



# **Veterans' NHS Wales**

## **Annual Report April 2014 - March 2015**

**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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## Ministerial Foreword

Each year over 25,000 men and women leave the British Armed Forces and return to civilian life. For the majority, the transition holds few problems, but for some, their service experiences and the adjustment to life outside the armed forces can trigger mental health and other social problems. Recognising our debt to our veterans, after the service they have given for us, we have a moral obligation to afford them the very best access care and support when they require it.

Providing mental health services to veterans is a key commitment in our Programme for Government and it is further embedded in our mental health strategy, Together for Mental Health. I see Veterans' NHS Wales (VNHSW) as central in delivering this commitment. It seeks to heal those mental wounds, enabling our veterans to resume their lives and to continue productively in our communities by using the valuable skills they learnt in the military for their and all our benefits.

VNHSW is unique, being the first, and still the only, consistent nation-wide scheme in the UK. Prolonged military campaigns in recent years have significantly increased the number of referrals to the Service. Acknowledging this, in 2014, the Minister for Health and Social Services announced an additional £100,000 for the Service to reduce waiting times across Wales. Having seen the impact this had and knowing the importance of the psychological therapies VNHSW provides, the individual benefit to the veteran and their wider family and community, in April 2015, I announced this funding would be recurrent from 2015-16. This will enable VNHSW to expand to meet anticipated future demand.

It is testament to the hard work and dedication of the individuals involved in the Service that VNHSW has retained its dedicated Veterans' Therapists, all of whom have an interest or experience of military health. The additional £100,000 investment has also enabled the number of therapists to increase by a further four part-time seconded therapists. They provide exceptional veteran-centred support, across communities in Wales.

The Service maintains close ties with other public and third sector bodies which exist to support veterans and with these partners, has developed a single, joined up pathway of care for veterans, which includes the NHS, Local Authorities, the Third Sector, MoD and military. I know the individuals working in VNHSW are respected highly by their colleagues in the NHS and elsewhere and are rightly recognised as a first point of contact for the healthcare of veterans living in Wales.

I endorse VNHSW as an excellent example of multidisciplinary working and networking between these organisations. I would like to congratulate them on their sterling work, and wish them continued success in the future.



*Vaughan Gething*

Vaughan Gething  
**Deputy Minister for Health and Social  
Services, Welsh Government**



## Welcome



***VNHSW Team Members - Left to right:*** Neil Kitchiner, Julie Devlin, William Watkins, Vanessa Bailey, Victoria Williams, Oxana Jones, Max Bergmanski, Claire Young, Clare Crole-Rees and Mark Birkill

Since its launch in April 2010 - Veterans' NHS Wales (VNHSW) continues to develop its military mental health expertise and reputation across Wales and the UK, as the first point of contact for Veterans, health professionals and the third sector charities who work with military Veterans. VNHSW remains the only UK national NHS Veterans' Service. VNHSW continues to retain close and strong relationships with colleagues across the border in England, Scotland and Northern Ireland.

We continue to lobby Welsh Government and NHS Wales for increased resources and funding to be able to continue to expand our capacity to provide a first class service to Veterans and, in the future, their families in Wales.

This year's Annual Report will also include various Appendices, on how we used a one off payment from Welsh Government to reduce the therapy waiting list, a collaboration with Academi Wales to reduce wasted time and resources.

The main body of the Report will describe the activity of the Service from 1 April 2014 - 31 March 2015. 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). This information, contained within, has been analysed by staff at Cardiff University, Public Health Wales and will be presented throughout this Report.

Dr Neil Kitchiner  
***Principal Clinician VNHSW***

## Our Aims, Outcomes and Eligibility

The **primary aim** of VNHSW is to improve the mental health and wellbeing of 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 who live in Wales.

### 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 and their families.

**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 with 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

Any Veteran living in Wales, who has served at least one day with the British Military as either a regular service member or as a volunteer reservist, is eligible to be assessed by VNHSW. Veterans with a 'service related' injury are eligible to receive outpatient treatment. Those with 'non-service related' 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 and Welsh Government (see **Appendix 1**).

### Key Features of the Service

- A Wales wide NHS Service for Veterans with 'service related' mental health problems
- A mixed team skill base comprised of staff with personal experience of working in and for the military, and mental health professionals with extensive experience of working with the mental health needs of Veterans. Practical help and support is provided on housing, finance, benefits, employment, training, improving social contacts, physical and mental health care by signposting to our trusted expert partner organisations as part of the Common Care Pathway (see **Appendix 1**)
- Out-patient clinics are located in or near the main population centres across Wales, with easy access *via* public transport links



- The option to have a telephone screening assessment in the Veteran's home (or within Prison healthcare for those incarcerated in Welsh prisons) with a VT who will assess for suitability and signposting, if deemed appropriate
- Following assessment, Veterans are collaboratively involved in the development of an individualised management plan to address health and psychosocial needs
- With consent, *we always* access the Veterans' MoD service and healthcare records to inform our clinical assessment and as a key condition of accessing the Service
- We offer a range of NICE approved evidence-based psychological treatments provided on-site for a wide range of mental health problems
- Close partnership working with a range of veteran organisations/charities to raise awareness of Veterans' issues, across Wales and UK, where appropriate
- In-putting into on-going evaluation and research on the needs of the Veterans' community to inform future policy-making and commissioning of services

## Our Staff

Our staff team, current and present, includes clinicians with personal experience of military life, including our previous Director (2010-2013), Professor Jonathan Bisson, Consultant Psychiatrist who served as a Major in the British Army and as a medical student through to becoming a Psychiatrist.

Dr Neil J. Kitchiner, Principal Clinician, is currently a Captain with 203 Welsh Field Hospital, Army Reserves Centre, Cardiff. Neil deployed to Afghanistan during Herrick 19a (Oct 13 - Jan 14) as part of the two person field mental health team.

Julie Campion VT has worked as a civilian community psychiatrist nurse with SSAFA based in Germany for several years delivering mental health care to serving personnel from various MoD mental health facilities.

Several of the VTs have been married to serving personnel and have children who have served

within the military. The majority of our staff group has worked for VNHSW for approximately 4-5 years and have developed a wealth of experience in treating veterans with service related mental health problems.

At the end of March 2015, VNHSW had ten VTs in post (see Figure 1) and a further four part-time seconded therapists funded by the additional £100,000 from Welsh Government between September – March 2015.

Each Health Board has dedicated administration support. The Powys Teaching Health Board Veterans' Service is delivered by neighbouring LHBs: Betsi Cadwaladr UHB for those who live in Montgomeryshire; Aneurin Bevan LHB for those who live in Brecon or Radnorshire; and Abertawe Bro Morgannwg UHB for those who live in Ystradgynlais (additional information on staff members is given in the **Appendices 2-8**).

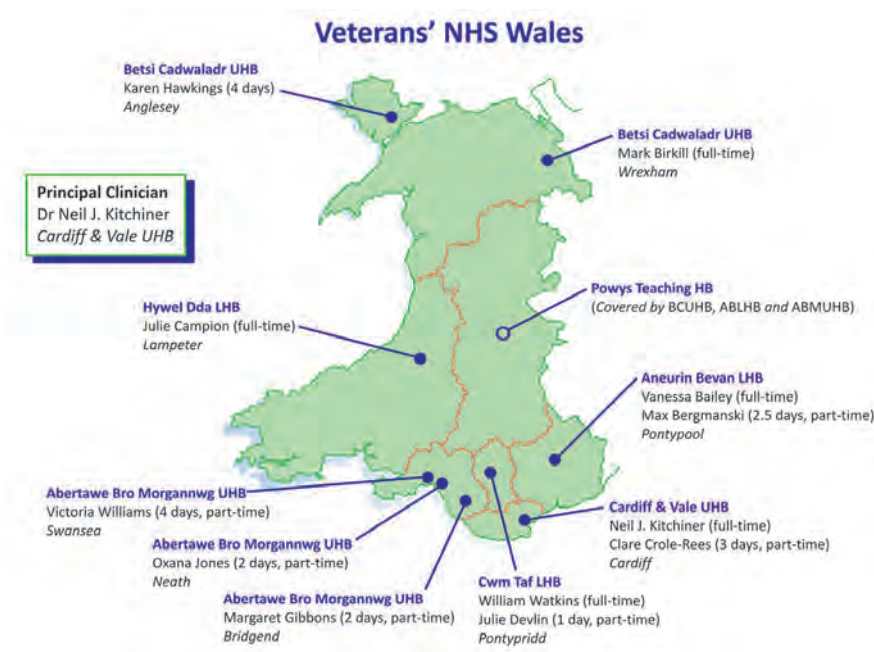


Figure 1. VNHSW staff & main clinics

## Our Services

### Clinical Treatment

Our ten VTs are mental health professionals (*e.g.* nursing, psychology and social work backgrounds) with additional post-graduate training in psychological therapy (mainly Cognitive Behavioural Therapy and Eye Movement Desensitisation Reprocessing Therapy). These mental health professionals are able to treat the entire person in a formulation-based approach.

Referrals to VNHSW arrive *via* several routes, including primary care, self-referral and several veterans' charities/agencies (*e.g.* RBL, SSAFA, SPVA).

## Evidence-based Psychological Interventions

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

1. CBT (for common mental health disorders)
2. Emotional regulation training
3. Trauma-Focused CBT (*e.g.* Prolonged Exposure, Cognitive Therapy, Cognitive Processing Therapy, Skills Training Affect Interpersonal Relationships (STAIR) for traumatic stress symptoms
4. Eye Movement De-sensitisation and Reprocessing (EMDR) therapy for traumatic stress symptoms
5. Motivational interviewing
6. Medication reviews (by GPs and Consultant Psychiatrists)

The clinical team also refer to other primary, secondary or tertiary health services when indicated by level of risk and clinical need.

## New VNHSW Website

VNHSW commissioned a fresh, dynamic website (see below) which went live in April 2015 - visit: [www.veteranswales.co.uk](http://www.veteranswales.co.uk) - which contains a wealth of information for Veterans, self-referral on-line form, and useful links to other veteran organisations that can offer practical help and support.



## Key Stakeholders

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

The VNHSW National Steering Group (NSG) established April 2010 has continued to meet quarterly with a range of partners, including Veterans, veteran agencies, military (160 Brigade), health and social care agencies and the third sector. The NSG is pivotal in building relationships with existing service providers, providing a monitoring role and directional steer to the Service.

## Key Partnership Achievements 2014-2015

- 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 in England
- A representative from VNHSW regularly attends the Welsh Government Cross Party Group highlighting issues surrounding Veterans with mental health issues
- VNHSW offers brief training placements (usually one day) to nurses, and other health professionals upon request from local Welsh Universities
- VNHSW staff present regularly to raise awareness of Veterans' issues to a range of organisations, both statutory and third sector, so that effective and direct referrals can be made to support the Veterans

## Partnership Working and Developments

Further partnership and awareness raising sessions with partner agencies and healthcare professionals have been held across Wales in the last 12 months.

A sample of some of these agencies and topics are provided below:

- Annual AF Day in North and South Wales



- Career Transition Partnership Fair, Cardiff and Wrexham
- National AF Champions conference and meetings organised by Welsh Government
- Substance Misuse – Local NHS drug and alcohol teams
- Service Personnel and Veterans Agency (Veterans UK) – Advice on applications for War Pensions or Compensation

## Performance, Research and Evaluation

Since the Service was launched in April 2010, we have received over **1,657** referrals (up to March 2015). This equates to an average of **331** Veterans per annum to the Service. The following statistics relate to the period April 2014-March 2015.

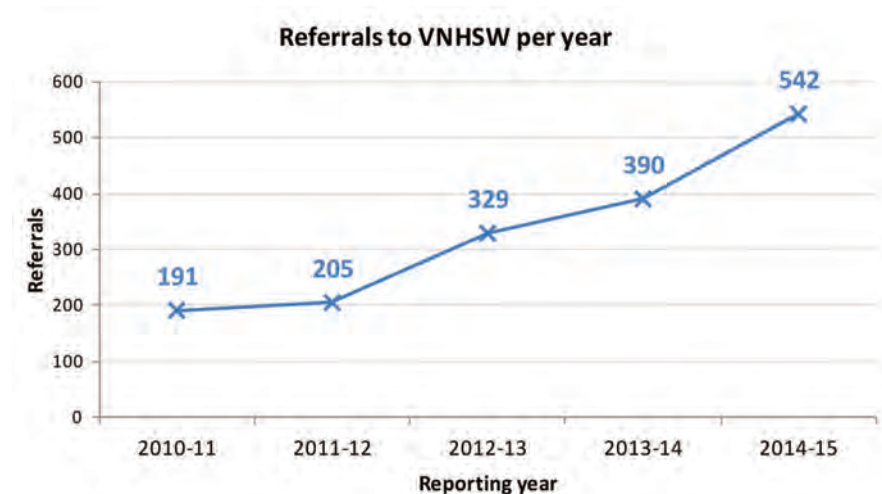


Figure 2. Referrals to VNHSW per year

### Referrals to VNHSW 2014-2015

In the past year (2014-2015) we received **542** referrals across all 7 Health Boards an increase of **152** on last year. By the end of financial year, **339** of these had received an assessment with a VT and **139** of these had begun out-patient psychological treatment with one of our VTs.

Due to the time between referral, assessment and treatment, these numbers slightly downplay the proportion of Veterans that receive assessment and treatment from VNHSW. By looking only at those referrals received in the first half of the year, it is estimated that around 60-70% of referrals to the service reach assessment and 30-50% of referrals begin some form of psychological treatment from VTs.

Veterans living in Powys Teaching Board continue to be referred to our VTs in Abertawe Bro Morgannwg, Aneurin Bevan or Betsi Cadwaladr Health Boards. The trend for the Health Boards who receive the highest number of referrals continues to be, Betsi Cadwaladr, Abertawe Bro Morgannwg, and Aneurin Bevan Health Boards (this is not influenced by referrals from Powys THB, which remain very small).

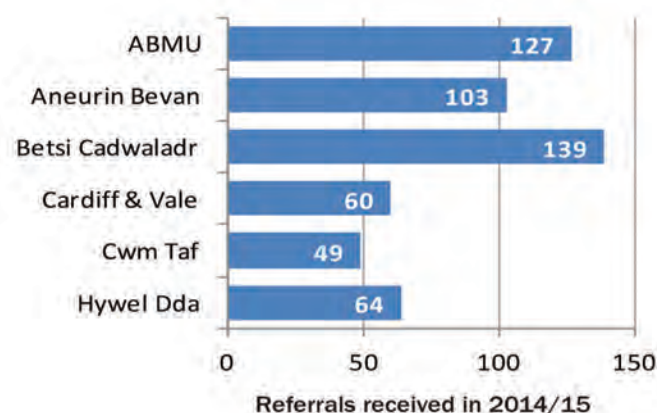


Figure 3. Referrals received by Health Board

### Sources of referral

By far the greatest sources of referral are from Primary Care services and self-referrals. Together these account for around half of the referrals received in 2014-2015.

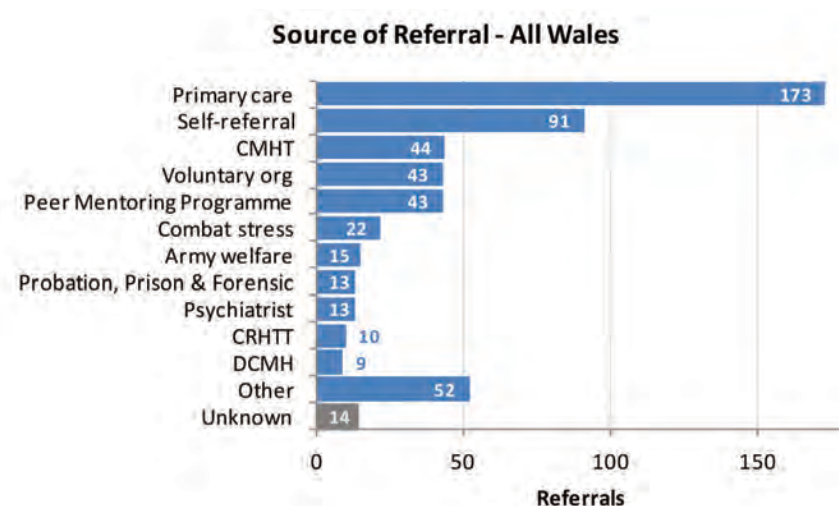


Figure 4. Source of referral

### Main sources of referral by LHB

Different Health Boards receive referrals from various sources (see Figure 5). For example, Betsi Cadwaladr UHB sees a relatively high rate of self-referral, but a low rate of referral from Primary Care. In contrast, Hywel Dda UHB receives a relatively low rate of self-referral but a high rate of referral from Primary Care and various voluntary organisations. These differences reveal opportunities for greater engagement with certain referrers, and this will be investigated by the Service over the next 12 months.

Referral outcomes

The data in figure 5 highlights the variability in outcome after VNHSW receives a referral. For example, Hywel Dda UHB has a high proportion of

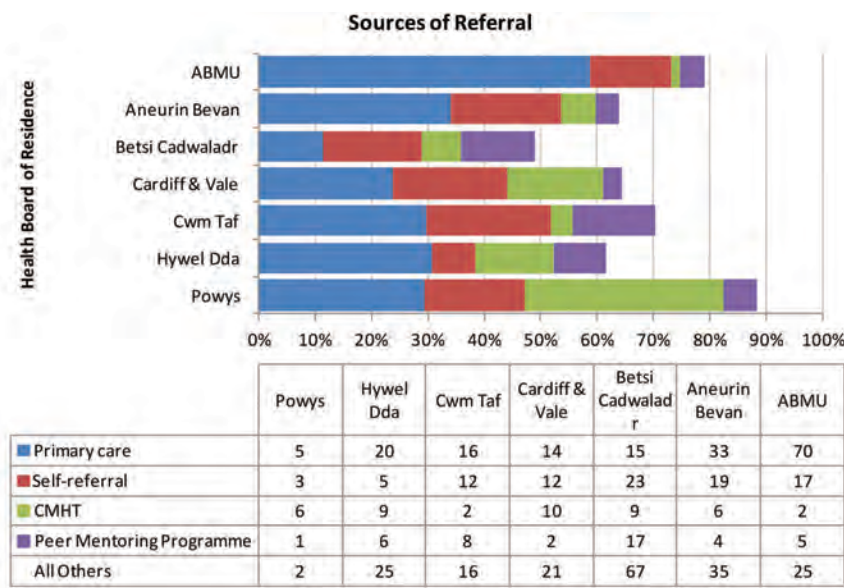


Figure 5. Sources of referral by Health Board of Residence

their referrals who are not assessed and therefore never enter therapy, compared with Cwm Taf UHB who offer an assessment and treatment to the majority of veterans referred. This is probably a reflection of the VTs having a different threshold for entry into the Service. This variation will be discussed by the Service, and steps taken to ensure a consistent and Prudent Healthcare approach to accessing therapy.

