

Annual Report

April 2021 – March 2022

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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) was one of the six original MoD/Welsh Government funded UK pilot sites based in Cardiff in 2008 for two years led by Prof. Jonathan Bisson and Neil Kitchiner. VNHSW success in engaging military veterans in out-patient NHS settings led to the launch of the 'All Wales Veterans Mental Health Service' in April 2010. 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 was the first UK national NHS veterans' service and retains close and strong working relationships with our colleagues across the border in England, Scotland and Northern Ireland.

I am pleased to be able to present the last 12 months data from our minimum data set, which is collected routinely from patients who undertake an initial assessment in all seven health boards.

The contents of this year's report highlight how our VNHSW teams within each health board have had adapted to new ways of working post restrictions the pandemic and our responses using digital technology and novel psychological interventions in the outdoors space. We continue to have stable staff retention rates in most health boards. We continue to work with Prof. Jonathan Bisson's Traumatic Stress Research Group at Cardiff University, and their research into novel treatments for PTSD.

The main body of the report will describe the activity of the service from 01 April 2021 – 31 March 2022. I hope you enjoy reading this report.



Neil J Kitchiner

Dr Neil J Kitchiner

Director & Consultant Clinical Lead and Honorary Research Fellow, Cardiff University.

Abbreviations

ABUHB - Aneurin Bevan 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

HUHB - Hywel Dda University Health Board

LHB - Local Health Board

MoD - Ministry of Defence

NICE - National Institute for Health and Care Excellence

PTSD - Post Traumatic Stress Disorder

SBUHB - Swansea Bay University Health Board

UHB - University Health Board

VNHSW - Veterans' NHS Wales

VT - Veteran Therapist

Our Aims, Outcomes and Eligibility

Our Aims

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

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 who live in Wales.

Key Outcomes of the Service

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

B. Veterans in this service are given 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 management plan that takes their family and surroundings into account.

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

F. This service develops local and national networks of services and agencies involved in the care of veterans to promote multi-agency working to improve outcomes for veterans and their families.

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

H. The service promotes a recovery model so that veterans can maximise their physical, mental and social wellbeing in line with Welsh Governments Prudent Healthcare policy.

I. To provide brief psychosocial interventions (approximately 16-20 out-patient sessions).

J. To project 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.

K. To raise awareness of the needs of veterans and military culture to ensure improved treatment and support across services.

L. To identify barriers to veterans accessing appropriate services and attempt to highlight and address these as appropriate.

M. To collect data on patterns of referral, routine outcomes and referral on.

Eligibility and Referral

Any individual who has served in the British Armed Forces and is now a veteran living in Wales, who has served at least one day as either a regular service member or as a reservist is eligible to self-refer and 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. See Appendix 1 for a copy of the referral pathway.

Service Overview 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 extensive experience of working with the mental health needs of veterans.
- We access all veterans' MoD service and healthcare records to inform our clinical assessment and formulation. Veterans' need to provide their consent for this as 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 (a peer mentoring charity who work with veterans on issues including: accommodation, finance, and benefits), Woody's Lodge and the Poppy Factory who specialise in access back to employment, as well as local and 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.
- Veterans can opt to have a telephone or video screening assessment in their home with a VT, who will assess for suitability and signposting if deemed appropriate.
- We work closely with a range of veteran organisations/charities to raise awareness of veterans' issues, across Wales and UK where appropriate.
- The service is committed to ongoing evaluation and research on the needs of veterans' in the community to inform future policy making and commissioning of services.

Service Structure

VNHSW operates via a 'Hub and Spoke' model, with each team comprised of veterans' therapists, dedicated administration, peer mentors embedded (in two health boards only) and a Consultant Psychiatrist. Cardiff and Vale UHB operates as the 'National Hub for VNHSW' and employs an Assistant Psychologist, who supports with assessments, conducts brief interventions, is responsible for collecting and analysing data, reporting on VNHSW performance and providing essential project support.

The five 'spoke' health boards are: Aneurin Bevan, Betsi Cadwaladr, Cwm Taf Morgannwg, Hywel Dda and Swansea Bay. Veterans residing in the Powys Teaching Board area are referred to their neighbouring health boards in Aneurin Bevan, Swansea Bay and Betsi Cadwaladr (see Appendix 2).

Our Staff Team

The majority of our staff have worked for VNHSW for 9-11 years and together with newer members of the team, have developed a diverse wealth of experience in treating veterans with service-related mental health conditions.

Several clinicians have personal experience of military life. Dr Neil Kitchiner, 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 16 years who served in the Queen Alexandra's Royal Army Nursing Corps and deployed to Bosnia 1996 for a six-month tour. She has served in numerous military hospitals in the UK 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 worked as a civilian mental health nurse at DCMH Donnington and at the Priory Hospital treating serving military personnel. Julie Campion, Lead Therapist (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.

Our peer mentors have a wide range of experience and expertise to bring to their role in supporting veterans. Damon Rees served for 28 years retiring as a Platoon Sergeant in 2016. Damon completed two tours of Northern Ireland, the Gulf War 1990-91 and the Iraq War 2003. Damon worked as a peer mentor for four years with Change Step before bringing his skills Veterans' NHS Wales for the last three years. Damon has been nominated for several Welsh Veterans Awards and earlier this year received a commendation from the Police in the individual search and rescue category.

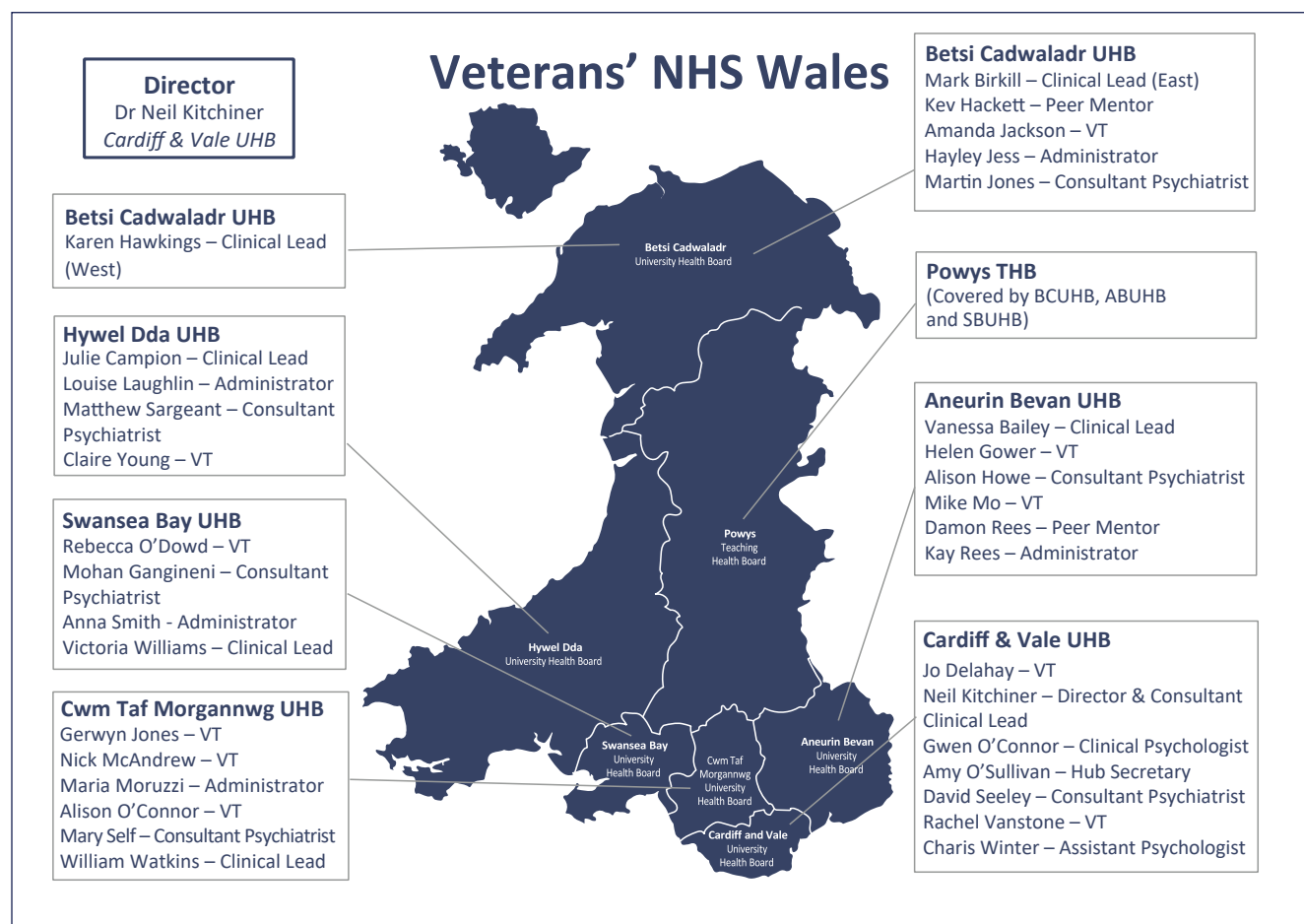


Figure 1: Map of Wales

Evidence-based Psychological Interventions

The VTs are trained in several psychological therapies, these include:

1. Cognitive Behavioural Therapy (CBT)
2. Emotional regulation training (STAIR/DBT)
3. Eye Movement Desensitisation and Reprocessing (EMDR) for post-traumatic stress symptoms
4. Motivational Interviewing for substance abuse disorders and addiction
5. Trauma-focused therapies for treating PTSD (e.g. Prolonged Exposure, Cognitive Therapy, Skills Training Affect Interpersonal Relationships (STAIR), SPRING - a guided self-help intervention, and the Muss REWIND Technique.

Consultant Psychiatrist Clinics

All health boards have access to a Consultant Psychiatrist who offers two sessions per month (total = 7.5 hrs), apart from Aneurin Bevan health board who currently offer 3.75 hrs. Veterans are referred by the 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 via a consultant diagnosis.

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 and promote it. We are the first veteran's mental health website to have benefited from Fighting with Pride charities input regarding LGBT+ appropriate images. If you think we can improve it further, please contact us with suggestions. Online referral through our website accounted for 38% of all referrals to VNHSW in 2021-22.

Key Stakeholders

VNHSW continues to work closely 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) meets every six months and is pivotal in building relationships with existing service providers, providing a monitoring role and directional steer to the service.
- Our staff are active in all seven local AF community covenants, AF LHB Forums, 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 to keep up to date with research and service developments within military mental health.
- The Director or deputy regularly attends the Welsh Government Cross Party Group for Armed Forces and Cadets, highlighting issues surrounding veterans with mental health issues.
- The Director or deputy also 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.

2020-21 Service Updates Research involvement

The service continues to be involved in research trials to contribute to the advancement of evidence-based treatments for veterans. In recent years, Veterans' NHS Wales has played a part in the ongoing research and development of Spring: a guided-self-help programme for PTSD. Spring has been rolled out in all health boards across Wales in 2021-22, with clinicians in the service receiving training and supervision for the programme. In 2021-22, Veterans' NHS Wales had therapists involved in the RETURN trial: a preliminary efficacy Randomised Controlled Trial (RCT) for the Muss Rewind technique. Rewind is now offered in several health boards as a brief intervention.

Royal College of Psychiatrists Accreditation

Throughout 2020 and 2021 VNHSW began a review process with the Royal College of Psychiatrists (RCPsych), working towards accreditation membership through their Quality Network for Veterans Mental Health Services. The process involved a self-review, peer review and an outcome report produced by RCPsych. Evaluating our service both internally and with a professional body against a range of standards has enabled us to learn from best practise by listening to veterans, carers and other professionals, identifying areas for development and work towards quality improvement. We hope to be accredited in 2022.

