



Veterans' NHS Wales

Annual Report April 2015 - March 2016

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.





Contents

3	Welcome	13	This Year's Highlights
4	Our Aims, Outcomes and Eligibility	13	Staff Training
4	Key Outcomes of the Service	14	The VNHSW Team
4	Outcomes	14	Appointment of New Staff
4	Eligibility	15	Our Thanks
4	Key Features of the Service	15	Our Special Thanks
5	Our Staff		
5	Our Services – Clinical Treatment		
6	Evidence-based Psychological Interventions		
6	VNHSW Website		
6	Key Stakeholders		
6	Key Partnership Achievements 2015-2016		
6	Partnership Working and Developments		
7	Performance, Research and Evaluation		
8	Sources of Referral		
8	Age Characteristics		
8	Services Signposted		
8	Waiting Times from Referral to Assessment (RTA)		
9	Variation of Waiting Times across NHS Wales		
9	Branch of Military Service		
9	Length of Time in Service		
10	Employment Status		
10	Primary Mental Health Diagnosis		
11	Common Sources of Military Trauma		
11	Clinical Outcomes of Treatment		
12	Staff Training and Investment		
12	Our Plans for 2016-2017		
12	Service User Feedback		

Appendix

16	Appendix 1: Common Care Pathway
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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 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.

Veterans' NHS Wales (VNHSW) continues to remain as 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.

The main body of this Report will describe the activity of the Service from 1 April 2015 - 31 March 2016. 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 colleagues at Public Health Wales, and will be presented throughout this Report.



Neil Kitchiner

Dr Neil Kitchiner
**Director & Consultant Clinical Lead
 and Honorary Research Lead for
 Veterans Mental Health
 Cardiff University**

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. The Service has developed 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 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.

Outcomes

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 within 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 (NSG) and Welsh Government.

Key Features of the Service

- A Wales-wide NHS Out-patients 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. VNHSW staff routinely arrange for practical help and support 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, p16).
- 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 is 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 the 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 currently 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.

Dr Neil Kitchiner, Director, was a Captain with 203 (Welsh) Field Hospital, Army Reserves Centre, Cardiff. Neil deployed to Afghanistan during Herrick 19a (Oct 2013 - Jan 2014) as part of the two person field mental health team.

Julie Campion VT (H DUHB) 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 have worked for VNHSW for approximately 5-6 years and have developed a wealth of experience in treating Veterans with service-related mental health problems.

At the end of March 2016, VNHSW had 13 VTs in post (see Figure 1 below). Each Health Board has dedicated part-time administration support.

The Powys Teaching Health Board service is delivered by neighbouring LHBs: Betsi Cadwaladr UHB for those Veterans 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.



Figure 1. VNHSW staff & main clinics

Our Services

Clinical Treatment

Veterans' NHS Wales currently employs 13 VTs, who are mental health professionals (*i.e.* nursing, psychology and social work backgrounds) with additional post-graduate training in psychological therapy (mainly Cognitive Behavioural Therapy and Eye Movement De-sensitisation Reprocessing (EMDR) therapy).

The VTs 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 various veterans' charities/agencies (*e.g.* RBL, SSAFA, Veterans UK and Change Step).

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

VNHSW Website

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

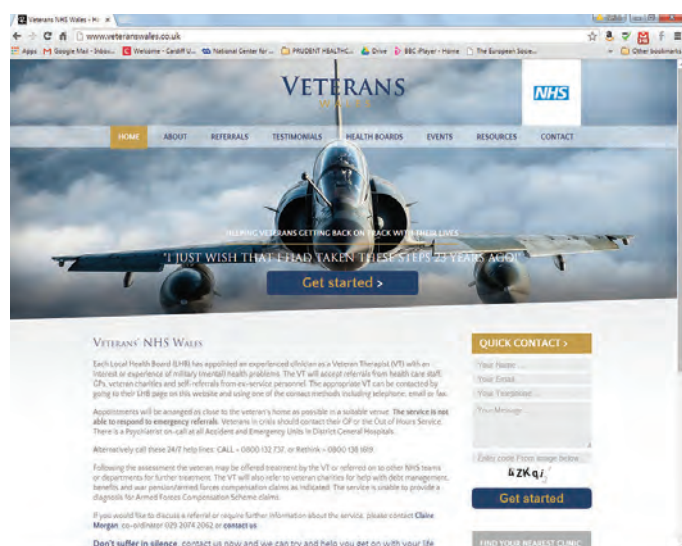


Figure 2. Veterans' NHS Wales website

Key Stakeholders

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

The VNHSW National Steering Group (NSG), established in April 2010, has continued to meet quarterly with a range of partners, including Veterans, veteran agencies, military services, 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 2015-2016

- 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 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
- Close working with Change Step
- 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 **2264** referrals (up to March 2016). This equates to an average of **377 Veterans per annum** to the Service. The following statistics relate to the period April 2015-March 2016.