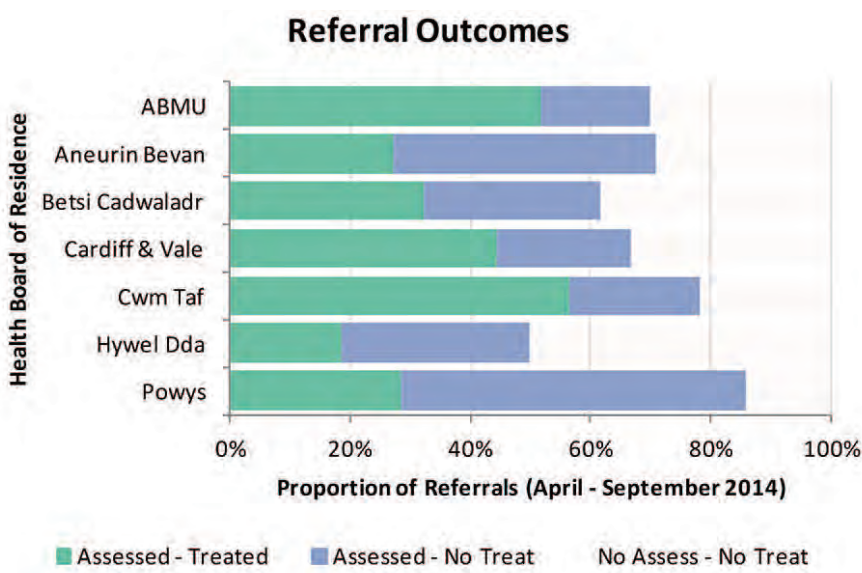


Figure 6. Referral outcomes by Health Board of residence

Signposting to Other Services

Following assessment, many Veterans are signposted to other NHS departments, veteran organisations or charities for further help with medical, psychological or social support. Cwm Taf UHB signposts its Veterans to several agencies

compared to Betsi Cadwaladr UHB. The difference in the range of signposting options may reflect geographical differences rather than needs within veterans assessed.

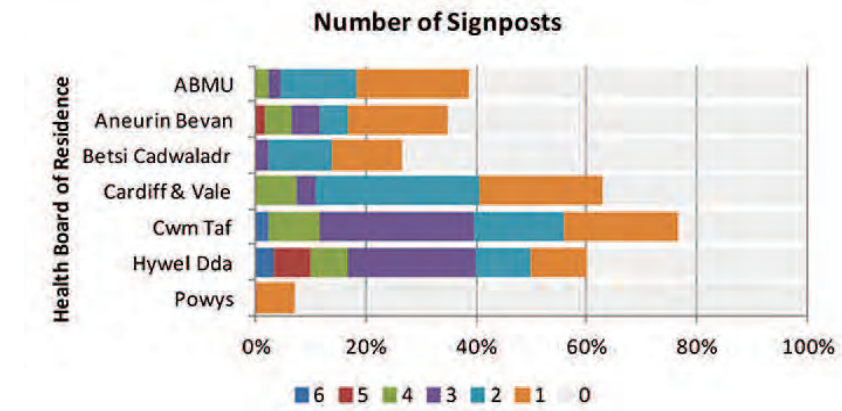


Figure 7. Signposting to other services by Health Board of Residence

Services signposted

Many Veterans assessed required low level psychosocial support to help them engage with other agencies before they could enter into out-patient psychological therapy.

Change Step (a peer support charity) have been able to help with this by offering a ‘peer support’ intervention and weekly drop in groups, plus further signposting.

VTs continue to refer individuals into Primary Care if the Veteran has self-referred to keep their GP informed and request that the GP prescribe various medications for common mental health disorders. Many Veterans continue to be unaware that they can claim for ‘service related injuries’ (physical/ psychological). VNHSW routinely signpost to Veterans UK who can assist them with this.

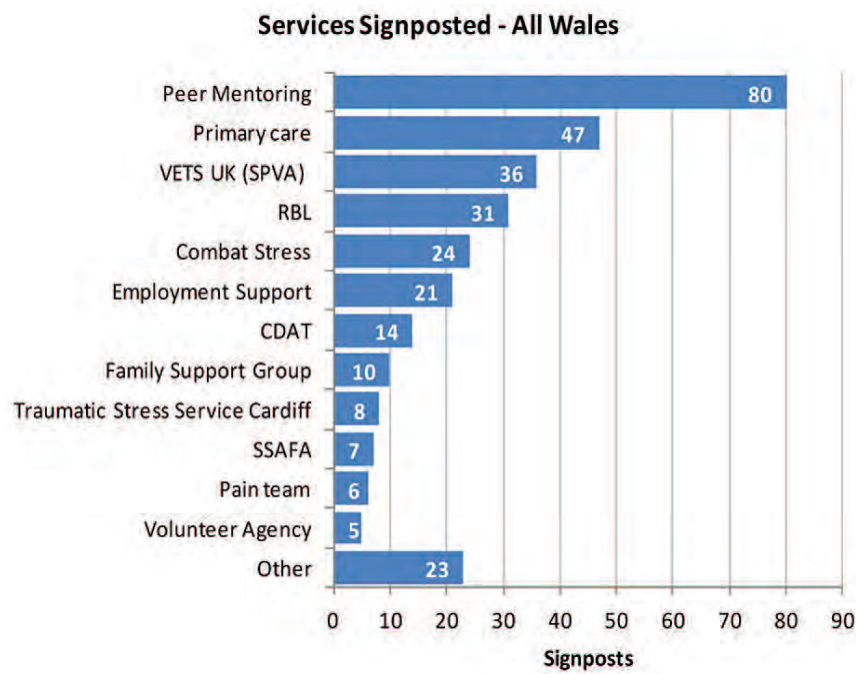


Figure 8. Agencies signposted



# Waiting Times

## Waiting Times for Assessment 2014-2015

50% of initial appointments taking place within 36 days of referral, and 75% within 58 days of referral. The mean time from referral to first appointment was 42 days. This figure is currently outside of the 28 days target for a primary care service.

The waiting times for an assessment vary across the Health Boards. Information on waiting times in each Health Board can be found in **Appendices 2-8**.

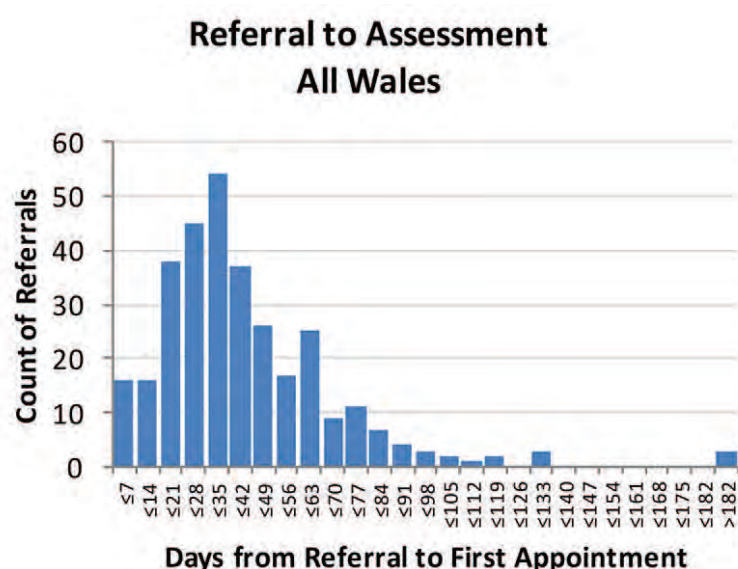


Figure 9. Waiting times from referral to assessment

A significant component of these waiting times is often the delay in the opt-in letter being returned by the Veteran to the Service. Half of those returned took over ten days from information being sent to reach the Service.

Once the opt-in letter had been returned to the Service, VNHSW usually managed to begin the assessment quickly, with 80% of assessments started within 35 days of the opt-in letter being returned, 90% within 47 days. Veteran Therapists typically offer 1-3 new assessments per week each.

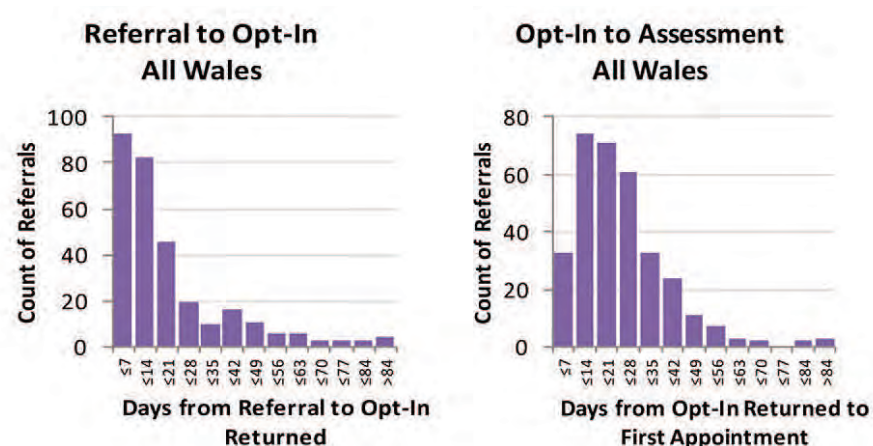


Figure 10. Times from referral to Opt-In and Opt-In to assessment

50% of first treatment appointments were offered within 42 days of the Veteran being assessed and 75% within 113 days. This falls within the 126 days (18 weeks) that the Royal British Legion campaigned for in their 2015 UK Government manifesto to meet the Government's pledge of parity of esteem between physical and mental problems. This variation in waiting times across the Health Boards reflects the variation in capacity and demand experienced by the Service in different regions over the course of the year.

The Service has increased VTs and administration hours in these Health Boards with the highest demand in the following order, *e.g.* BCUHB, ABMUHB, ABUHB, C&VUHB and CTUHB with the additional funding from Welsh Government.

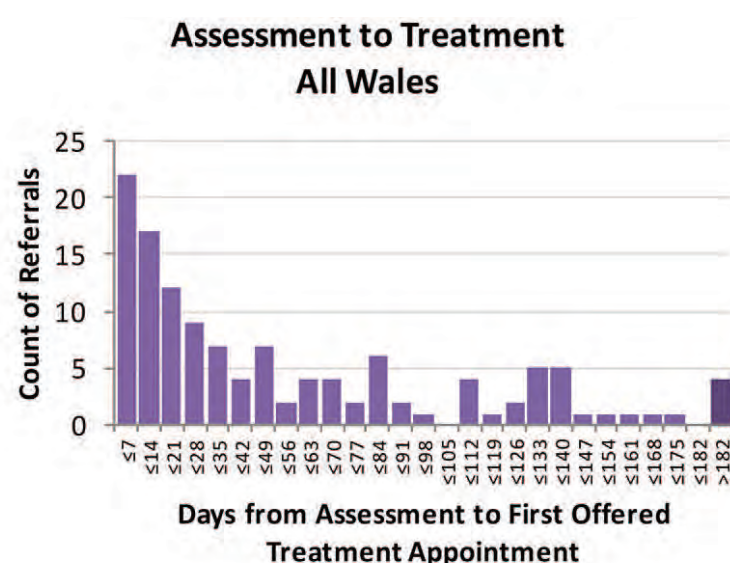


Figure 11. Waiting times from assessment to treatment commencing

The heat map (Figure 12) demonstrates that the majority of our patients referred this year live within a close distance to major conurbations and in South and North Wales. There is a small proportion of Veterans living remotely in Powys and West Wales. The small numbers living remotely may be a true representation of the Veteran population, or that our main out-patient clinics are too far for them to travel to.



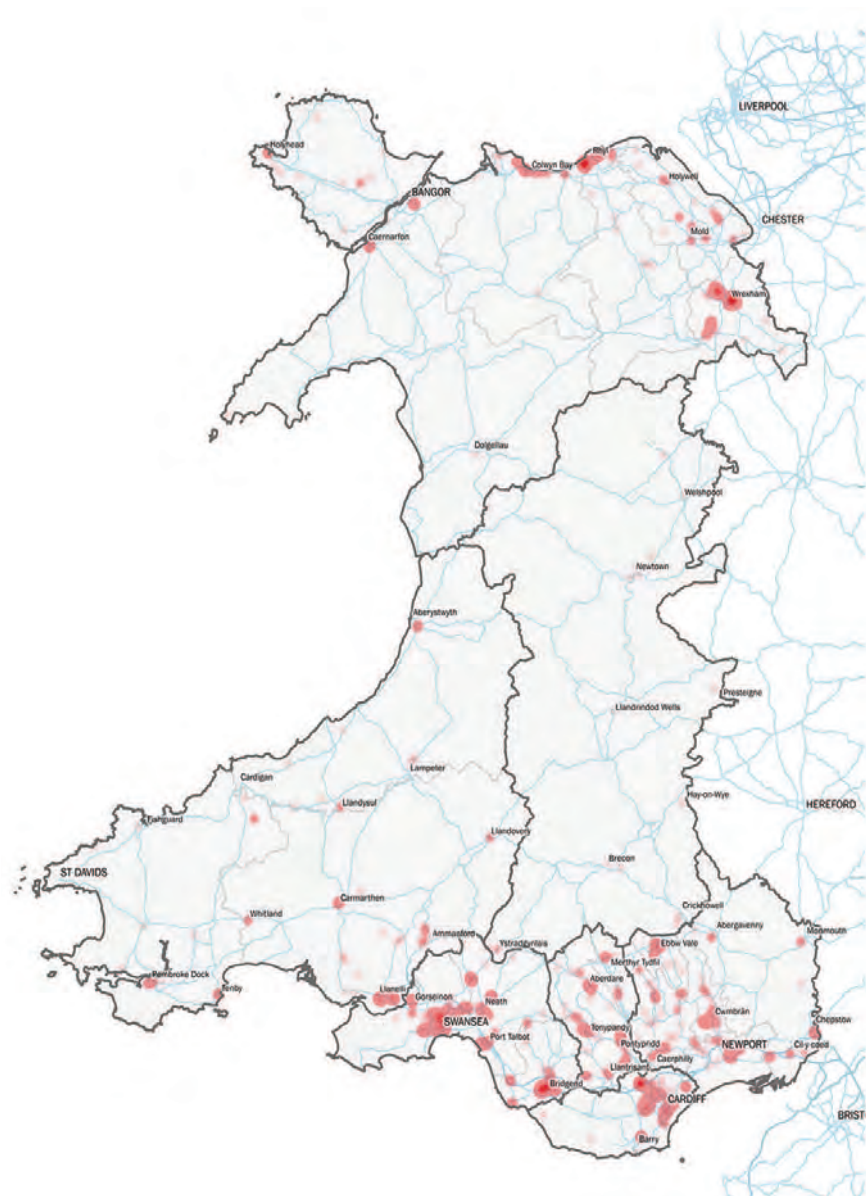


Figure 12. Heat map of referrals in 2014-2015

This would be unlikely though as these rural populations are used to travelling long distances for their health care.

## Branch of Service

Not every characteristic was captured in every assessment – these graphs exclude those Veterans where the characteristic in question was not recorded.

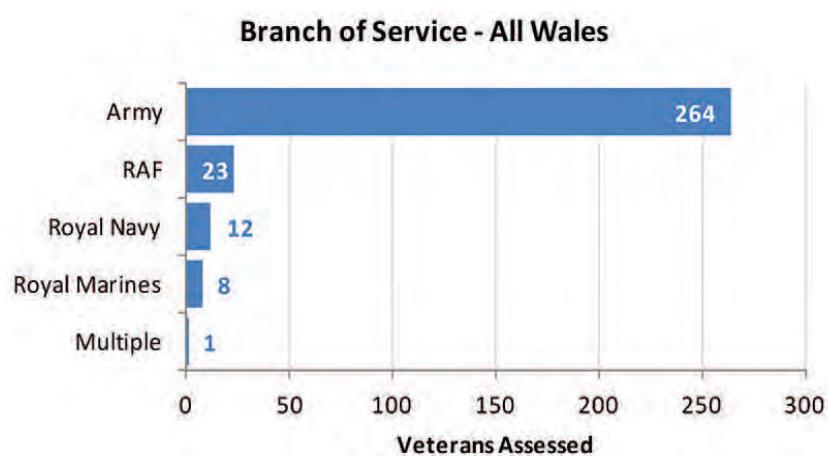


Figure 13. Branch of military service

As in previous years the majority of our patients are ex-army Veterans who have served in infantry regiments and deployed to various theatres of operations.

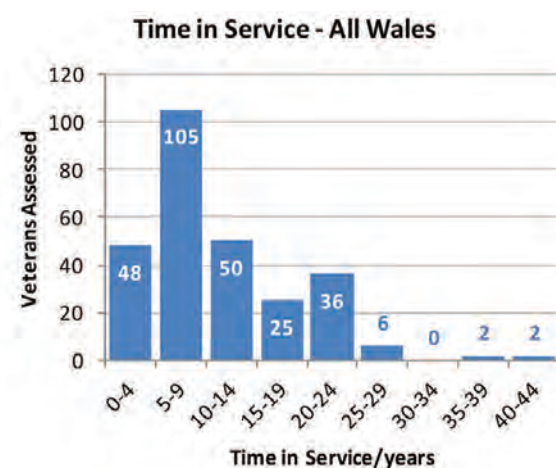


Figure 14. Length of time in service

Veterans who have served between 0-4 years are classed as 'Early Service Leavers' (ESL). There were 48 Veterans with fewer than 4 years in service, which accounted for 18% of those where the time in service was recorded. A further 52 Veterans fell just outside of this category with 5 or 6 years in service. This is important data as ESL may have more complex health and social presentations, which require a multi-agency approach to meet their needs.

## Employment Status

The largest group with 49% describe themselves as unemployed and not fit for work. This was often due to mental and/or physical health problems. This compares with 34% working either part time or full time and able to maintain employment. The third largest group with 13% are individuals who are medically retired due to ill health, in the majority due to mental health problems.

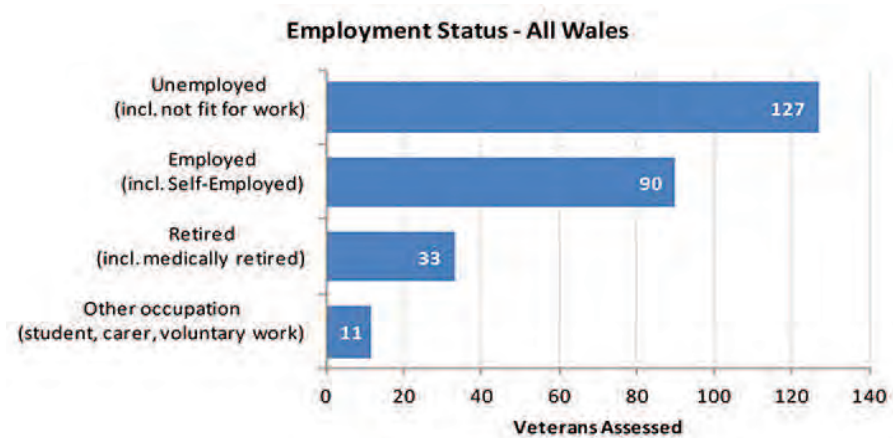


Figure 15. Employment status





## Primary Mental Health Diagnosis

The majority of our Veterans were describing traumatic stress symptoms to events where they thought they were going to be seriously injured or killed or witnessed others being seriously injured or killed. However, not all Veterans with trauma symptoms had experienced exclusively military-related trauma, many reported either pre-enlistment or post service traumatic events *e.g.* physical, emotional or sexual abuse working in private security work overseas. 64% were diagnosed with PTSD, 14% with mixed anxiety and depression, and 11% with a depressive episode.

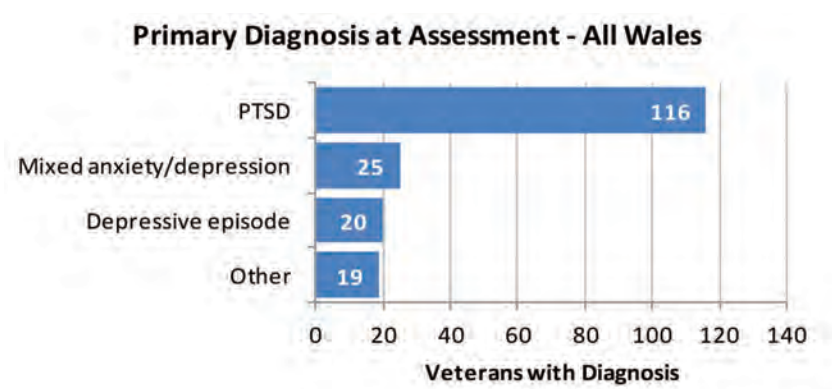


Figure 16. Primary mental health diagnosis at assessment

## Clinical Outcomes of Treatment

All Veterans who are assessed and at commencement of therapy provide self-report scores *via* several clinical measures, and again at discharge, to capture any change in reported symptoms.