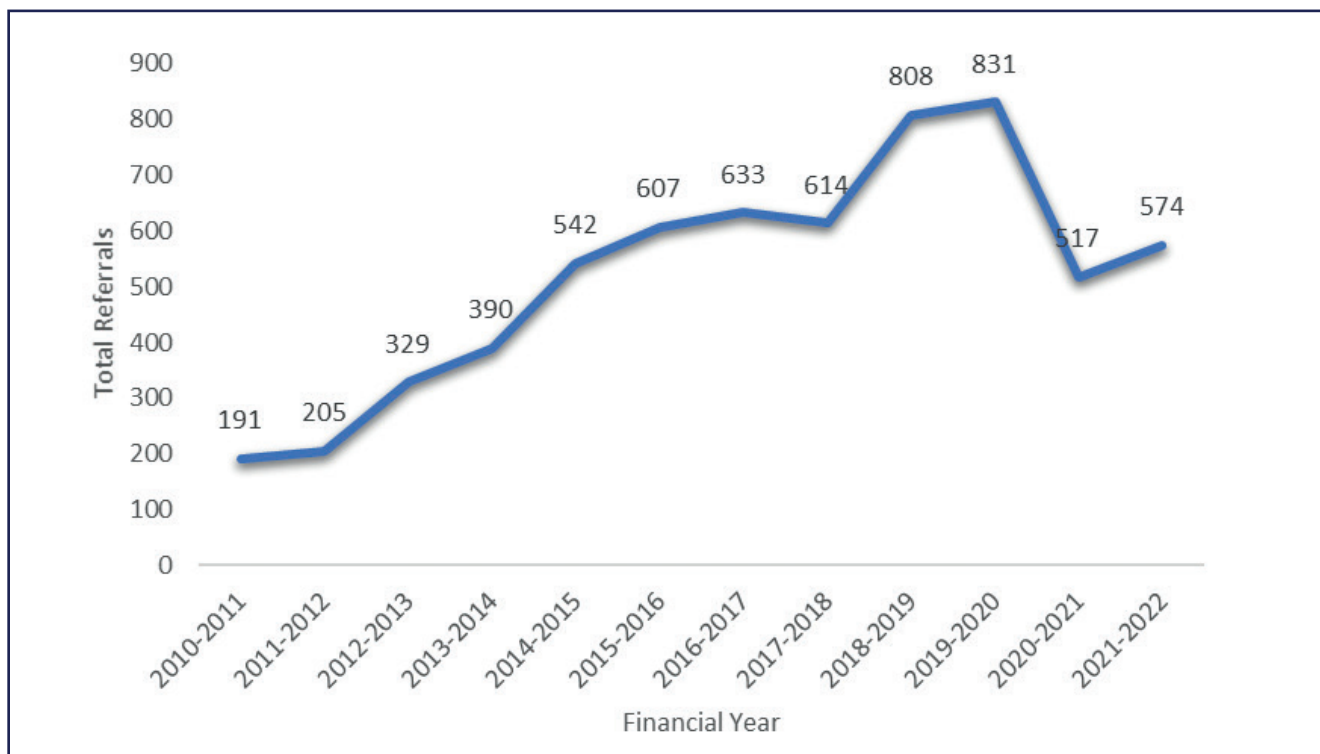


Performance, Research and Evaluation

All Wales Referrals

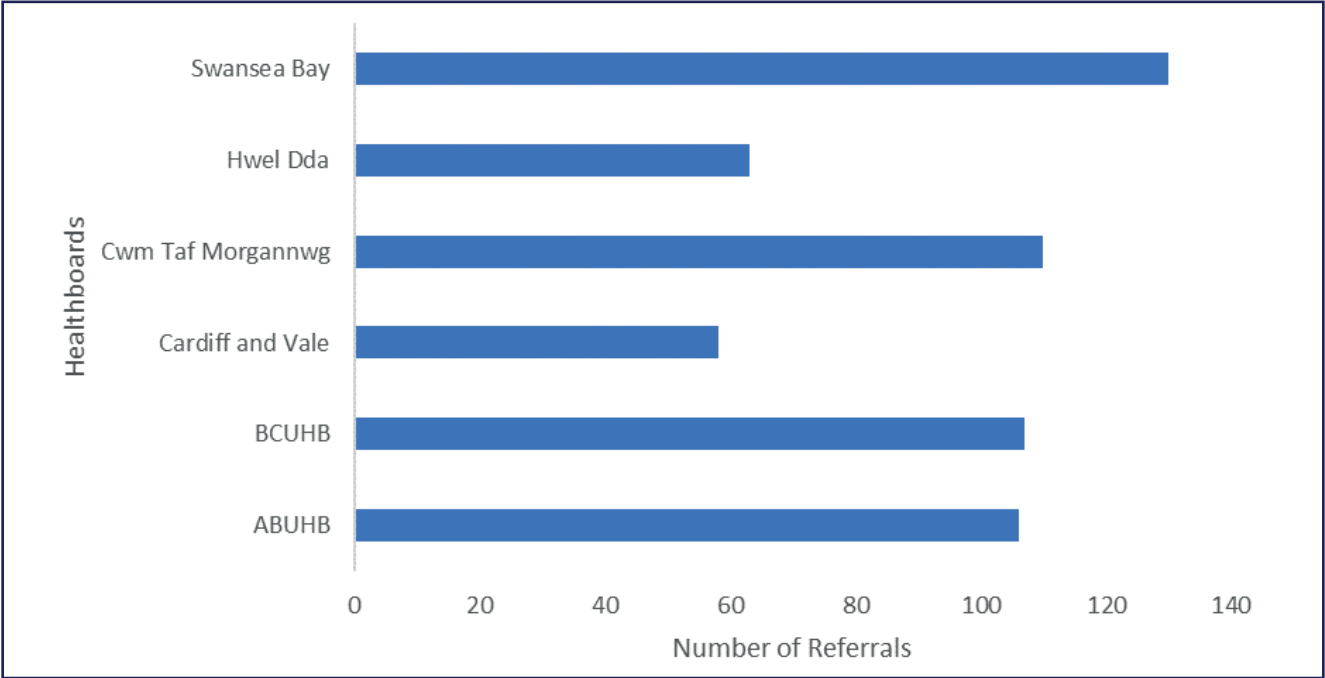
As of March 2022, a total of 6710 referrals have been received by the service since its launch in April 2010.

Up until 2020-2021, referrals have increased year on year, with 831 being the highest number of referrals in 2019-2020. In 2020-2021 VNHSW received 517 referrals, this decrease in referrals across all seven health boards is likely due to the pandemic legacy. Referrals in 2021-2022 have increased to 574.

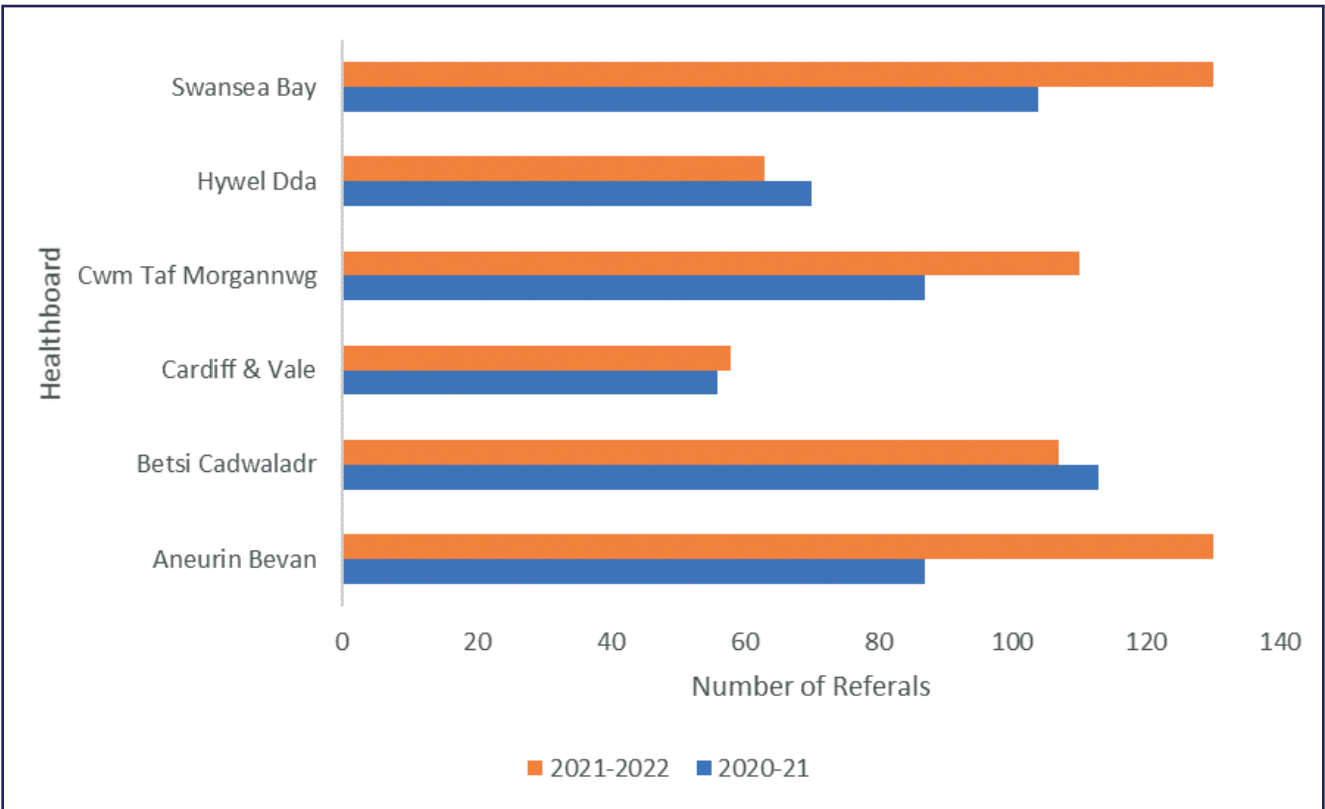


Referrals by Health Board

The graph below shows the distribution of referrals across the health boards in 2021-2022. Swansea Bay received the highest number of referrals of all health boards this year. Betsi Cadwaladr received the highest number of referrals in 2020-2021 and has maintained high rates this year. Since the merger of health boards boundaries to include the borough of Bridgend in 2019, there has been a consistent rise in referrals in Cwm Taf Morgannwg.

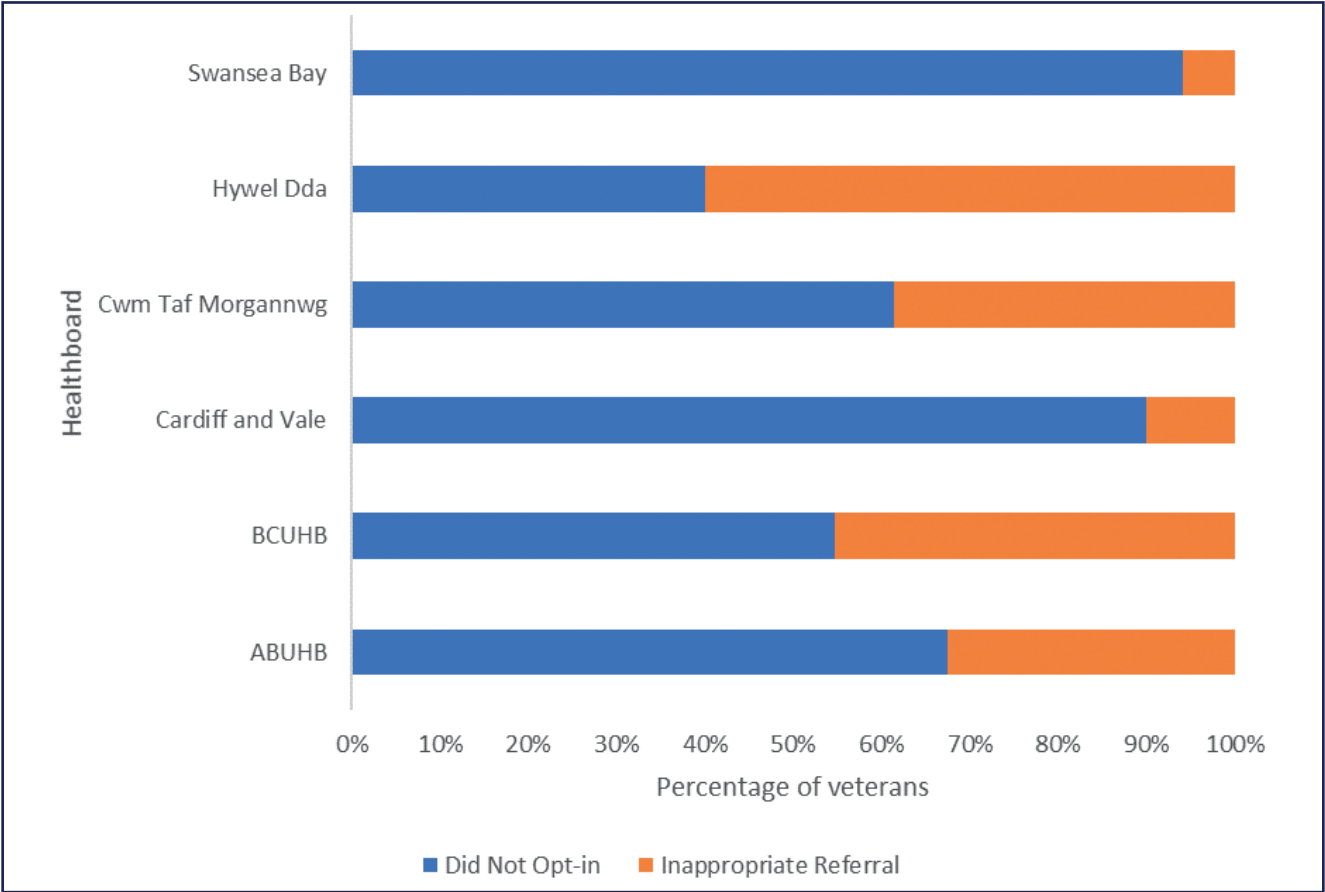


The graph below shows the number of referrals received by health boards in 2020-2021 and 2021-22. In 2021-2022 referrals increased significantly in Aneurin Bevan, Swansea Bay and Cwm Taf Morgannwg. Referrals decreased marginally across Hywel Dda and Betsi Cadwaladr health boards in 2021-2022 compared to the previous year.



Referral to Assessment Outcome

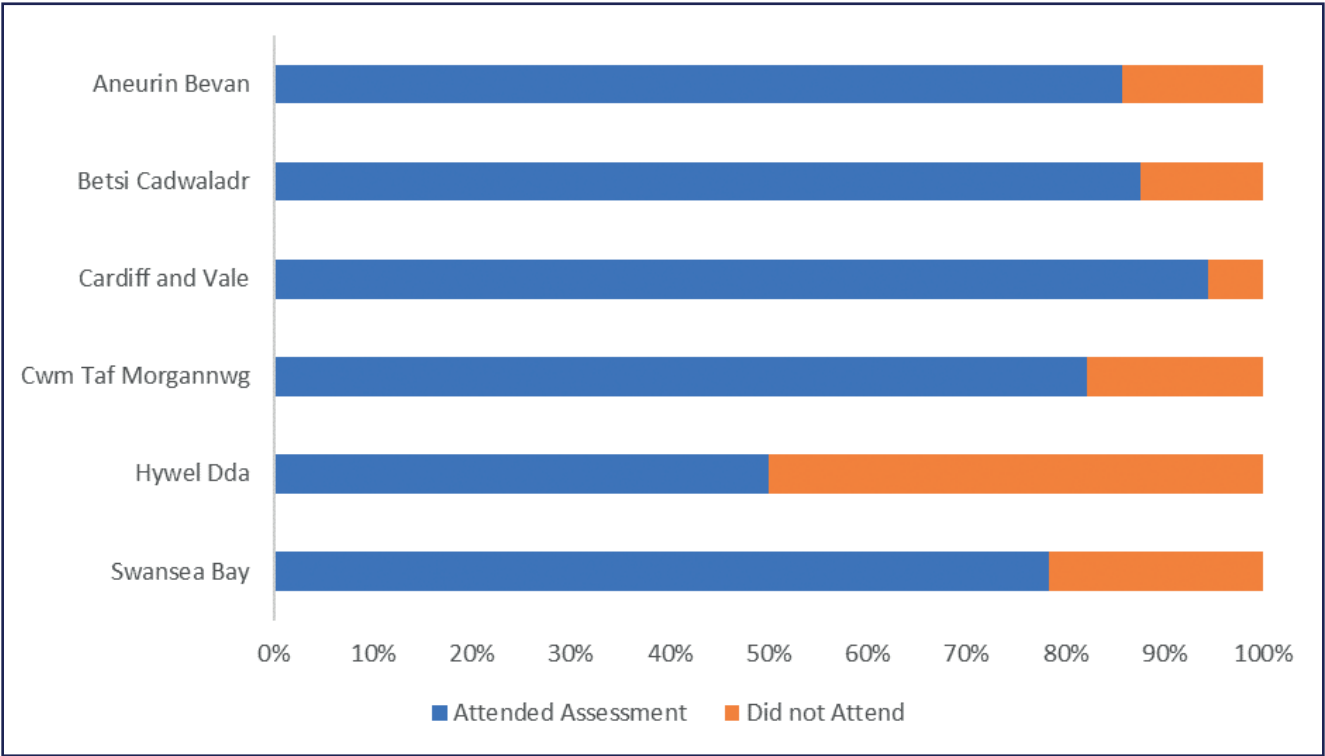
From a total of 574 referrals, 191 (33.28%) were not offered an assessment with a Veterans Therapist in the service. The graph below depicts that the majority of veterans who were not offered an assessment did not opt-in to the service after they were contacted. Once a veteran self-refers or is referred to the service, they are sent an opt-in letter which they are required to return to the service before they can be offered an assessment.



