of the health needs and associated support for this patient group amongst those who provide care and support.

- The causes of mental health illness are multi-factorial with prior and post Service experience being significant influencers and particularly in the case of complex mental health conditions, there is not necessarily any correlation between Service and a veteran’s mental health.

- Collaborative working between statutory organisations, Service charities and the public sector helps provide joined up care and support to veterans and ensure positive patient experience and health outcomes.

- The impact of poor mental health can have far a reaching effect on families and carers. Whilst improvements are being made to the care and support available to them, there is a need for further action within this area.

2. Introduction

The NHS provides the majority of healthcare services for the Armed Forces community, which includes serving personnel¹ and their families, as well as veterans and their families. This is undertaken collaboratively with the Ministry of Defence (MoD) and a number of Armed Forces charities.

As part of this, NHS England commissions community and secondary care for serving personnel (except in-hours mental health provision) and Armed Forces families registered with MoD GP practices. It is also responsible for commissioning a range of services for veterans, such as those for limb loss and mental health.

¹ Regulars and Reservists
3. Submission of evidence

3.1. To what extent do current statistics accurately reflect the level of mental health issues in serving Armed Forces personnel\(^2\) and veterans, including PTSD?

3.1.1. In many cases, veterans have similar levels of mental health to the general population, however, a minority have mental health issues specific to their time in Service. Whilst there has been an emphasis on PTSD, the actual rates for veterans are not high (around 4-6%), which is broadly equivalent to the incidence amongst non-veterans. More common mental health issues include anxiety, depression and alcohol misuse.\(^3\)

3.1.2. Research\(^4\) published in 2015 into the extent to which the mental and related health needs of veterans and family members are being addressed in JSNAs\(^5\), highlighted a gap, with only 40% of the 150 JSNAs across England including this.

3.1.3. Defence statistics now provide more reliable data as to where veterans are living and some of their health indices. Although these are accurate to county level, over time NHS England expects to be able to capture data at local authority and CCG levels to help inform commissioning decisions. 2016 data\(^6\) showed that female veterans of working age (16-64) were significantly more likely to report suffering from depression and “bad nerves” (31%) than their male counterparts (21%), which is similar to non-veterans. Furthermore, ‘working age veterans who currently smoke were significantly more likely than non-smoking working age veterans to report having mental illness and depression, however, it is unknown whether smoking is the cause or effect of this’.

3.1.4. Improving Access to Psychological Therapies (IAPT) was the first national mental health dataset to contain an indicator to identify ex-British Armed Forces personnel or their dependents.

Since introduction of this data set\(^7\) in April 2013, annual referrals for veterans have increased from 16,055 in 2013/14 to 24,390 in 2016/17. In terms of the provisional diagnosis assigned to the referral, anxiety and stress related disorders accounted for 36.8% of referrals over this period (versus 30.1% for non-veterans).

UK Armed Forces veterans who are referred for psychological therapies in

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\(^2\) Armed Forces personnel figures can be provided by the MoD
\(^3\) The mental health of serving and ex-personnel, a review of the evidence and perspective of key stakeholders, May 2013
\(^4\) Call to Mind report, October 2015
\(^5\) The NHS and upper-tier local authorities have a statutory duty to produce an annual Joint Strategic Needs Assessment
\(^6\) Annual population survey: UK Armed Forces veterans residing in Great Britain, 2016
\(^7\) Psychological Therapies: Annual Report on the use of IAPT services - England, 2015-16
England were seen at least as quickly as non-veterans, and for both six week and 18 week pathways, waiting times are above the respective targets of 75% and 95%.

Outcomes for IAPT referrals measure reliable improvement, recovery and reliable recovery, as a percentage of referrals who completed a course of treatment. In 2016/17, these were 66.6%, 44.6% and 42.6% respectively for veterans (versus 65.2%, 44.9% and 42.7% for non-veterans).

3.1.5. In April 2017, an indicator to identify ex-British Armed Forces Service personnel and their dependents was added to the mental health services data set. This covers services in hospitals, outpatient clinics and in the community and is in addition to the IAPT data set indicator.

As at the end of September 2017, there were approximately 2,035 open referrals for veterans to mainstream mental health services. It should be noted, however, that this indicator is self-reported and so is not a true reflection of the real number of veteran referrals, with completion rate of the indicator currently at 8.1%. Furthermore, as this is unpublished data comprising experimental statistics, this should be used with caution.

3.1.6. On 1 April 2017, NHS England launched the NHS Veterans’ Mental Health Transition, Intervention and Liaison Service (VMH TILS). Available across England, the service provides increased access and treatment to mental health services for Armed Forces personnel approaching discharge and veterans.

