



Annual Report

April 2018 – March 2019





Veterans' NHS Wales

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Service Aim - to improve the provision of mental health care to veterans living in Wales

Veterans' NHS Wales - is the first point of contact for veterans (ex-service personnel) residing in Wales, with a suspected 'service related' mental health problem

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Welcome

Veterans' NHS Wales (VNHSW) started as a pilot study in Cardiff 2008 for two years. Its success in engaging military veterans in to an out-patient NHS service led to the launch of the All Wales Veterans Mental Health service April 2010. Since that time, VNHSW has established its reputation for military mental health expertise across Wales, UK and internationally as the 'first point' of contact for veterans, health professionals and third sector charities who work with military veterans residing in Wales. VNHSW remains the only UK national NHS veterans' service and it retains close and strong working relationships with colleagues across the border in England, Scotland and Northern Ireland.

This year VNHSW celebrated its 10 year anniversary and reaching this milestone is testament to the hard work and dedication of the whole VNHSW team, as well as the continued support from Welsh Government, the local health boards and our partner organisations. Against the backdrop of this achievement, VNHSW continues to develop its close relationships with other key stakeholders and is working towards continued investment in our staff so they can deliver effective and valued services to our patients. In October 2018, we entered the second year of our Help for Heroes (H4H) funding for additional therapy sessions delivered by three full time equivalent high intensity psychological veteran therapists across Wales. As we approach the final year, work is underway to secure funding beyond the end of the three year H4H grant period in September 2020.

The main body of the report will describe the activity of the service from 01 April 2018 – 31 March 2019. A minimum data set continues to be refined and is collected routinely on all individuals referred and assessed by Veteran Therapists (VTs) across each Local Health Board (LHB).



Neil J Kitchiner

Dr Neil J Kitchiner

Director & Consultant Clinical Lead and Honorary Research Lead for Veterans Mental Health Cardiff University

Abbreviations

ABUHB - Aneurin Bevan University Health Board

ABMUHB - Abertawe Bro Morgannwg University Health Board

AF - Armed Forces

BCUHB - Betsi Cadwaladr University Health Board

C&VUHB - Cardiff and Vale University Health board

CTUHB - Cwm Taf University Health Board

HDUHB - Hywel Dda University Health Board

H4H - Help for Heroes

LHB - Local health board

MoD - Ministry of Defence

NICE - National Institute for Health and Care Excellence

PTSD - Post Traumatic Stress Disorder

UHB - University Health Board

VNHSW - Veterans' NHS Wales

VT - Veteran Therapist

Our Aims, Outcomes and Eligibility

The primary aim of Veterans' NHS Wales is to improve the mental health and wellbeing of UK veterans residing in Wales with a service related mental health injury.

The secondary aim is to achieve this through the development of sustainable, accessible and effective services that meet the needs of veterans with mental health and wellbeing difficulties.

Key Outcomes of the Service

A. Veterans who experience service related mental health difficulties are able to access and use services that cater for their needs.

B. Veterans are provided with a comprehensive assessment that accurately assesses their psychological and social needs.

C. Veterans are signposted or referred to appropriate services for any physical needs that are detected.

D. Veterans and others involved in their care are able to develop an appropriate care management plan that takes their family and their surroundings into account.

E. Veterans' families are signposted to appropriate services if required.

F. This service has developed local and national networks of services and agencies involved in the care of veterans to promote multiagency working to improve outcomes for veterans.

G. The service has linked with the military to facilitate early identification and intervention.

H. The service has promoted a recovery model so that veterans can maximise their physical, mental and social wellbeing.

I. Veterans who experience service related mental health difficulties are provided psychosocial interventions if indicated.

J. Veterans who experience 'non-service related' mental health difficulties are signposted to receive appropriate interventions.

K. The service has provided expert advice and support to local services on the assessment and treatment of veterans who experience mental health difficulties to ensure local services, including addictions services, are able to meet the needs of veterans.

L. The service has raised awareness of the needs of veterans and military culture to ensure

improved treatment and support across services.

M. The service has identified barriers to veterans accessing appropriate services and attempted to highlight and address these as appropriate through the Armed Forces Mental Health Clinical Networks and Armed Forces Forums in each LHB.

N. The service has collected data on patterns of referral, routine outcomes and referral on.

Eligibility and Referral

Any UK veteran living in Wales, who has served at least one day with the British Military, either as a regular or as a volunteer reservist, is eligible to be assessed by VNHSW. Veterans with a 'service related' mental health injury are eligible to receive outpatient treatment (psychological and/or medication). Those with a 'non-service related' mental health injury are signposted to appropriate services for ongoing treatment as indicated. The service has developed a 'Common Care Pathway' which has been agreed by both the VNHSW national steering group members and Welsh Government (see Appendix 1).

Referrals to VNHSW arrive via several routes, including primary care, self-referral and various veterans' charities/agencies e.g. RBL, SSAFA, Veterans UK and Change Step (peer mentoring charity).

Key Features of the Service

- Offers a Wales wide NHS outpatient service for veterans with service related mental health problems.
- A multi-disciplinary team skill base comprised of staff with personal experience working in and for the military and/or mental health professionals with extensive experience of working with the mental health needs of veterans.
- We always access all veterans' MoD service and healthcare records to inform our clinical assessment. Veterans' need to provide their consent for this as it is a key condition of accessing the service.
- Following assessment, veterans are collaboratively involved in the development of

an individualised management plan to address health and psychosocial needs.

- VNHSW staff routinely refer to, receive referrals from and work collaboratively with organisations that provide specialist practical help and support to veterans. This includes Change Step who work with veterans on issues including: accommodation, finance, benefits and The Poppy Factory who specialise in access back to employment as well as the main national veterans charities.
- Outpatient clinics are located in or near to the main population centres across Wales, with easy access via public transport links.
- We offer a range of NICE approved evidence-based psychological therapies provided on-site for a wide range of common mental health problems.
- The option to have a telephone or Skype screening assessment in the veteran's home with a VT, who will assess for suitability and signposting if deemed appropriate.
- Close partnership working with a range of veteran organisations/charities to raise awareness of veterans' issues, across Wales and UK where appropriate.
- Ongoing evaluation and research on the needs of veterans' in the community to inform future policy making and commissioning of services.

Service Overview

Service structure

VNHSW has gone from strength to strength since its emergence in 2008 as the Welsh pilot and at the end of March 2019, VNHSW employed 33 staff across six of Wales seven health boards. VNHSW operates using a 'hub and spoke' model and each team has veteran therapists, dedicated administration, and a Consultant Psychiatrist. This year Cardiff and Vale UHB, which operates as the 'hub' and hosts the Director and Clinical Lead, gained a new post to support the All Wales service; an assistant psychologist, Amber Chaloner, with responsibility for collecting and analysing data, reporting on VNHSW performance and providing essential project support.

Powys Teaching Health Board service continues to be delivered by neighbouring LHBs: Betsi Cadwaladr UHB for those veterans who live in Montgomeryshire; Aneurin Bevan UHB for those who live in Brecon or Radnorshire; and Abertawe Bro Morgannwg UHB for those who live in Ystradgynlais. (See Appendix 2)

Our staff team

The majority of our staff have worked for VNHSW for 8-10 years and together with newer members of the team, they have developed a highly diverse wealth of experience in treating veterans with service-related mental health conditions. Several clinicians have personal experience of military life. Dr Neil Kitchiner, current Director and Consultant Clinical Lead (C&VUHB), served as a Captain with 203 (Welsh) Field Hospital, based in Cardiff. Neil deployed to Afghanistan during Herrick 19a (Oct 13 – Jan 14) as part of the two person field mental health team. Amanda Jackson VT (BCUHB) is a veteran of 15 years who served in the Queen Alexandra's Royal Army Nursing Corps (QARANC) and was deployed to Bosnia in 1996 for a six month tour.

She has served in numerous military hospitals in the U.K. and Germany and spent three years (1998-2001) as a training instructor in Lichfield before completing her service as a mental health nurse. Amanda has also worked as a civilian mental health nurse at DCMH Donnington and at the Priory when it had the military contract to treat serving military personnel. Julie Campion VT (H DUHB) has worked as a civilian community psychiatric nurse with SSAFA based in Germany for several years, delivering mental health care to serving personnel from various MoD mental health facilities.

The 19 VTs who work across Wales combine their own and their team's military expertise with extensive experience in the field of mental health. The VTs have a background as mental health professionals with a core training in nursing, psychology, occupational therapy and social work, before achieving post-graduate qualifications in high intensity psychological therapies. The VTs are able to treat the entire person in a formulation-based approach.

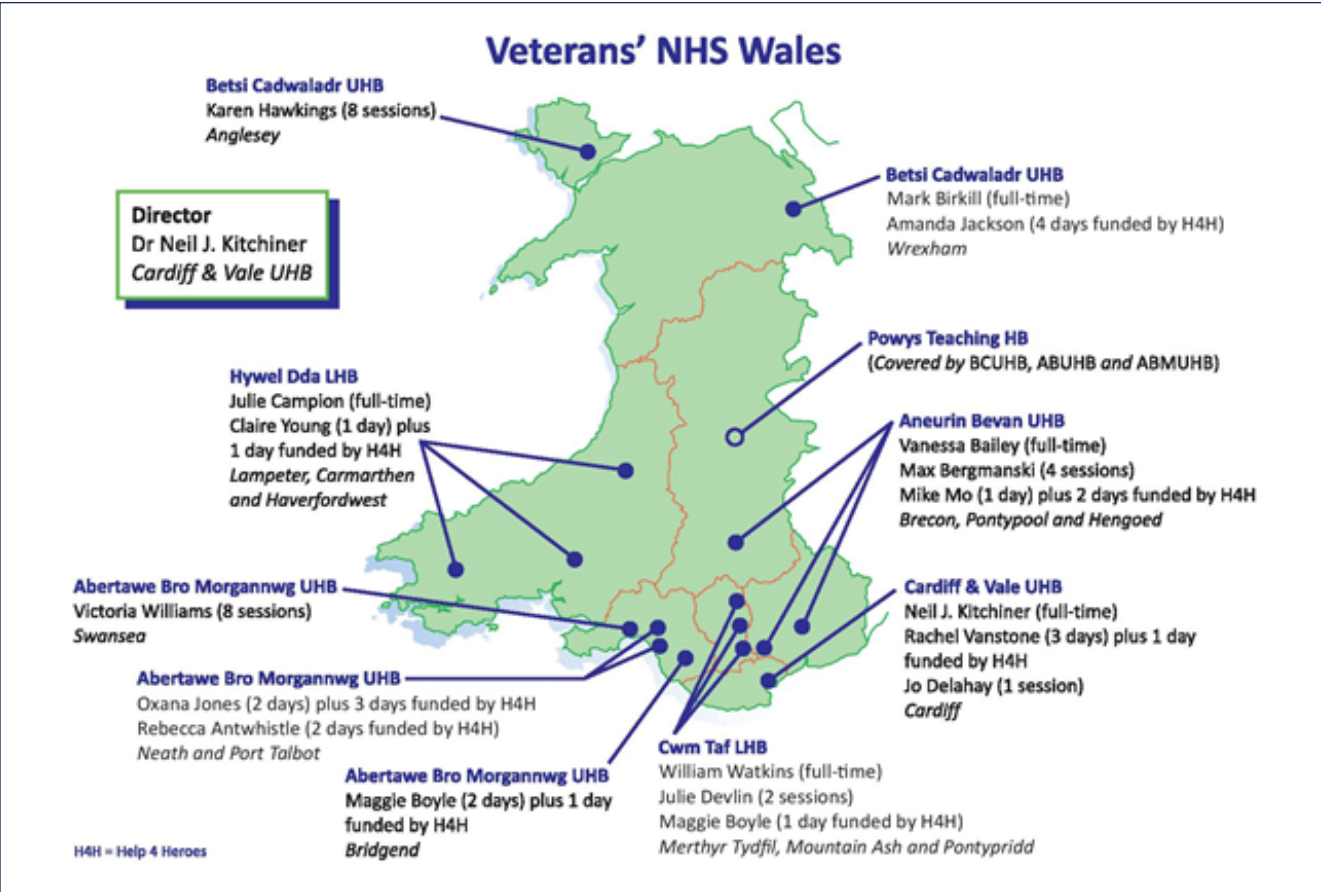


Figure 1: Map of Wales

Evidence-based Psychological Interventions

All the VTs are trained in several psychological therapies, listed below:

1. Cognitive Behavioural Therapy (CBT)
2. Emotional regulation training
3. Eye Movement Desensitisation and Reprocessing (EMDR) for post traumatic stress symptoms
4. Motivational Interviewing for substance abuse disorders
5. Trauma-focused psychological therapies (e.g. Prolonged Exposure, Cognitive Therapy, Cognitive Focused Therapy, Skills Training Affect Interpersonal Relationships (STAIR), for traumatic stress symptoms

Medication Treatments

Most health boards have access to a Consultant Psychiatrist who offers two sessions per month (7.5 hrs). Veterans are referred by our VTs for several options: including a) review of their mental state and potential psychotropic medication for a range of common mental health disorders; b) second opinion on initial diagnosis; c) support for Armed Forces Compensation Scheme.