For Hywel Dda and Betsi Cadwaladr health boards, inappropriate referrals were the greatest reason for veterans not being offered assessments. Hywel Dda health board offers veterans an initial telephone triage appointment to assess

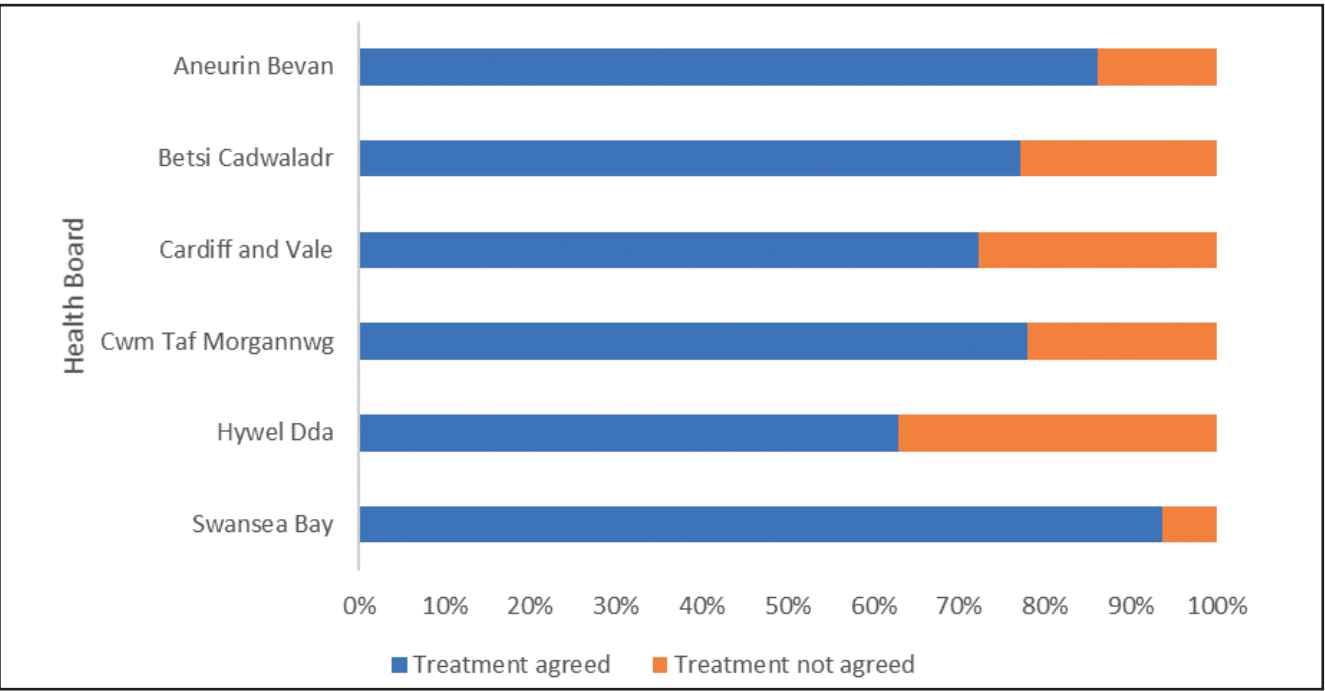
their suitability before they travel to a face-to-face assessment. A referral may be deemed inappropriate if a veterans’ presentation is not related to their military service and the individual has no mental health symptoms, for example.

In 2021-2022, 451 veterans opted in and were offered an assessment, the graph below presents the outcome of the assessment.



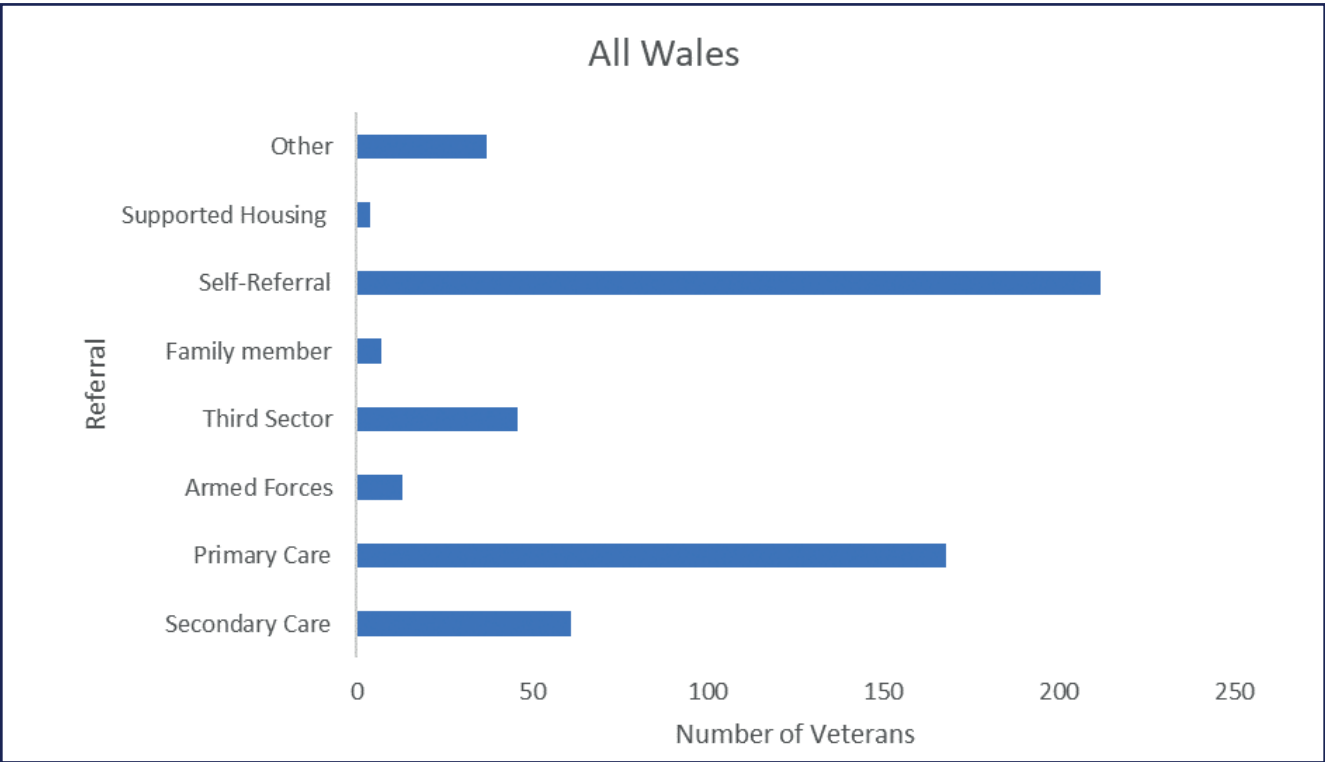
Across all health boards, the majority of veterans attended their assessments. 300 (87.50%) veterans attended assessments in 2021-2022 across the health boards. The graph below presents the outcomes of these assessments in relation to whether treatment was subsequently offered and the veteran accepted.

The category 'Treatment not agreed' captures veterans who were not offered treatment within the service, either because it was not appropriate, or because the veteran did not accept it.



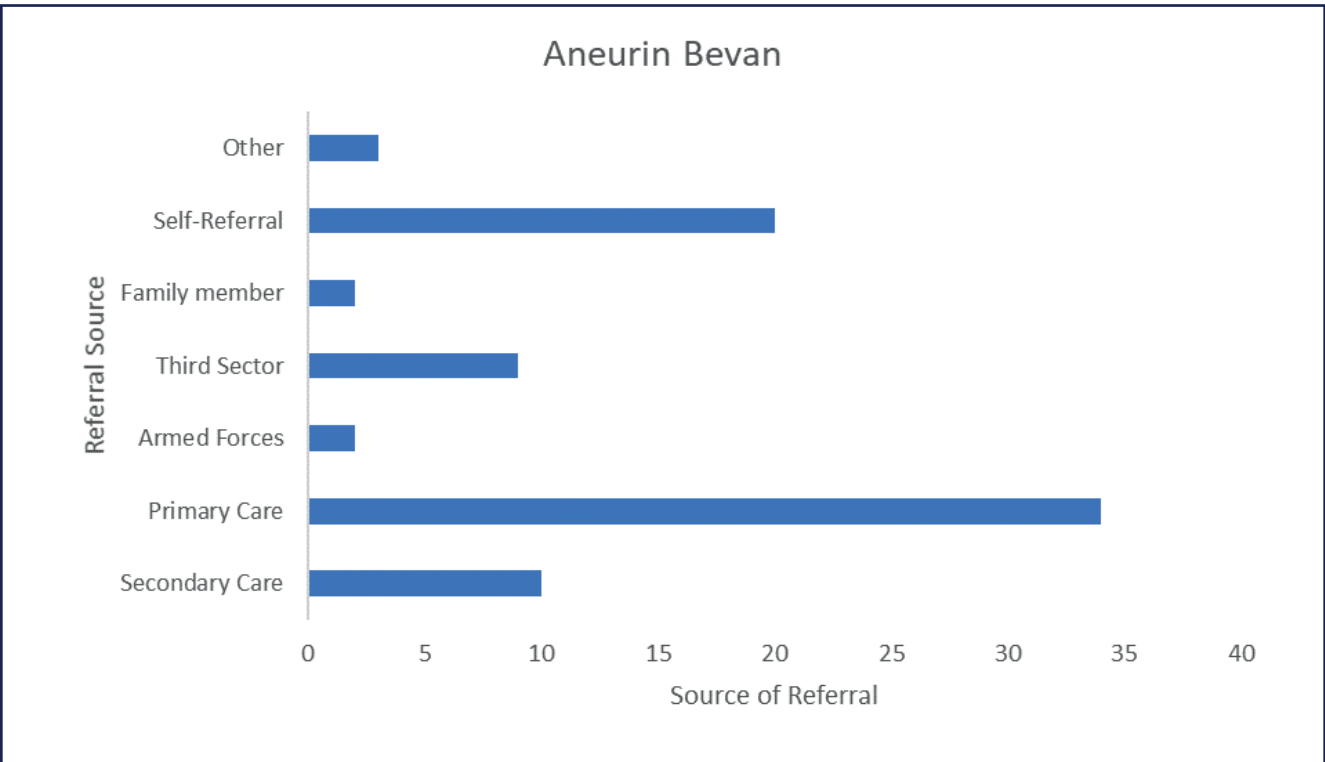
Sources of Referral

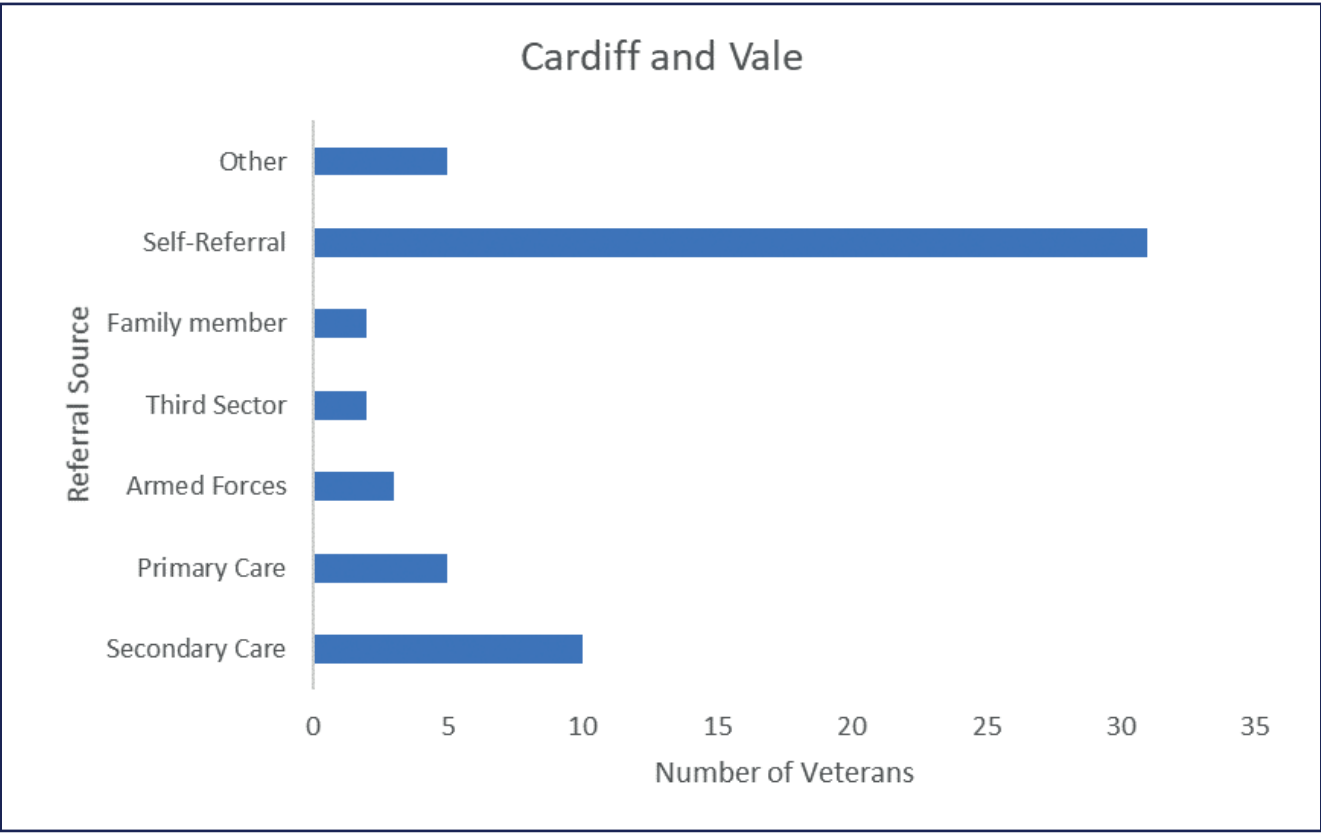
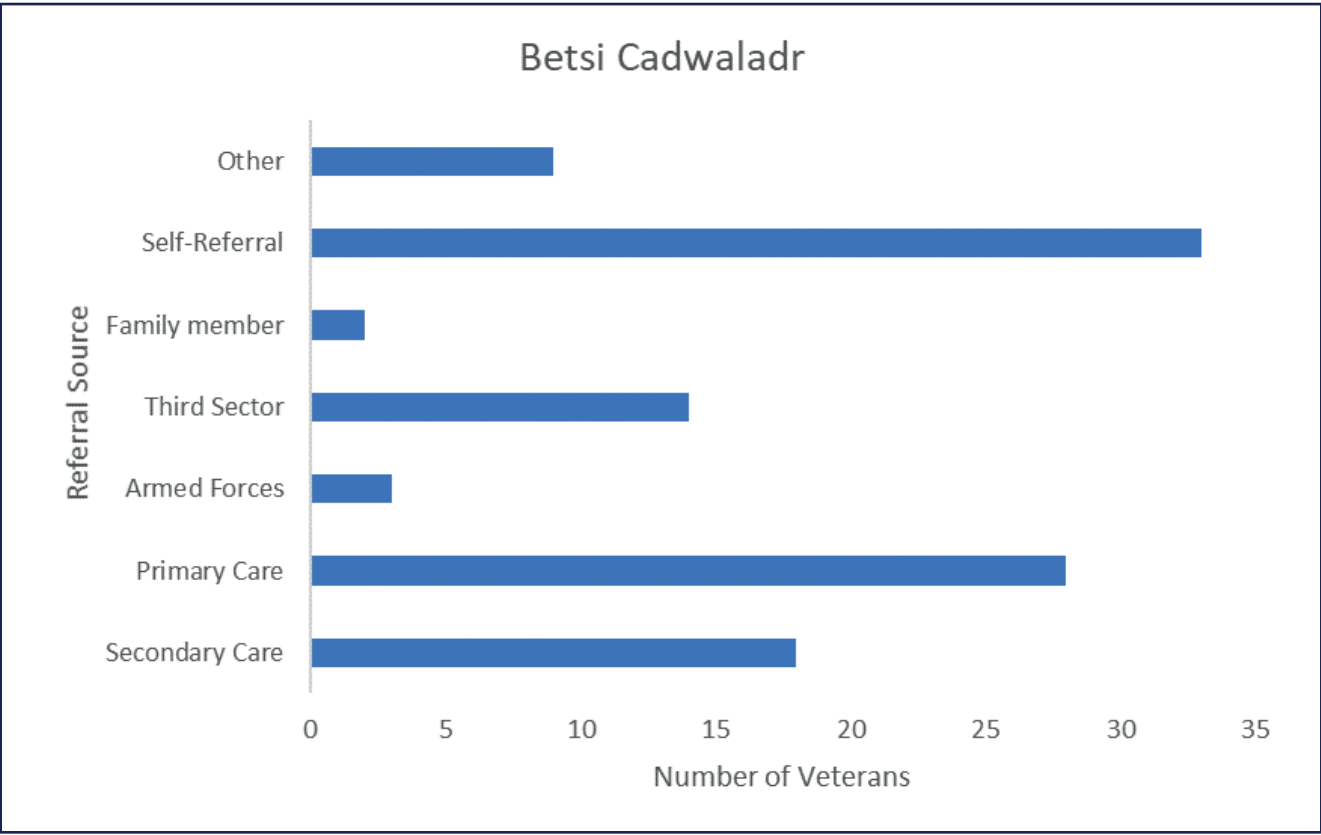
VNHSW receives referrals from a variety of sources. Across all health boards, the most common source of referral in 2021-2022 was self-referral.