As of the end of November 2017, the service has received 1,669 referrals. Since recording began for referrals appropriate for assessment (October 2017), 72.8% have been deemed appropriate. 30% of patients assessed have been seen for treatment within the VMH TILS, whilst some have been referred for treatment by other services, including 18% to IAPT.

3.1.7. Defence Statistics published\(^8\) in 2010, estimate that 3.5% of the prison population had served in the UK military. It should be noted, however, that research\(^9\) has shown that although there is an Armed Forces identifier on the prison service data-base, it is not a mandatory field and is often left empty. The same research also found that PTSD ‘is an overused explanation for the behaviour of this offender cohort, but poor mental health and substance misuse often contribute to their offending, alongside other risk factors, such as homelessness and unemployment’.

3.2. What are the challenges to accurately assessing the extent of mental health issues in serving Armed Forces personnel and veterans and how could government improve its understanding of those issues?

3.2.1. Not all veterans are flagged in their patient record as having served in the British Armed Forces. Veterans are not required to disclose this and so if this is

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\(^8\) Estimating the proportion of prisoners in England and Wales who are ex-Armed Forces - further analysis, September 2010

\(^9\) Former members of the Armed Forces and Criminal Justice System, A review on behalf of the Secretary of State for Justice, November 2014
not shared with the NHS, they will typically be treated as a non-veteran patient.

A paper summary of veterans’ in-Service patient records is passed to the first NHS GP that they register with on discharge. If they do not register with a GP or do not want their records shared, this adds to the risk of them not being treated in line with the Armed Forces Covenant.

3.2.2. This is also the case in the criminal justice system, as referenced in bullet 3.1.7, where veterans are not always identified. This challenge is referenced in the Gate to Gate report\(^\text{10}\), which sought to identify the critical points of intervention in mental health and criminal justice care pathways and how these might be made more effective.

3.2.3. The Five Year Forward View for Mental Health\(^\text{11}\) states that ‘only half of veterans of the Armed Forces experiencing mental health problems like PTSD seek help from the NHS and those that do are rarely referred to the right specialist care’. It also states that ‘it is essential that more is done to ensure their needs are identified early and they are supported to access specialist care swiftly’.

3.2.4. In support of the above, NHS England ran an engagement on NHS veterans’ mental health services in 2016, which highlighted a need to improve awareness of where veterans should go for help, raise the profile of these services and further improve understanding amongst health professionals of the unique issues facing the Armed Forces community. It was also felt too much emphasis is put on PTSD at the expense of other mental health problems.\(^\text{12}\)

Over half of the respondents (715) were veterans who have or have had a mental health condition, the majority of whom (466) had not received treatment. The top reason was that they have found it hard to ask for help (365), followed by a belief that no one would understand their Armed Forces’ experience (357) and that they were unaware of NHS veterans’ mental health services (336).

3.2.5. The need to further improve understanding amongst health professionals of the unique issues facing veterans is particularly important within general practice given GPs are frequently the first ‘port of call’ for patients.

3.2.6. The 2015 Call to Mind report\(^\text{13}\) highlights a number of issues relating to veterans accessing mental health care. These include presenting health needs not fitting the access criteria for mental health services; a reluctance to admit to perceived weakness or having to ask for help; unrealistic expectations about waiting times and service responses; perceptions that civilians do not understand military culture; and a lack of awareness on available care and support.

3.2.7. ‘The mental health of veterans’ paper\(^\text{14}\) states that ‘stigma and barriers to care are likely to prevent a substantial number of unwell veterans from coming

\(^{10}\) From Gate to Gate, September 2016
\(^{11}\) The Five Year Forward View for Mental Health, 2016
\(^{12}\) Developing mental health services for veterans in England engagement report, 2016
\(^{13}\) Call to Mind report, October 2015
\(^{14}\) The mental health of veterans 2009, D Murphy, A Iverson, N Greenberg
forward and it is hoped that new initiatives aimed at increasing access to services will encourage those who have served to access sympathetically delivered care as and when they need it”.

3.3. **How does the level of mental health issues, services and outcomes in serving Armed Forces personnel and veterans:**

3.3.1. **compare both to the actual level in the general population and to public perceptions of mental health issues in Armed Forces personnel and veterans?**

- As set out in section 3.1, veterans have similar levels of mental health to the general population, however, an emphasis on PTSD has led to misconceptions on this. Whilst PTSD rates for veterans (4-6%) are broadly equivalent to those amongst non-veterans, more common mental health issues include anxiety, depression and alcohol misuse\(^\text{15}\). This is reiterated in the Call to Mind Report\(^\text{16}\) and a Royal British Legion survey of the needs of the ex-Service community\(^\text{17}\).