VNHSW Website

The VNHSW website www.veteranswales.co.uk has been live since April 2015 and continues to provide a wealth of information to veterans including useful links to other organisations. We continually strive to keep it updated. The online referral form is used to make approximately 25% of referrals including self-referrals.

Key Stakeholders

VNHSW continues to engage in close partnership working with key veteran stakeholders. This has created strong partnerships across the veteran and military community, charitable sector and NHS healthcare settings.

- The VNHSW National Steering Group (NSG) is pivotal in building relationships with existing service providers, providing a monitoring role and directional steer to the service.
- Active involvement in all seven local AF Community Covenants, AF LHB Forums and AF Mental Health Clinical Networks, and regular attendance at the UK National Veterans Mental Health Network meetings, London. VTs are encouraged to attend Kings College London, annual veterans' mental health conference.
- The Director regularly attends the Welsh Government Cross Party Group highlighting issues surrounding veterans with mental health issues.
- The Director attends the Welsh Government Armed Forces Expert Group and Armed Forces and Veterans Champions meeting every six months.
- VNHSW is a key stakeholder on the UK wide Contact Group responsible for providing information to the armed forces community on where and how to access mental health care.

10 Year Celebration Event



VNHSW celebrated its 10 year anniversary on 7th June 2018 at the Pierhead in Cardiff. The event brought together VNHSW staff and partner organisations from across Wales to celebrate the achievements of the service to date and to present a vision for the future. Dr Fiona Jenkins, C&VUHB Executive Director of Therapies and Health Science and Lead for C&VUHB Armed Forces Forum opened the event. There were presentations from Dr Neil Kitchiner, Director and Clinical Lead, and VTs Julie Campion, Victoria Williams, William Watkins, Michael Mo and Mark Birkill who spoke about different features and achievements of the service. Mike Bailey, Senior Welfare Officer with the MoD gave a presentation on transition from the Armed Forces to civilian life and Geraint Jones, Director of Change Step gave a presentation on the social value of peer mentors. There was also a presentation from a veteran who spoke about developing mental health problems from his time in the military and his positive experience of therapy with VNHSW. Finally, the event was closed by [Re-live choir](#) who sang some very poignant songs reflecting the experiences of veterans and their families.



Re-live choir

Awards





Dr Neil Kitchiner won the Armed Forces Covenant Award November 2018. Dr Fiona Jenkins, C&VUHB Executive Director of Therapies and Health Science and Lead for C&VUHB Armed Forces Forum, nominated Neil for his work over the past 10 years across Wales to set up a specialist, priority service for veterans. Fiona also praised Neil along with Professor Jonathan Bisson (former Director and founder of VNHSW) and colleagues at Cardiff University for pioneering 'research into the latest psychological treatments for those suffering with treatment resistant PTSD.'



Cardiff and Vale UHB was also delighted to receive a Gold Award from the [Defence Employer Recognition Scheme](#). The scheme recognises organisations that actively support the armed forces community and align their values with the [Armed Forces Covenant](#). This award adds to the Silver Awards already achieved by Cwm Taf UHB and Hwyl Dda UHB in 2014, and Abertawe Bro Morgannwg UHB in 2016.



Key Partnership Achievements 2018-2019

	<p>VNHSW has partnered with Cardiff University to test a novel trauma focused psychological therapy developed in the Netherlands military by Prof. Eric Vermetten and team: Motion-assisted Multi-Modular Memory Desensitisation and Reconsolidation therapy (3MDR). 3MDR is currently being tested with 42 treatment resistant veterans with PTSD.</p>
	<p>Change Step was awarded a one year grant from Help for Heroes (H4H) to fund seven peer mentors across Wales (apart from Betsi Cadwaladr UHB as there is a separate arrangement with the health board). The project started in January 2018 and ran until the end of March 2019. Peer Mentors worked closely with VNHSW VTs to provide support to veterans both before and during their therapy. This collaboration and work towards future funding resulted in a refined model of the peer mentor project being funded by the Armed Forces Covenant Fund Trust for April 2019.</p>
	<p>VNHSW was awarded a three year grant from H4H to increase the number of therapy sessions available to veterans across Wales. The grant funded the equivalent of three full time high intensity psychological therapists (30 sessions a week). The project, now in its second year, commenced 01, October 2017 and will run to 30, September 2020.</p>
	<p>VNHSW piloted the Adverse Childhood Experiences (ACE) questionnaire in 2017-2018 in three health boards. Therapists reported that it was a valuable clinical measure at assessment to aid their formulation. The data obtained was shared with Public Health Wales who confirmed that the questionnaire assisted VNHSW in identifying and recording ACEs over and above its existing recording measures. Consequently, VNHSW rolled out the ACE questionnaire to all health boards.</p>
	<p>The charity Forces in Mind Trust (FiMT) have funded TGP Cymru to provide a 'Restorative Approaches Veterans and Families Service' in Cardiff and Vale UHB. The project began in January 2018 and will run for 3 years and its focus is on strengthening family relationships in order to make a positive impact on the mental health of the veteran and their family.</p>

Help for Heroes Grant Year 1: October 2017 to September 2018



Help for Heroes provided a three year grant to VNHSW to provide high intensity psychological therapy to

veterans. The grant funded three whole time equivalent veteran therapists (30 sessions per week). These sessions were divided up across six health boards according to the demand on the service and the waiting lists in each area. Five part-time veteran therapists were able to increase their hours (one split across two health boards) and two new veteran therapists were recruited.

The H4H grant set out three project outcomes (Table 1) At the end of the first year, VNHSW had achieved project outcome one by offering therapy to 140 additional veterans. Project outcome two was partially achieved. ABMUHB reported a reduction in waiting times for therapy. HDUHB reported no change with veterans being able to start therapy immediately. However, other health boards reported increases in waiting times for therapy and these were attributed to increased referrals. VNHSW continues to work closely with H4H and Welsh Government in building a case for continued funding in order to achieve project outcome three.

H4H Project Outcomes	1. Offer therapy to 90-120 veterans a year
	2. Decrease waiting times to no more than 26 weeks
	3. Collaborate with H4H on potential funding opportunities at the end of the grant period.

Table 1: H4H Grant project outcomes

PTSD: Training and Research

VNHSW is committed to our VTs being trained in evidence based therapies for our population. By improving the knowledge and application of psychological therapies for our veterans we hope to reduce their psychological distress and improve the quality of their lives.

UK Psychological Trauma Society Regional Conference (UKPTS)



The Annual UKPTS regional traumatic stress conference is held in Cardiff each November/December and is organised by Dr Neil Kitchiner in conjunction

with Cardiff University Traumatic Stress Research Group. The conference hosts speakers with specialist knowledge in the psychological treatment of PTSD. VNHSW VTs are encouraged to attend and have also been among the speakers who share their expertise in workshops over the three day conference.

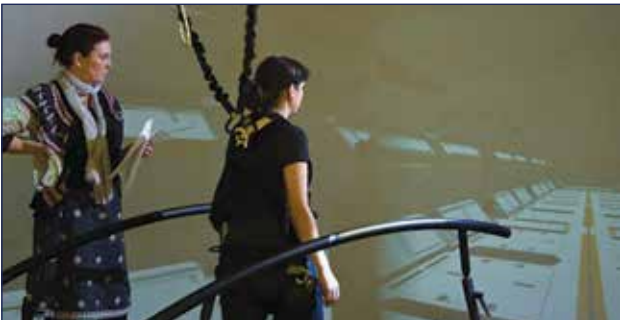
Cardiff University Traumatic Stress Research Group

Motion-assisted, multi-modular memory desensitisation and reconsolidation (3MDR).



A team led by Prof. Jonathan Bisson, Cardiff University and Chief Investigator supported by Dr Neil Kitchiner, Principle Investigator (Cardiff and

Vale) began a randomised control trial (RCT) to research 3MDR, a new treatment aimed at treatment resistant veterans with PTSD. 3MDR was developed in the Netherlands and it incorporates key elements of successful treatments such as Virtual Reality Exposure therapy (VRE) and Eye Movement Desensitisation Reprocessing (EMDR). VNHSW VTs acted as Principal Investigators for their respective health boards: Victoria Williams, William Watkins and Vanessa Bailey received specific training and clinical supervision from the Netherlands team to deliver 3MDR therapy as part of the trial.



MDMA - Assisted Psychological Treatment for PTSD



Members of the Cardiff University Traumatic Research Group, led by Dr Mat

Hoskins, are working with the Multidisciplinary Association for Psychedelic Studies (MAPS) to deliver a study of the safety and effectiveness of MDMA-assisted psychological therapy. In 2018, Dr Mat Hoskins, Dr Neil Kitchiner and others from Cardiff and Vale UHB traumatic stress service attended a residential training in the Netherlands to become a therapist on the MDMA study. The study is likely to commence 2021.

Kings Centre for Military Health Research London



Dr Neil Kitchiner is an external examiner for PhD/MDs at Kings College London. He took part in the examination and viva

for G. Thando: "The experience of spouses and partners caregiving for wounded, injured or sick UK military personnel".

Other Activities

Dr Neil Kitchiner holds an honorary title - Senior Research Fellow - at Cardiff University 1-2 sessions per week depending on research activity and funding. He is also a clinical supervisor to therapists in C&VUHB and sites in England for the RAPID RCT which investigates the efficacy of a trauma-focused Guided Self Help programme versus Individual Trauma-Focused CBT for PTSD.

Veteran Therapists regularly teach student nurses at Swansea University and present to trainee psychiatrists on working with veterans and trauma.

Raising Awareness of VNHSW

In addition to working alongside key stakeholders and partners, VNHSW aims to promote awareness to a wider audience through attending events including the Annual Armed Forces Day in Wales, the Career Transition Partnership Fair, Cardiff and Wrexham and other local health board initiatives.

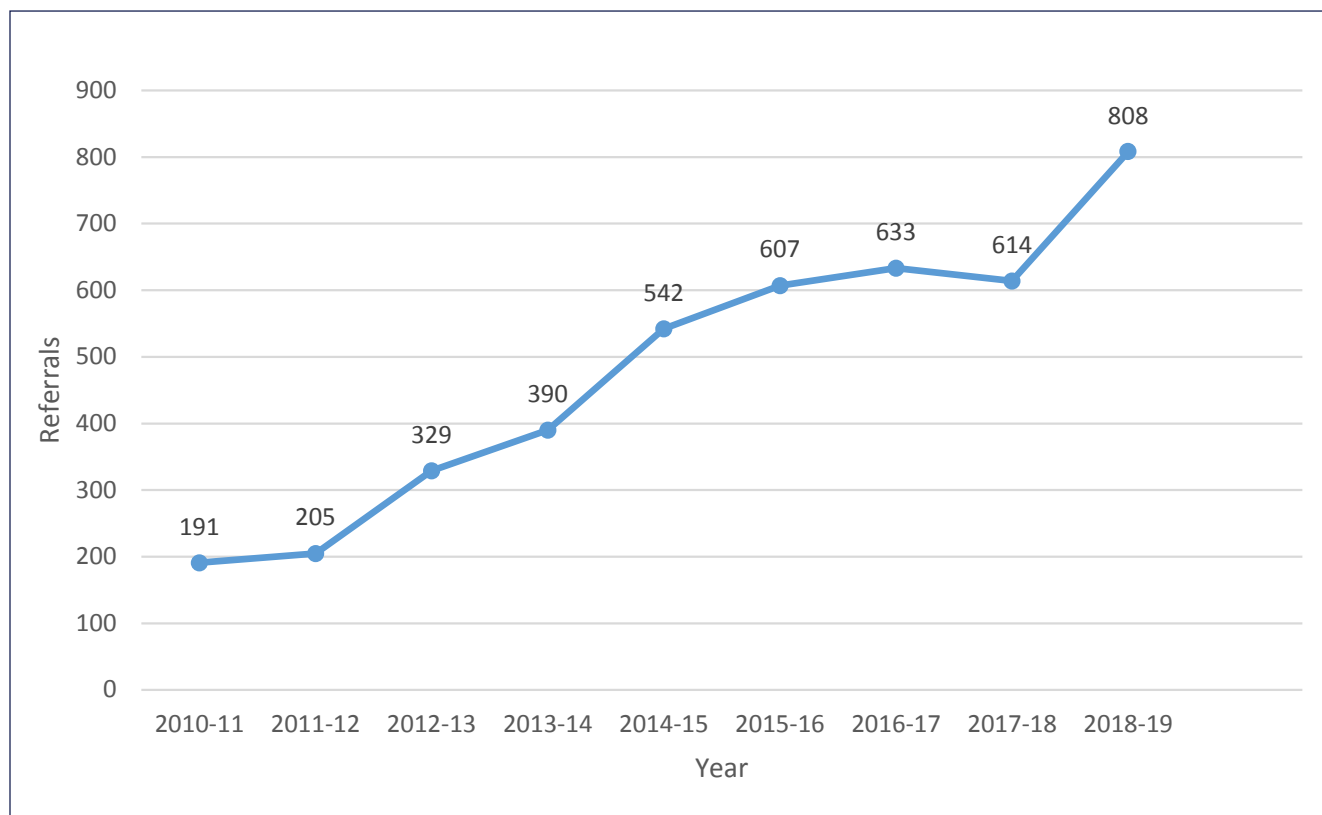


VNHSW Hub Secretary Amy O'Sullivan, left and Assistant Psychologist Amber Chaloner at Cardiff Council's Central Library to celebrate 100 years since the end of World War I.