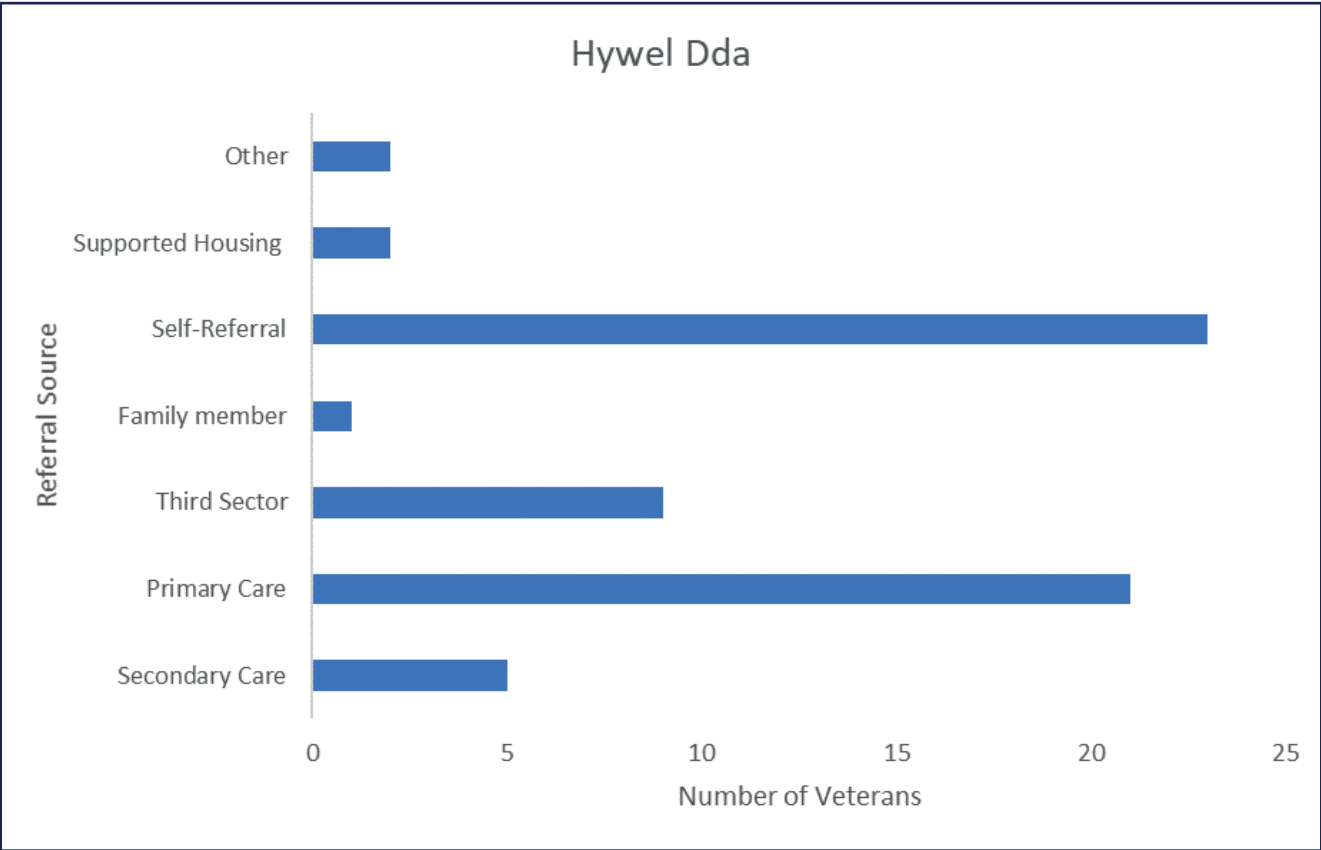
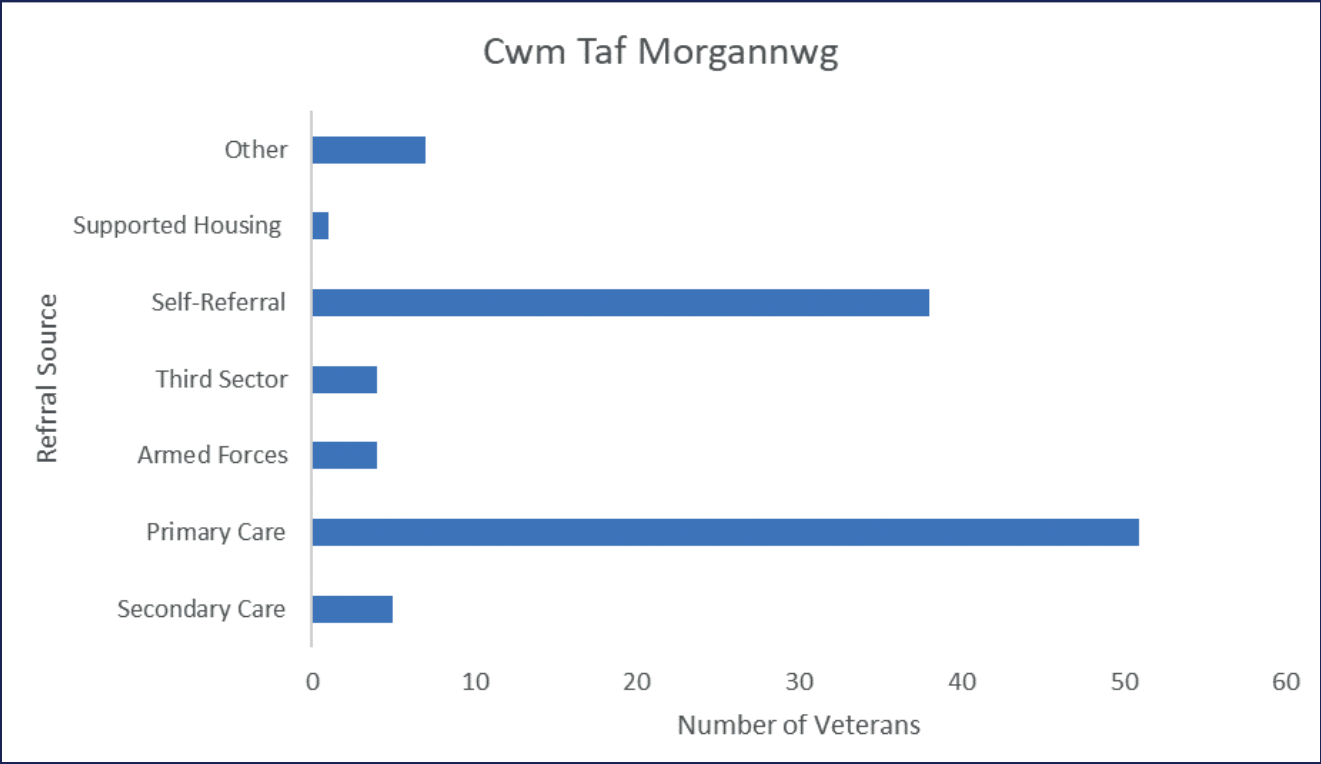


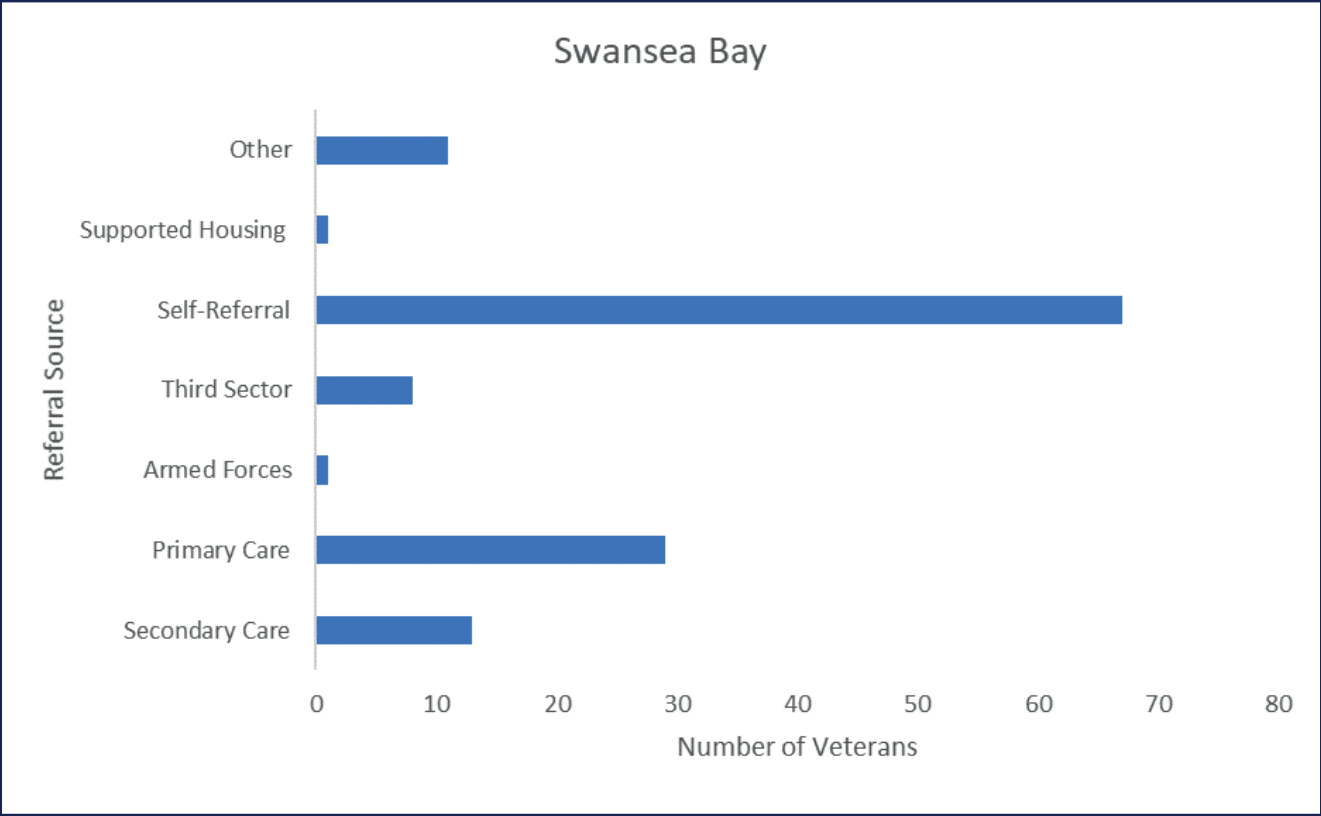
For the second year running, on average, self-referral is the number one referral route over Primary Care across all health boards. We are very pleased with this accessible route into the service and we hope it continues.

The graphs below depict the referral sources for each health board, they reveal that third sector organisations provide a sizeable number of referrals. VNHSW continues to have close working relationships with these organisations, which may have helped raise our profile with the veterans’ community over the past twelve months.



