Help for Heroes works closely with the NHS to ensure the needs of Veterans are met, however, there are areas where small improvements could be made, which could have a huge impact on those seeking support for their mental health.

**Waiting times**

Help for Heroes is aware that a significant discrepancy in NHS service and waiting times exists across the UK. We are witnessing pockets of excellence as well as pockets of poor performance. Veterans seeking treatment for mental health issues have reported times exceeding 12 months for support. IAPT statistics (2014/15) show Veterans entering treatment within 6.7 days in some areas but, in others, over 100 days from referral to beginning treatment.¹

Statistics are showing considerable challenges around waiting times for access to mental health treatment in Wales. We are aware of wait times reported by both veterans and service providers in excess of 12 -18 months for some awaiting treatment for Step 3 and 4 support such as the Combat Stress ITP programme, and NHS Veterans Wales. The North of England and the Midlands are performing worse than other regions of England according to recent Transition, Intervention and Liaison Service (TILS) data. The South West of England is also an area reporting high wait times for access to mental health support. Help for Heroes has attempted to provide some immediate support in these areas of identified need via targeted grant funding. This has been specifically provided to demonstrate the impact on wait times possible with increased therapist resourcing. Preliminary results indicate substantial reductions in waiting times (e.g. 25 week wait time reduced to 13 weeks within first 6 months of grant funding delivered by 2 additional therapy posts), as well as increased access to support for those located in more rural locations.

Help for Heroes is aiming to provide guidance around the number of additional therapist posts required to adequately tackle excessive waiting times, to inform the additional NHS resourcing we believe is essential in those areas with the longest wait times.

1. **Additional staffing is key to improving provision for mental health services and avoiding a ‘postcode lottery’ when it comes to accessing support.**

Since the launch of TILS it has been difficult to access reports on wait times for Veterans accessing IAPT services which continued to deliver care in the interim while TILS were being set up. There is no current publicly accessible information on wait times or treatment outcomes for the TILS services. Initial information on wait times has been released but with limited access. The clarity of this data is also limited, with some ambiguity around reported data on wait times, and whether the figures reported are citing the time from referral to the time of initial assessment, rather than the time from referral, to assessment, and then commencing treatment. Clarity around wait times to access statutory providers may have considerable impact on a Veteran’s decision as to where to access support. A key example of this may be IAPT Step 2 psychological support, which can be accessed via

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¹ Improving Access to Psychological Therapies, Waiting times for British Armed Forces veterans and their dependants: given by those entering treatment in the year 2014/15 and those completing treatment in the year 2014/15. Published September 2016, link
Help for Heroes Hidden Wounds service within 14 days or via IAPT low intensity providers which may take considerably longer in some areas.

2. Help for Heroes believes the NHS must provide much more clarity over their performance around Veterans mental health. For example, rather than only reporting on numbers seen within the target, each trust should also be clear about the average wait times.

3. We believe TILs and Complex Treatment Services (CTS) should be required to publish wait times from the point of referral into assessment, and referral into treatment, ensuring transparency for service-users and policymakers.

Existing Model of Care

Delays in the opening of the Midlands Complex Treatment Service (CTS) are also of concern. At present there are Veterans who are in a “holding pattern” awaiting access to support who have yet to be given timeframes for this service to be ready to accept and treat referrals.

4. Clear timeframes for CTSs should be a minimum requirement, and this would go a long way to manage expectations.

5. A clear plan around provision of support to those with complex needs in the interim is needed, to ensure those awaiting service mobilisation do not deteriorate any further while awaiting CTS service opening. Interim support via Community Mental Health Teams (CMHTs) may be one possible solution.

The TILs model of care is briefed as providing support to Veterans and families. However, there is inconsistency in delivery of the full range services, with numerous sources, including some TIL providers themselves reporting that they are unable to provide support to families.

6. Delivery of care either needs to be consistent across TILS or the differences need to be clarified and publicly communicated.

Without this level of transparency, we cannot understand the scope of unmet need or plan as a sector to remedy this. At present NHS TILs are claiming to provide family support, however this does not match up with information on the ground. This has a negative impact on the psychological wellbeing and access to support for those families seeking help. It also holds some reputational risk not only to the NHS but also to organisations who refer families for the support which TILS claim it is able to provide.

The Complex Treatment Services established in April 2018 operate to a brief of delivering 32 weeks (8 months) of support to those with complex needs. Help for Heroes challenges the suitability of this duration of support to those who have been identified with complex needs. International Society for Traumatic Stress Studies (ISTSS) treatment guidelines for the psychological care of those with complex needs recommend support for those with complex needs as being closer to 18-24 months. Clinically, we do not believe the proposed model of care is of sufficient duration, nor does it offer the scope of clinical support needed for those Veterans and their families with complex needs - such
as offering Dialectical Behaviour Therapy\(^2\) approaches for those demonstrating personality changes resulting from trauma exposure.

7. We believe this model of care needs to be reviewed to provide a more realistic duration of support in line with international guidelines. We also believe there should be a better care pathway for those with complex needs and greater flexibility and understanding where appointments are missed or when the focus shifts to physical health needs. There also needs to be greater flexibility to deliver from a broader range of therapeutic modalities to address the wider needs of the Veteran and the family.