In each chart (Figure 17) those Veterans who are represented by an 'x' in the green corner demonstrated a 'significant improvement' in a



particular domain following treatment *e.g.* a lower score indicates a better state on all instruments (with the exception of the EQ-5D).

The self-report questionnaires routinely used are the Impact of Events Scale – Revised (IES-R) which captures PTSD symptoms; the PHQ-9 is used for depressive symptoms; the AUDIT is designed for measuring alcohol use; the GAD-7 for anxiety symptoms; and the EQ-5D for measuring the individual's quality of life.

The charts below demonstrate that many Veterans achieve significant improvement in several aspects of mental health following therapy.

Some Veterans may improve on one measure, even if they do not show improvement on others. There is however, a large number of low self-reported Quality of Life scores, both before and after treatment based on the EQ-5D, which the Service will work to understand what underlies this lack of improvement.

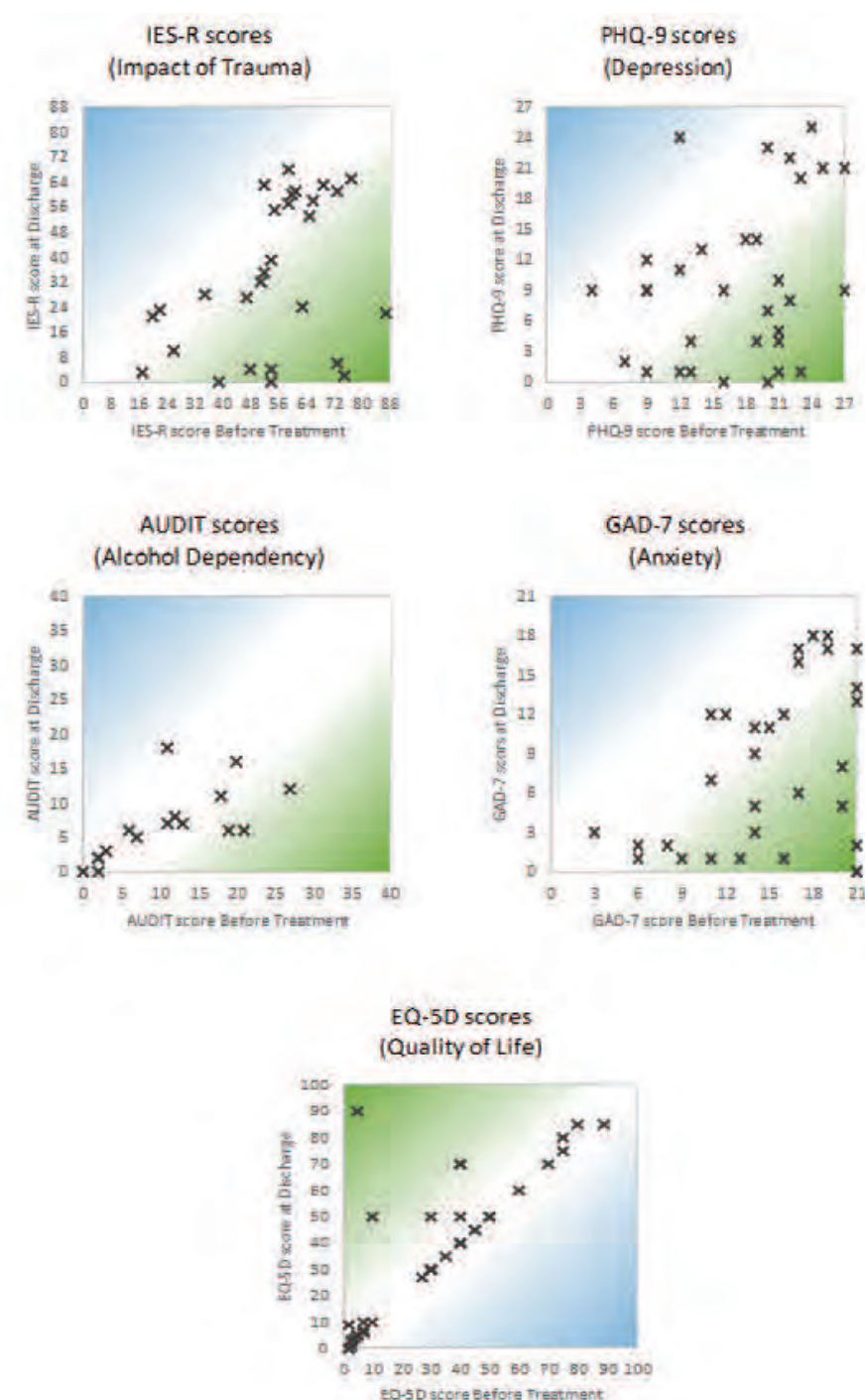


Figure 17. Clinical Measures Pre-Post Therapy



Academi Wales Service Improvement

Academi Wales were invited to work with VNHSW in early 2015.

After three months of collecting data and meeting monthly for one day workshops we were able to agree on an action plan to implement the recommendations devised in collaboration with Academi Wales (AW) (see **Appendix 11**).

One of the key findings from the exercise was how much time the staff had each week had to devote to the many and varied tasks to operate VNHSW. Figure 19 graphically demonstrates the effective capacity = 207 hours per week. This was in contrast to typical demand = 339 hours per week, resulting in a shortfall = 132 hours per week. This tension between capacity and demand resulted in long waiting lists for assessment and commencement of therapy in several UHBs up to seven months.

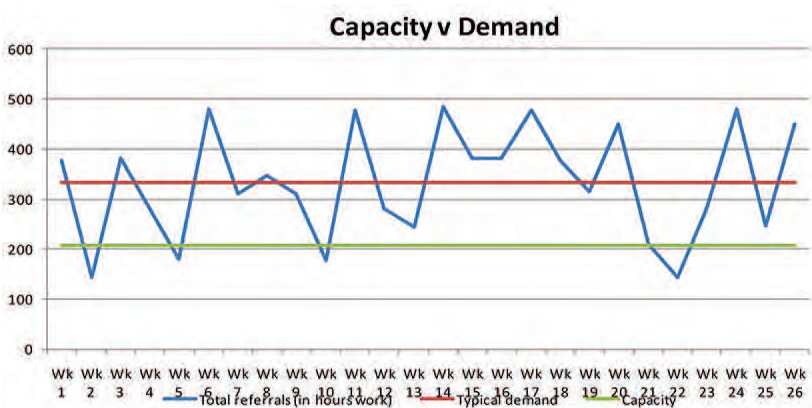


Figure 19. Funded Capacity - 7 VTs whole time equivalent – includes clinical and other work

Figure 20 shows the effect of increasing capacity of VTs across the Service with a one off payment of £100,000 from Welsh Government (WG). The effective capacity increased by 60 hours = 267 hours per week. Demand also increased to = 350 hours per week, leaving a shortfall of = 83 hours per week across the Service a reduction of 49 hours with 7 Veteran Therapists. This data was used in our argument for an increase in funding with WG who commission the Service.

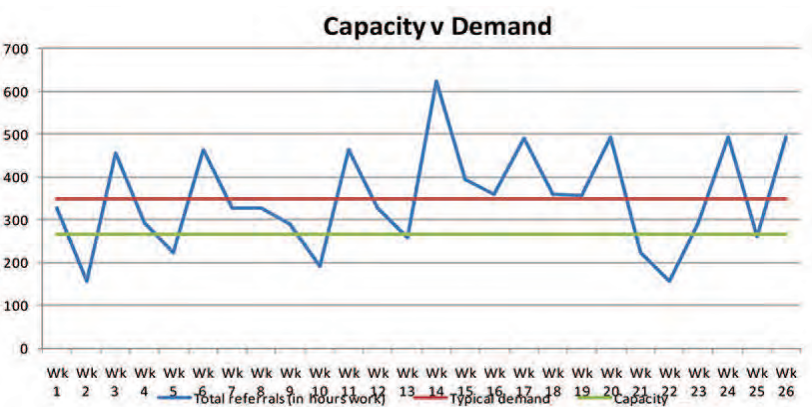


Figure 20. Additional Funded Capacity 9.5 VTs - includes clinical and other work

**‘Where are we now?’**

**Introductions**

**Set the scene** – The Review and Service expectations

Short group exercise – Listen to the voices (what are the expectations from Service users, Staff, the organisation, the data)

What’s the purpose of the Service?

**How do we do things now?**

High Level Process (to define scope)

Detailed Process (as is) - Keep improvement actions board – issues board – Data board

**What stops you achieving your purpose in the way we do things now?**

Brainstorm issues/problems (generate list of problems, be specific)

Prioritise issues/problems (ABC, Ease Benefit, N/3)

**Actions before next Workshop**

Clarify actions from process mapping

Actions from Brainstorm

**Before Next Workshop**

Prepare feedback on what’s different in your area?

Collect data

Complete any actions

Figure 18. Workshop 1 – Brecon 12th January 2015

Awards and Recognition

The Service has been encouraged to enter various UHB internal awards over the past 12 months and will continue to enter national awards where appropriate.

Staff Training & Investment

VNHSW continues to invest in our staff *via* their annual appraisal to meet the needs of the Service. All therapists have attended various levels of training in evidenced based psychological therapies that have been indentified as potentially useful for our client group. Several of the therapists are working towards accreditation with the British Association of Behavioural and Cognitive Psychotherapists (BABCP) and Eye Movement Desensitisation and Reprocessing Therapy with EMDR UK and Ireland as an accredited practitioner.



# Our Plans for 2015-2016

We are continuing to implement the remaining 15 recommendations that were identified in the Public Health Wales Service Review, July 2014.

The use of Tele-Mental Health within the Service continues to be developed in conjunction with the NHS Wales roll out of IT infrastructure.

The quarterly National Steering Group meeting will continue to be hosted by the Royal British Legion within their Cardiff Pop-In shop, board room.

Redefine the pathway for Veterans seeking mental health treatment from Combat Stress within Wales, to avoid duplication of effort and travel for the Veteran.

To develop closer working relationships with the Welsh Prison estate, to ensure incarcerated Veterans with 'service related' mental health problems have access to veteran specific services during their sentence to prepare them for reintegration into society.

To support the annual events including attending Armed Forces Day celebrations in Wrexham and Cardiff, National Transition Fairs, and the local authority covenant grant bids.

## Service User feedback

The Service continues to collect service user feedback post discharge *via* the Patient Experience Questionnaire. This feedback continues to be very positive on the whole over the past year from all LHBs. The following are free text comments from a selection from all LHBs:

***“My therapist listened to my concerns but also guided me with what they thought my problem areas were. They made suggestions of what I should do to help myself. This has been really good for me. I feel without this help I could have spiralled out of control to a point where I may have hurt myself. I now feel good about myself and my future.” (BCUHB)***

***“Therapy gave me a positive outlook and a new understanding of life.” (ABMUHB)***

***“I used to have large gaps between admissions to Combat Stress (MH Charity). VNHSW has helped me immensely to keep my symptoms under control.” (ABUHB)***

***“Coming for therapy with VNHSW has changed my life completely. I now feel confident and happy again after suffering for so long.” (H DUHB)***

***“My therapist is an amazing therapist and has helped me through a lot. I still struggle with symptoms but use the techniques that I have been taught to deal with them.” (C&VUHB)***

## 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

Academi Wales (Nick Tyson and Roy Ellis)

Cardiff and Vale UHB Traumatic Stress Service

Cardiff University, Hadyn Ellis Building

Combat Stress, community teams, Wales

Change Step and Listen In service

Community Health Council (John Skipper)

Defence Community Mental Health Service, MoD

Hire a Hero, Wales

Healthcare Inspectorate Wales

Infantry Battle School, Dering Lines, Brecon, Officers Mess (Christine Langford)

National Centre for Mental Health, Wales

Medical Assessment Programme

National Veteran Mental Health Network (England)

NHS Wales

Public Health Wales (Phill Chick and Adam Watkins)

Remploy (Helen Cornet)

Royal British Legion, Wales (Phil Jones and Peter Evans)

SSAFA

The Reserves Mental Health Programme, RTMC, Chilwell, Notts

Veterans UK (Mike Bailey)

Welsh Government (Jason Pollard, Julia Letton and Sarah Watkins)

HMP Prison Service, Wales

203 (Welsh) Field Hospital, Cardiff HQ (Huw Williams)

# Our Special Thanks

We would like to thank all the staff at VNHSW who have worked very hard to make the Service ‘Veteran centred’ and as flexible as possible to meet their needs.

We are very grateful for the input from Cardiff University placement students Hannah Colley and Alice Piekarski, Nick Tyson and Roy Ellis from Academi Wales for their service improvement workshops and Phil Chick, Adam Watkins from Public Health Wales for their advice and continued support, and production of the statistics and tables used within this Annual Report.



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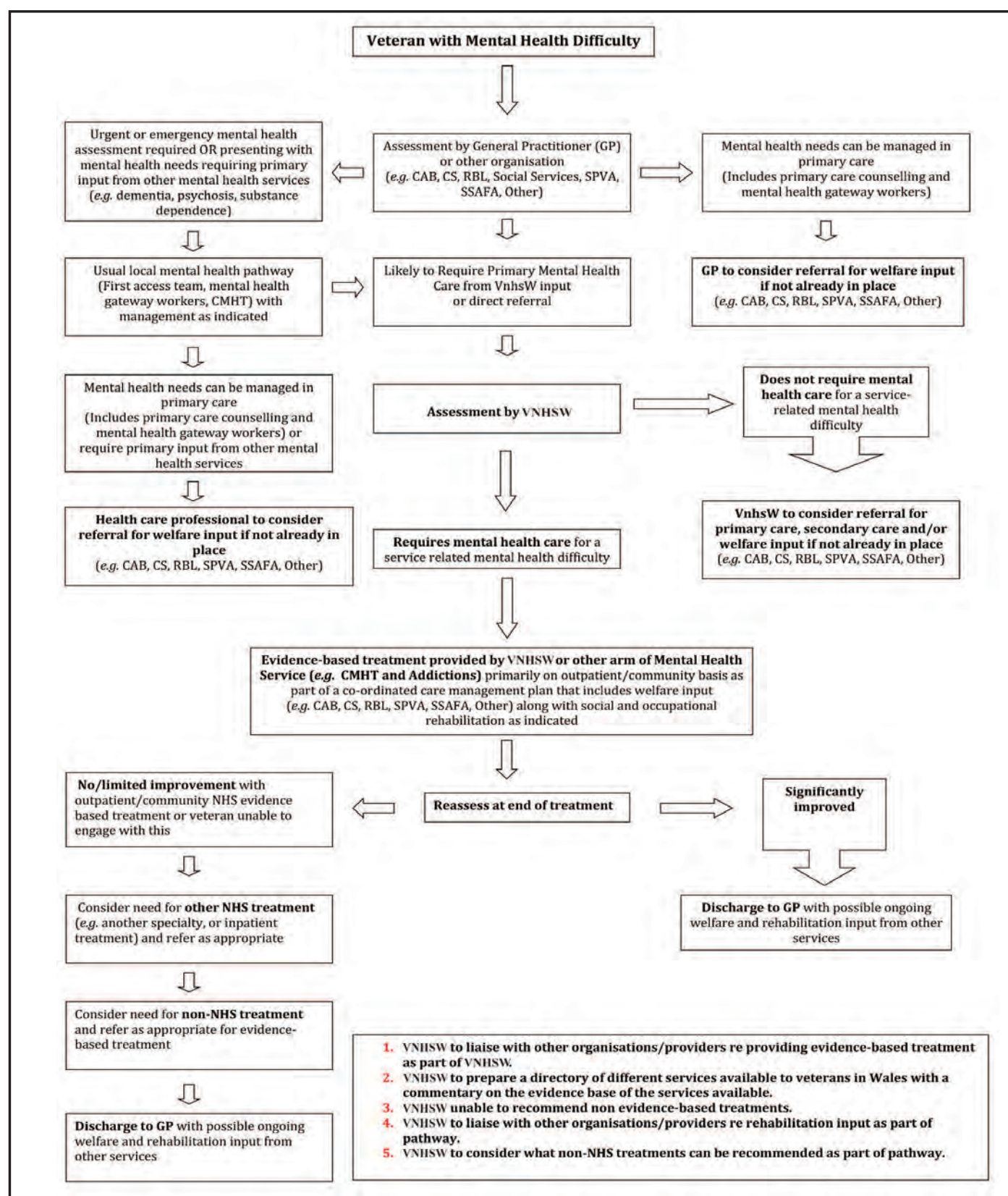
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# Appendices

## Appendix 1: Common Pathway



## Appendix 2: Abertawe Bro Morgannwg University Health Board Veterans' NHS Wales Service

### Staff

The ABM UHB VNHSW comprises of 3 Therapists – **Victoria Williams**, who works 30 hours per week, **Margaret Gibbons** providing 15 hours per week and **Oxana Jones** providing 15 hours per week. Secretarial support is provided 22.5 hours per week by **Jacqui Pugh**, with responsibility for all administrative details, plus data collection and input to the database housed in Cardiff & Vale NHS.

### Catchment Area and Clinic Bases

The entire population of ABM UHB currently stands at 501,800. AMB UHB also covers the South West Powys, Ystradgynlais, with a population totalling 10,210.

Our main base is in Bridgend – Tel: 01656 763023.

Clinics are held at the Arc Centre Bridgend, Central Clinic Swansea, WCADA Building Port Talbot and Tonna Resource Centre Tonna.

### Recent Developments

#### Development of the Armed Forces Clinical Network Group

The Clinical Network Group continues to meet quarterly and is well attended.

#### Police Cards for Veterans

The veteran cards are well used and plans to expand the scheme are underway.

#### Armed Forces Forum

The Armed Forces Forum has been developed and enables all services within ABMU HB to work together to meet the needs



of our service personnel and Veterans. A holistic action plan is in place which gives direction and cohesion to all involved. All our VTs continue to attend and support the Armed Forces Forum.

### Veterans in Prison

With two prisons, HMP Parc and Swansea in our catchment area, work is on-going to ensure a smooth referral pathway to the VNHSW Service.

### Quarterly Newsletter

Our Newsletter is sent to all GPs in the area, as well as community mental health teams, local authorities, third sector partners and many other agencies and departments. This Newsletter informs of any new developments within the Service and highlights the ease with which anyone can be referred into the Service.

### Professional Development

Victoria Williams is an accredited Cognitive Behavioural Psychotherapist with the British Association for Behavioural and Cognitive Psychotherapy (BABCP) and an accredited EMDR (Eye movement desensitisation and reprocessing) therapist with EMDR UK & Ireland.

Victoria is a former Board Trustee and communications lead for the BABCP, and continues to work as a branch member of the South West Wales BABCP as Vice Chair.

She has received specialist training and supervision in Cognitive Processing Therapy CPT tailored to military veterans from trainers in the United States via group telephone conference calls.

Margaret Gibbons has attended her EMDR training and is currently working towards her accreditation with EMDR UK & Ireland.

All VTs are undertaking training towards the European Society for Traumatic Stress Studies (ESTSS) certificate in Psychotraumatology.