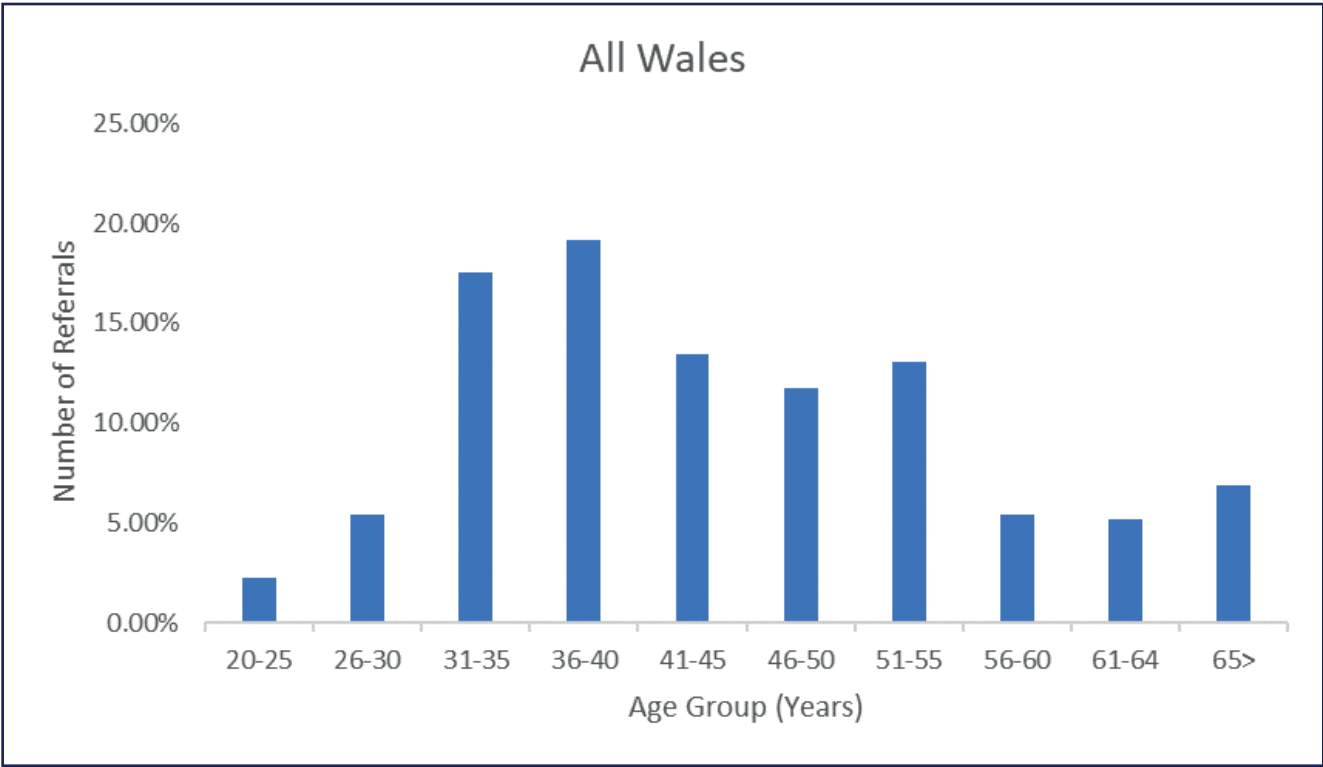




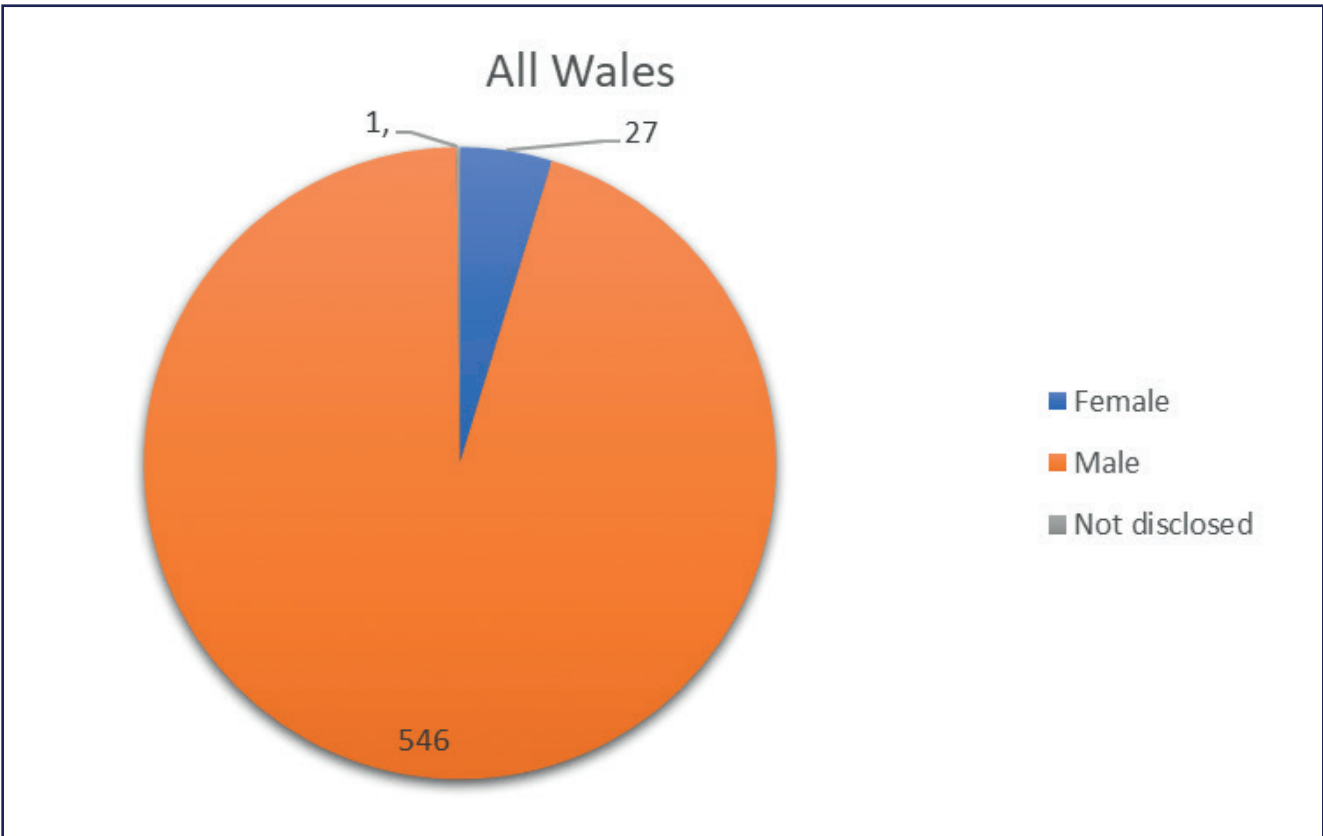


Age and Sex

Veterans referred to VNHSW ranged in age from 20 to 96. In contrast with last year, where the majority of veterans were 31-35, this year, the majority of veterans were aged between 36 and 40 years.



Of the 574 referrals, 27 were female (4.70%) and 546 (95.12%) male, one patient (0.17%) did not disclose their gender. These rates are similar to those of 2020-2021, when 18 (3.5%) were female and 499 (96.5%) male.



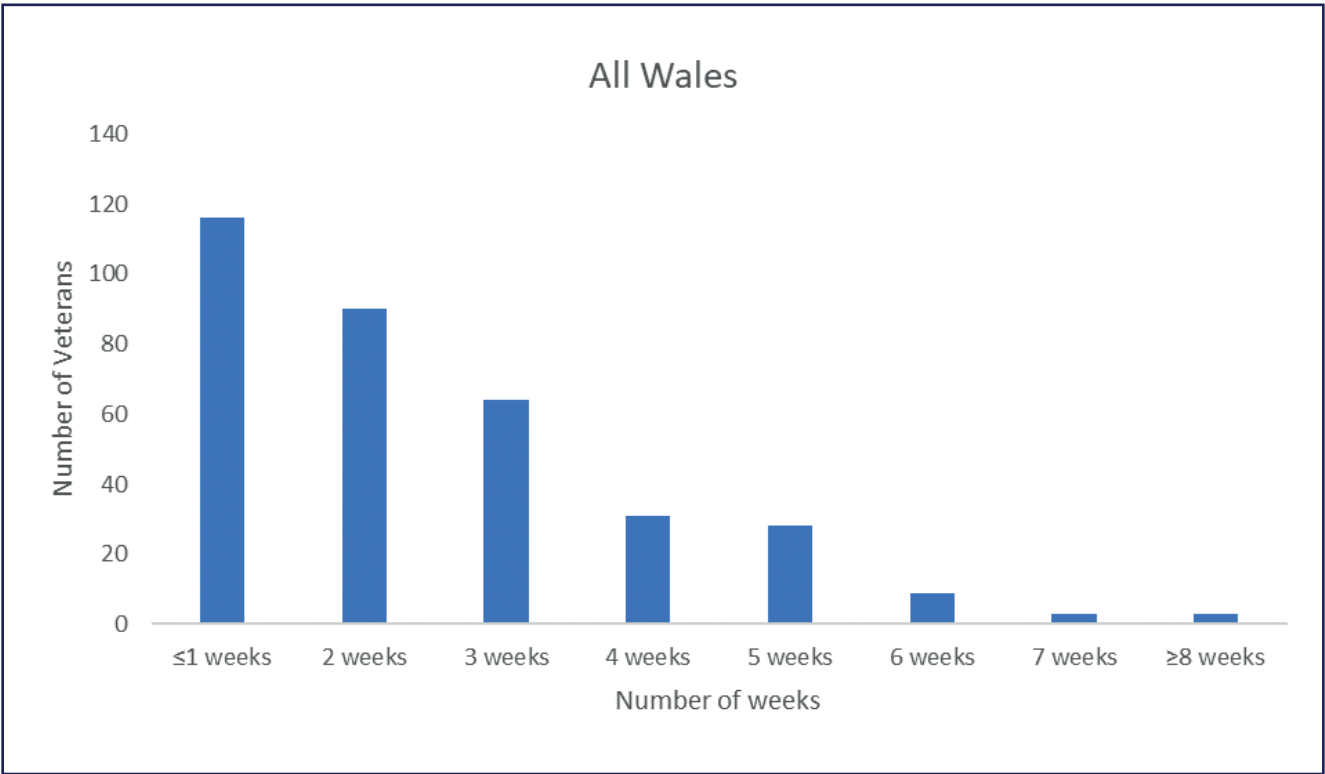
Services Signposted

281 (48.7%) veterans were signposted to one or more services. Veterans may be signposted to additional organisations or services prior to or during psychological or psychiatric treatment, but also at discharge if these services or organisations are considered to be the most appropriate to support the veterans’ needs at that time. Veterans were commonly referred to organisations who could provide support with psychosocial issues (e.g. housing, finances, and employment), such as third sector armed forces charities and peer mentoring programmes. Veterans were also signposted to physical health services and mental health support such as guided self-help programmes.

Waiting Times

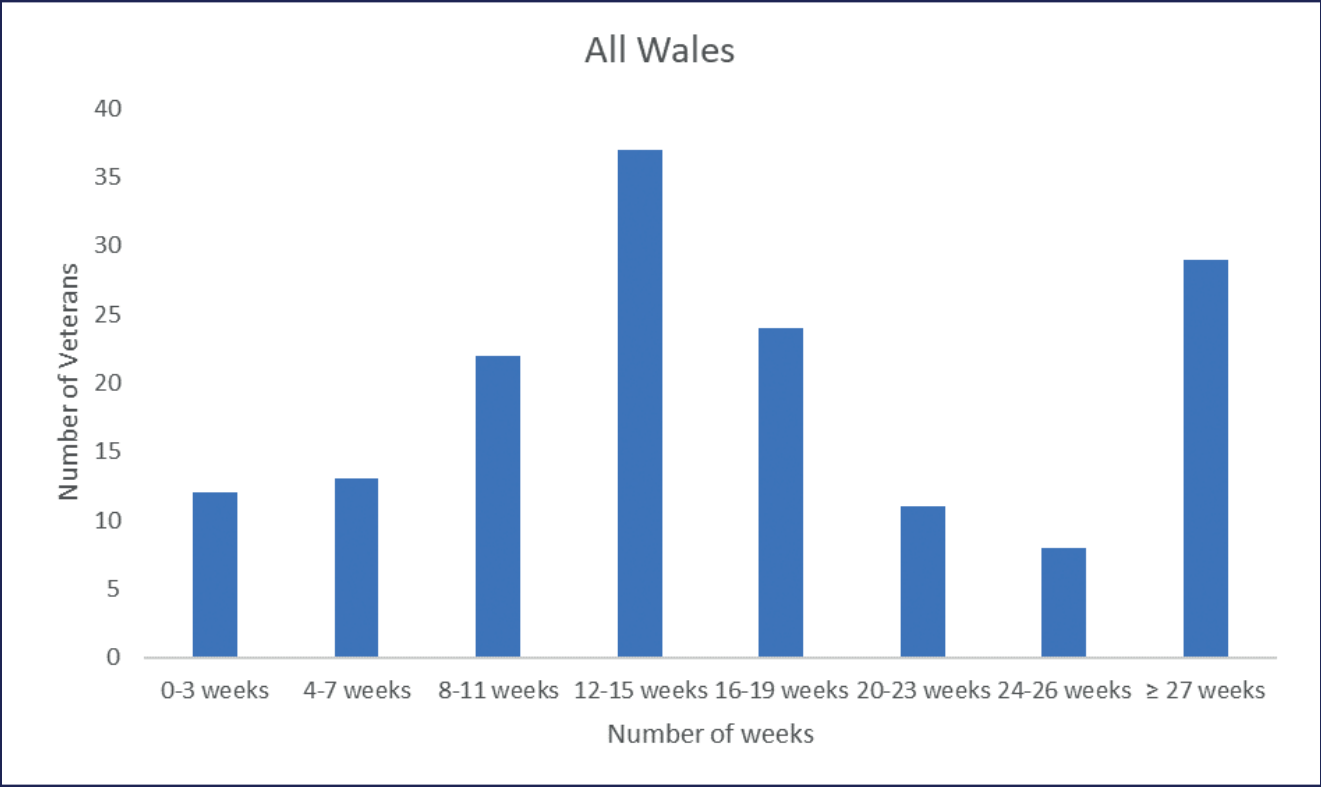
Once a referral has been received, information and an opt-in letter are posted to the veteran, which they are asked to return. On average in 2021-2022, administrative staff sent out the opt-in form within 3 days of receiving the referral. The average time between referral and the service receiving the completed opt-in forms from veterans was two weeks.

Once the veteran opts-in, the service aims to offer an assessment within four weeks (the target set by the Welsh Government). In 2021-2022, on average 80.4% of veterans across all healthboards were offered an assessment within this target, over the 80% expected of a primary care service. The graph below shows the distribution of waiting times from opt-in to assessment. The figures are based on available data from all health boards. Some dates were not recorded therefore actual figures may vary slightly.