In the UK, individuals receive a mental health assessment on leaving military Service; where a mental health issue attributable to Service is identified, that individual can access Defence Community Mental Healthcare (DCMH) for up to 6 months post discharge, after which they will be supported through the NHS. This window of support offered to those who have transitioned out of service is limited compared to the support and ongoing input offered by MOD equivalents internationally. A 6-month window of continuing to support an individual if their injury is attributable to their employment in the Armed Forces can be inadequate given the ongoing impact that injury has had on the individual. Other models for delivering support to those who have served and been injured as a result generally centres on a transition into a “veteran affairs” (VA) type service, which holds responsibility for caring for those who have served and have been injured – either physically or psychologically. The absence of a VA-type service leaves a big void for those who have transitioned out of the Forces and have ongoing needs attributable to their service.

8. If a Veteran support service cannot be established, as a minimum requirement we would suggest that DCMH extends its timelines for support from 6 months to a minimum of 2 years for those who have left service. This could greatly alleviate the burden on the NHS, but the Government needs to ensure DCMH is appropriately resourced.

International research indicates that the mental health of those who have served begins to deteriorate 12 months after they have left the forces.\(^3\)

**Specialist treatment centre**

For those who have been discharged from the Armed Forces, seeking psychological care in the NHS can pose significant challenges. Consideration around issues to do with waiting areas, transport to and from treatment providers which may require public transport are often barriers to engagement for those impacted by PTSD, adjusting to civilian life or who may struggle with anger management issues, all of which may be impacted by noise, crowded environments and delayed appointments. Within many statutory providers, there is limited knowledge, understanding or capacity to respond

\(^{2}\) DBT is an evidence-based psychotherapy designed to help people suffering from borderline personality disorder.

to these environmental factors, which often creates a barrier for Veterans engaging in statutory care provision. Asking a Veteran to take public transport to an appointment, where they may be expected to sit in an open waiting room which may be crowded, noisy or have children present, and their clinician may be running late is the psychological equivalent to asking an amputee to attend an appointment in an upstairs clinic where there is no lift access.

For this reason, many other countries offer specialist Military Treatment Clinics for those who have served. Such specialist treatment centres may provide a safe environment able to provide reasonable adjustments to support the specific needs of the armed forces population who are nervous about seeking care. Centres of excellence such as Walter Reed in the USA, and Veteran Psychiatric Hospital in Melbourne have pioneered psychological and medical care for those serving and who have served. These centres are also a key base for generating research and capturing the true scope of mental health need as they are able to offer some continuity of care and data collection to Veterans across their lifespan, which the NHS is currently not doing. There is some potential for the Defence and National Recovery Centre (DNRC) to fulfil this role for Veterans in the UK as a centre of excellence and specialist knowledge in both psychological and physical care. This would need an expansion of the role of the DNRC to go beyond the model previously provided at Headley Court to incorporate psychological expertise and treatment at a much higher level, but this could be a unique opportunity for growth and improvement in access to specialist and trusted psychological care for British Veterans and those still serving. However, we understand that under current plans, Veterans will not be able to use the DNRC.

Similar centres in Canada and Australia adopt a hub model to ensure regional needs are catered for irrespective of location. Given the regional variation in the UK, we believe a similar model would ensure the needs of Veterans in Scotland, Wales and Northern Ireland are catered for even if a specialist centre (such as DNRC) is located in England. We would urge the NHS to consider models of care which are based on international learning where geography has been a significant challenge and how countries such as Canada and Australia have worked to overcome this.

9. We believe the Government and the NHS should be working towards the creation of a centre for excellence for military mental health which will be able to train and support other care providers as well as offer support for the most complex cases. This may be one national centre, or a centre in each of Scotland, England, Wales, and possibly a virtual centre or strategically selected location for Northern Irish Veterans.

Training and upskilling of existing NHS staff

The consistent feedback we receive from Veterans and their families, is that they do not think that their GP or NHS staff understand their needs or the Veteran culture. Help for Heroes is aware of the efforts made by some NHS leaders around ensuring that psychiatrist training and some GP training involves a core module on Veteran health. This is a positive step forward, but there are still significant gaps in understanding across some staffing groups. Key staff groups who need to be aware of the cultural sensitivities of Veterans are at the Step 3 mental health provision, where those with PTSD are most frequently referred. With this in mind:

10. We recommend that all step 3 therapists have some armed forces culture training.
11. If this is not possible, a proposed minimum requirement of at least one key member of staff in Step 3 services is a Veteran champion (i.e. has had additional professional training and development around working with veterans).

12. To ensure this is implemented and adhered to, we recommend that as part of the commissioning process, it is mandated that any Step 3 service or general mental health services commissioned by NHS demonstrates that they have one practitioner who has undergone biannual professional development on armed forces mental health. This would go some way towards demonstrating the NHS’s commitment to the Armed Forces Covenant.

Veteran friendly environments

13. We recommend that each GP, surgery, hospital and treatment centre should be working towards providing a “Quiet room” or “Quiet Space” for anyone who may struggle with noisy or crowded waiting room environments.

This would encourage and facilitate access not only for Veterans but also those members of the community with mental health needs. We acknowledge that there may be some challenge in meeting this recommendation based on cost and space but presenting this as best-practice may lead the way in achieving some gradual change and improved conditions for all trying to access mental health support.

14. We also believe Armed Forces Veteran friendly accreditation for GP Practices needs to be rolled out much more widely, and publicly communicated much more effectively.

This would ensure Veterans in the community are aware that their GP has an understanding of his or her specific needs and concerns.

8 June 2018