Margaret attended a specialist Military workshop on treating Veterans’ military trauma and the use of EMDR.

Oxana Jones is working towards her accreditation in Cognitive Behavioural Therapy and is a Board Trustee with BABCP. She also works towards Advanced Certification in Schema Therapy with International Society of Schema Therapy at present. She has started developing her expertise in military mental health since 2014.

### Key Priorities and Objectives

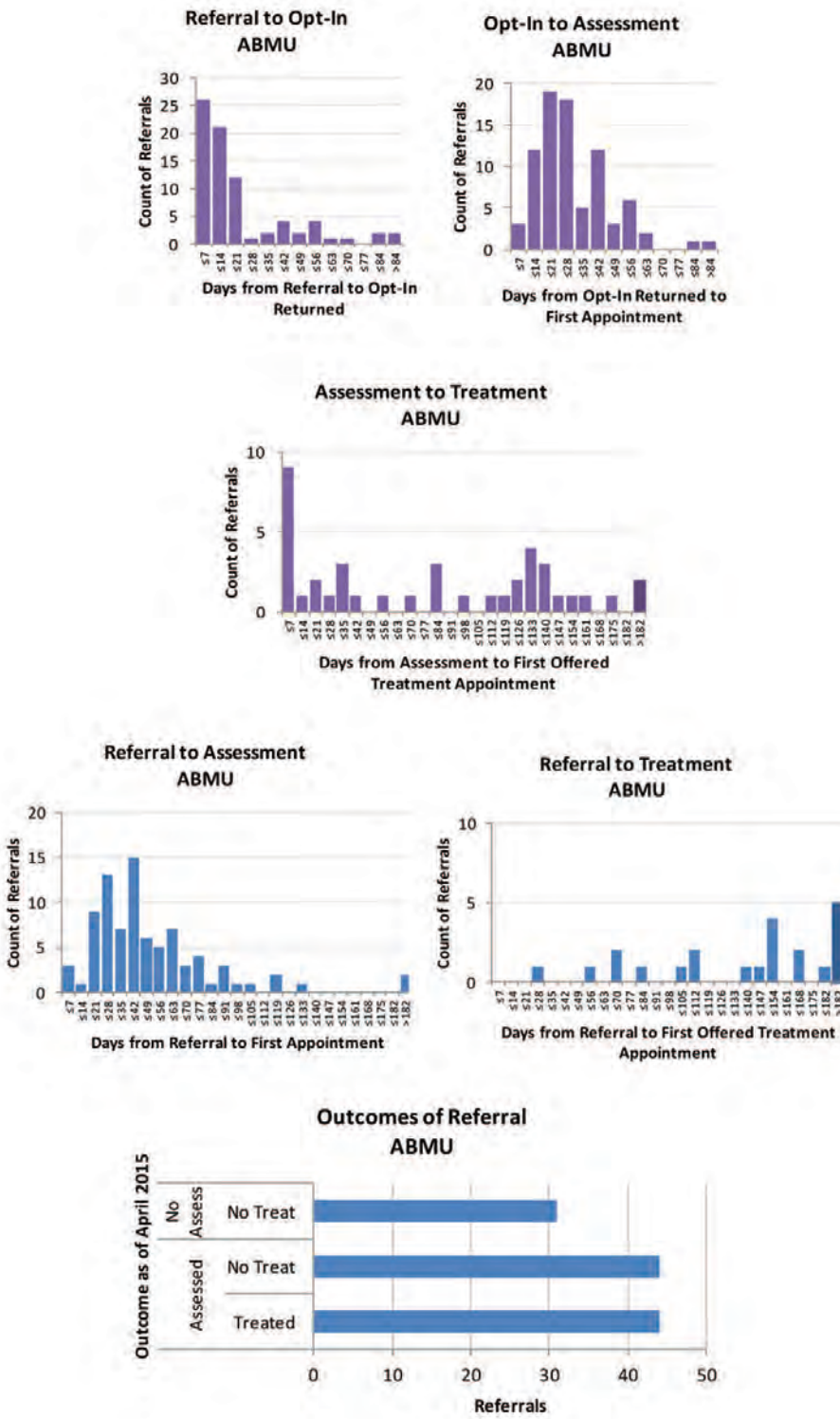
- To continue to reduce the waiting list for treatment.
- To continue to work with outside agencies, *i.e.* Change Step, Combat Stress and RLB with the view to them being able to offer support to Veterans while on the waiting list.
- To continue to establish links with the Community Drug and Alcohol Teams in an effort to offer those Veterans support once they have reduced their dependence on alcohol and or illicit substances.
- To continue to work closely with the primary care teams in

Swansea, Tonna and The Larches in order to ensure effective communication, thereby reducing the waiting times Veterans may face if inappropriately referred to the local primary mental health support service.

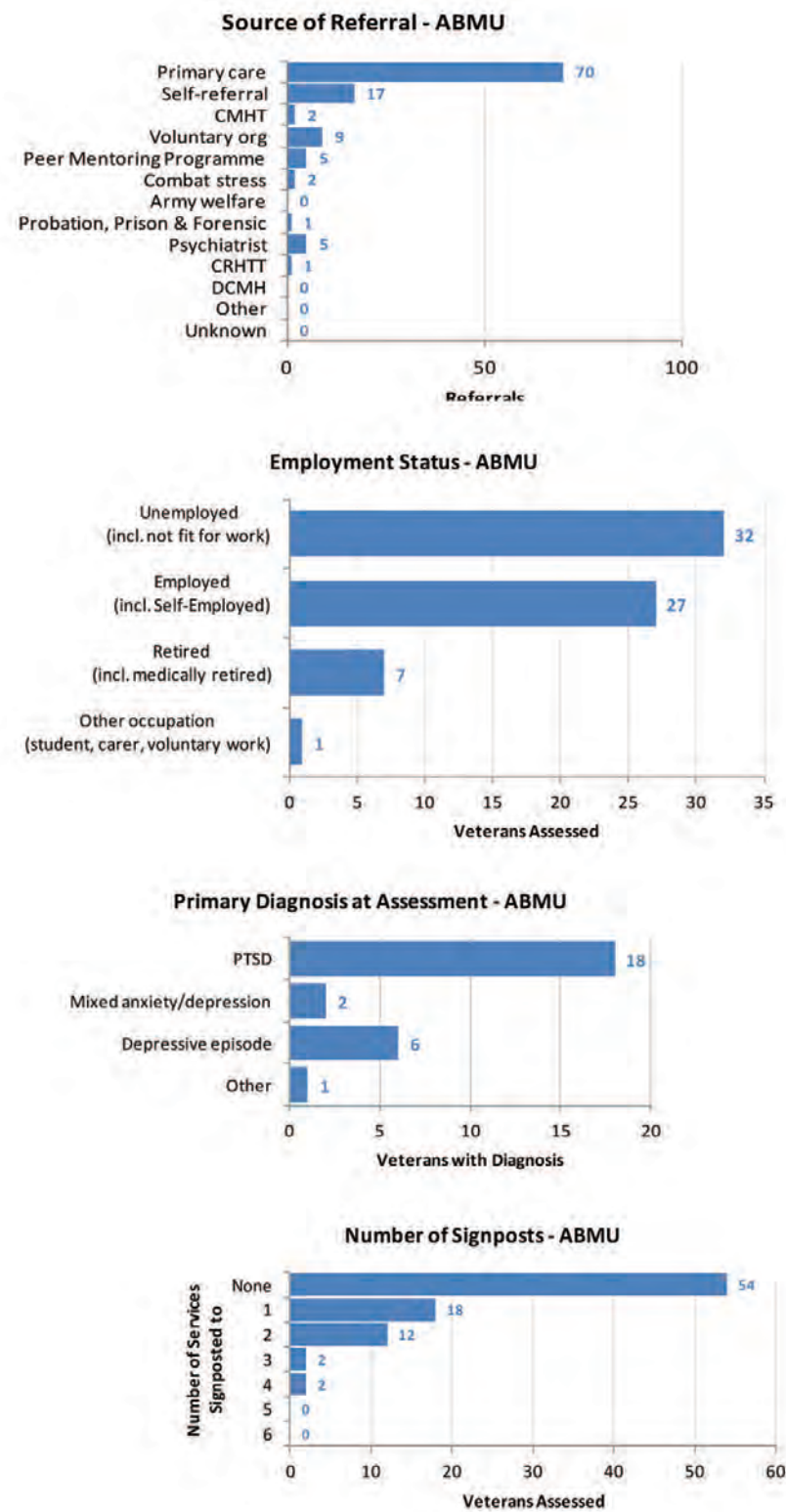
To maintain publicity for our Service to ensure that Veterans are afforded easy access to support.

To continue to enhance and further develop clinical skills.

### Waiting Times



Characteristics of Referrals and Signposting



Appendix 3: Aneurin Bevan University Health Board Veterans' NHS Wales Service Staff

**Vanessa Bailey** was instrumental in setting up Veterans' NHS Wales in ABUHB, which became operational in November 2011. Vanessa works 30 hours a week. **Max Bergmanski** joined Veterans' NHS Wales in April 2012 and works 20 hours a week. **Helen Gower** was seconded to the Service in September 2014 until June 2015 two days per week. **Louise Williams** works 16 hours a week supporting the team with managing referrals and administration.

Catchment Area and Clinic Bases

The Aneurin Bevan UHB covers Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen and South Powys. Clinics are held in: Talygarn CMHT, Torfean; Ysbyti Ystrad Fawr Hospital, Caerphilly; Maindiff Court Hospital, Abergavenny, Monmouthshire; Bronllys Hospital, Bronllys, Powys and Monnow Vale Health and Social Care Facility, Monmouth, Monmouthshire.

Recent Developments

Small waiting list for assessment and treatment despite being in the top three most referred UHBs.

Clinical Network Meeting and Armed Forces Forum continues with quarterly meetings and is well attended.

Close working links developed with various Veteran Charities and Gwent Police.

Presentations provided regularly on the Service developed and awareness raised to third sector agencies.

Quarterly updates on the Service sent to each GP via email.

Links developed with alcohol service providers in each borough to raise awareness of the VNHSW.

Professional Development

Attendance at workshops on Trauma-Focused Therapy and working with trauma.

Monthly supervision for accreditation.

UK PTS workshop attendance.

Specialist training in Cognitive Processing Therapy training for military Veterans and supervision from the USA via group telephone conference calls.

Key Priorities and Objectives

To maintain small waiting times for assessment and treatment.

To continue to raise awareness and the profile of the Service in order to target those Veterans who are in need of a Service, but have not yet accessed one.

To promote the Common Care Pathway to other primary services, secondary services and other veteran-related services, i.e. referral in to Veterans NHS Wales for bio-psychosocial assessment in the first instance.

To strengthen ties and relationships with the Primary Mental Health Care Teams.

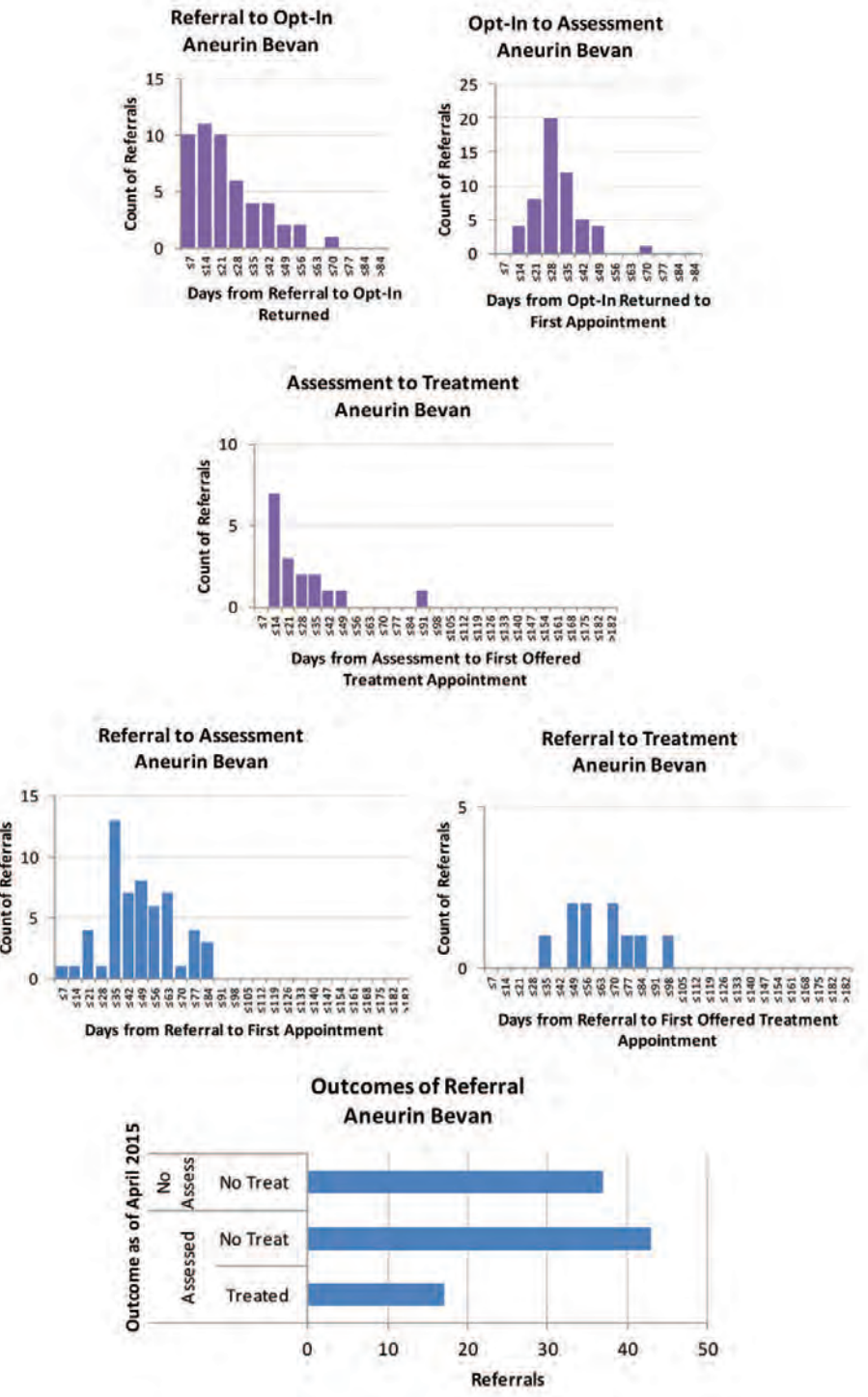
To develop and implement training for mental health clinicians initially in primary and secondary services on Veterans' and PTSD/military mental health.

To improve links with local authorities and to involve in Clinical Network meetings and Armed Forces Forum, as necessary.

To continue to enhance and further develop clinical skills ensuring the use of evidence-based treatment recommended by NICE guidelines.



Waiting Times





Appendix 4: Betsi Cadwaldr University Health Board Veterans' NHS Wales Service

Staff

Karen Hawkings covers Ynys Mon, Gwynedd and Conwy.  
Mark Birkill covers Denbighshire, Flintshire, Wrexham and Montgomeryshire.

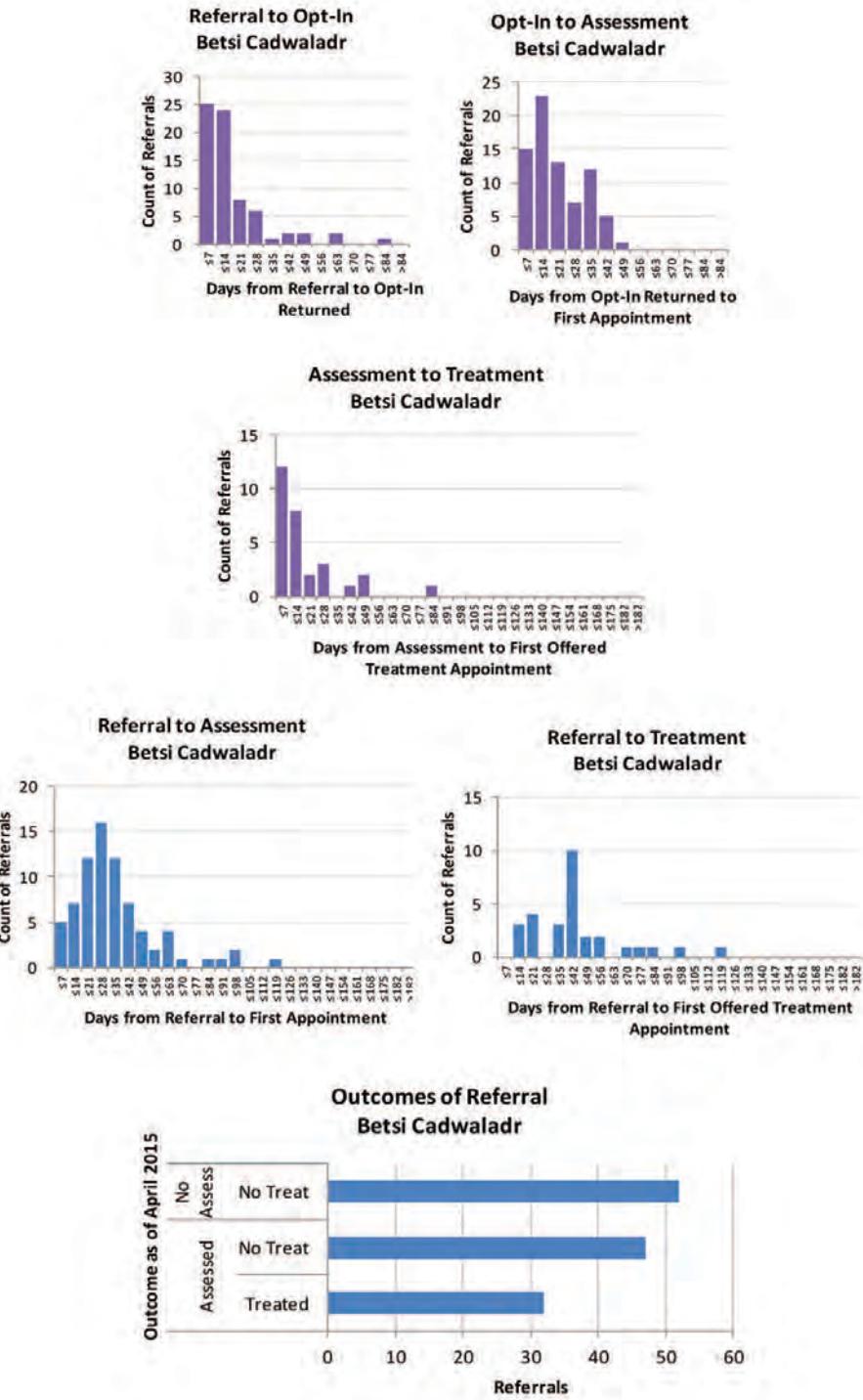
Catchment Area and Clinic Bases

The Betsi Cadwaladr UHB VNHSW Service covers the local authority areas of Ynys Mon, Gwynedd, Conwy, Denbighshire, Flintshire, Wrexham and North Powys (Montgomeryshire). Clinic bases are in Bangor, Colwyn Bay, Caernarfon, Connors Quay, Ysbyty Glan Clwyd, Wrexham and Welshpool, as required.