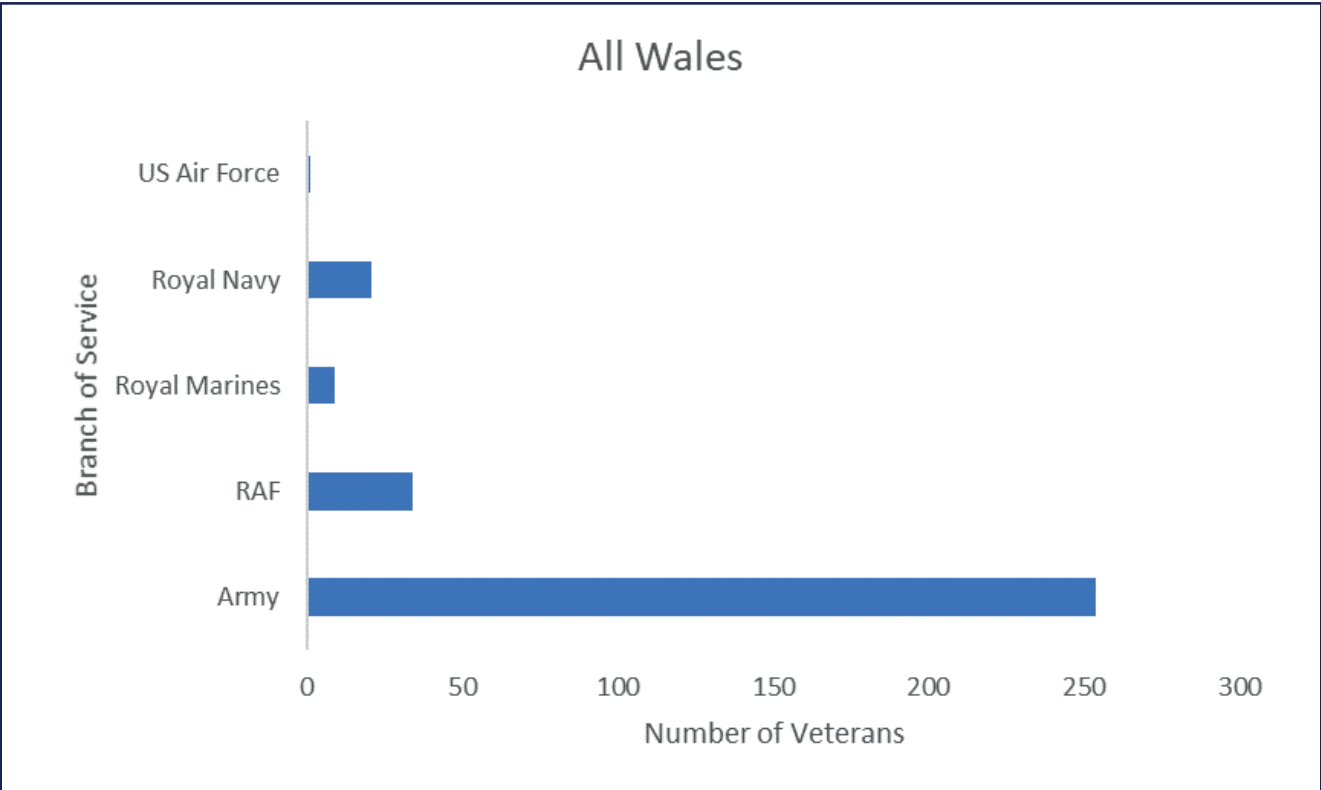
Once the assessment has been completed, the service aims to offer treatment within 26 weeks (the treatment target set by the Welsh Government). Across all health boards an average of 81.41% of veterans were offered treatment within the target period of 26 weeks, above the 80% threshold set by the Welsh Government.

The graph below shows the distribution of waiting times from assessment to treatment. The figures are based on available data. Some dates were not recorded therefore actual figures may vary slightly.



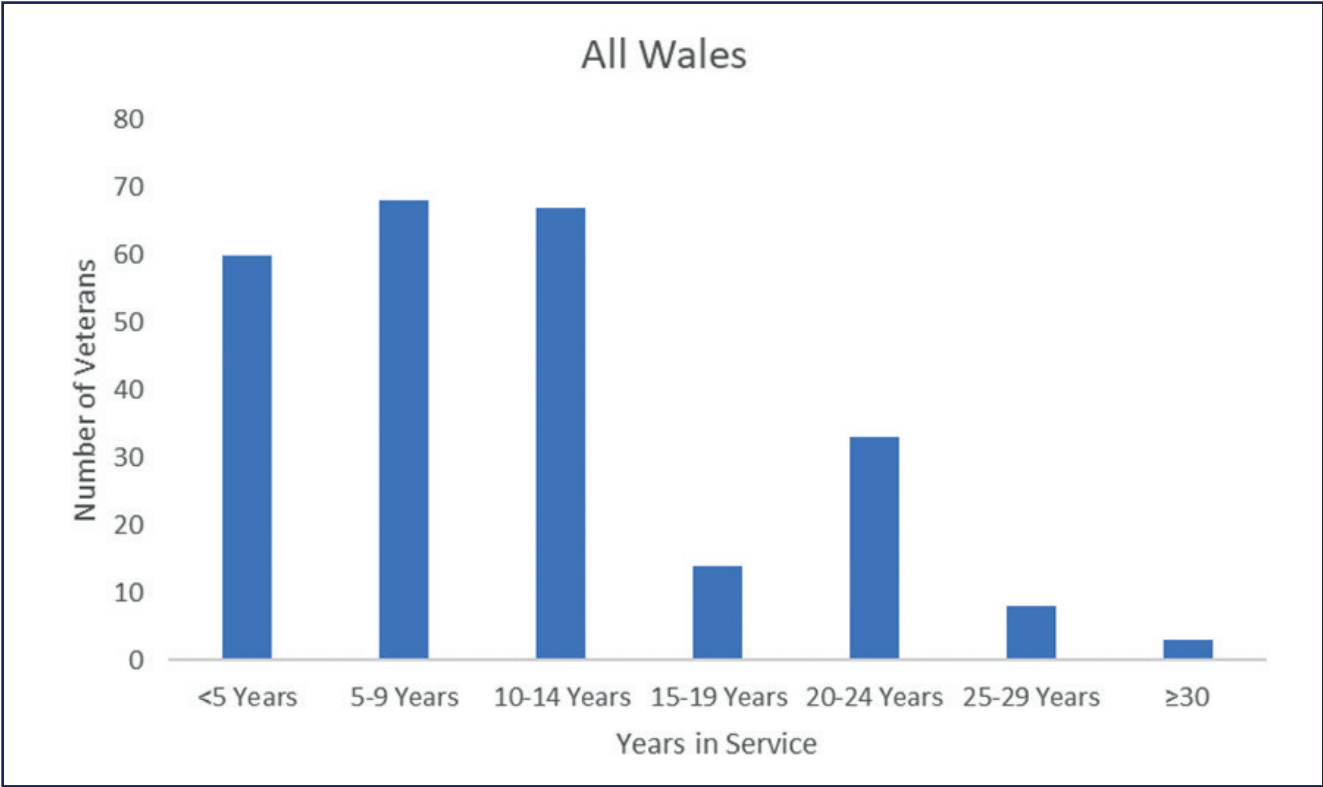
Branch of Service

In line with previous years, the vast majority of veterans served in the Army (79.62%).



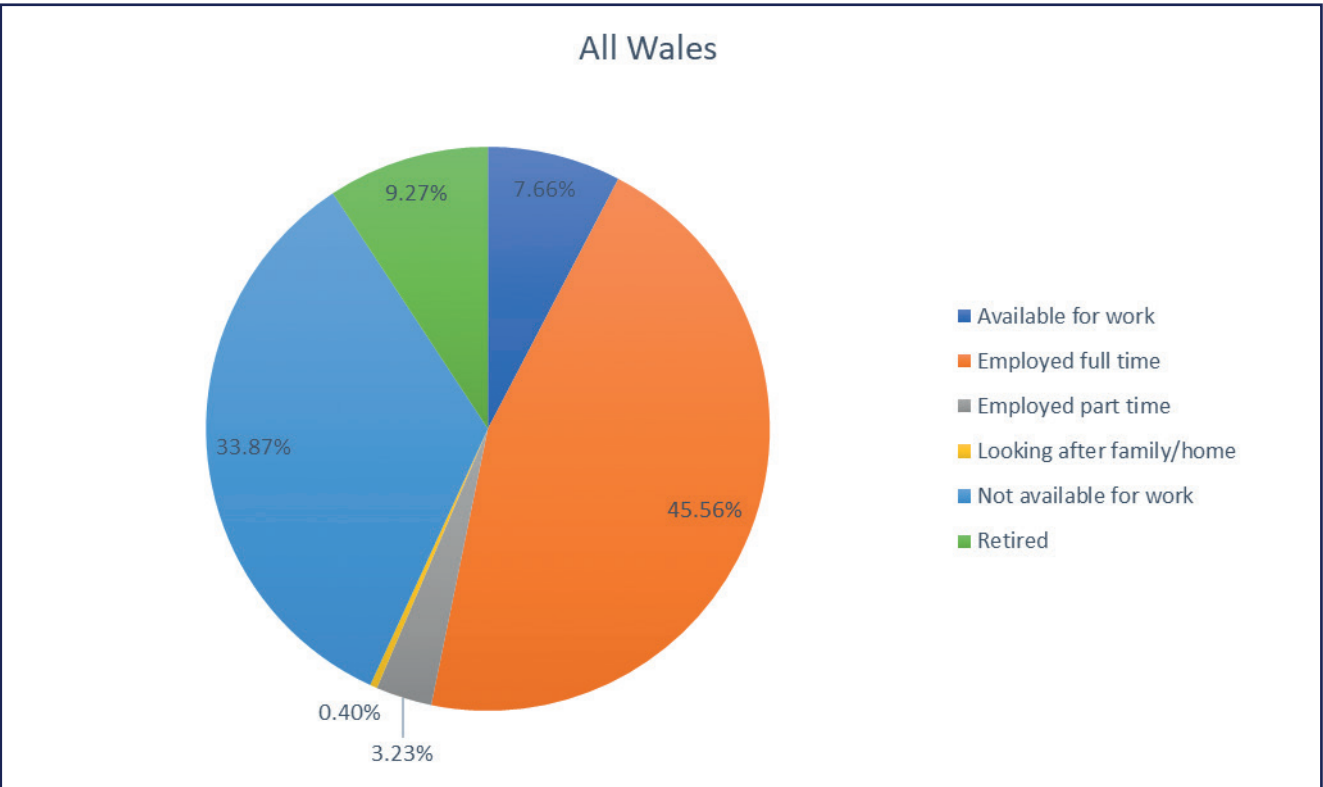
Length of Time in Service

This year saw the majority of referrals from veterans serving between 0 and up to 14 years, collectively making up 75% of referrals. There was an increase in referrals from veterans serving 20-24 years, compared to last year where the majority of veterans served from 5 to 9 years.



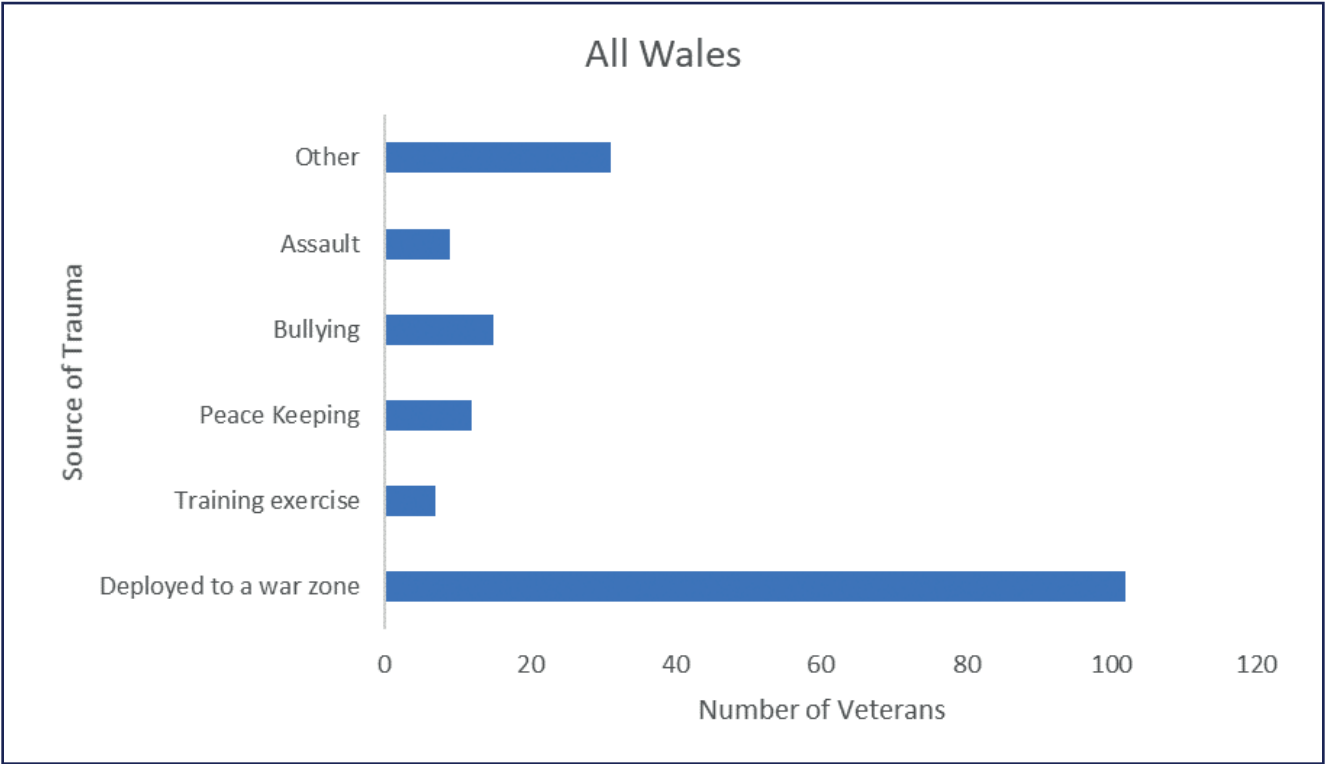
Employment Status

Where veterans provided this data, at the time of assessment, 45.56% of veterans were employed (full or part time), 7.66% were available for work, 9.27% were retired and 33.87% were not available for work.



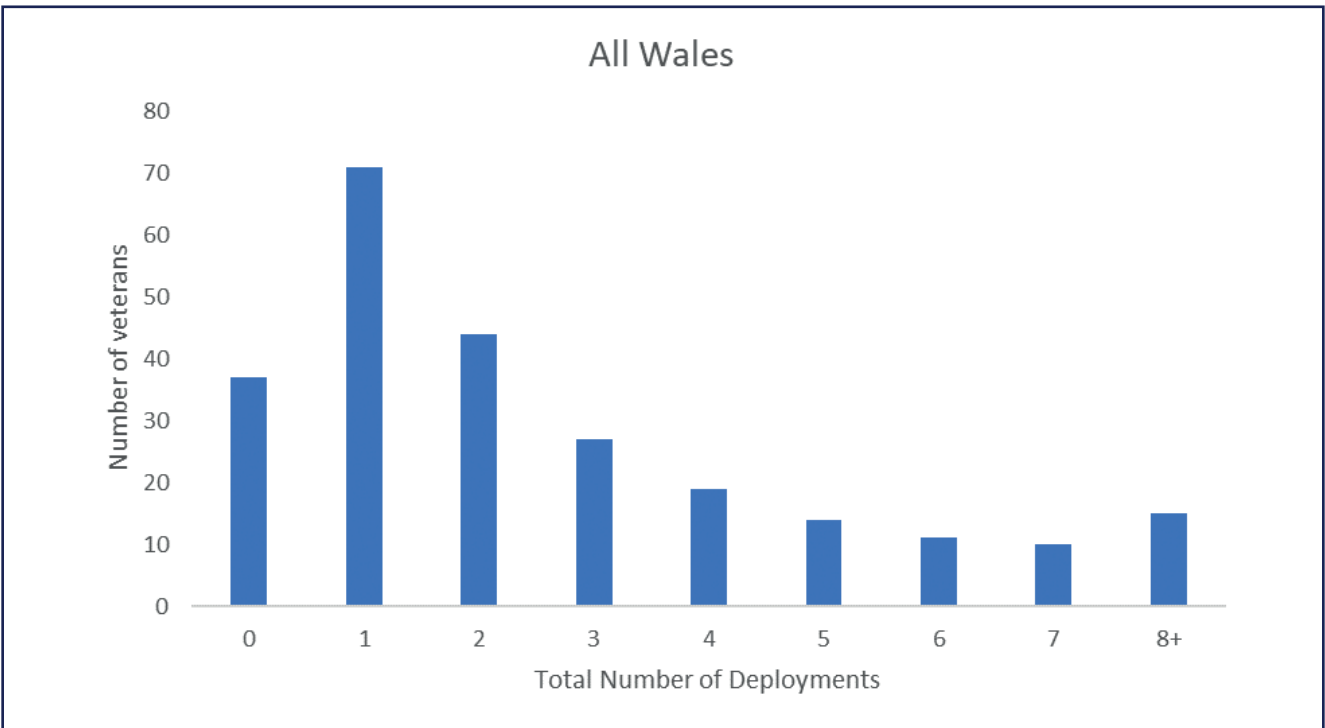
Common Sources of Military Trauma

From the available data 176 (77.28%) veterans experienced at least one military trauma and 40 (22.28%) veterans had not experienced military trauma. The graph below demonstrates the source of trauma veterans reported.