Performance, Research and Evaluation

All Wales Referrals

Since the service was launched in April 2010 we have received 4,319 referrals (up to 31st March 2019). The following statistics relate to the period April 2018 to March 2019.

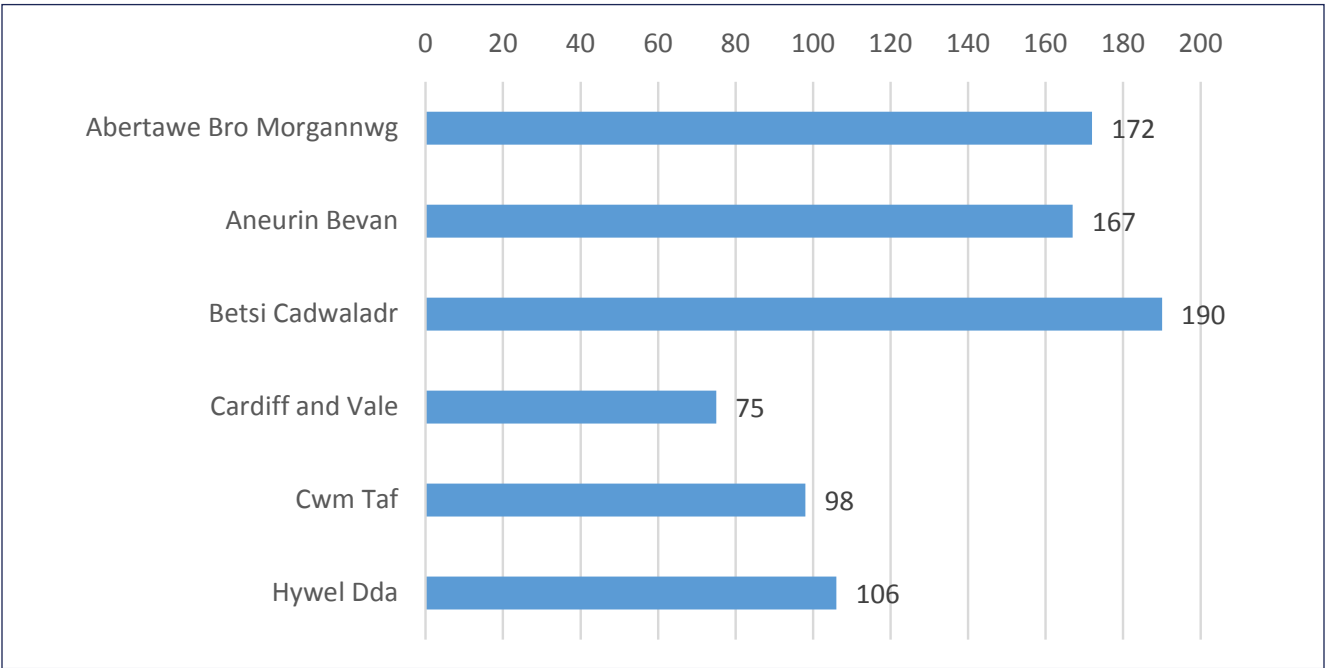


In the past year we received 808 referrals across all seven health boards which was a significant increase on the previous year when the total number of referrals was 614. However, given that there were some gaps in administration cover in 2017-2018 may have resulted in some referrals not being recorded in that year, it is likely that the increase is smaller than indicated.

VNHSW operates in all health boards. Veterans resident in Powys Teaching Health Board continue to be referred to their neighbouring health boards in Abertawe Bro Morgannwg, Aneurin Bevan and Betsi Cadwaladr.

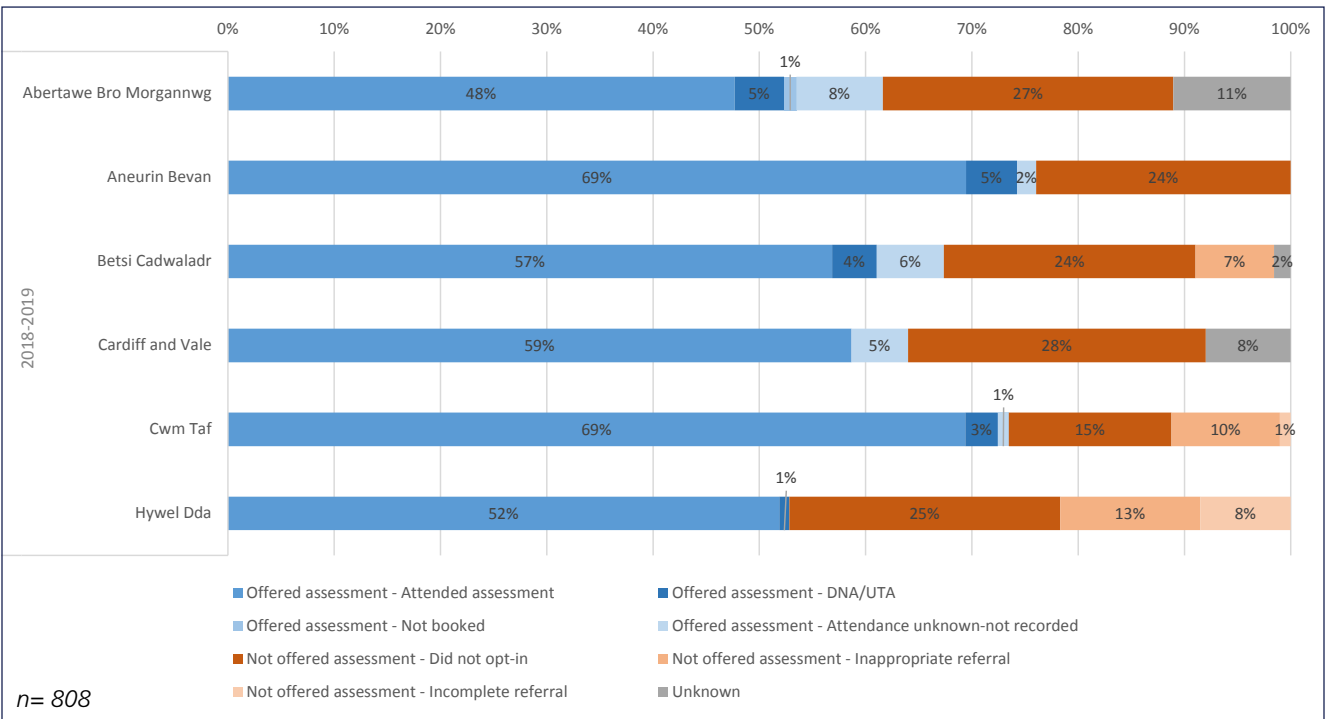
Referrals by Health Board

The referral distribution across the six health boards is consistent with previous years. Betsi Cadwaladr (North Wales) received the highest number of referrals followed by Abertawe Bro Morgannwg (Swansea bay area) and Aneurin Bevan (South East). The three remaining health boards received much smaller numbers of referrals.



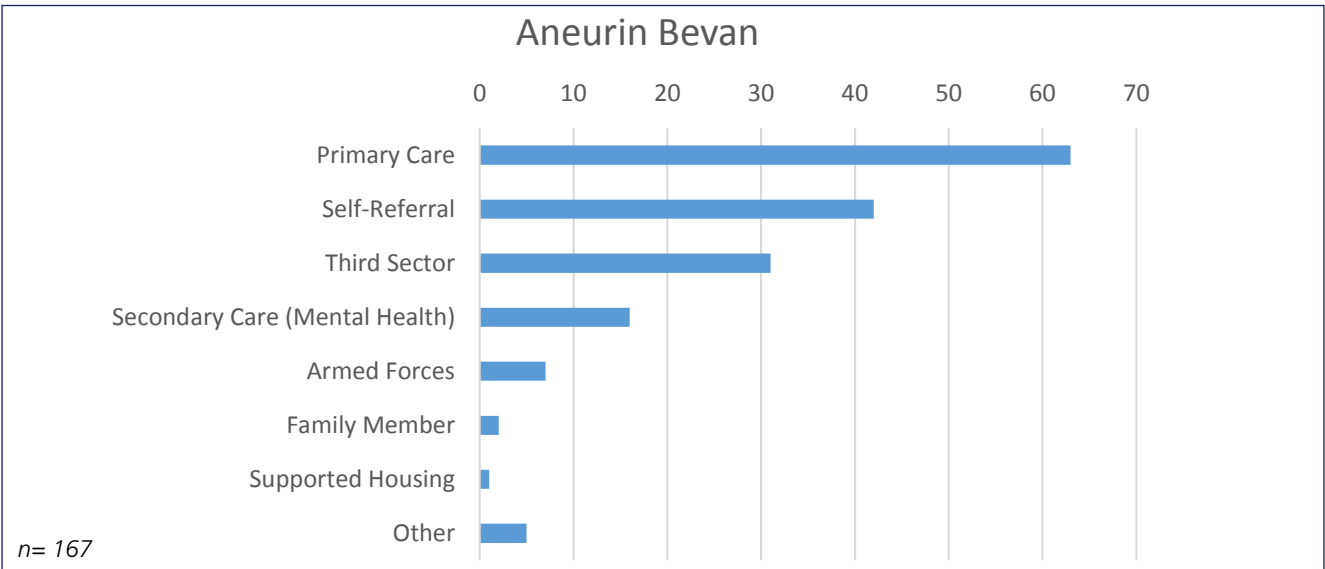
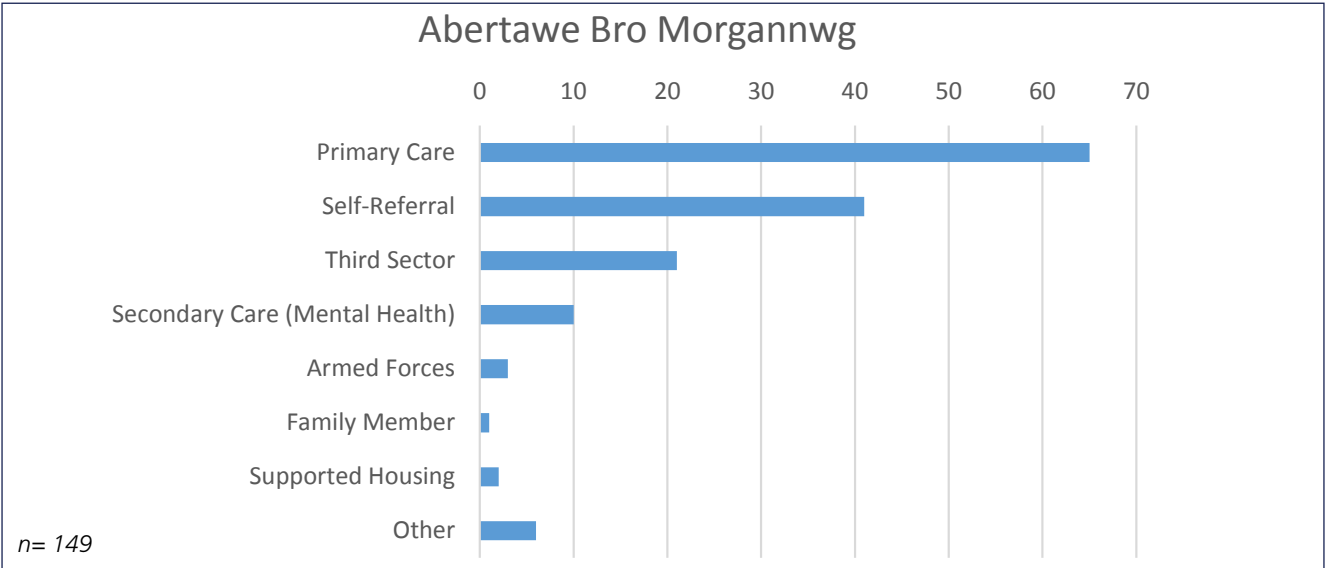
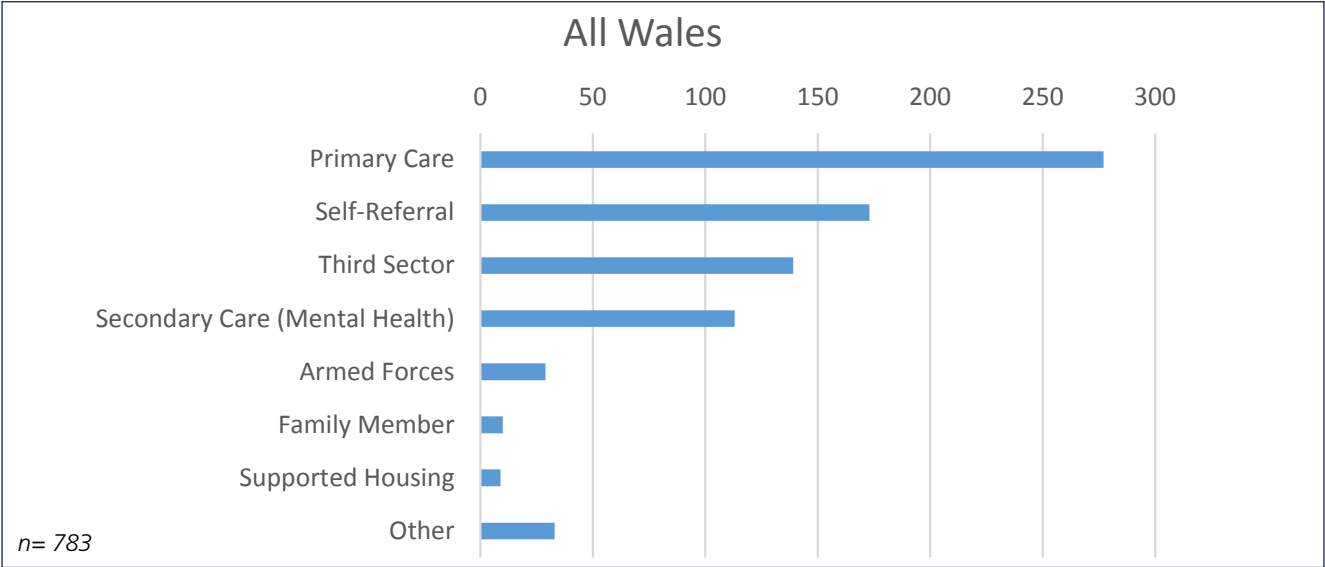
Referral to Assessment Outcome