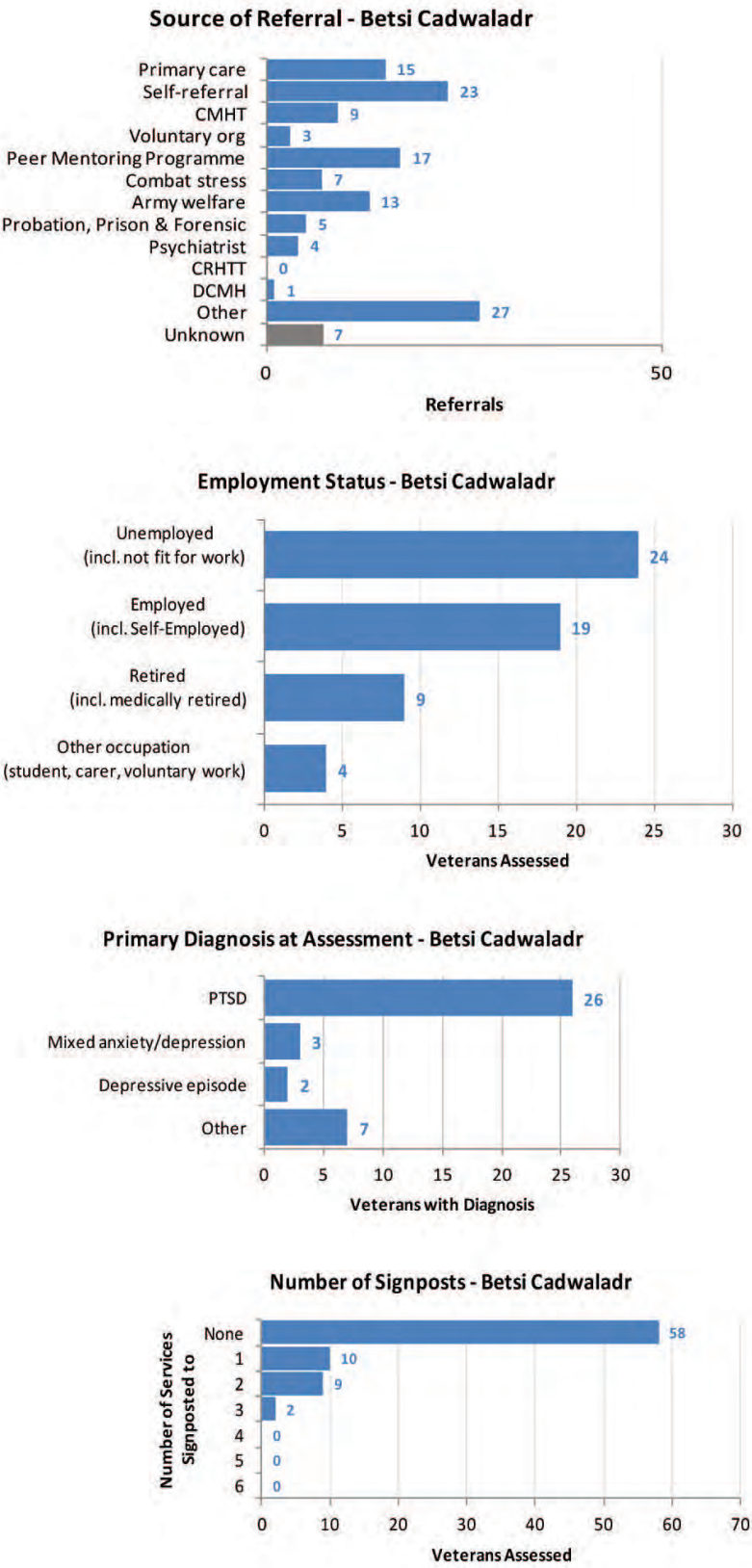
Recent Developments

Bangor Clinics are now held in the Mindfulness Centre, part of Bangor University. It is hoped that in the future there may be some collaborative working between Veterans NHS Wales, and the team at the Mindfulness Centre. We have delivered training sessions on Mental Health/PTSD Awareness to families and volunteers with the Listen-In Service. We are also going to be delivering similar sessions to Jobcentre Plus staff.

Waiting Times



Characteristics of Referrals and Signposting



Professional Development

Karen and Mark continue to receive regular clinical supervision from Matt Wesson, a former Royal Marine Psychological Therapist.

Key Priorities and Objectives

It has been identified that our multi-disciplinary referral meeting should look at means of logging referrals and outcomes.

CAIS have taken the lead in developing the systems that will allow this tracking and monitoring to take place.

CAIS - Change Step peer mentors have received further training from VNHSW into the signs and symptoms of common mental health problems, along with RBL staff and Pop-In Shop volunteers.



Appendix 5: Cardiff & Vale University Health Board Veterans' NHS Wales Service

Staff

Neil J. Kitchiner, full-time, Clare Crole-Rees, part-time (Veteran Therapists) and Claire Morgan, Co-ordinator, part-time.

Catchment Area

The Cardiff and Vale UHB VNHSW Service covers the local authority areas of Cardiff and the Vale of Glamorgan. We also act as the Hub for the VNHSW and collect monthly data from across the other 6 LHBs and arrange Service supervision to the other VTs across Wales.

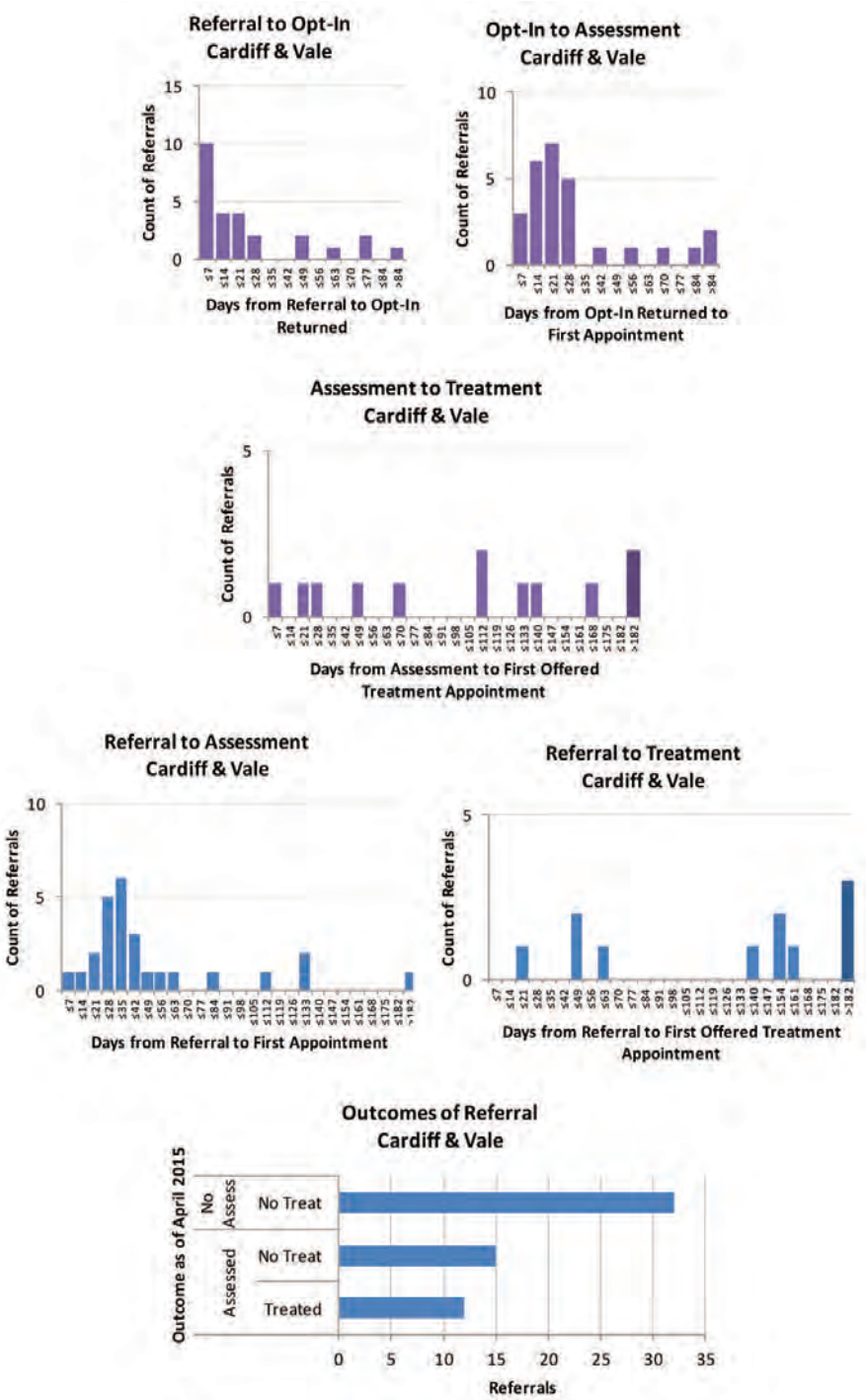
Recent Developments

Academi Wales facilitated a review of the services process and stuck points around referral, assessment and treatment.

Professional Development

Neil and Clare continue to receive ongoing professional development to maintain their accreditation with various regulatory bodies and keep up to date with advances in psychological therapy.

Waiting Times





Appendix 6: Cwm Taf University Health Board Veterans' NHS Wales Service

Staff

The Veterans NHS Wales Service in Cwm Taf is part of Psychology services situated in Primary Care. Staff members consist of two Community Veterans Mental Health Therapists; **William Watkins** and **Julie Devlin**, with administration support from **Maria Moruzzi**.

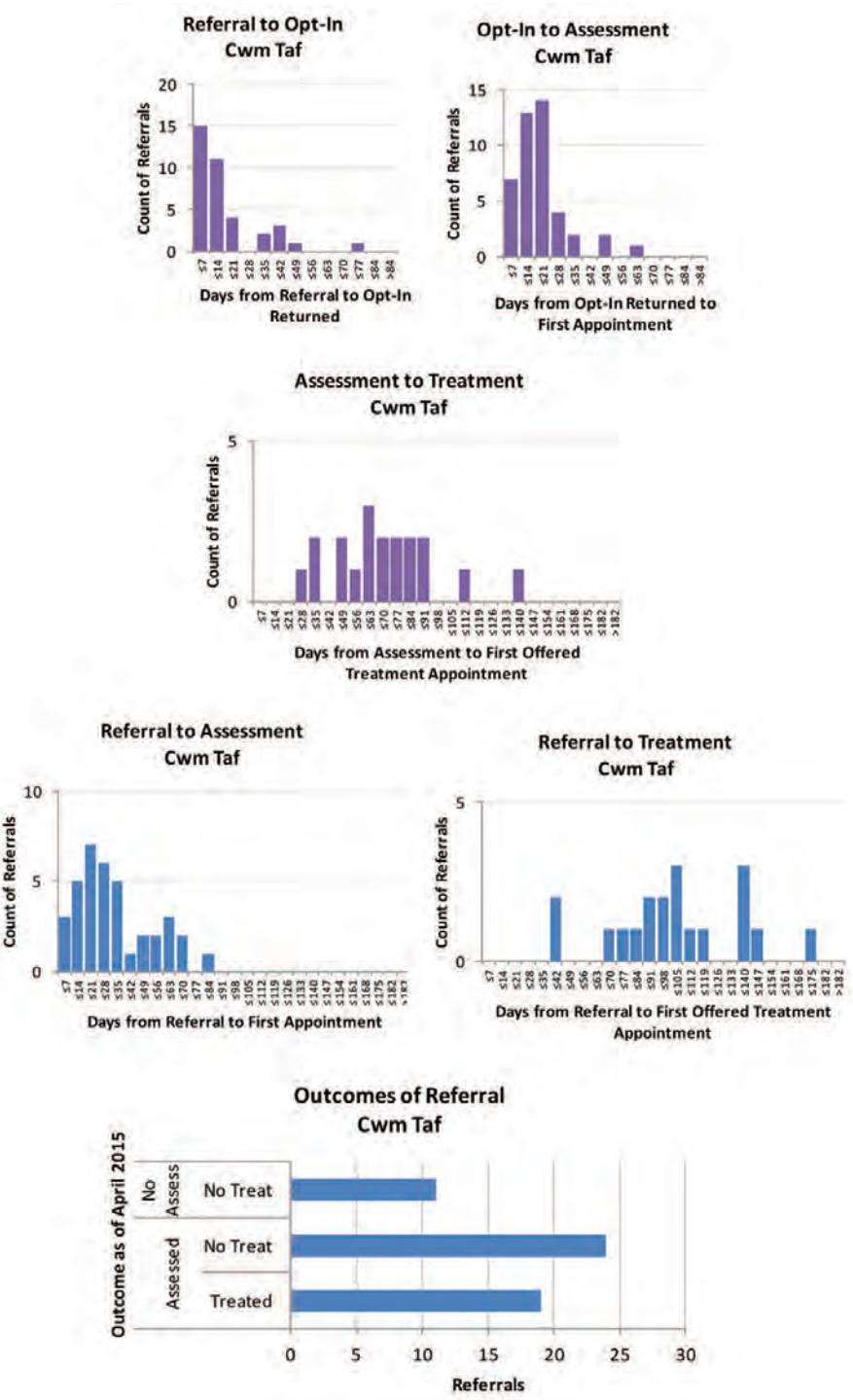
Catchment Area

Cwm Taf University Health Board Veterans NHS Wales Service is made up of four localities: Taff Ely, Merthyr Tydfil, the Rhondda, and Cynon Valleys. Current clinic locations are spread over three locations in the Health Board - the Maritime Resource Centre at Pontypridd Clinical Day Services for residents of Taff Ely and Rhondda Valley residents, Keir Hardie Health Park for residents of Merthyr Tydfil, and the Primary Care Resource Centre at Ysbyty Cwm Cynon in Mountain Ash for the Cynon Valley.

Recent Developments

Within the last reporting period Julie Devlin has become a permanent member of the Veterans' NHS Wales team

Waiting Times

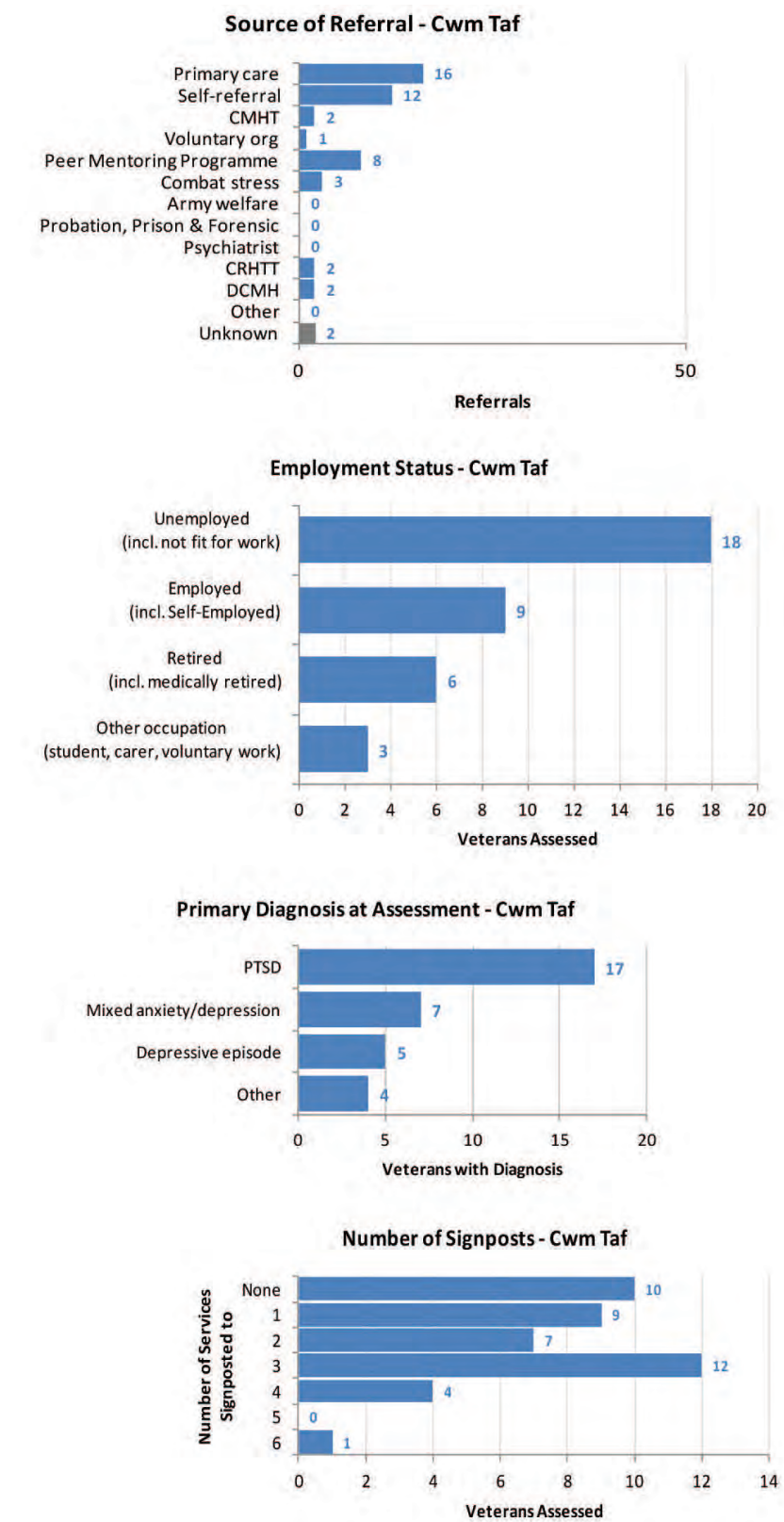


providing treatment sessions at Keir Hardie Health Park and at Ysbyty Cwm Cynon. William is currently undertaking assessment and treatment sessions at the Maritime Resource Centre in Pontypridd and at Keir Hardie Health Park.

Cwm Taf Health Board has an established Veterans Clinical Network in line with the Health Inspectorate Wales Report (2012) and is working to create an Armed Forces Forum locally.

Work to promote and raise awareness of Veterans' NHS Wales has taken place during the summer of 2014 including presentations at the Cwm Taf General Practitioners CPD Forum, to staff at Rhondda Cynon Taf County Borough Council, and at local GP surgeries.

Characteristics of Referrals and Signposting



Professional Development

In November 2014 William was awarded accreditation as a Cognitive Behavioural Psychotherapist by the British Association for Behavioural and Cognitive Psychotherapies (BABCP) and has attended training workshops and



conferences relevant to Veterans issues, including EMDR level 1 training as part of ongoing continuing professional development.

Key Priorities and Objectives

Continue to offer timely assessments and evidence based treatment for ex-service personnel with military-related mental health difficulties in Cwm Taf.

Maintain high standards of evidence-based practice in treating the mental health needs of Veterans and demonstrate clinical effectiveness through the collection of accurate clinical outcome data.

Cultivate and develop new clinical skills through attending relevant training according to the current evidence base.

Continue to promote and raise awareness of Veterans’ NHS Wales locally, maintaining open referral networks with key stakeholders according to the Veterans Care Pathway.

Appendix 7: Hywel Dda University Health Board Veterans’ NHS Wales Service

Staff

The Hywel Dda UHB VNHSW Service comprises of one full-time Veterans Therapist. Julie Campion has been in post since October 2012 when the Service was first introduced in Hywel Dda UHB.

Catchment Area

The VNHSW Service within Hywel Dda UHB covers the large and rural geographical catchment area of Ceredigion, Carmarthenshire and Pembrokeshire. The first appointment that individuals are offered with the Service is a telephone triage appointment which is designed to help delivering services in this large, rural area.

Assessment and Treatment clinics are currently based in Lampeter and Carmarthen after the Haverfordwest clinic was closed due to travel time and lack of referrals.