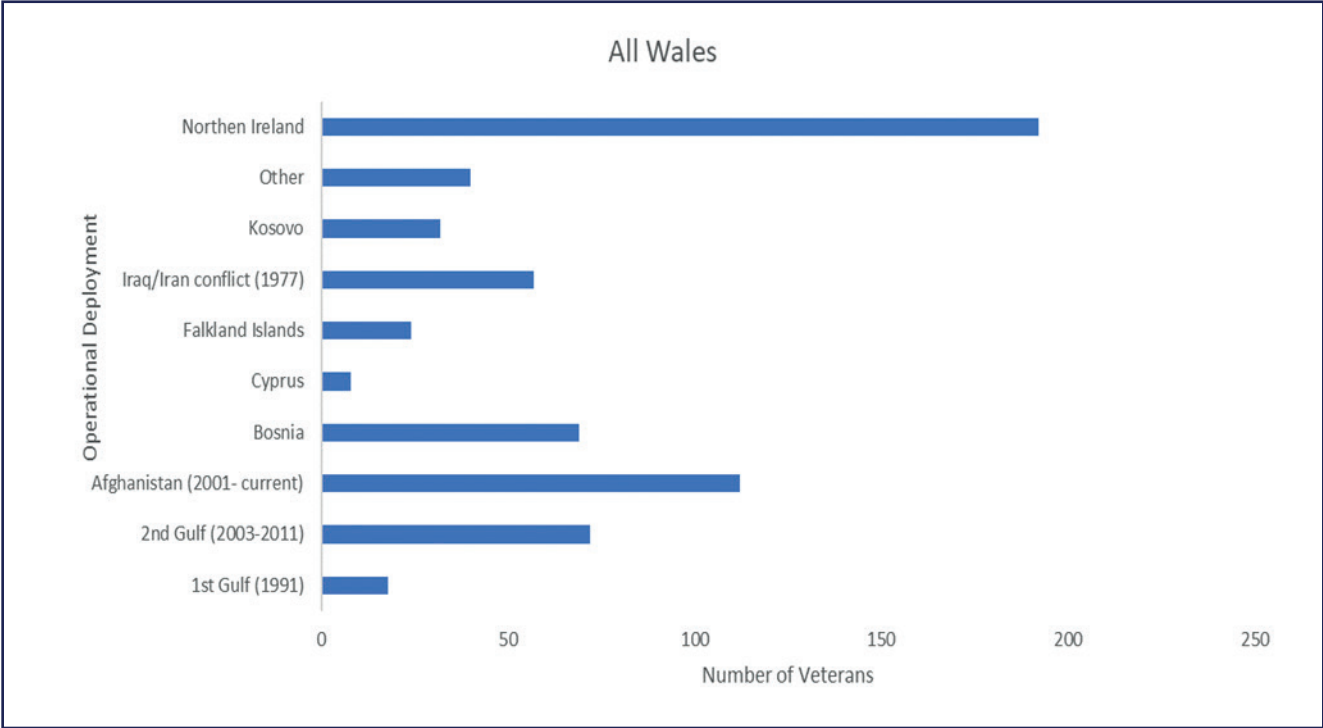
Operational Deployments

At assessment, veterans were asked how many times they had been deployed and the location of their deployments. Data detailing the number of deployments was available for 247 veterans. 37 (14.98%) veterans had not been deployed and 210 (85.02%) reported at least one deployment.



The graph below shows the conflicts veterans were deployed to. The greatest increase in referrals was received from veterans deployed to Northern Ireland (33.86%), increasing by 92 % since last year. The second greatest increase was for veterans deployed to the 2nd Gulf between 2003-2011 (75.06% increase since 2021-2022),

making up 12.70% of veterans deployed to this location. As in preceding years, a large number of veterans deployed to Afghanistan (19.75%), increasing by 34.06% compared with last years' data. The frequency of the 'other' category however, which captures locations such as Belize and Sierra Leone, has decreased by 56.04% on last year.



Mental Health Conditions and Complexity

Mental health diagnostic information was available for 106 veterans seen by the service. The majority of veterans presented with post-traumatic stress symptoms (63.19%) due to military trauma, but depression and anxiety symptoms were also common. Some veterans presented with other conditions, such as substance misuse and personality disorders. The available data on 168 veterans revealed 51.06% of veterans assessed were considered to have complex presentations (i.e. ICD-11 disorder, plus one comorbid disorder and a social issue).

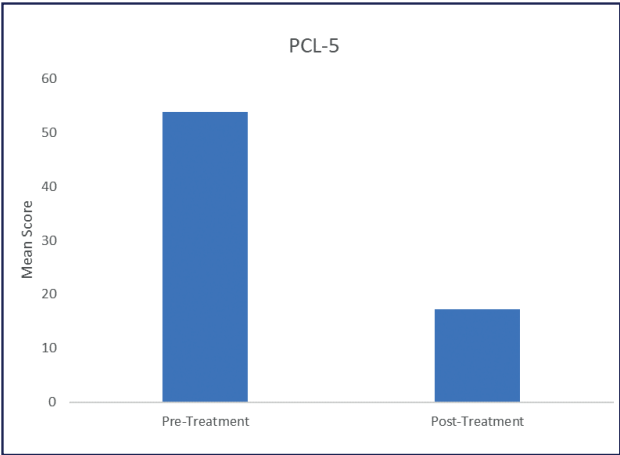
Clinical Outcomes of Treatment

To capture and measure change in general health and common mental health disorder symptoms, veterans complete several validated self-report clinical measures at assessment and at the start of therapy, which are then repeated throughout therapy, at discharge, and at one and six-month follow-up.

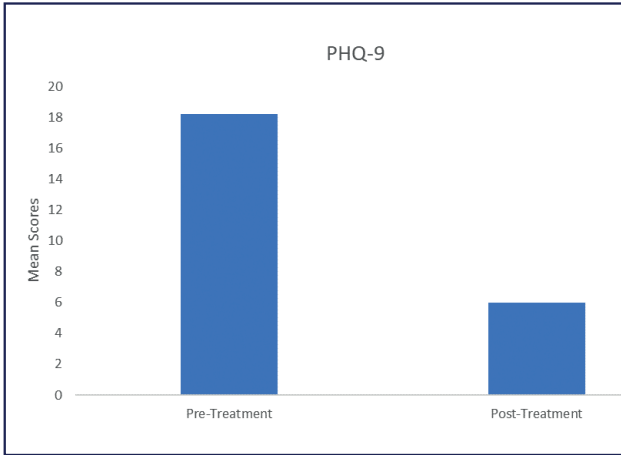
The clinical measures capture symptoms of PTSD (PCL-5), depression (PHQ-9), anxiety (GAD-7), alcohol use (AUDIT), and insomnia (ISI). A higher score on these measures can indicate a higher severity of symptoms. The EQ-5D (thermometer only) is also completed to assess general health, with a higher score indicating better general health.

The graphs below demonstrate that the mean score for all veterans who had a pre-post score on these routine clinical measures moved in the direction of improvement (a reduction in scores is a positive sign for all measures except for the EQ-5D, where an increased score indicates improvement).

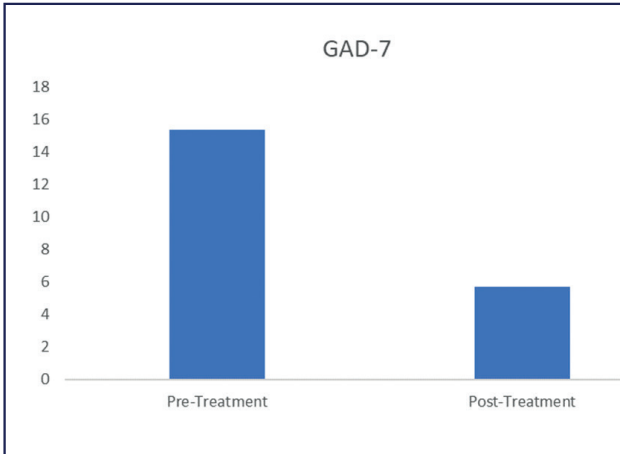
The chart below displays the available data from 121 veterans, revealing a 68% reduction in PCL-5 scores after treatment, suggesting a reduction in self reported PTSD symptoms.



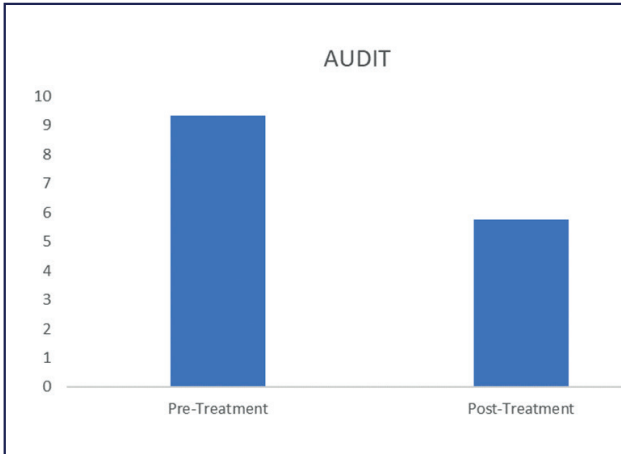
The chart below shows the available data from 123 veterans, displaying a 67.01% reduction in PHQ-9 scores (for depression) after treatment, suggesting a reduction in self-reported depression symptoms.



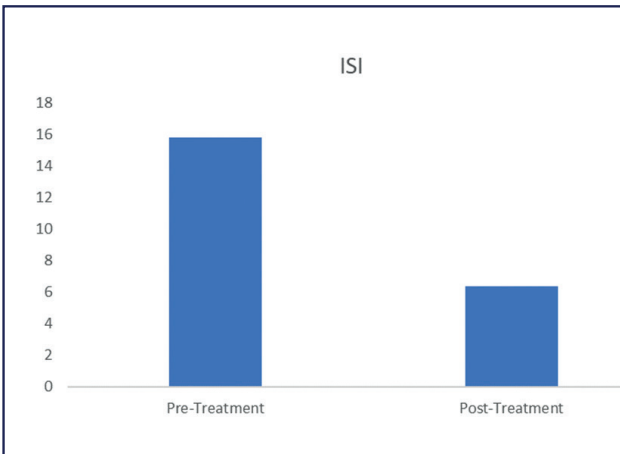
The chart below shows the available data from 123 veterans, displaying a 62.67% reduction in GAD-7 (for anxiety) scores after treatment, suggesting a reduction in self reported anxiety symptoms.



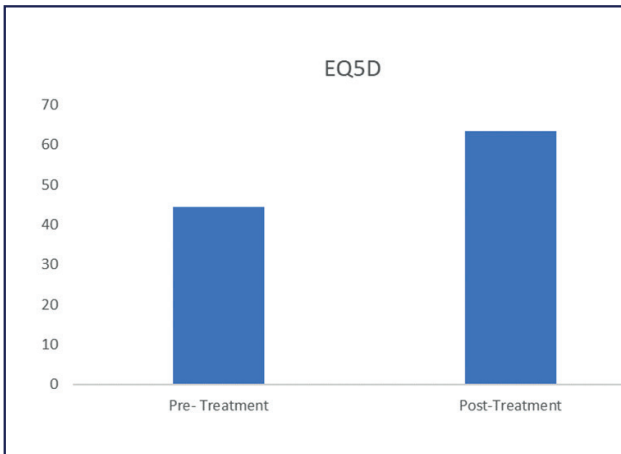
The chart below shows the available data from 121 veterans, displaying a 38.34% reduction in AUDIT scores (for alcohol use) after treatment, suggesting some reduction in self-reported alcohol use.



The chart below shows the available data from 121 veterans, displaying a 59.57% reduction in ISI scores (for insomnia) after treatment, suggesting some reduction in self-reported sleep issues.



The graph below shows the available data from 128 veterans, displaying a 42.63% increase in EQ5D scores after treatment, suggesting some improvement to self-reported general health.



Reliable Recovery and Reliable Improvement

Reliable improvement and recovery rates were also calculated for each measure where data was provided.

Recovery in VNHSW is measured in terms of 'caseness' - a term which means a veteran has severe enough symptoms of PTSD, anxiety or depression to be regarded as a clinical case (e.g. a score of at least 10 on the PHQ-9 measuring depression). A veteran has moved into recovery if they were defined as a clinical case at the start of their treatment ('at caseness') and not as a clinical case at the end of their treatment.

Table 1. Veterans Recovered

Measure	Recovery rate		
	N	Number recovered	% Recovered
PCL-5	121	89	73.55
PHQ-9	123	84	68.29
GAD-7	123	88	72.48
AUDIT	121	37	30.58
ISI	117	56	57.86

A veteran has shown reliable improvement if there is a significant improvement in their condition following a course of treatment. To measure reliable improvement the difference in score between pre-treatment and post-treatment should meet a specified change threshold (e.g. a change score of at least 6 on the PHQ-9 for depression).

Table 2. Veterans Reliable Improvement

Measure	Reliable improvement rate		
	N	Number reliably improved	% Reliably improved
PCL-5	121	89	73.55
PHQ-9	123	84	68.29
GAD-7	123	88	72.54

To be considered 'reliably recovered' veterans must meet the criteria for both recovery and improvement. That is, they have moved from being a clinical case at the end of treatment and there has also been a significant improvement, where the specific questionnaires have a specified change threshold (PCL-5, PHQ-9 and GAD-7).