The chart below shows the percentage of veterans that were offered an assessment versus those who were not offered an assessment either because the referral was not appropriate for VNHSW or because they did not opt in to the service. It also shows what proportion of veterans attended the assessment. The figures are based on the data available. Some outcomes were not recorded and so the actual figures may vary slightly.

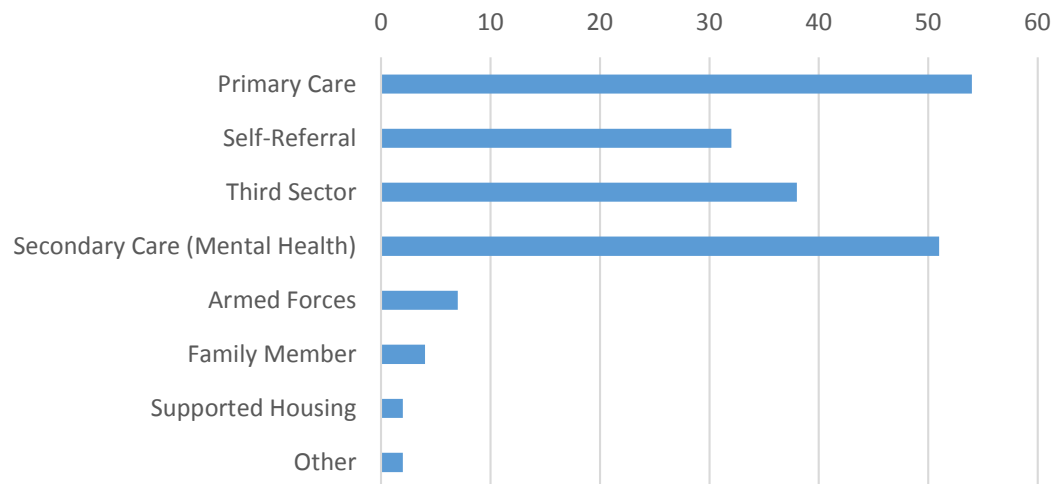


Sources of Referral

VNHSW received referrals from a wide variety of sources. The most common source of referral was Primary Care. This was the case across all six health boards. Self-referrals, third sector organisations and secondary mental health care were also common referral sources.

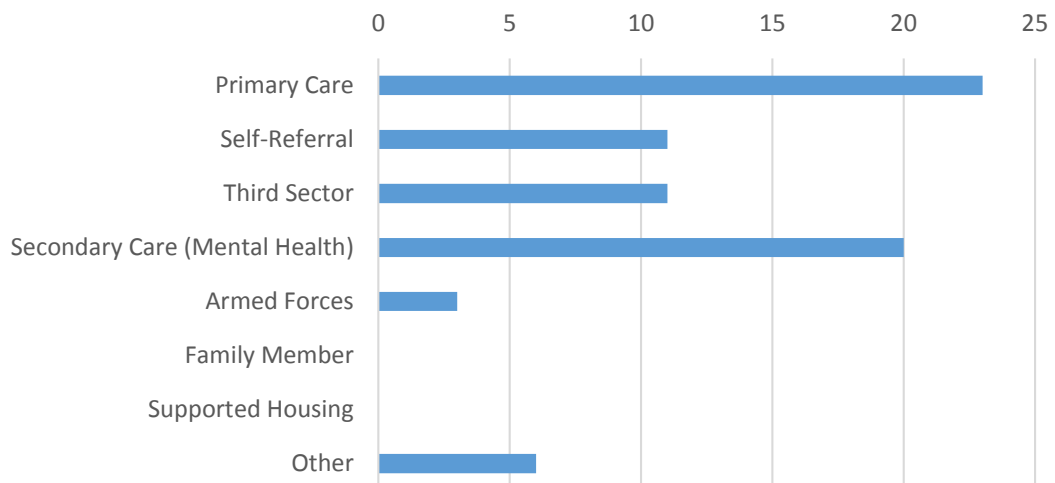


Betsi Cadwaladr



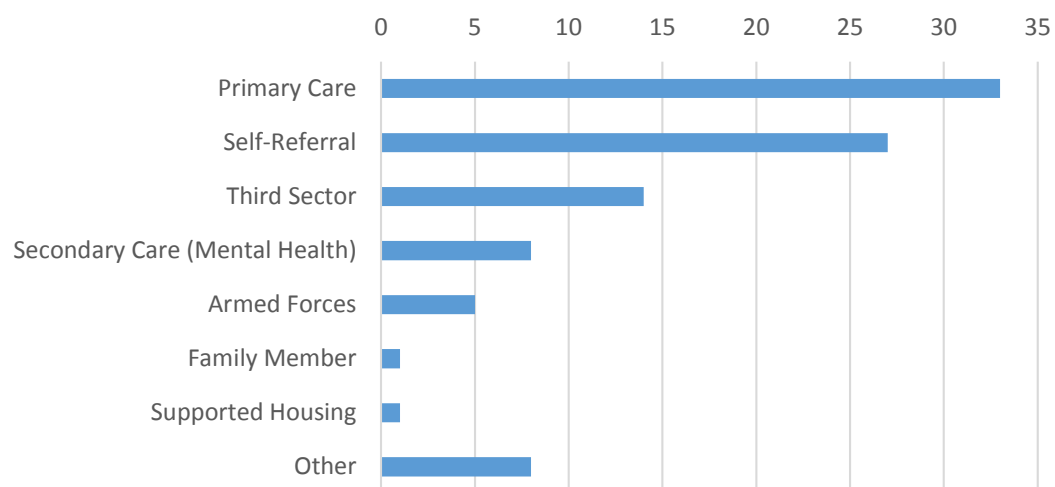
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Cardiff & Vale

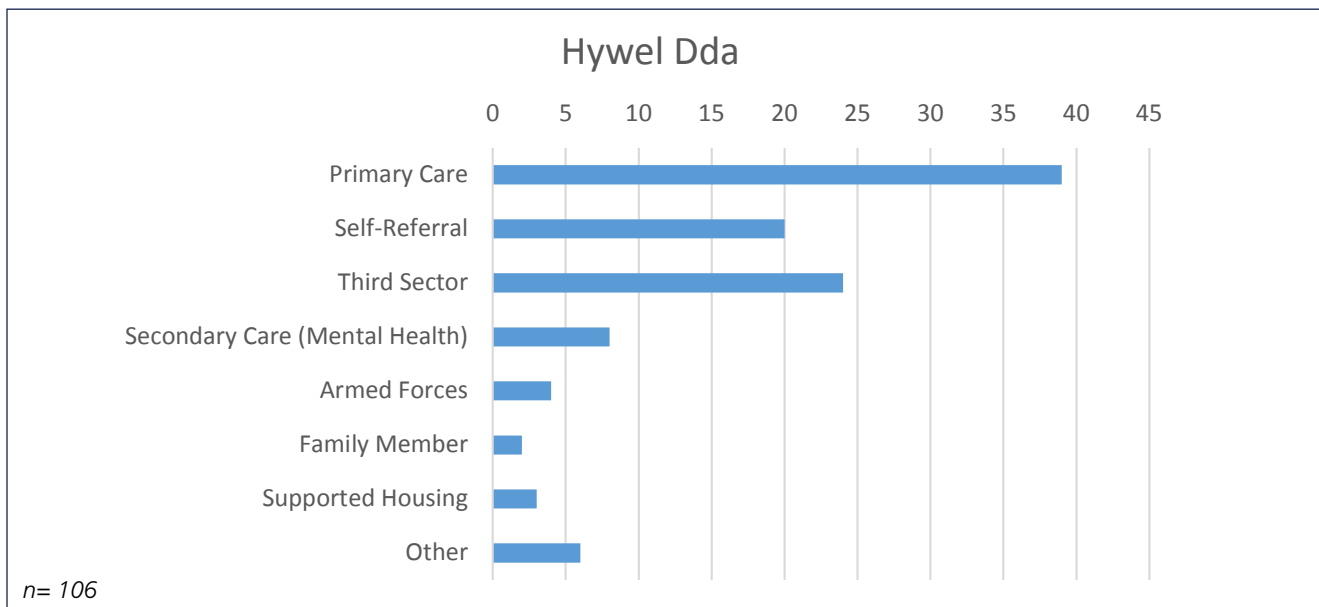


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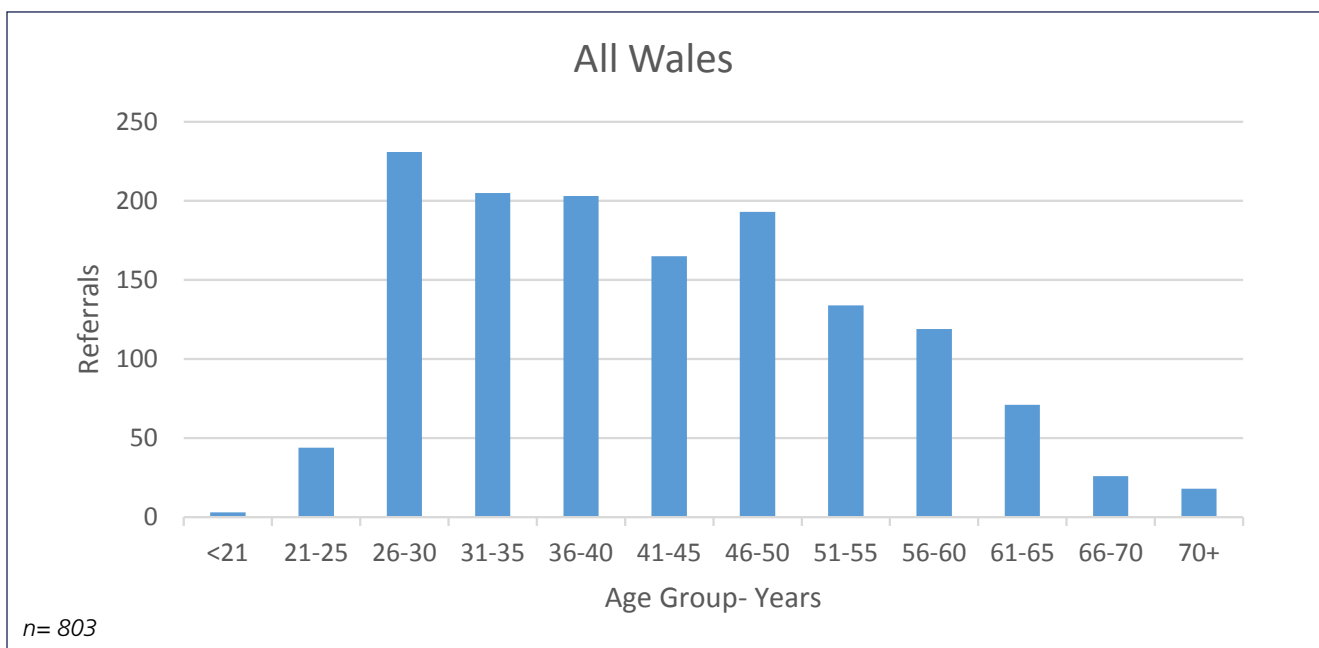
Cwm Taf



n= 97



Age and Gender



The age of referred veterans spanned a wide range from under 21 to over 70 years of age. There was a rise in the number of veterans aged 31 to 40 and 46 to 50 referred into the service compared to the previous year. The majority of veterans were aged between 26 and 50.