Figure 3. Referrals to VNHSW up to and including 2015-2016

In the past year we received **607** referrals across all seven Health Boards, an increase of **65** individuals from the previous year (see Figure 3).

Based on referrals received in the first six months of this year:

- approximately 73% of referrals receive assessment by the Service
- approximately 80% of those assessed by the Service are offered treatment
- or, approximately 58% of referrals.

Veterans living in Powys Teach 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 (BCU), Abertawe Bro Morgannwg (ABM), and Aneurin Bevan (AB) Health Boards (this is not influenced by referrals from Powys THB, which continue to remain small) (see Figure 4 below).

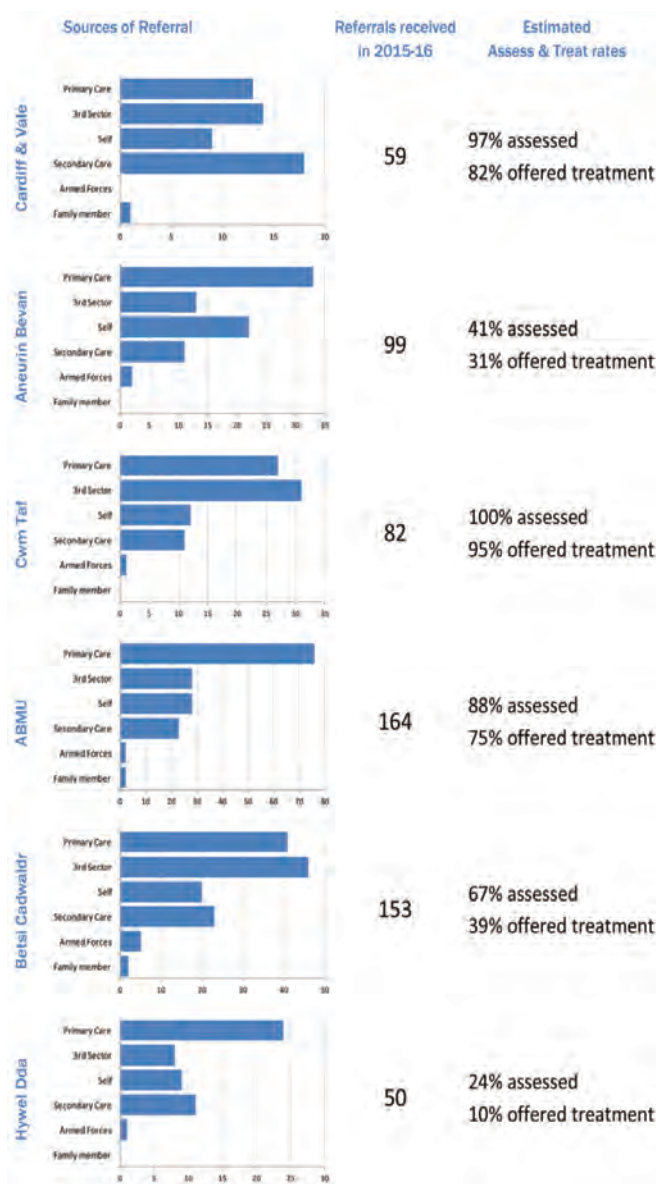


Figure 4. Referrals received by Health Board



Sources of Referral

The common sources of referral are shown in Figure 5 below. The most common route to referral to the Service varied across Wales. All areas received considerable numbers of referrals from each of primary, voluntary organisations (the 'Third Sector'), self-referral and from secondary care.

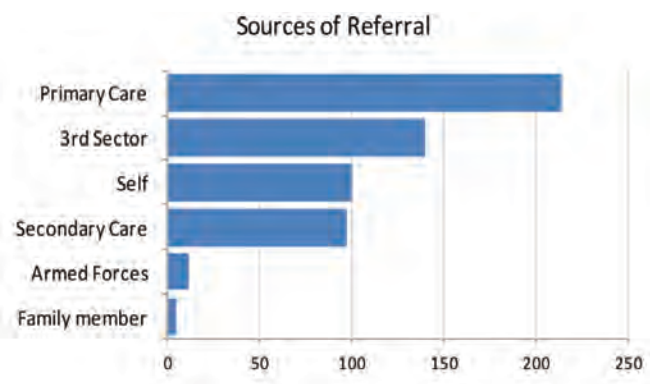


Figure 5. Source of referral

Age Characteristics

The age of referred Veterans covered a wide range from under 21 to 70+ years, with the majority between 21-50 years.