Table 3. Veterans Reliable Recovery

Measure	Reliable recovered rate		
	N	Number reliably recovered	%Reliably recovered
PCL-5	121	79	65.29
PHQ-9	123	78	63.41
GAD-7	123	83	67.48

Reliably recovered is the most stringent measure, requiring both recovery and reliable improvement criteria to be met.

Given the complexity of the client group, the high reliable recovery and reliable improvement rates reflect the skill of the VTs when working collaboratively with clients to relieve their psychological symptoms linked to their military service and trauma.

Service User Feedback

To continually improve the service, veterans are asked to complete the Service Experience Questionnaire (SEQ) at discharge. The questionnaire consists of 12 Likert scale questionnaires (rated on a five-point scale from: Strongly Agree to Strongly Disagree) plus two free text questions, 'What was good about your experience of the service?' and 'Is there anything else you want to tell us about the service you received?'. The chart below demonstrates veterans' responses regarding their experience of using the service.

As with previous years, the service received extremely positive feedback. Individuals strongly agreed with questions 2, 3 and 8, demonstrating how skilful our VTs are at forming strong therapeutic alliances with veterans; veterans felt they were listened to, understood and respected and were satisfied with the therapist that treated them and the type of treatment offered.

The statement with the highest level of agreement was 'I would recommend this service to other Veterans.' This suggests that the veterans' felt that their involvement with the service was worthwhile and would be beneficial to others. Service users recommending VNHSW to other veterans will hopefully enable the service to reach others in the community who may not otherwise seek support.

Whilst all of the questions were responded to positively, three areas where improvements became clear, two of these related to the waiting times and facilities (e.g. seating, temperature and lighting). VNHSW recognises that veterans

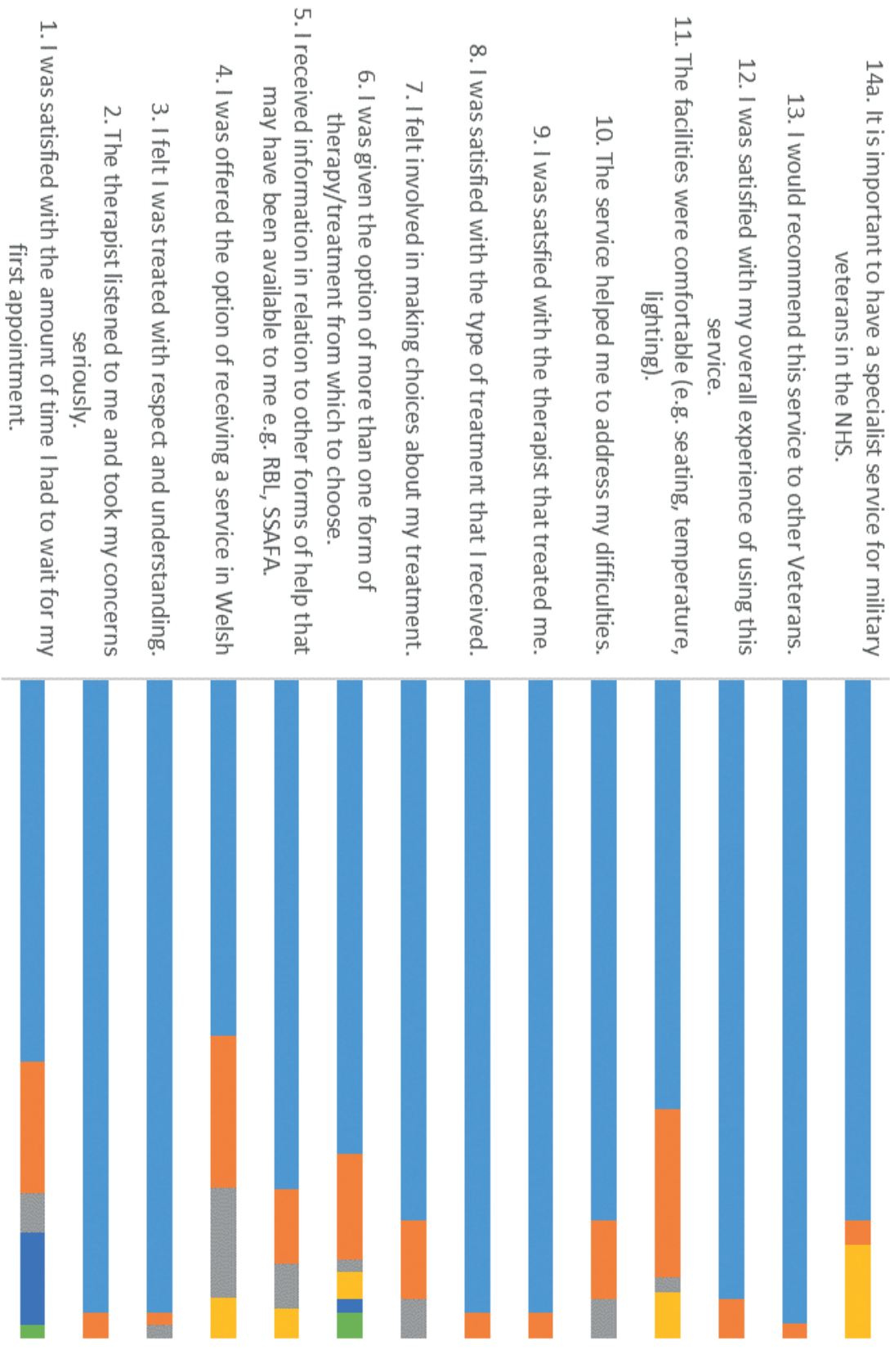
that reach out to the service would benefit from shorter waiting times and will be investigating a variety of options including offering overtime to our VTs or additional hours to colleagues from other psychological services.

Although veterans felt more involved in making choices about their treatment compared to last year however, some veterans would have like to have the option of more than one treatment/therapy to choose from. VNHSW VTs are qualified and experienced in specific therapeutic treatments, in addition to these, VTs are encouraged to train and develop their therapy skills in other treatments and once achieving accreditation, multiple therapeutic treatments can be offered.

Positive feedback was also received through the free text responses. Veterans expressed the therapists were empathetic and non-judgemental towards their difficulties, enabling them to feel at ease during the therapy process. Veterans highlighted importance of the VTs having military experience or expertise in helping them to feel understood. It was also recognised how collaborative the therapeutic process was, where therapists individualised the treatments to support veterans with their unique challenges. Many veterans commented on the advantages of receiving therapy in a non-clinical setting through 'Walk and Talk Therapy' in nature. Where health boards have peer mentors in post, a large number of veterans described that the ongoing psychosocial and emotional support from peers was highly valuable and helpful to their recovery.



Service User Feedback



The following are some of the comments received by veterans in response to the question 'What was good about your experience of the service?'

'[My therapist] helped me regain confidence in myself and helped me see things differently. They put me at ease and I have learnt so much about PTSD, how it affects me mentally and physically.'

'I found it to be an outstanding service which helped me no end.'

'I was given fabulous coping techniques which I learnt to put into practise; proving invaluable.'

'I was treated with respect, listened to with loads of compassion and it didn't feel rushed. I now feel like my 'filing cabinet' of memories is in order.'

'Walk and Talk therapy outside was more personal and a less sterile environment. The therapist had a relaxed but professional approach... after the first session my life felt in my grasp and in control again.'

'[My therapist] made me feel at ease, enabling me to open up about experiences. I can't put a value on this.'

'It was tailored to my needs and pace. Everyone in my home was considered and I or my family were able to contact staff for advice if needed.'

'My therapist was understanding and very knowledgeable. They allowed me to confront my demons and gave me the tools to move forward.'

'Outdoor therapy with a lot of walking was a huge plus. Sessions were professional, tough and light-hearted, beautifully balanced.'

'I found it to be an outstanding service which helped me no end. I would definitely recommend this service to other veterans.'

'Overwhelmed by the empathy and skill of [my therapist], who guided me through EMDR. They were very skilful in getting me to come up with ideas and problem solve.'

The VNHSW Team

For up to date contact details for each health board, visit www.veteranswales.co.uk and view the relevant health board page. The staff listed below were employed by the service during the 12 months of the report and may have changed since then.

Aneurin Bevan

Vanessa Bailey – Clinical Lead

Helen Gower – VT

Alison Howe – Consultant Psychiatrist

Mike Mo – VT

Damon Rees – Peer Mentor

Kay Rees – Administrator

Cwm Taf Morgannwg

Gerwyn Jones – VT

Nick McAndrew – VT

Maria Moruzzi – Administrator

Alison O'Connor – VT

Mary Self – Consultant Psychiatrist

William Watkins – Clinical Lead

Betsi Cadwaladr

Mark Birkill – Clinical Lead (East)

Kev Hackett – Peer Mentor

Karen Hawkings – Clinical Lead (West)

Amanda Jackson – VT

Hayley Jess – Administrator

Martin Jones – Consultant Psychiatrist

Hywel Dda

Julie Champion – Clinical Lead

Louise Laughlin – Administrator

Matthew Sargeant – Consultant Psychiatrist

Claire Young – VT

Cardiff and Vale Hub

Jo Delahay – VT

Neil Kitchiner – Director & Consultant
Clinical Lead

Gwen O'Connor – Clinical Psychologist

Amy O'Sullivan – Hub Secretary

David Seeley – Consultant Psychiatrist

Rachel Vanstone – VT

Charis Winter – Assistant Psychologist

Swansea Bay

Rebecca O'Dowd – VT

Mohan Gangineni – Consultant Psychiatrist

Anna Smith - Administrator

Victoria Williams – Clinical Lead

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
- National Veteran Mental Health Network (England)
- NHS Wales
- Public Health Wales
- Royal British Legion, Wales
- Soldier Sailor Army Families Association
- TGP Cymru
- Veterans UK
- Welsh Government
- HMP Prison Service, Wales
- Woody's Lodge
- 203 (Welsh) Field Hospital, Cardiff HQ.



Our Special Thanks

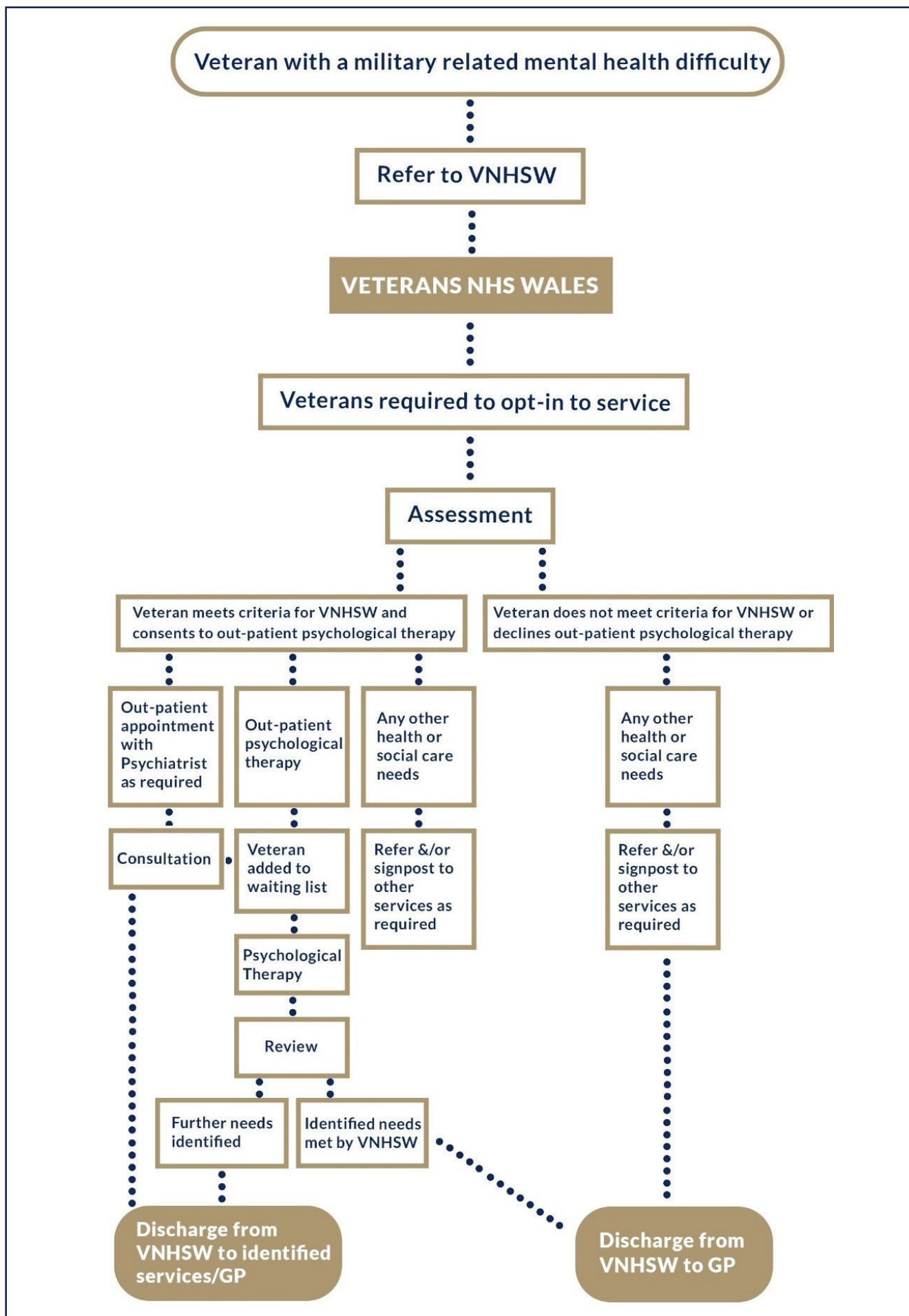
We would like to thank all the staff at VNHSW who have worked extremely hard over the past 12 months, especially during the Coronavirus outbreak, to make the service 'veteran centred', flexible and as effective as possible to meet our patients' needs.

Further information

Data for the annual report was recorded by team administrators and VTs and analysed by Laura Tipper, Assistant Psychologist. This report was written and compiled by Laura Tipper and Dr Neil Kitchiner.

For further information, please contact Dr Neil Kitchiner here: admin.vnhswcandv@wales.nhs.uk.

Appendix 1: Veterans' NHS Wales Care Pathway



VETERANS NHS WALES : POWYS OUT PATIENT CLINICS



VICTORIA MEMORIAL HOSPITAL

Salop Road, Welshpool,
Powys, SY21 7DU

Contact:

BCU.Admin-veterans@wales.nhs.uk
03000 857 964



BRONLLYS HOSPITAL

Bronllys, Brecon,
Powys, LD3 0LU

Contact:

AdminVhnsww.ABB@wales.nhs.uk
01873 735240



TONNA HOSPITAL

Tonna Uchaf,
Neath, SA11 7DU

Contact:

SBU.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)