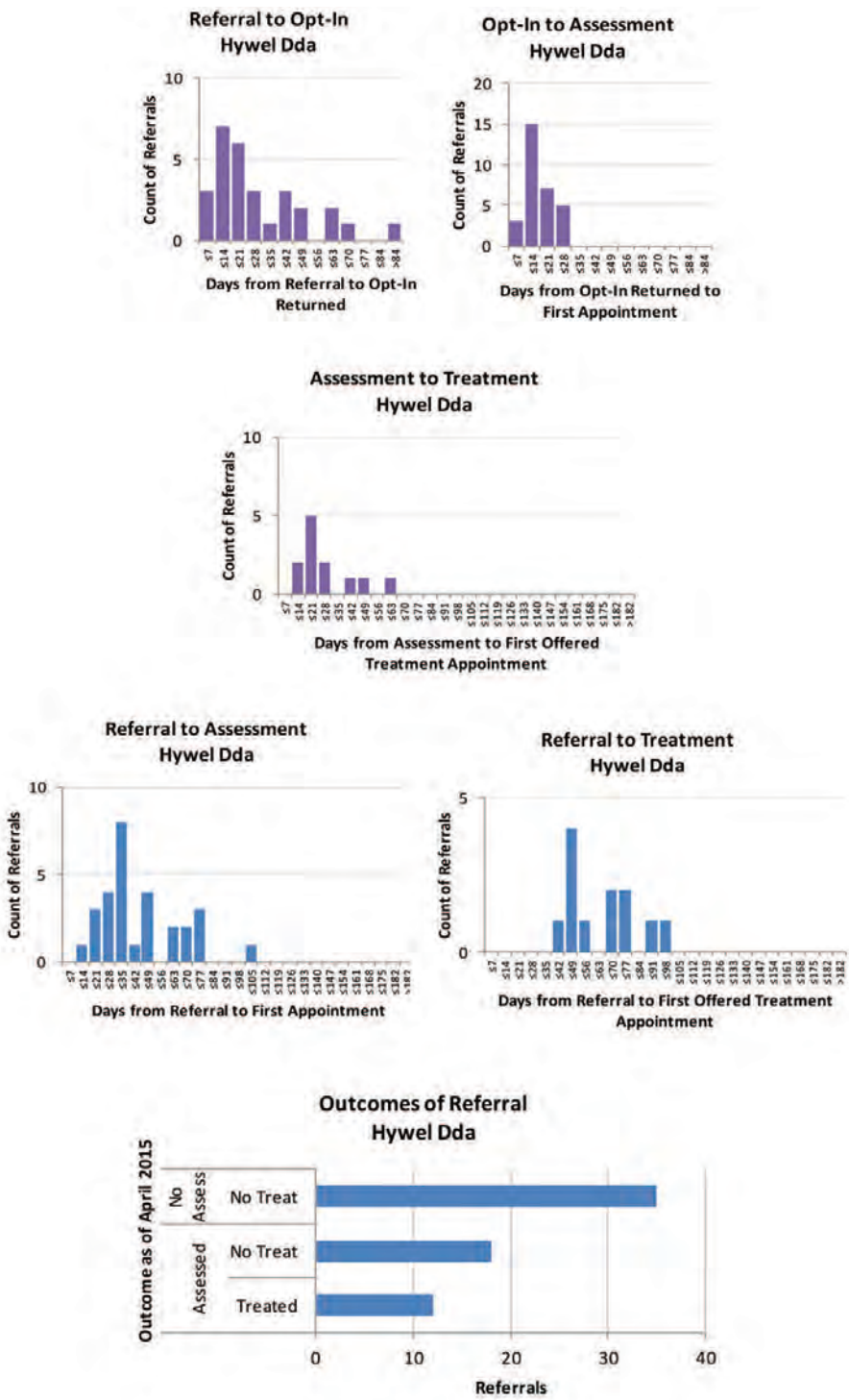
Recent Developments

The establishment of Local Authority Armed Forces Community covenants in Ceredigion, Carmarthen and Pembrokeshire. VNHSW is committed to offering knowledge, experience and experiences on the Veterans’ community, whilst ensuring clear pathways of care. As a result, Julie attends the relevant steering groups.

The establishment of a University Health Board-led Armed Forces Forum (AFF), facilities bringing together military representatives, health managers, clinicians, social services, military and family welfare bodies, service charities and organisations, the third sector, the UHB Champion, the Local Authority Champions and members of the Armed Forces community.

This Forum meets to ensure that the suggested aims and objectives of the AFF as set out by a Healthcare Inspectorate Wales report (2012). Julie continues to attend this Forum.

Waiting Times



Provision of Training

Julie has continued to teach on the curriculum for pre-registration student nurses undertaking a BSc in Nursing at Swansea University; providing one day workshops in developing theory and skills in working therapeutically with military veterans.

Professional Development

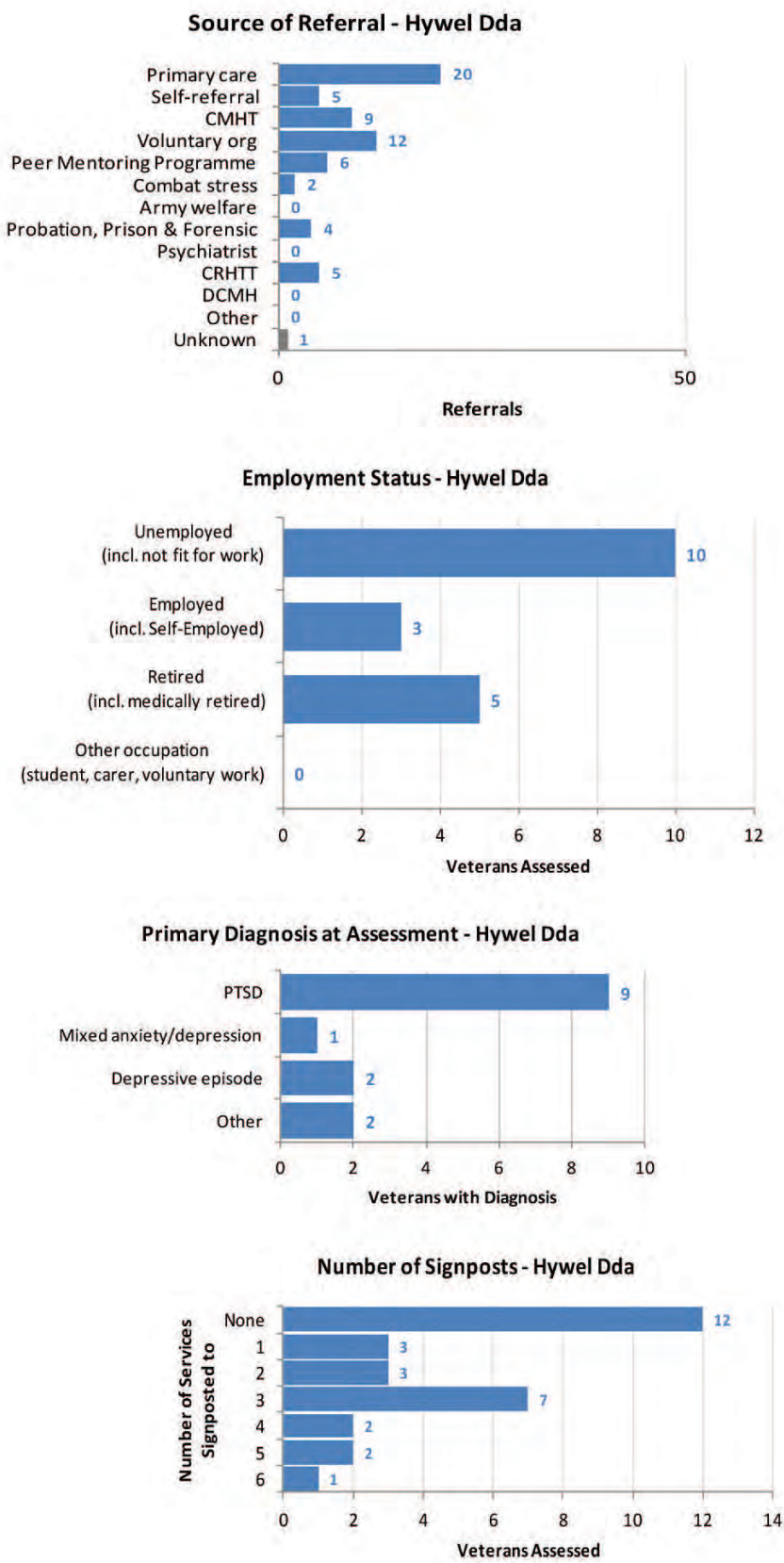
Julie is an accredited Cognitive Behavioural Psychotherapist with the British Association for Behavioural and Cognitive Psychotherapy (BABCP) and is currently working towards her accreditation with the EMDR UK and Ireland. She has received





specialist training and supervision in Cognitive Processing Therapy (CPT) tailored to military veterans from trainers in the United States. Julie is undertaking training towards the European Society for Traumatic Stress Studies (ESTSS) certificate in Psychotraumatology.

Characteristics of Referrals and Signposting



Key Priorities and Objectives

We aim to continue to establish links with the Community Drug & Alcohol Teams in an effort to offer those Veterans support once they have reduced their dependence on alcohol and/or illicit substances. Discussions have begun to establish whether the screening tool devised with the local Drug & Alcohol Service could be rolled out to other services within HD UHB and/or across Wales.

In line with the Welsh Government recent *Guidelines on Veterans informed Prison* document – we continue to maintain contact with local prisons and criminal justice agencies and will accept referrals from both organisations.

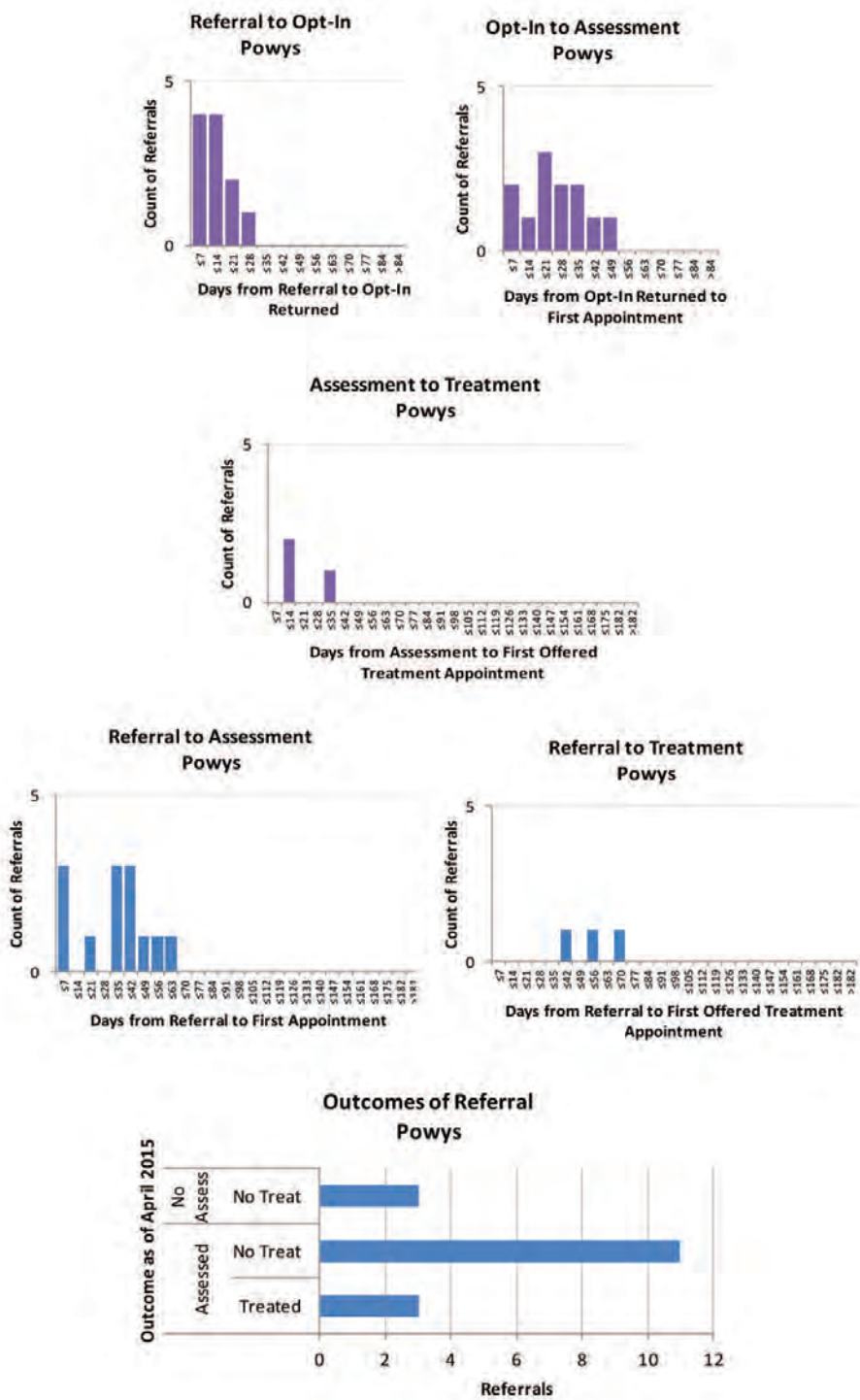
To continue to work closely with the statutory services in primary and secondary care mental health such as primary mental health support service, Community Mental Health Teams in order to ensure effective communication, thereby helping to ensure Veterans are accessing the most appropriate service to help best meet their needs.

Appendix 8: Powys Teaching Health Board Veterans' NHS Wales Service

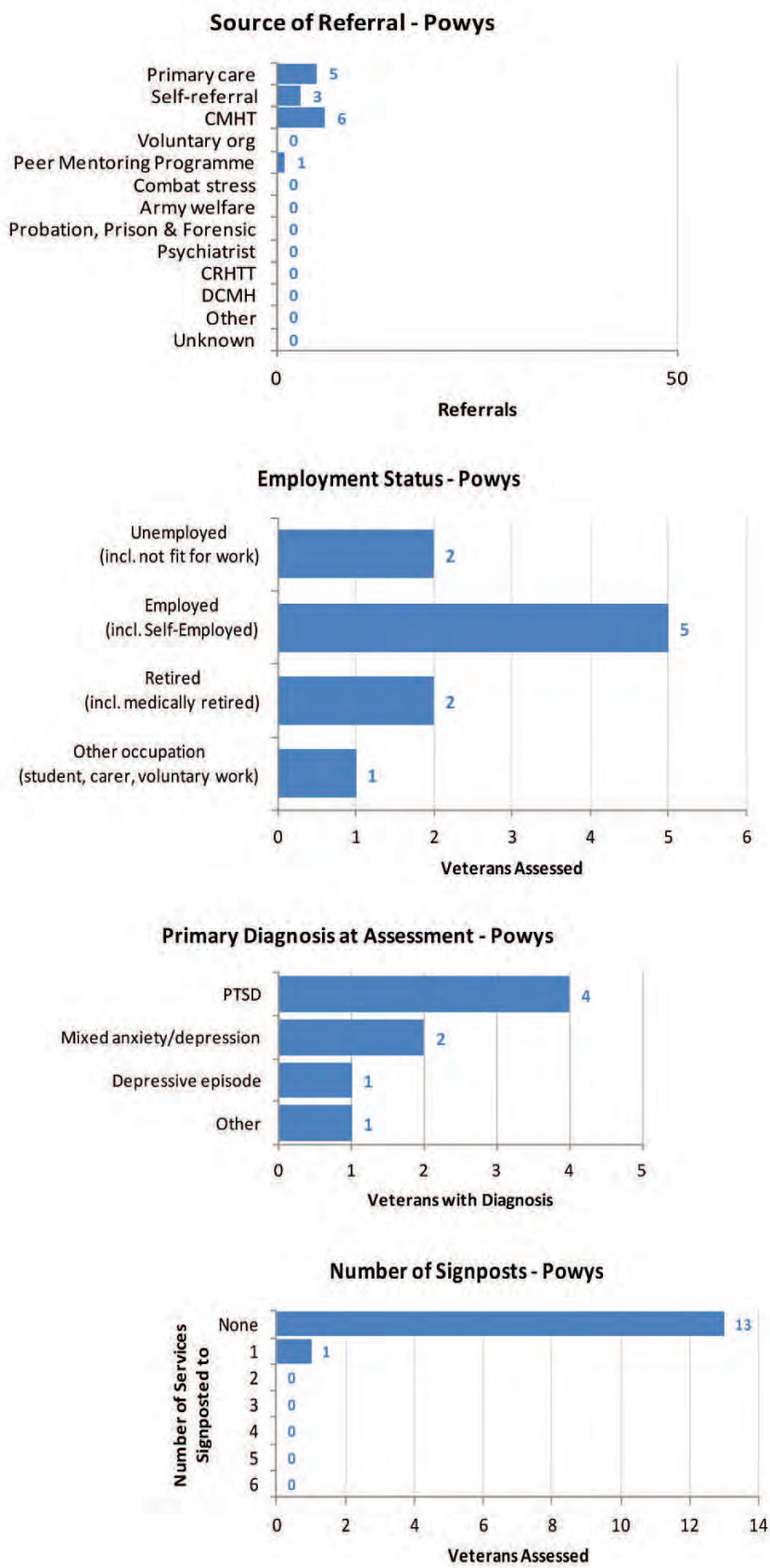
Staff & Catchment Area

The Powys Teaching Health Board Veterans' Service is delivered by neighbouring LHBs: Betsi Cadwaladr UHB for those who live in Montgomeryshire by **Mark Birkill**; Aneurin Bevan LHB for those who live in Brecon or Radnorshire by **Vanessa Bailey**; and Abertawe Bro Morgannwg UHB for those who live in Ystradgynlais by **Victoria Williams**.

Waiting Times



Characteristics of Referrals and Signposting



Appendix 9: Summary of VNHSW Interim Report (September 2014 - December 2014)

Veterans' NHS Wales – The National Veteran Service for Welsh Ex-Service Personnel

The Service aim - to improve the provision of mental health care to Veterans of the Armed Forces living in Wales

Thursday 26 June 2014 the Minister for Health and Social Services, Professor Mark Drakeford and AM Lesley Griffiths announced an increase in funding of £100,000, to be used to reduce the waiting times for therapy across the seven Local Health Boards.

This interim report describes the activity in relation to the increased capacity of the service since the increase in funding from 1 September – 31 December 2014.

A minimum data set continues to be used to collect data routinely on all individuals referred, assessed and treated by our Veteran Therapists (VTs) across Wales.

Our New Staff

Following the announcement of the additional funding, the Service identified how it could best divide the money across the LHBs to reduce waiting times for therapy, which were approximately seven months in ABMU and C&VUHB.

The additional £100,000 would fund 3.20 whole time equivalent (wte) NHS Band 7 staff for 7 months (one session of band 7 = £3,075 for per month). The equivalent of 3.20 wte new VTs would allow for 32 additional sessions per week across the service. These extra sessions would allow the service to offer approximately 48 additional one hour assessment/treatment out-patient sessions. Table 1 demonstrates how the extra time was spent by each LHB, and Figure 21 shows the additional therapists employed.