37 out of the 808 referrals were female which represents approximately 5%. This is a decrease from 2017-2018 where females represented 7% of the total referrals.

Services Signposted

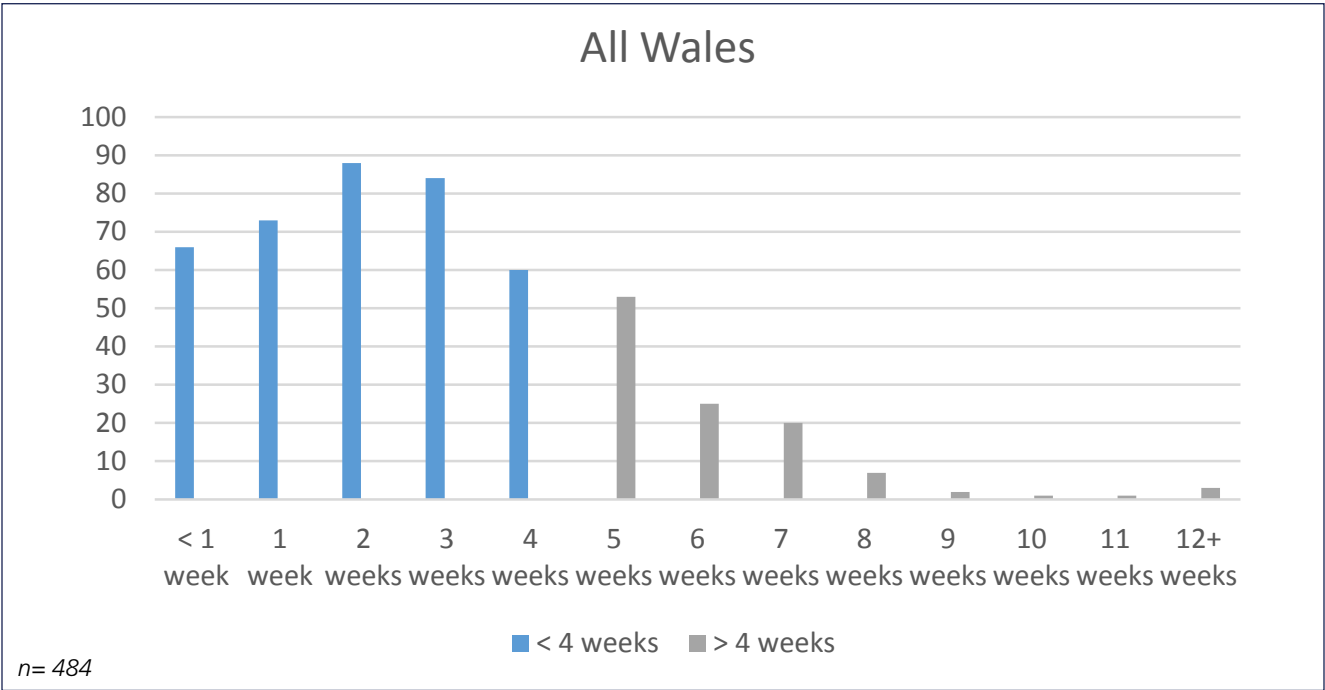
Just over half (249) of the veterans who attended their assessment (473) were signposted to other services. These veterans were in two categories: veterans who were discharged from the service at assessment and were signposted to other services, where these services were identified to best meet their needs at that time. Or veterans who were signposted to other services in addition to being offered out-patient psychotherapy or psychiatry with VNHSW. Two thirds of veterans were signposted to multiple organisations. The most commonly referred to organisations were third sector armed forces charities which provide support with social issues such as housing and employment. Veterans were also signposted to physical health or other mental health organisations, as well as to self-help information and online guided self-help courses.

Waiting Times

Waiting times are made up of three stages. The first is the time taken for the referral to be processed and the opt-in letter and information to be sent in the post together with the time taken for the veteran to return the opt-in letter. The second stage is the time waited for an assessment after the opt-in letter has been received (which should be within 28 days where possible) and the third stage is the time waited to start treatment after the assessment has been completed (which should be within 26 weeks). There are sometimes delays with the opt-in letter being sent out or returned, but on average the time taken for our administrative staff to receive the opt-in pack is currently 3 weeks.

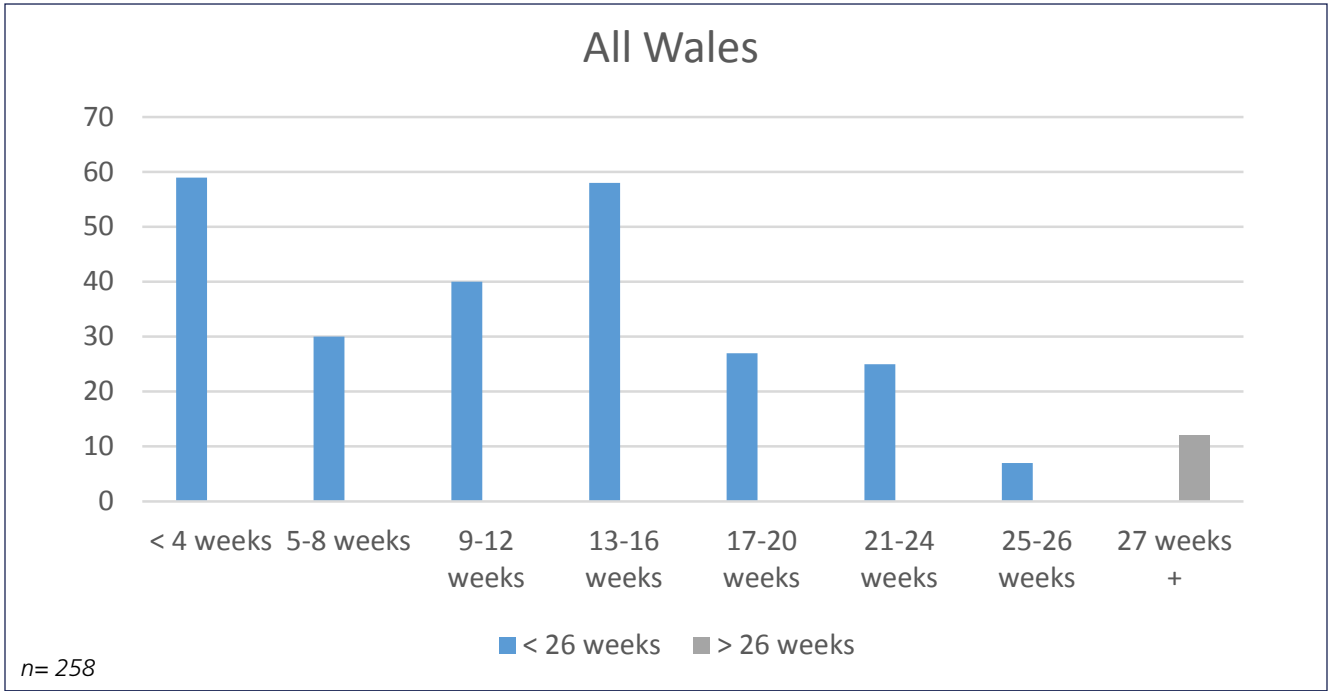
77% of veterans were offered an assessment with in the target time period of 4 weeks.

Opt-in to Assessment



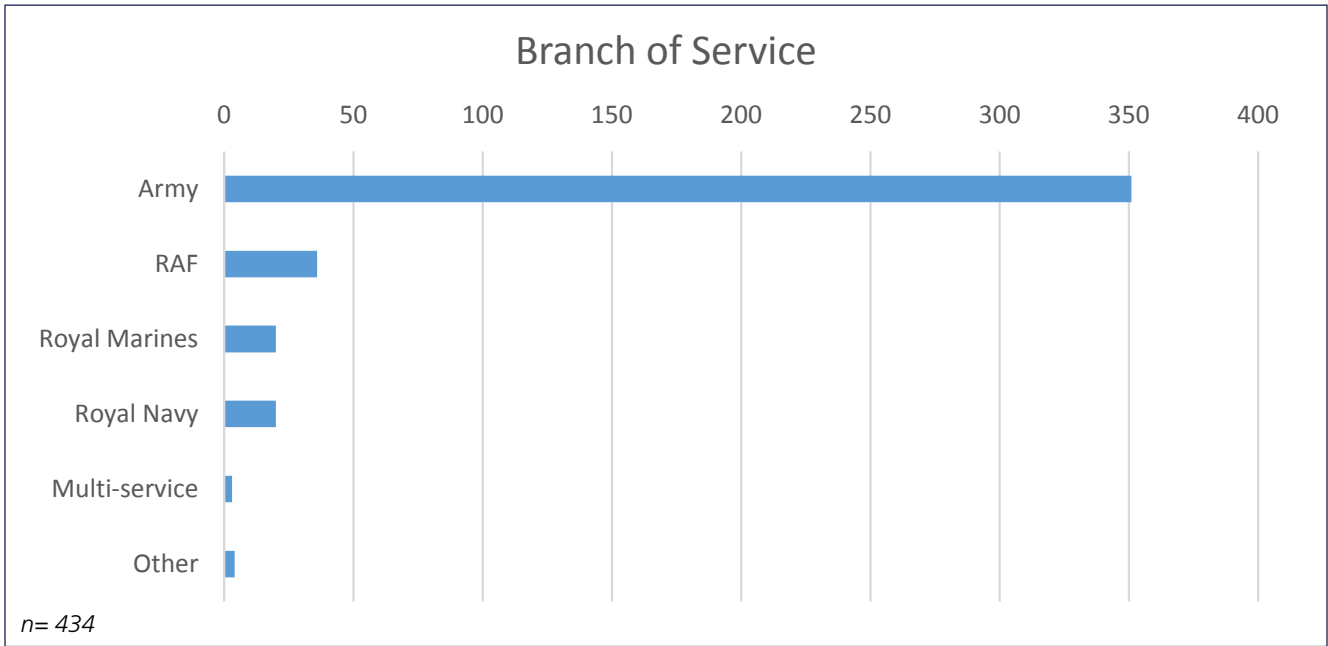
96% of veterans were offered a treatment within 26 weeks following their assessment.