In keeping with previous years, most Veterans referred were men, with only 20 women being referred to the Service in 2015-2016.

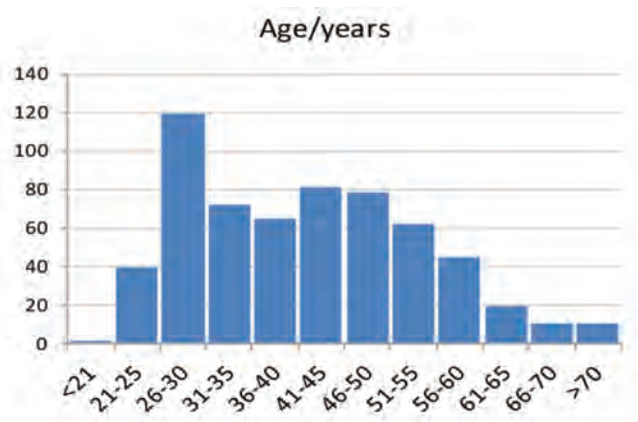


Figure 6. Age profile

Services Signposted

Many Veterans assessed required low level social support to help them engage with other agencies before they could enter into out-patient psychological therapy. Change Step (a peer mentoring charity) has continued to offer help with debt, homelessness, employment and training, and social support by offering a 'peer support' intervention and weekly drop-in groups.

Waiting Times from Referral to Assessment (RTA)

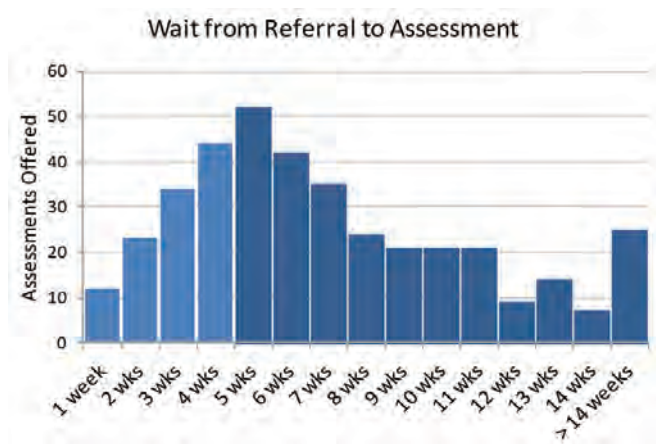


Figure 7. Waiting times RTA 2015-2016

Following referral to VNHSW, Veterans are asked to return an 'opt-in' letter and sign a consent form to request service and medical notes from the MoD before being offered an assessment appointment.

Of those Veterans who were offered an assessment, slightly fewer than 1 in 3 (29%) were offered an assessment within 28 days of their referral. 4 out of 5 were offered an assessment within 10 weeks of referral. A significant component of these waiting times is often the delay in the 'opt-in' letter being returned by the Veteran to the Service. Veteran therapists typically offer 1-3 new assessments per week each.

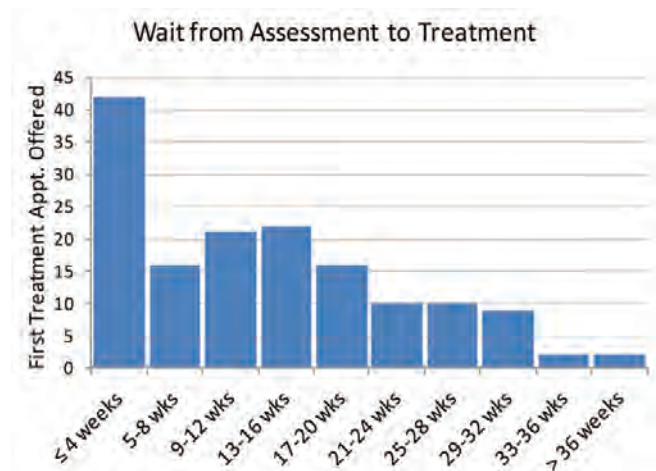


Figure 8. Length of time from assessment to treatment (ATT)

Of those Veterans who were offered treatment, slightly more than 1 in 4 (28%) were offered a first treatment appointment within 4 weeks of assessment. 4 out of 5 were offered a first treatment appointment within 24 weeks (around 6 months) of assessment.