3.3.2. **vary between different groups of serving and former personnel, including Reservists, those who have been deployed on operations and early leavers?**

- Findings from the Call to Mind report\(^\text{18}\) highlighted that ‘veterans who have experienced combat are more likely than other veterans to experience PTSD and there is growing evidence that some PTSD amongst veterans involves the late onset of symptoms’.

- The Gate to Gate report\(^\text{19}\) states that ‘the attribution of trauma related mental health conditions to having served in the Armed Forces, including Reservists, is even more contentious, as symptoms may have a late onset and related behaviours may be due to early adult or childhood trauma that pre-date serving in the Armed Forces. Reservists in particular are known to be more vulnerable to mental health problems, including PTSD and to have less support in the community’.

- NHS England recognises that veterans suffering mental health conditions may present with various symptoms and conditions, which the VMH TILS seeks to address with its three part service offer:
  
  o **Transition**: service for those in transition, leaving the Armed Forces
  o **Intervention**: service for veterans with complex presentation
  o **Liaison**: general service for veterans.

This is being enhanced with the forthcoming NHS Veterans’ Mental Health Complex Treatment Service (VMH CTS) that will provide an enhanced

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\(^{15}\) The mental health of serving and ex-personnel, a review of the evidence and perspective of key stakeholders, May 2013

\(^{16}\) Call to Mind report, October 2015

\(^{17}\) Royal British Legion UK household survey of the ex-Service community, 2014

\(^{18}\) Call to Mind report, October 2015

\(^{19}\) From Gate to Gate, September 2016
service for veterans who have military attributable complex mental health problems that have not been resolved earlier in the care / support pathway.

3.3.3. - vary regionally across the UK and across the devolved administrations?

- NHS England does not hold data on the devolved administrations although it does analyse results by regions and is beginning to use the new population data to match to NHS service use and see which services are being used where.

3.4. What proportion of mental health issues in veterans is attributable to Service in the Armed Forces and how well is this measured and understood?

3.4.1. NHS England is aware that the causes of mental health are multi-factorial with prior and post Service experience being significant influencers and particularly in the case of complex mental health conditions, there is not necessarily any correlation between Service and a veteran’s mental health.

3.5. To what extent does the military environment for serving Armed Forces personnel mitigate against the development of mental health issues?

3.5.1. In the 2014 Veterans’ Transition Review report\(^\text{20}\), insight is provided on serving personnel along with views on NHS services amongst the Armed Forces. These insights demonstrate in part where the military environment mitigates against the development of mental health issues:

- Serving personnel are increasingly well-informed about the signs and symptoms of mental health disorders, particularly PTSD. The anti-stigma campaign has resulted in a slight increase in referrals to the MoD’s Department of Community Mental Health (DCMH). The majority of those that seek help are appropriately diagnosed, complete their therapy and make a successful return to full duties.

- Assistance with securing ongoing mental health support from the NHS forms an integral element of the transition process. (This is now supported by the VMH TILS, which has received 1,669 referrals from April 2017 to November 2017, of which 8% came from DCMH.)

4. Recommendations for consideration by the Defence Select Committee

Whilst mental health treatment for the Armed Forces community has been transformed since the Murrison report\(^\text{21}\), there is still more to do. Below are recommended priority areas:

4.1. The technical health needs for veterans are similar to those of the general population, particularly those in the emergency services. However, there are cultural and contextual issues that need to be addressed, requiring greater awareness of the health

\(^{20}\) The Veterans’ Transition Review, 2014

\(^{21}\) Fighting Fit: a mental health plan for Servicemen and veterans, 2010
needs of this patient group amongst those who provide care and support.

4.2. Robust data is at the foundation of good health planning and needs assessments. Whilst progress has been made in this area, introducing an ex-British Armed Forces indicator in all health data sets will further improve this. This would be further enhanced if the next national Census identifies veterans and their families.

4.3. Ongoing action is required to improve the alignment of MoD and NHS health systems to support the timely transfer of medical records from military to civilian healthcare. As planned, MoD medical IT systems need to be upgraded as a priority.

4.4. Supporting the health and wellbeing of families and carers, building on this element of the VMH TILS and the forthcoming VMH CTS.

4.5. NHS England is undertaking work to ensure a complete pathway of care is in place for veterans with mental health difficulties with the last element of this looking at those in / close to crisis. Whilst this is a small cohort, it is recognised that these severely ill patients must have access to timely and appropriate care and treatment in line with the Armed Forces Covenant.

4.6. Working with partner organisations to improve the effectiveness of health and criminal justice care pathways for veterans with complex mental health needs to help ensure this vulnerable group is not disadvantaged.

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