Table 1. How the extra sessions were divided by LHB

LHB	VT Sessions	Admin Sessions	Starting time	Activity
ABM	4	2	VT 08/09/14	8
			Admin 23/09/14	
BC	3	1	VT 14/10/14	6
			Admin 06/10/14	
CT	4	1	VT 04/09/14	8
			Admin 01/09/14	
HD	-	-	-	-
CV	8	0	VT1 01/09/14	10
			VT2 29/09/14	6
AB	4	1	Admin 09/10/14	
			VT 09/10/14	6
PT	-	-	-	-

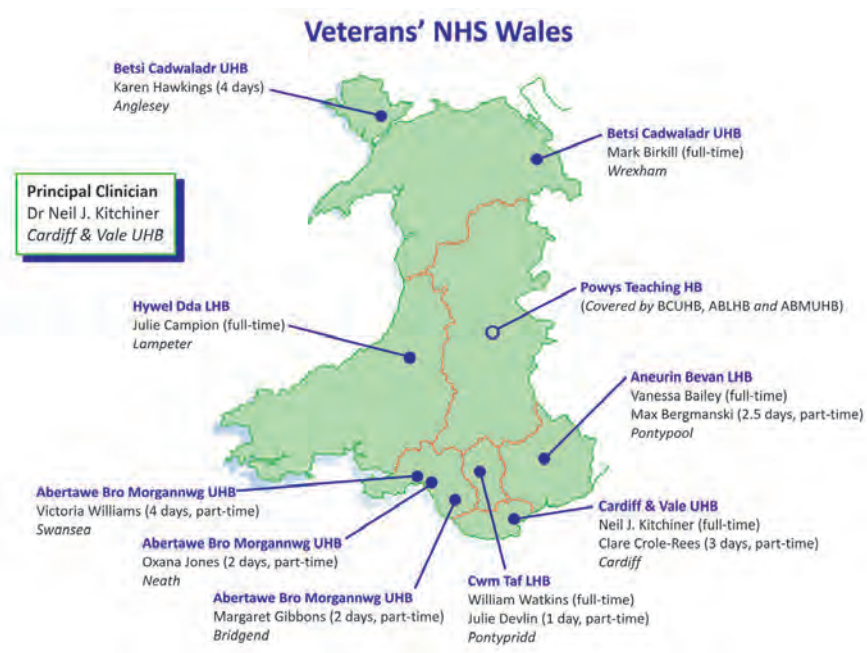


Figure 21. VNHSW staff map & main clinics

Outcomes & Activity

Abertawe Bro Morgannwg (ABMU)

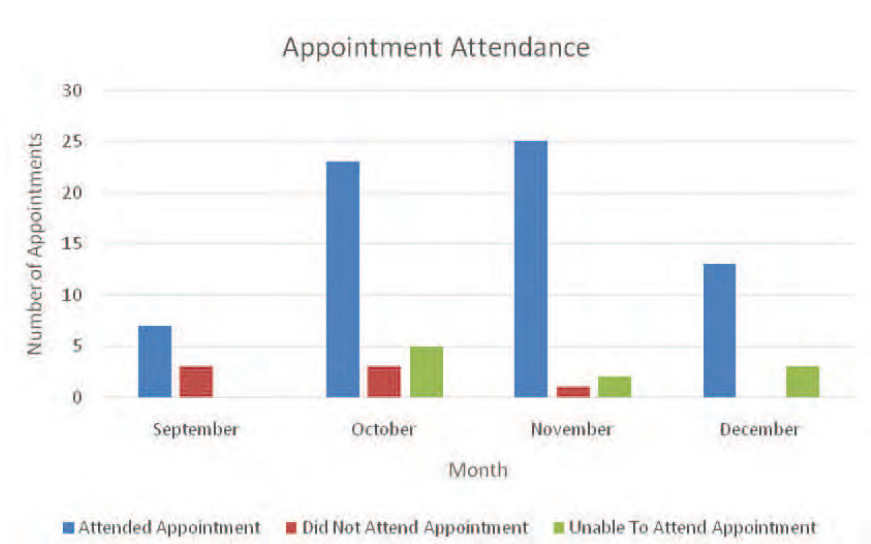
Oxana Jones - started working two days per week for the Service on the 8 September 14.

She was able to take 8 patients from the treatment waiting list into therapy.

Table 2 highlights the total Veterans seen monthly for out-patient therapy.



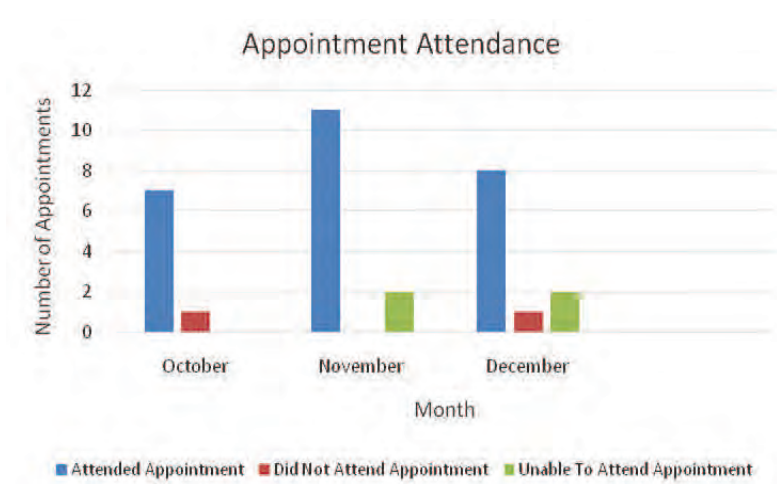
Table 2. Total number of Veterans seen for out-patient therapy September – December 2014



Aneurin Bevan (ABUHB)

**Helen Gower** - started working two days per week for the Service on the 9 October 14. She was able to take 6 patients from the treatment waiting list into therapy. Table 3 highlights the total Veterans seen monthly for out-patient therapy.

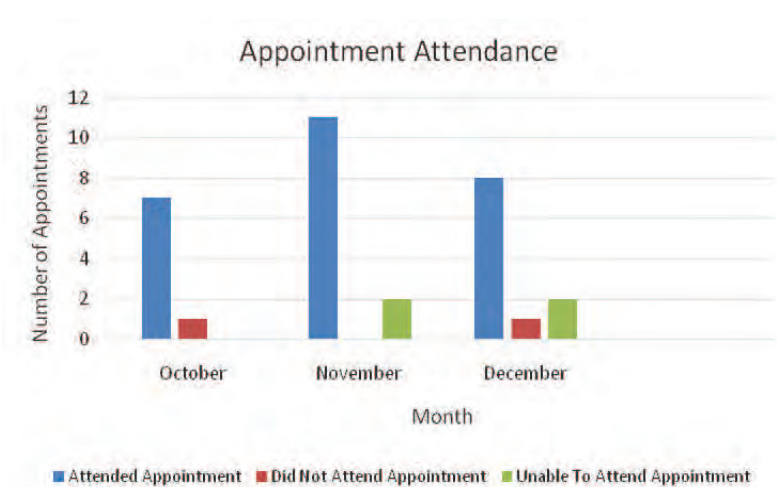
Table 3. Total number of Veterans seen for out-patient therapy October – December 2014



Betsi Cadwaladr (BCUHB)

**Karen Hawkings** - currently works for the Service part-time and agreed to increase her hours by 1.5 days. Karen was able to take 6 patients from the treatment waiting list into therapy. Table 4 highlights the total Veterans seen monthly for out-patient therapy.

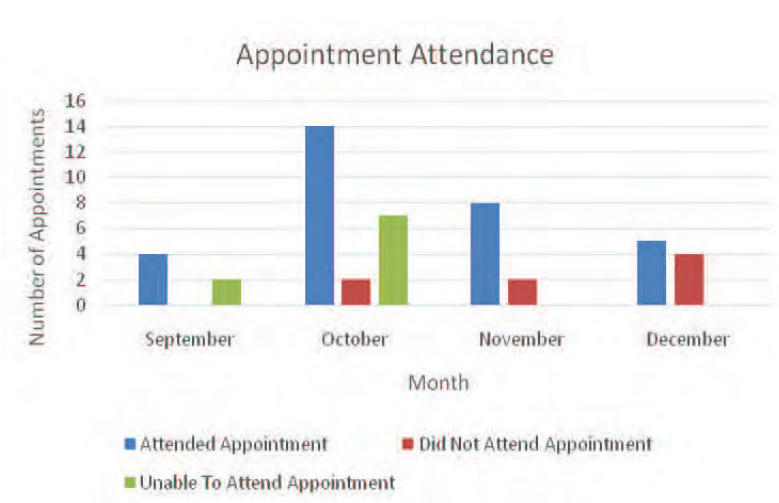
Table 4. Total number of Veterans seen for out-patient therapy October – December 2014



Cwm Taf (CTUHB)

**Julie Devlin** - was seconded from C&VUHB where she works part-time in the forensic service. Julie started working two days per week for the Service 1 September 14. She was able to take 8 patients from the treatment waiting list into therapy. Julie had a family bereavement which resulted in her taking some time off work in November. Table 5 highlights the total Veterans seen monthly for out-patient therapy.

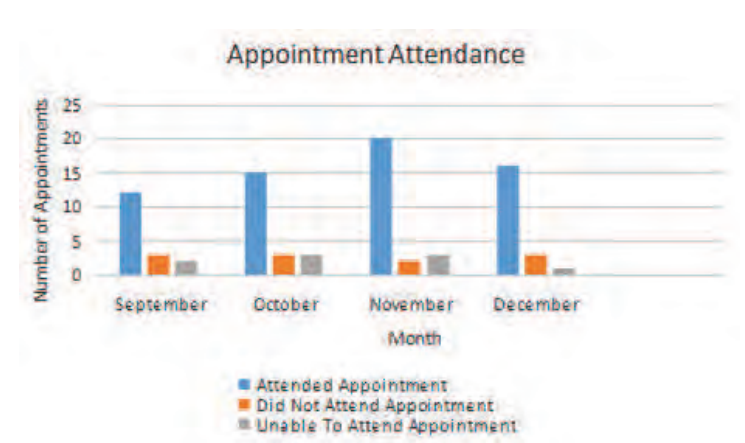
Table 5. Total number of Veterans seen for out-patient therapy September – December 2014



Cardiff & Vale (C&VUHB)

**Clare Crole-Rees** - currently works for the Service part-time one session per week. Clare increased her hours by two additional days on the 1 September 14. She was able to take 10 patients from the treatment waiting list into therapy. Table 6 highlights the total Veterans seen monthly for out-patient therapy.

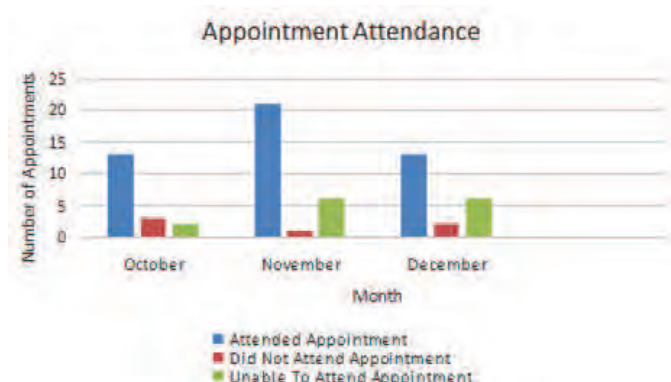
Table 6. Total number of Veterans seen for out-patient therapy September – December 2014



## Cardiff & Vale (C&VUHB) continued . . .

**Jo Delahay** - started working two days per week for the Service 9 October 14. She was able to take 6 patients from the treatment waiting list into therapy. Table 7 highlights the total Veterans seen monthly for out-patient therapy.

**Table 7. Total number of Veterans seen for out-patient therapy October – December 2014**



## Hywel Dda (HDUHB)

We were unable to recruit a suitable VT following an internal advert and via three National locum agencies, for one day per week within Hywel Dda UHB. This is disappointing, but reflects the difficulties in recruiting a suitably qualified and experienced mental health professional with a psychotherapy qualification within West Wales.

An additional VT working two sessions per week would have helped reduce waiting times for assessment and treatment and provided additional stability to the lone VT Julie Campion.

## Powys Teaching Health Board (PTUHB)

In Powys Teaching UHB the Veteran Service is delivered by our neighbouring Health Boards: Betsi Cadwaladr UHB by Mark Birkill and Karen Hawkings for those who live in Montgomeryshire; Aneurin Bevan UHB by Vanessa Bailey for those who live in Brecon or Radnorshire; and Abertawe Bro Morgannwg UHB by Victoria Williams for those who live in Ystradgynlais.

## Staff Training and Investing in Our Staff

The VNHSW Service is committed to maintaining a highly trained and motivated staff group who are able to deliver evidenced based psychological treatments. The new VTs attended two days training at the UK Psychological Trauma Society meeting in Cardiff on 5 December 2014, and in-house training in their LHB prior to taking on patients for therapy.

They have received monthly clinical supervision from one of the VTs within their LHB on military mental health and psychological therapy.

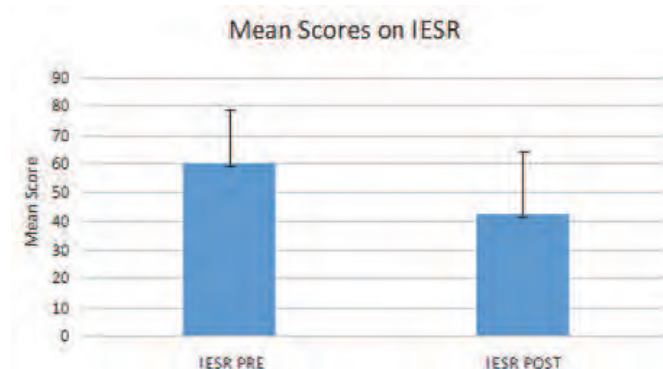
## Performance, Research and Evaluation

Since 1 September when we increased VT sessions by either increasing existing VT hours or employing new VTs on a 7 month contract they have been able to take on a total of 44 new veterans immediately into a course of out-patient psychological therapy.

## Clinical outcome measures

VNHSW is committed to measuring the effectiveness of the individual therapy provided by the VTs using standard psychological self report measures. The Service routinely uses five core self report measures for symptoms of traumatic stress, depression, anxiety, general functioning and alcohol use.

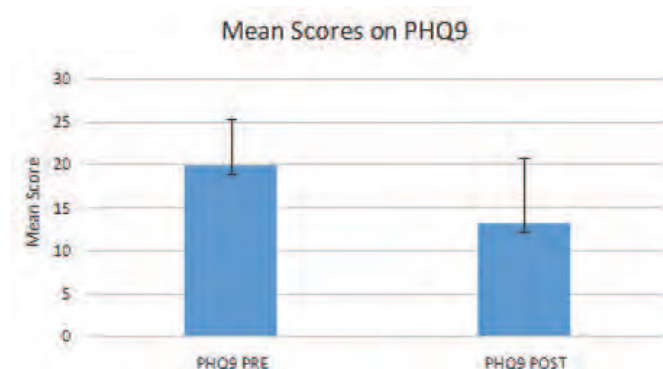
The following outcome measures include pre-therapy patient ratings compared against the most recent data taken whilst the Veteran is still in therapy. A typical course of out-patient therapy is approximately six months. The cohort reported here are currently in therapy and approximately 3-4 months through their course of therapy. Using paired sample t-tests we are able to report the effectiveness using the following clinical measures.



**Figure 22. Impact of events scale based on 28 Veterans treated in the past year**

The Impact of Events Scale revised (IES-R) measures traumatic stress symptoms over the past month. The IES-R score on a total of 28 Veterans who had commenced treatment since 1 September 2014 with pre-post data. The IES-R score at screening was (M=60.11) significantly greater than post treatment IES-R scores (M= 42.21), =  $p<.000$ ) (Fig 22).

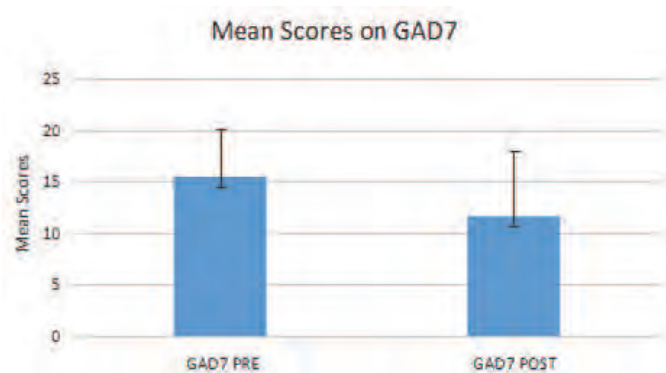
The Patient Health Questionnaire (PHQ-9) measures depressive symptoms over the past two weeks. There were a total of 30 veterans who had commenced treatment and had pre and post data since 1 September 2014. PHQ-9 scores at assessment (M=19.83) were significantly higher than post treatment PHQ-9 scores (M=13.1), =  $p<.000$ ) (Fig 23).



**Figure 23. PHQ-9 pre-post score based on 30 Veterans treated in the past year**

The General Anxiety and Disorder scale (GAD-7) measures anxiety symptoms over the past two weeks. There were a total of 28 Veterans had commenced treatment since September 2014 with pre-post date. GAD-7 scores at screening (M=15.43) were significantly greater than GAD scores at discharge (M=11.61), =  $p<.001$ ) (Fig 24).





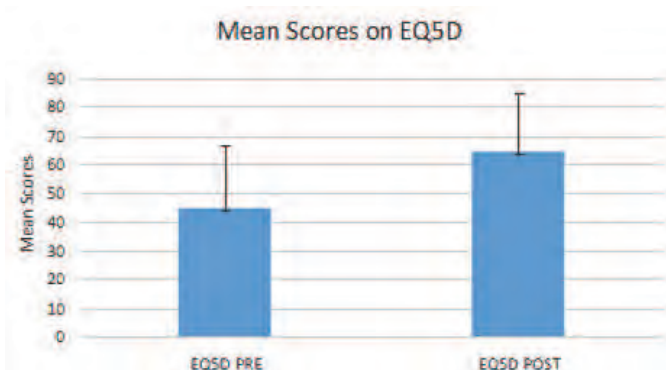
**Figure 24. GAD-7 pre-post scores based on 28 Veterans treated in the past year**

The AUDIT scale is used to monitor alcohol use over the past month. Pre-post data was available on a total of 14 Veterans who had commenced treatment since 1 September 2014. AUDIT scores at screening (M=9.21) were significantly higher than scores at discharge (M=6.07),  $p < 0.36$  (Fig 25).



**Figure 25. The AUDIT pre and post scores based on 14 veterans treated in past year**

The EQ5-D scale is used to monitor participants who rate themselves on five dimensions; mobility, self-care, usual activities, pain/discomfort and anxiety/depression. Respondents' self-rated health is measured on a vertical, visual analogue scale where the endpoints are labelled 'Best imaginable health state' and 'Worst imaginable health state'. Pre-post data was available on a total of 18 veterans who had commenced treatment since 1 September 2014. EQ5D scores at screening (M=44.72) were significantly lower than scores at discharge (M=64.44),  $p < 0.00$  (Fig. 26).



**Figure 26. The EQ5D pre and post scores based on 18 veterans treated in past year**

## Summary

The above clinical measures demonstrate that out-patient psychological therapy provided to these Veterans so far, for a variety of mental health disorders can be successfully treated on an individual basis with the same VT with limited training or knowledge of military culture.

## Our Plans for 2015

We aim to build on this reduction in waiting times for Veterans receiving out-patient psychological therapy and keep them within current Welsh Government guidelines. These additional staff posts have allowed us to concentrate on our reported aims from last year's Annual Report, which were:

1. To strengthen our liaison with MoD Psychiatric Services, so that serving personnel with service related mental health problems can be identified prior to discharge and be offered seamless support during the transition from military to civilian life.
2. Pilot the use of innovative IT solutions over the next twelve months during clinical and service supervision.
3. As IT advances and the growing evidence base within psychological therapy with remote populations, we will trial the use of a web-based platform for screening, assessment and therapy purposes across Wales.