Assessment to Treatment



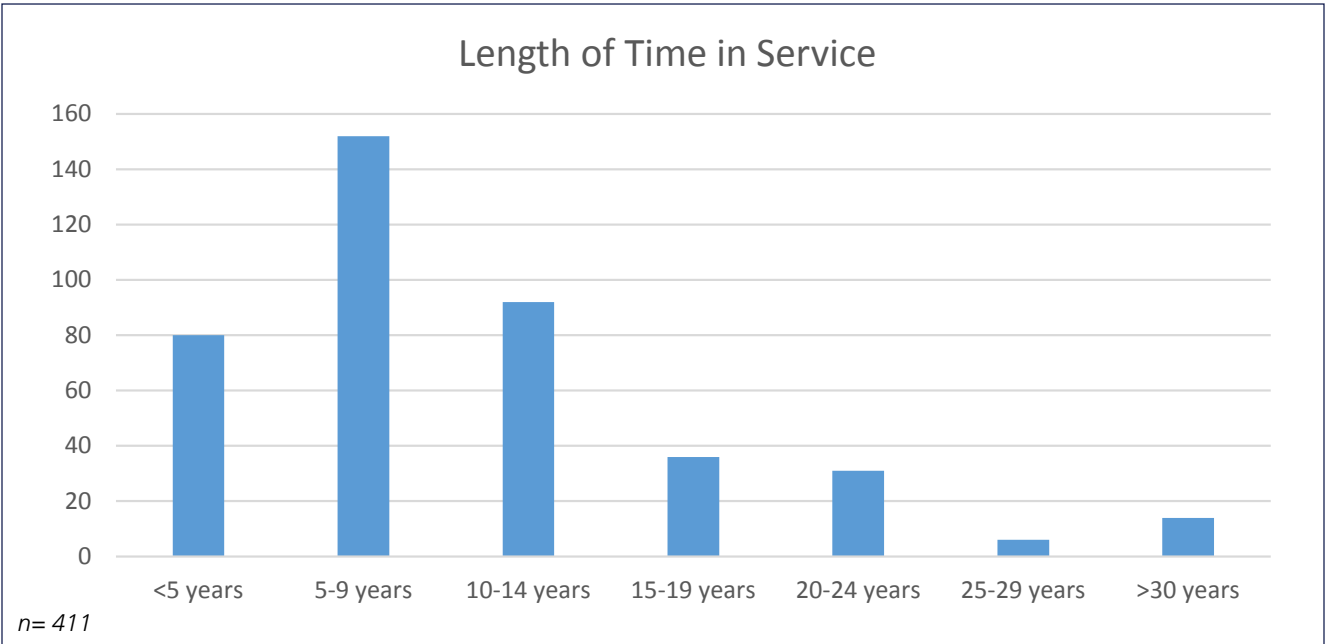
96% of veterans were offered a treatment within 26 weeks following their assessment.

Branch of Service



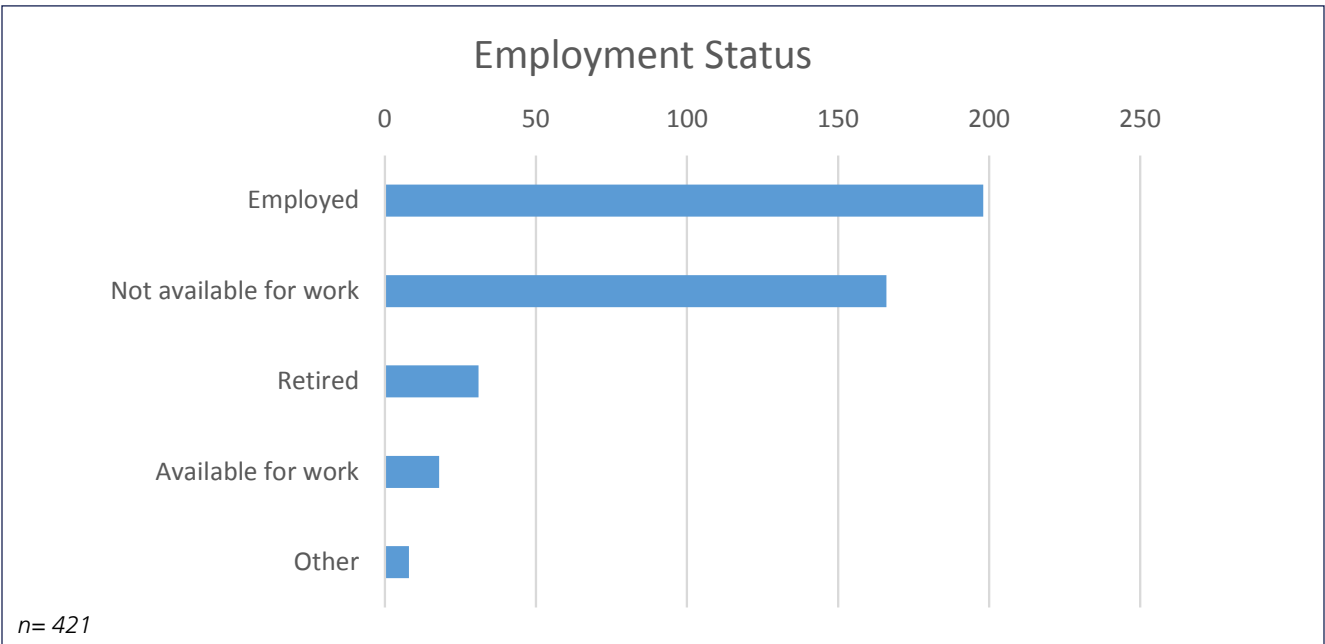
As in previous years, the majority of veterans had served in the army. Smaller numbers were referred from other branches of the armed forces. The category of ‘other’ includes qualifying personnel working with or for allied armed forces on deployment.

Length of Time in Service



There was a wide range of length of time in service. However, veterans whose time in service was less than 15 years accounted for just over three quarters of those assessed by the service.

Employment Status



At the time of assessment, veterans who were either employed or available for work, either full or part time, accounted for just over half of veterans assessed. Those who were not available for work accounted for just over a third and the remainder were either retired, in full time education or had another occupation such as voluntary work.

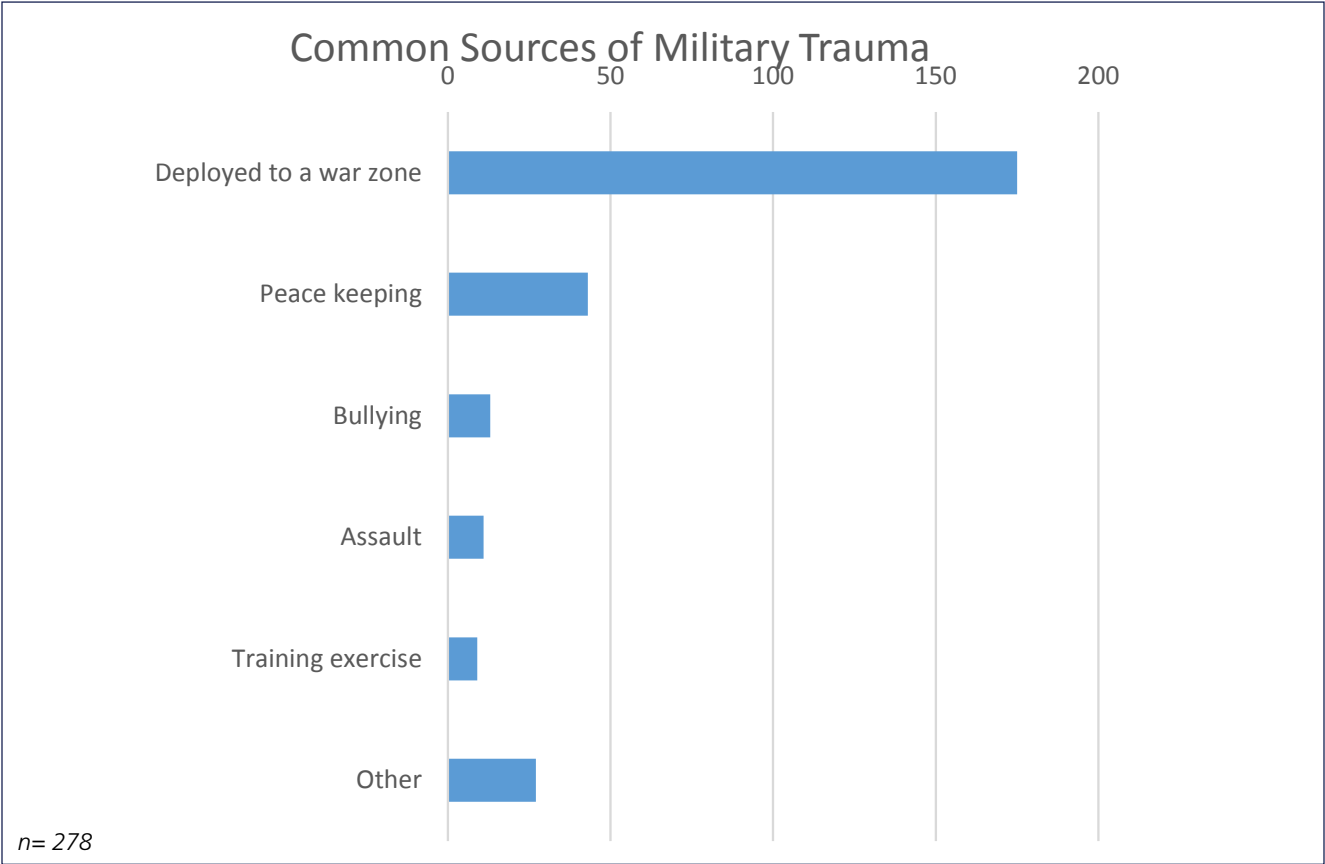
Mental Health Conditions and Complexity

Approximately 4 out of 5 veterans describe traumatic stress symptoms arising from a military trauma, often with one or more common mental health conditions such as sleep disturbance, anxiety or depression.

The remainder most commonly describe symptoms of either depression or anxiety, or mixed anxiety and depression.

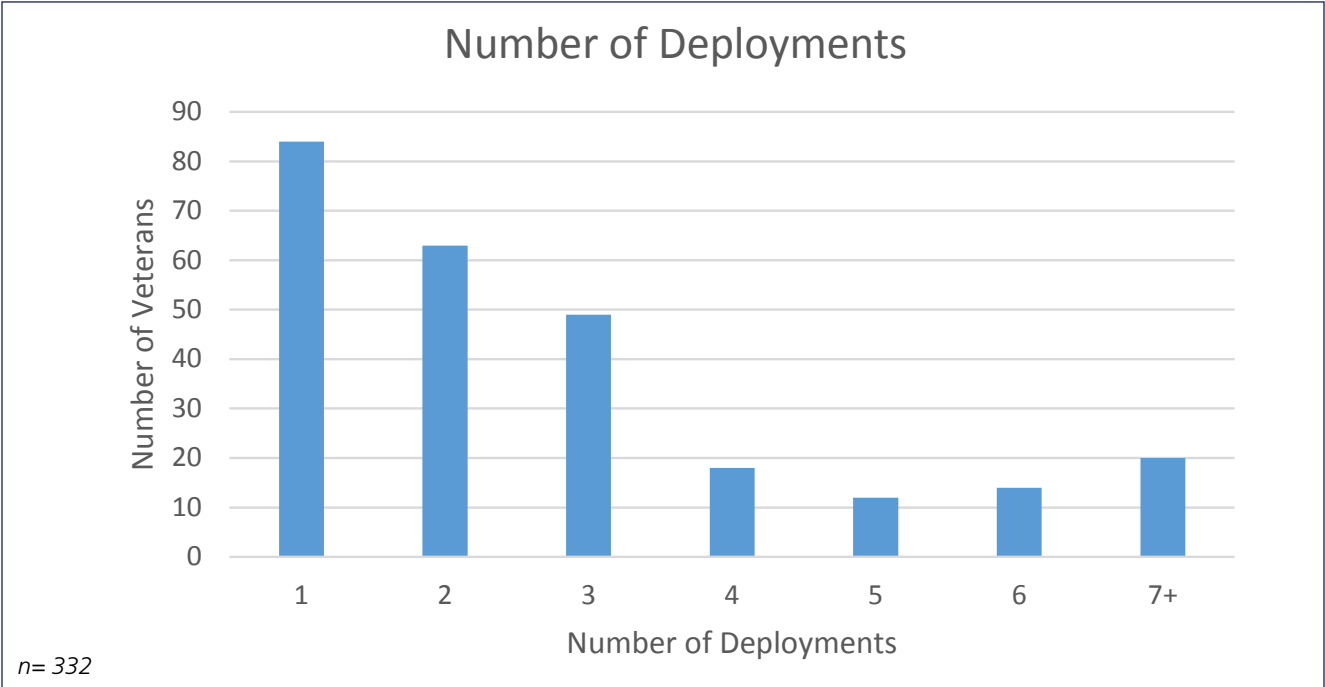
Common Sources of Military Trauma

The most common source of military trauma is deployment to a war zone. Other sources were peace keeping, training exercise, assault and bullying. Many veterans reported multiple sources of trauma. Where multiple sources were reported, these most commonly included deployment to a war zone and peace keeping.

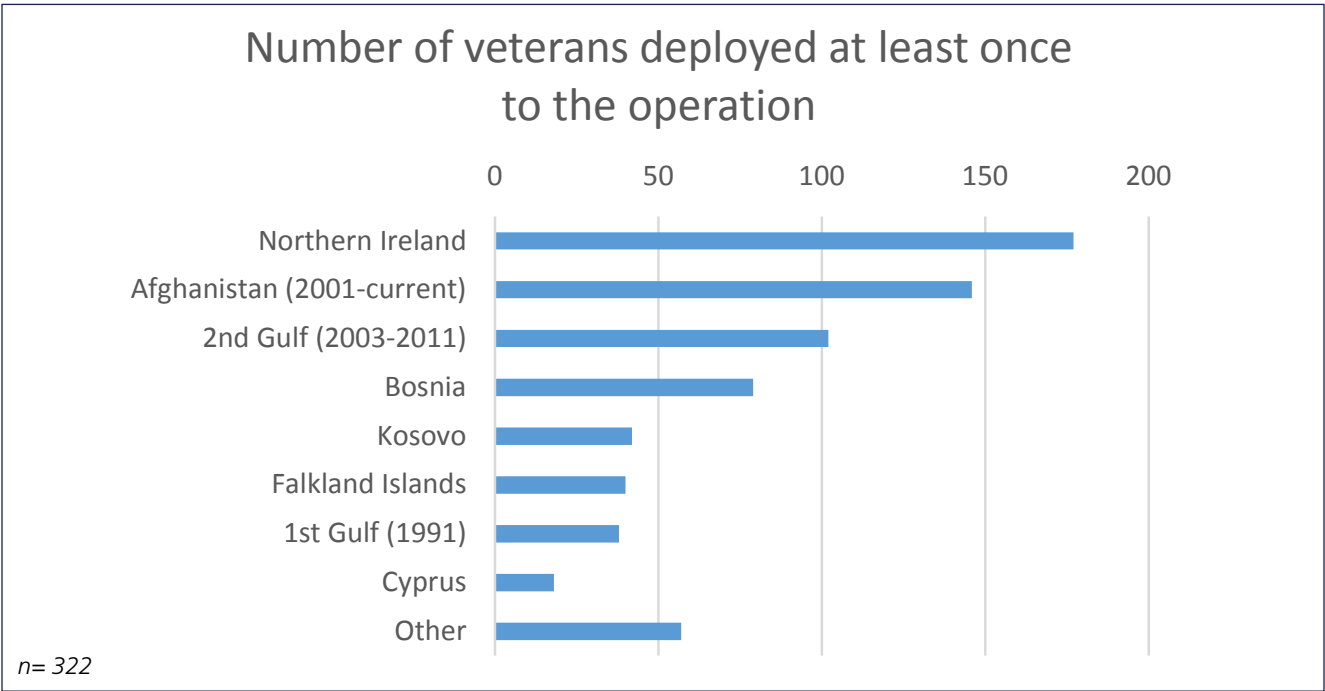


Operational Deployments

Veterans were asked how many times they had been deployed and the location of their deployments. Data was available for 382 veterans for number of deployments. 50 veterans had not been deployed and 332 veterans reported at least one deployment. Of the veterans who reported deployments, the majority of veterans (73%) had been deployed between one and three times.



Veterans reported a wide range of operational deployments and many veterans reported several deployments to the same theatre. Data was available for 322 veterans. Just over half of the veterans had been deployed at least once to Northern Ireland as was the case last year. However, operational deployments to Afghanistan, 2nd Gulf War and Bosnia were reported more frequently than last year. Just under a half had been deployed at least once to Afghanistan. A third of veterans had been deployed to the 2nd Gulf War and a quarter of veterans had been deployed to Bosnia.



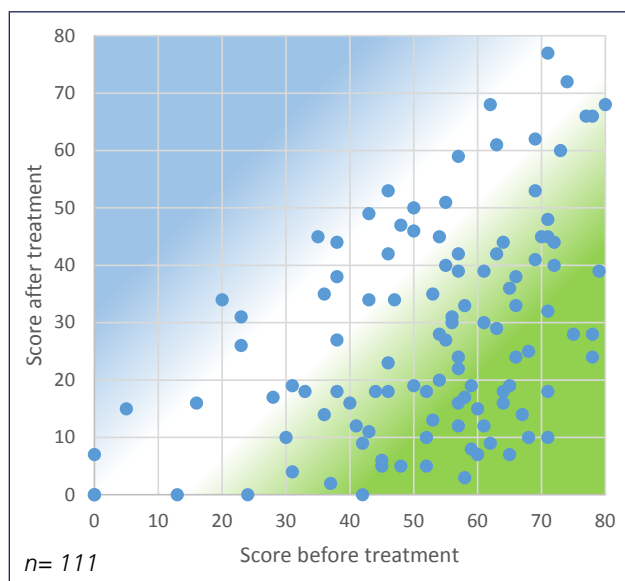
Clinical Outcomes of Treatment

All veterans who are assessed and at commencement of therapy provide self-report scores via several clinical measures, which cover common mental health disorders and insomnia. These measures are repeated again at discharge, to capture any change in reported symptoms.

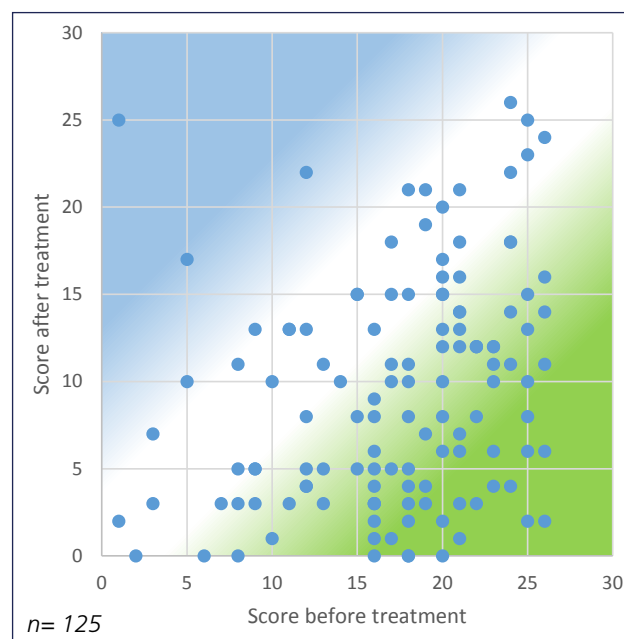
The self-report questionnaires routinely used are PCL-5 for symptoms of PTSD, PHQ-9 for symptoms of depression, GAD-7 for symptoms of anxiety, AUDIT for alcohol use, ISI for symptoms of insomnia and the EQ-5D (thermometer only) for general health. On each scale, a higher score represents a higher severity level of symptoms associated with that condition with the exception of the EQ-5D where a low score indicates poor general health and a high score indicates good general health.

In each chart below, those veterans represented by a ● in the green corner demonstrated an improvement in a particular domain following treatment. We can see that for each particular measure the majority of veterans made an improvement with the exception of the AUDIT which recorded the majority of veterans as largely unchanged in their alcohol consumption before and after treatment.

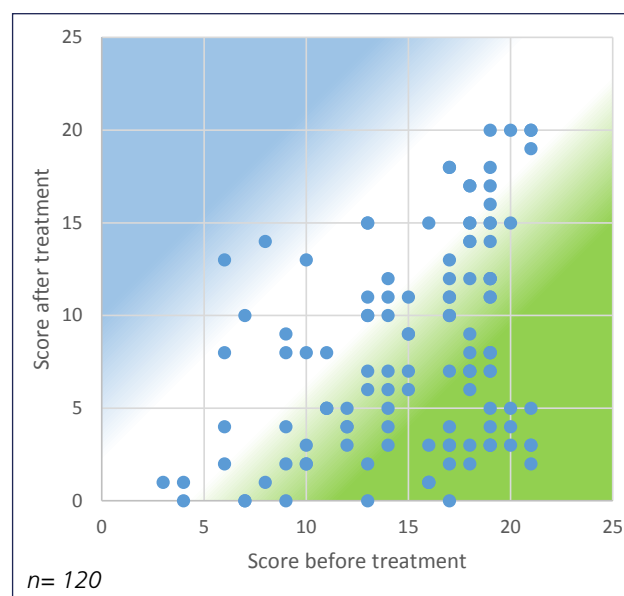
PCL-5 PTSD



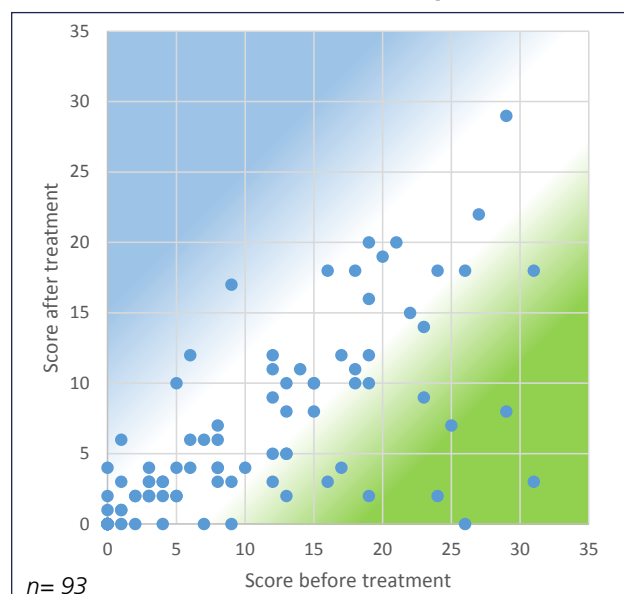
PHQ-9 Depression



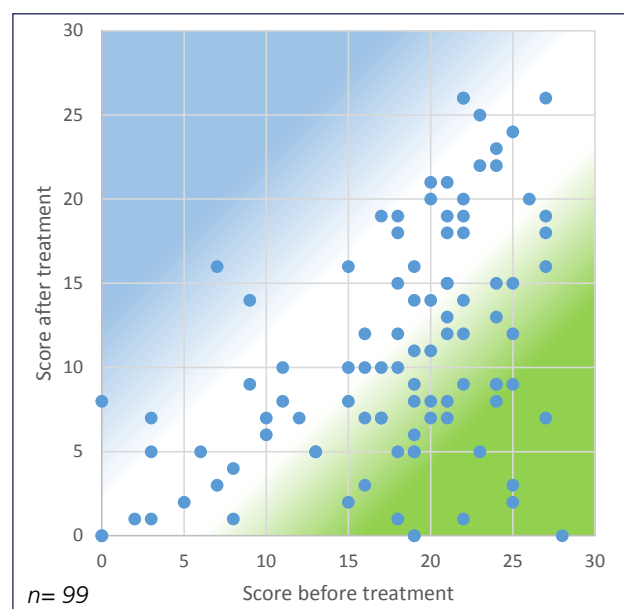
GAD-7 Anxiety



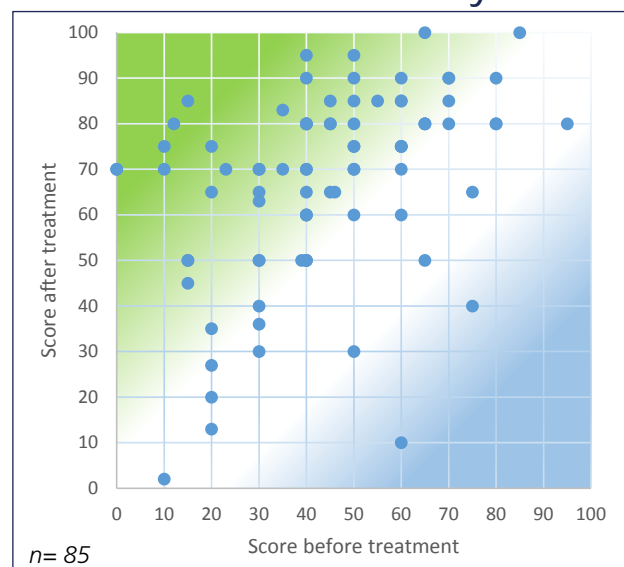
Audit Alcohol Consumption



ISI Insomnia



EQ-5D Thermometer only



Our Plans for 2018-2019

- To continue to work with Change Step in securing funding for the continuation of the Peer Mentoring Scheme beyond December 2018.
- To work with H4H to examine the impact of the additional funding on the service and investigate and apply for funding beyond the end of the grant 30 September 2020.