The Service has started to implement the recommendations from the Public Health Wales service review led by Phill Chick, by engaging with Academi Wales who will facilitate three one day workshops (January 12, February 23 & March 23) at Dering Lines, Brecon.

## Conclusions & Recommendations

The Welsh Government funded the first National Veterans' NHS Service within the UK in 2010, following a two year pilot in South Wales. The Service is now an established and respected integral part of the NHS Wales mental health system, offering Priority Treatment to UK Veterans residing in Wales, with a 'service related' mental health problem.

In June 2014 - the Minister for Health and Social Care, Professor Mark Drakeford and Minister for Communities and Tackling Poverty, Lesley Griffiths announced a further one off investment of £100,000 to reduce VNHSW waiting times for therapy.

This increased investment in VNHSW allowed the Service to potentially recruit 3.20 wte band 7 Veteran Therapists and redesign the Service's website. This was achieved in five of the seven LHBs, and resulted in waiting times for therapy reducing from 32 weeks to 17 in Cardiff and Vale UHB and 2 weeks in Betsi Cadwalader UHB.

## The Argument for Additional Recurring Funding

Since the Service became operational in April 2010, referral rates have gradually increased per annum, with 395 individuals referred between April 2013-2014. This compares with 357 referrals for the first eight months of 2014. From December 2014 the Service has started to notice a rise in waiting times for treatment. This is due in part to an increase in DNA rates and cancellations, combined with the new veteran therapists not being able to take any new patients into therapy, as there is not sufficient time to complete a course of out-patient therapy before the end of March 2015.

The Service has been informed not to anticipate any uplift in funding on the 1 April 2015. This will result in the new veteran therapists being made redundant or returning to their original

part-time hours in April 2015. This will impact on waiting times for therapy to start rising steadily over the next few months to pre-allocation of additional funding levels.

The reduction in VT and administrative staff April 2015, will also result in the loss of new knowledge of working with and treating military Veterans. These individuals will be unlikely to wish to work with the Service again as they will find alternative employment within the NHS or private sector due to their skills set.

Possible Solution

The Welsh Government could consider continuing capitalising on this successful investment by increasing the VNHSW funding by an additional £100,000 per annum recurring. This would allow VNHSW to keep waiting times for treatment within Welsh Government targets for commencement of therapy. The Service would also be able to retain their investment in training and clinical supervision of these new staff. Veterans in Wales would continue to be offered timely, high quality evidenced based treatments. Increased funding would also allow VNHSW to reach more veterans in rural areas, females and Veterans within Welsh prisons via new and novel e-health technologies.

Appendix 10: Extracts from the Cardiff and Vale UHB VNHSW Comments Book in the Waiting Room

“If you are here today, well done, you will get excellent help and support, to help you through. I am an ex-medic and served in Desert Storm, when my GP sent me here, it was what I have been needing, for over 10 years of keeping feelings in. Give them a chance to help you and you will feel the benefit. I have and still remain to.”

“My name is ##### and the reason I’m here today is with my nephew, who I won’t name, but he has come to see Dr Neil Kitchiner. It is good that veterans can come here for help. My nephew has mental health problems which has got worse since leaving the Navy. The last six years have been very difficult. He has been in prison once and served his time. As hard as he tries, he gets knocked back. He needs to get help and respite, owing to his post traumatic stress disorder. There are too many veterans already in prison due to mental illness.”

“If you have made it this far, you have made the most important step in your journey to recovery. Keep fighting, stay strong. You are not alone.”

“Anyone whom like me was made redundant or has left the forces and not been given any help adjusting to society and is struggling – there are supported living houses for veterans in South Wales. Speak to Claire.”

“Hey, well done for making it this far! Please never think that you are alone. You never are. Your time to live a happy life is now. The staff here are brilliant and very friendly.”

“Don’t bottle things up. Talk to someone – guarantee you will get the help you need. If you are here you are in a desperate place looking for the light. It’s here! Let the people help you.”

“My name is #####, I came here not knowing what to expect. I have never before spoken about the things I have bottled up inside. Thanks to Clare I have started talking and it is a wonderful thing to be able to do. Don’t be frightened they really care here. Good luck to you who read this. I’m on my journey and hope this helps you in yours. Difficulties Be Damned.”

“Well done everyone, you can do this.” (Wife of Sufferer)

“To whom ever reads this. A lot of us forces are programmed into thinking that asking for help is weak! Trust me it’s not. I’ve seen a lot of nasty things and through Dr Kitchiner he has helped me get through things and helped me manage my anger and civvy life so much. Final point – the Army, Navy and Air Force take 2 years to train you to the standard they want, yet 6 weeks to put you back into civvy life. Just have a think about that.”

“To all, I’ve been out of services a long time. Nobody ever talked about my PTSD. Clare has been great. Free to talk. Help is here.”

Appendix 11: Academi Wales Action Plan

- Trial of 4 treatment sessions = review no benefit discharge
- Update operational policy (clarity across Wales service)
- Clear DNA/UTA/CAN policies
- Keep “opt in”
- Stick to 2 DNA/UTA (Veterans able to re-refer)
- Reduce admin by using Dictaphone for assessments letters
- Standardised letters for 3rd sector/clients/GPs etc.
- Shorter assessments including paperwork
- Draw up a standard treatment contract
- Set limit on number of sessions
- Reduce detail in assessment reports for GPs
- Send opt in opt out text message 7-10 days prior to appointment
- Two phase engagement - Psycho-ed then TFPT
- Develop a stepped care approach
- Only see Veterans who have completed basic training
- Increase capacity by having VT posts funded by 3rd sector
- Not providing diagnosis for medico-legal purposes
- Service remit - reduce criteria/exclude some Vets? PTSD only? length of service
- Consider group work e.g. CPT
- Revisit membership & function of NSG
- Clarify VT’s Lead roles (Do we need a “lead” in its current form)
- See only deployed Veterans
- Psycho-ed group pre-assessment
- Intervention within criminal justice system
- Information/consultation for family of Veterans re: treatment
- Standardised/manualised treatment model in workbook form
- Provide group based interventions
- System for fuller self assessment online
- Web based self help programmes
- Use technology - Apps for monitoring mood, behavioural activation, etc.
- increase utilisation of placement students where and when possible
- Explore the use of telephone triage where referrals would indicate this as appropriate
- Prioritize Vets based on needs (clinical) and move up/down waiting



- list/Prioritize clients likely to do well (early onset, etc.)
- Tele-Mhealth/Digital health solutions assess and treatment
- Support worker to sort out social issues and welfare issues
- More telephone contact
- Only try one treatment approach, if no benefit discharge
- Structured functions that can be undertaken in the event of a DNA
- Making sure person meets criteria - could be done *via* revamped referral form and criteria
- Intensive therapy (several hours over a week) if spare capacity
- Increase awareness of service limitations *e.g.* not too complex to reduce referrals
- Only request MOD med notes from Vets who have a DCMH contact
- Screen out the more complex patients
- Improve psychiatric service for Veterans (specialist knowledge)
- Liaison with mainstream psycho-education programmes
- Increase use of remote contact by videoconference calls
- MOD resettlement better links with VNHSW
- Group STAIR/DBT/Emotional regulation/MI/DBT as part of stepped care
- Raising awareness of Service within criminal justice system
- Link more with MAPPA and Crisis team
- Veterans in secondary care - professional meetings
- Improve liaison and collaboration with substance misuse service
- Formalise liaison arrangements with local services reducing variance in pull
- Quicker response from MOD Service and medical records
- Specialist Gym Referral
- Stop being tasked locally to do activity outside of Service remit/operation
- Central management (to oversee local service effectiveness).



Appendix 12: Veterans’ NHS Wales Rebrand and Launch Event Communications Plan

Scope

This communications plan is designed to cover the promotion and communication of the rebranded Veterans’ NHS Wales Service to a wider audience.

It is a live document to be refreshed by Welsh Government, Veterans’ NHS Wales and LHB Champions and Lead Executives as required.

The plan will run until April 2015, the five year anniversary of Welsh Government funding to the Service.

Background

In January 2014 the All Wales Veterans Health and Wellbeing Service Steering Group agreed to rebrand the Service as Veterans’ NHS Wales.

The Minister for Health and Social Services and Minister for Local Government and Government Business will launch the rebranded Service at the Pierhead Building, Cardiff Bay on 26 June 2014.

Veterans’ NHS Wales, receives recurrent funding of £485,000 per annum from Welsh Government *via* Cardiff and Vale Health Board’s general allocation, forming part of the mental health ring fence.

It is viewed as central to the delivery of policies for Veterans’ mental health and a Programme for Government commitment.

The Service provides dedicated support for Veterans, with Veterans’ Therapists, with an interest or experience of military health, working in communities across Wales.

The Service and its partners have developed a single, joined up pathway of care for Veterans, which includes the NHS Local Authorities, the Third Sector, MoD and military.

Objectives

The objectives for this plan will be:

- To keep awareness and commitment to Veterans’ NHS Wales high.
- Promote the benefits of the Service work of the Veterans’ NHS Wales Service to a wider audience.
- Maintain consistent messages at all times.

Messages

The suggested key messages for the Veterans’ NHS Wales are:

- Keeping you informed of a dedicated mental health service for Veterans across Wales.
- Organisations working together to provide a single joined up pathway of care for Veterans.
- A commitment to meet the mental health needs of military Veterans.

Timeline

Date - 2014	Event	Activity/Communications Channel	Audience	Message	Outcome
22 April	Book Venue (Pierhead Building) Cardiff Bay	Line for National Assembly Website Calendar of Events	General Public	Keeping you informed	On National Assembly Website Calendar of Events
7 May	LHB Armed Forces Champions Meeting	On Agenda for meeting – seek views from Champions on what information is available locally in LHBs (e.g. on LHB websites)	LHB Champions LHB Lead Executives 160 Brigade	Keeping you informed Organisations working together	Discussed at Meeting
8 May	Armed Forces Champions Meeting – Cardiff City Stadium	Minister LGGB giving speech – add line to speech Neil Kitchiner presenting – will refer in his presentation Contribute to press notice	Health Social Services Third Sector Armed Forces General Public	Keeping you informed Organisations working together Commitment to meet mental health needs	Minister LGGB and Neil Kitchiner referred to Veterans’ NHS Wales in opening address and presentation
May	Neath Port Talbot Community Covenant	VNHSW presentation	Key stakeholders in public and third sectors working with community	Keeping you informed Commitment to meet mental health needs	Veteran Therapist presentation to Community Covenant
18 June		Cwm Taf VNHSW Service presentation at Cwm Taf UHB Mental Health clinical governance meeting in Merthyr Tydfil	Health	Keeping you informed Organisations working together Commitment to meet mental health needs	
19 June	Press release	Issue press release for Senedd event	General Public	Keeping you informed Organisations working together Commitment to meet mental health needs	Press release issued 26 June
21 June	Armed Forces Day North Wales	Minister LGGB attending – add line to speech (if speaking) Veterans’ NHS Wales attending – own promotional materials HSS Minister press notice or contribute to LGGB Minister press notice	General Public	Keeping you informed Organisations working together Commitment to meet mental health needs	Included in speech
26 June	Armed Forces Day North Wales	Add item (paper to note) to Agenda	Key stakeholders in public and third sectors working with community	Keeping you informed Organisations working together Commitment to meet mental health needs	Discussed at meeting



Timeline (Cont'd)

Date - 2014	Event	Activity/Communications Channel	Audience	Message	Outcome
26 June	Launch of Veteran NHS Wales – Pierhead, Cardiff Bay	Minister HSS & Minister LGGB attending Invitations to AMs, Third Sector <i>etc.</i> Promotional banners and materials from Veterans' NHS Wales Update WG website links News article on Welsh Government website – link to VNHSW website	AMs Third Sector General Public	Keeping you informed Organisations working together Commitment to meet mental health needs	Ministerial speeches and presentations from Veterans' Therapist and service users. VNHSW promotional material available Welsh Government web links changed
27 June	News Article & Launch of Wales at War App	Can we include a bilingual news article on launch (with pictures) for inclusion on the Cymru'n Cofio Wales Remembers website? Can we link into the app? National Library for Wales leading on this?	General Public	Keeping you informed Organisations working together Commitment to meet mental health needs	Not taken up by Cymru'n Cofio – not appropriate for this website
28 June	Armed Forces Day South Wales (Cardiff)	Minister LGGB attending –add line to speech (if speaking) Veterans' NHS Wales attending event – table top stand with own promotional materials HSS Minister press notice or contribute to LGGB Minister press notice	General Public	Keeping you informed Organisations working together Commitment to meet mental health needs	Included in Press release VNHSW presence at event and promotional material available
28 June	Armed Forces Day Bridgend	Veterans' NHS Wales attending event – own promotional materials	General Public	Keeping you informed	VNHSW presence at event and promotional material available
June	Wales Evening Post	Article from Veteran Therapist regarding Veteran police cards	General Public	Keeping you informed	
2 July	VNHSW Presentation	Cwm Taf VNHSW Service presentation for Rhondda Cynon Taf County Borough Council Adult Services team ' <i>learning lunch</i> ' session in Pentre	Social Services	Keeping you informed Organisations working together	
10 July	160 Brigade Transition Fair – City Hall Cardiff	Veterans' NHS Wales attending event – own promotional materials	Armed Forces	Keeping you informed Organisations working together Commitment to meet mental health needs	VNHSW presence at event and promotional material available
10 July	S4C Television	Welsh media interview with Cwm Taf Veterans' Therapist and contribution for S4C television programme on Veterans' affairs	General Public	Keeping you informed	

(Cont'd) . . .

Timeline (Cont'd)

Date - 2014	Event	Activity/Communications Channel	Audience	Message	Outcome
17 July	Monthly CMO update sent out	Provide lines for CMO update to promote Service and include reminder of Deanery e-module	GPs	Keeping you informed Organisations working together Commitment to meet mental health needs	Promotional text and logo included in August CMO update No.75
July	ITV Wales News	Interview with Veterans Therapist	General Public	Keeping you informed	
17 July	VNHSW Presentation	Cwm Taf VNHSW Service presentation at the Cwm Taf UHB General Practitioner and Practice Nurses Continuing Professional Development event in Nantgarw	Health	Keeping you informed Organisations working together Commitment to meet mental health needs	
July (date tbc)	Public Health Wales Review of Veterans' NHS Wales	Ministerial announcement Publish Review to Welsh Government Website Press notice	AMs Health Social Services Third Sector Armed Forces General Public	Keeping you informed Organisations working together Commitment to meet mental health needs	Deferred to November
4 August	Start of Centenary Commemoration of WW1	Cymru'n Cofio Wales Remembers to Tweet	General Public	Keeping you informed Organisations working together Commitment to meet mental health needs	Not appropriate – not taken up.
16 August	First Minister unveiling Welsh Memorial in Flanders	Cymru'n Cofio Wales Remembers to Tweet	General Public	Keeping you informed Organisations working together Commitment to meet mental health needs	Not appropriate – not taken up.
20 August	VNHSW Presentation	Cwm Taf VNHSW Service presentations at Taf Ely Adult Services Managers Meeting in Rhydfelen and to GPs and Practice Nurses at Old School Surgery in Pontyclun	Health Social Services	Keeping you informed Organisations working together Commitment to meet mental health needs	
4-5 September	NATO Summit – Celtic Manor, Newport	CMO/HSS Minister Tweet	General Public	Keeping you informed Organisations working together Commitment to meet mental health needs	Tweet not taken up – information included in press release



Timeline (Cont'd)

Date - 2014	Event	Activity/Communications Channel	Audience	Message	Outcome
11 September	Training	VNHSW North Wales Change Step Peer mentor training	Third Sector	Organisations working together	
1 October	News Item	VNHSW linking in to article and launch of Change Step	AMs Health Social Services Third Sector Armed Forces General Public	Keeping you informed Organisations working together Commitment to meet mental health needs	
1 October	VNHSW Presentation	Presentation to the All Wales Probation event at Maldron Hotel, Cardiff	Health Social Services Third Sector	Keeping you informed Organisations working together Commitment to meet mental health needs	
6 October	Army, Navy, RAF Family Association magazines and Veterans World	Article/promotional piece for inclusion in magazines	Armed Forces and Families	Keeping you informed Organisations working together Commitment to meet mental health needs	Neil Kitchiner contacted the 4 editors to establish whether they want to run an article Ongoing
7 October	VNHSW Presentation	Neil Kitchiner speaking at Cross Party Veterans' meeting	AMs	Keeping you informed	
8 October	VNHSW Presentation	Presentation to Veterans UK at Chillwell, Notts	Third Sector	Keeping you informed	
9 October	VNHSW Presentation	Presentation at SW Police Veterans' event	Police	Keeping you informed	
10 October	World Mental Health Day	VNHSW presentation at Swansea Grand	General Public	Keeping you informed	
6 November	VNHSW Internal Communications	Cwm Taf Veterans' Therapist meeting Cwm Taf UHB Communications Officer to promote the Service locally and highlight the recruitment of an additional therapist to address waiting times	Health	Keeping you informed	
October	Magazine Article	VNHSW scoping a piece with RBL for inclusion in their Legion magazine	Third Sector Armed Forces General Public	Keeping you informed	
7 November	Public Health Wales Review of Veterans' NHS Wales	Ministerial announcement Press notice Publish to Public Health Wales website Published – Link: <a href="http://www.wales.nhs.uk/sitesplus/888/news/34758">http://www.wales.nhs.uk/sitesplus/888/news/34758</a>	AMs Health Social Services Third Sector Armed Forces General Public	Keeping you informed Organisations working together Commitment to meet mental health needs	Press release issued Item on Welsh Government news pages Published to PHW web pages
November	Big Issue	VNHSW commission half page advert in Big Issue	General Public	Keeping you informed	In issue for 11 November

(Cont'd) . . .

Timeline (Cont'd)

Date - 2014	Event	Activity/Communications Channel	Audience	Message	Outcome
11 November	Armistice Day	DHSS Tweet	General Public	Keeping you informed Organisations working together Commitment to meet mental health needs	Tweet issued 11am
21 November	LHB Armed Forces and Veterans Champions' Meeting	On Agenda for meeting – to ask Champions how they will be promoting VNHSW in their area.	LHB Champions LHB Lead Executives 160 Brigade	Keeping you informed	
24 November	Presentation	Neil Kitchiner giving presentation about deployment to Afghanistan with 203 FH – will mention VNHSW	General Public	Keeping you informed	
12 December	Training	VNHSW North Wales British Legion volunteers training	Third Sector	Organisations working together	
Date - 2015					
25 January	Internal Communications	WG commissioned update from VNHSW on promotional activity	Welsh Government	Organisations working together	Only one return from North Wales – activity added to plan
19 February	North Wales Transition Fair	Mark Birkill and Karen Hawkings attended with a stand and information	Serving Personnel Veterans General Public	Keeping you informed Organisations working together	On programme
19 February	Training	VNHSW CMHT training	Health	Organisations working together	
25 March	Ministerial Meeting	Vaughn Gethin AM meeting Neil Kitchiner VNHSW	Welsh Government	Keeping you informed Organisations working together	Discussions on new VNHSW website Neil Kitchiner to share copy of draft website with Welsh Government officials
27 March	Conference	VNHSW presence at BCUHB Counselling Conference	Health Social Services	Keeping you informed	
1 April	Ministerial Visit	Vaughn Gethin AM visit to RBL Pop-In Centre – highlights VNHSW. Jenny Rathbone AM in attendance	AMs Third Sector General Public	Keeping you informed Organisations working together	Press release issued Tweet not taken up