Service User Feedback

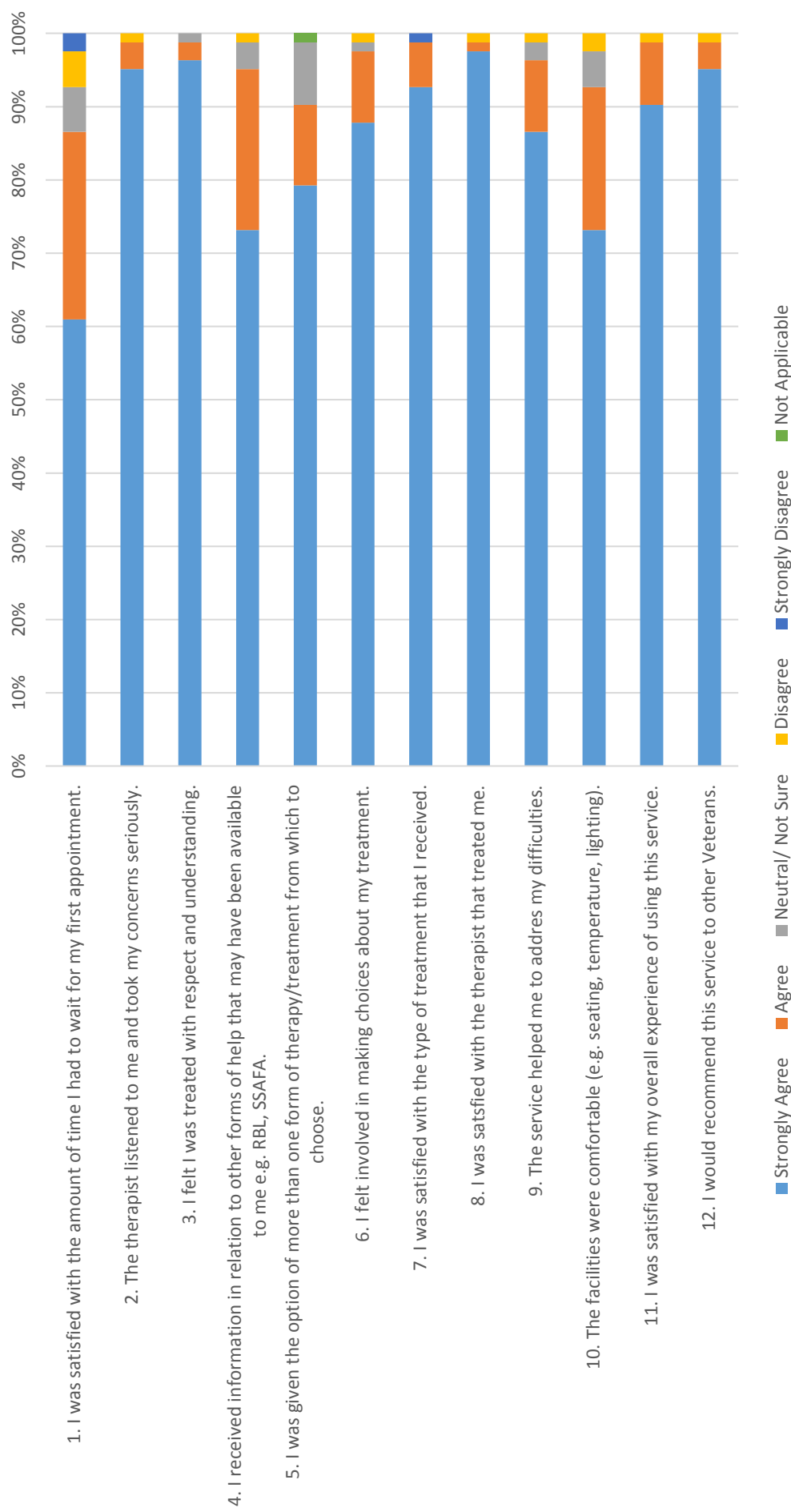
The service continues to collect service user feedback post discharge via the Patient Experience Questionnaire. The questionnaire contains 12 questions about specific aspects of the service which are rated on a five point Likert scale from Strongly Agree to Strongly Disagree plus two additional free text questions.

Overall, the service received extremely positive feedback. The strongest levels of agreement were in responses to the second, third and eighth questions which reflects the therapeutic relationship. Veterans felt listened to, respected, understood and consequently happy with the individual therapist that treated them. There was also a very high level of agreement for question 12 which asks if the veteran would recommend the service to other veterans.

Overwhelmingly positive feedback was received in the free text questions. High praise for the therapist and the therapeutic relationship was described in detail as was the outcome of therapy with many veterans commenting about learning new skills and being able to successfully reduce or manage their symptoms.

Feedback was also received on three main areas where VNHSW needs to improve. These were the waiting times for therapy, the facilities (parking, clinic location, clinic room etc.) and service promotion.

Service Experience Questionnaire Responses 2018-2019



n= 82

The following is a selection of free text comments which were written in response to the question 'What was good about your experience of the service?'

'Relaxed atmosphere, no pressure, offered different treatments/self-help, learnt some useful methods of managing my condition.'

'Having someone listen to my problems and help with ideas on how to deal with them'.

'My therapist was easy to talk to and helped me address problems I had bottled up for years and enabled me to look at them from a different angle which has relieved some of the trauma I was experiencing.'

'The down to earth, face to face direction as to the why and how my problems exist and were created.'

'It was nice to speak to someone about my issues and not feel as if I am being judged and receive good advice on how to take things slowly but positively, small steps, huge gains.'

'The therapist and I worked together with mutual respect and understanding. I had good input to the speed of my treatment only moving forward when I was comfortable. The tools given to me to cope are now firmly embedded.'

'I have learned how to control my anger and anxieties if I feel under pressure.'

'When I came into therapy, initially whilst wanting help, I was pretty guarded and had concerns. I am so glad that I engaged. [My therapist] was brilliant. I have much respect and gratitude for the therapy I have received.'

'I feel that the service provided has saved my life. When I was at my lowest, I was lifted. Everything was considered and my input was received and acted upon.'

'I was made to feel at ease at all times, and no judgement was made of me. But best of all it really works.'

The VNHSW Team

For up to date contact details for each health board team, contact the Cardiff and Vale Hub via e-mail on admin.vnhsWC&VUHB@wales.nhs.uk or visit www.veteranswales.co.uk and view the relevant health board page.

Abertawe Bro Morgannwg

Rebecca Antwhistle - VT

Maggie Boyle - VT

Hayley Francis - Administrator

Mohan Gangineni - Consultant Psychiatrist

Susie Jenkins - VT

Oxana Jones - VT

Victoria Williams - VT

Aneurin Bevan

Vanessa Bailey - VT

Max Bergmanski - VT

Helen Gower - VT

Julia Lewis - Consultant Psychiatrist

Michael Mo - VT

Kay Rees - Administrator

Betsi Cadwaladr

Mark Birkill - VT

Sean Feeney - Consultant Psychiatrist

Karen Hawkings - VT

Amanda Jackson - VT

Hayley Jess - Administrator

Martin Jones - Consultant Psychiatrist

Cardiff and Vale Hub

Amber Chaloner - Assistant Psychologist

Jo Delahay - VT

Neil Kitchiner - Director & Consultant Clinical Lead

Amy O'Sullivan - Hub Secretary

David Seeley - Consultant Psychiatrist

Rachel Vanstone - VT

Cwm Taf

Maggie Boyle - VT

Julie Devlin - VT

Maria Moruzzi - Administrator

Mary Self - Consultant Psychiatrist

William Watkins - VT

Hywel Dda

Julie Campion - VT

Louise Laughlin - Administrator

Matthew Sargeant - Consultant Psychiatrist

Claire Young - VT

Our Thanks

The service would like to acknowledge the following for supporting us over the past 12 months and promoting our services to their clients and interested parties:

- Army Personnel Recovery Centre, 160 Brigade, Brecon
- Cardiff and Vale UHB Traumatic Stress Service
- Cardiff University, Traumatic Stress Research Group
- Combat Stress, community teams, Wales
- Change Step
- Defence Community Mental Health Service, MoD.
- Help for Heroes
- Hire a Hero, Wales
- National Centre for Mental Health, Cardiff University
- Medical Assessment Programme
- National Veteran Mental Health Network (England)
- NHS Wales
- Public Health Wales
- Remploy
- Royal British Legion, Wales
- Soldier Sailor Army Families Association
- TGP Cymru
- The Reserves Mental Health Program RTMC, Chilwell, Notts
- Veterans UK
- Welsh Government
- HMP Prison Service, Wales
- Woody's Lodge
- 203 (Welsh) Field Hospital, Cardiff HQ.



Our Special Thanks

We would like to thank all the staff at VNHSW who has worked extremely hard over the past 12 months to make the service 'veteran centred', flexible and as effective as possible to meet our patients' needs.

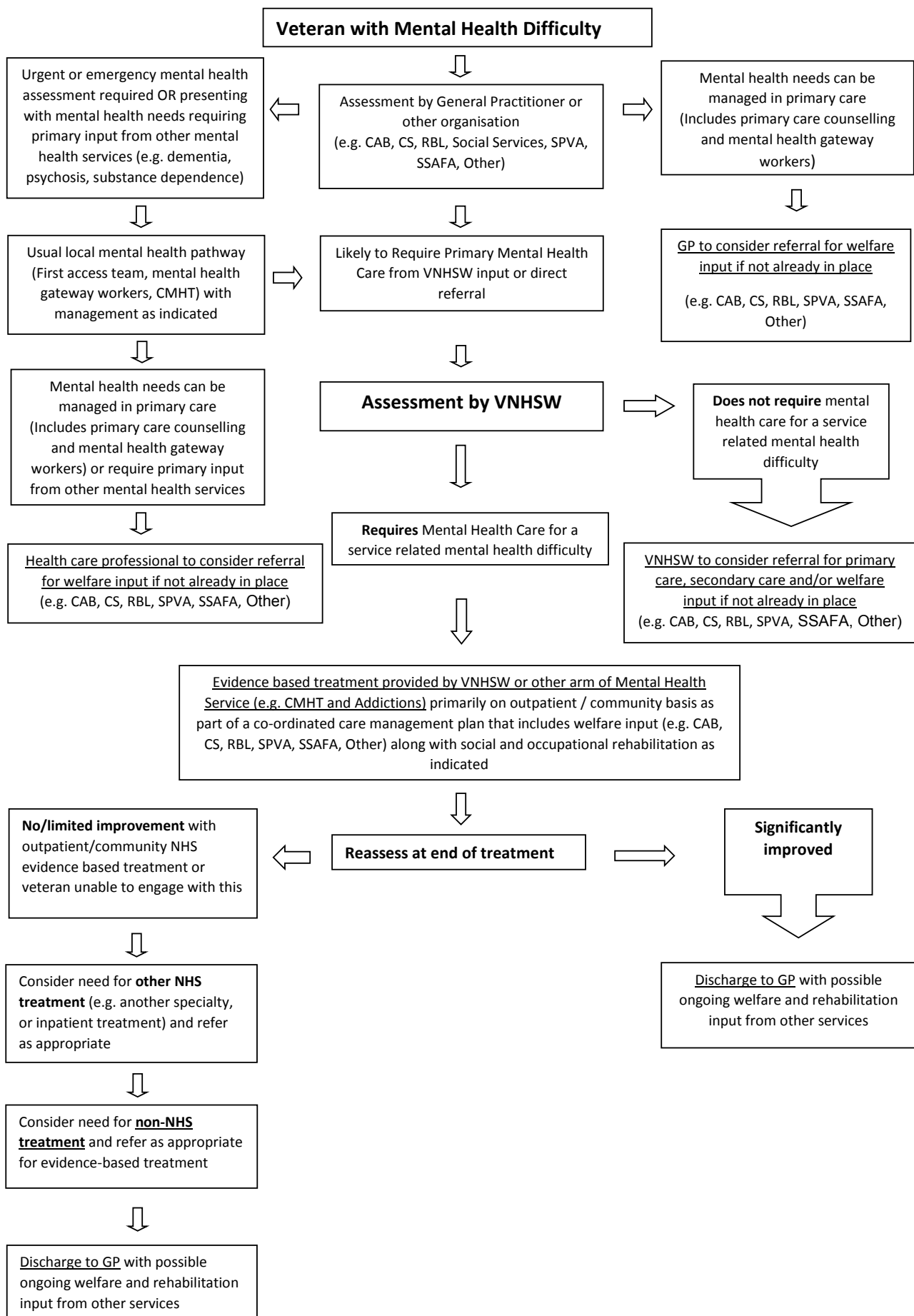
Further information

Data for the annual report was recorded by team administrators and VTs and analysed by Amber Chaloner. This report was written and compiled by Amber Chaloner and Dr Neil Kitchiner.

For further information, please contact Dr Neil Kitchiner. Contact details can be found at www.veteranswales.co.uk

Appendix

Appendix 1: Veterans' NHS Wales Care Pathway



Appendix

Appendix 2: Powys Teaching Health Board VNHSW Out-Patient Clinics

VETERANS NHS WALES : POWYS OUT PATIENT CLINICS

VICTORIA MEMORIAL HOSPITAL

Salop Road, Welshpool,
Powys, SY21 7DU

Contact:

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01978 726748

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Powys, LD3 0LU

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Neath, SA11 7DU

Contact:

ABM.Veterans@wales.nhs.uk
01792 532967







Website: www.veteranswales.co.uk
(For useful information on the Veterans' NHS
Wales and links to other helpful websites)