Variation of Waiting Times across NHS Wales

The Veterans NHS Wales Service is provided by six of the seven Health Boards in Wales.

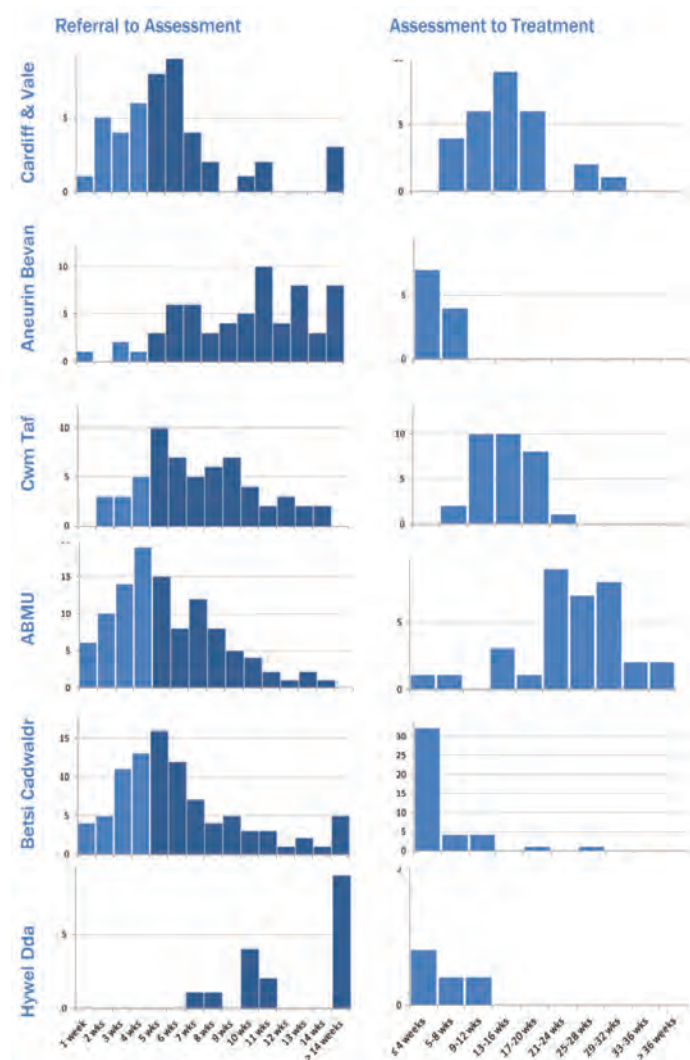


Figure 9. Waiting times for assessment and treatment by LHB

Hywel Dda were unable to offer new Veterans an assessment within the target of 28 days, due to our only VT being on long-term sick leave during most of 2015-2016.

Veterans were offered an assessment by the primary mental health service if the referral was deemed not complex; referral to CMHT if deemed to be complex or wait until our VT returned from sick leave.

Abertawe Bro Morgannwg, Betsi Cadwaladr and Cardiff and Vale Health Boards were able to offer the majority of new Veterans' referrals within 28 days.

The time from assessment to treatment commencing varied across Health Boards with Aneurin Bevan, Betsi Cadwaladr and Hywel Dda Health Boards able to offer out-patient psychological therapy within 12 weeks of the assessment. Abertawe Bro Morgannwg UHB waiting time from assessment to therapy was between 21 and 36 weeks.

Branch of Military Service

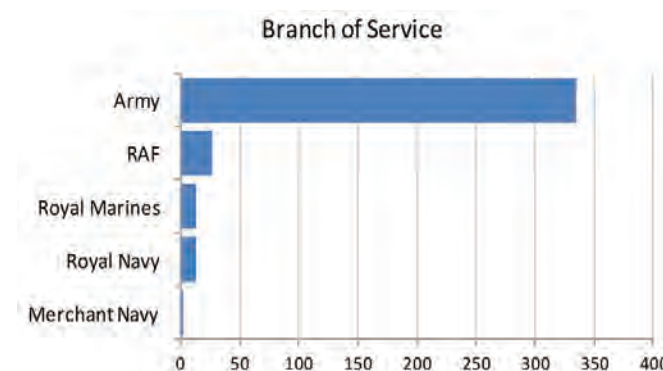


Figure 10. Branch of military service

In keeping with previous years, the majority of our patients are ex-army Veterans who had served in the army infantry regiments and deployed to various theatres of operations.

Length of Time in Service

The length of time in service for assessed Veterans covered a wide range. Almost half had served between 5 and 9 years. Approximately 1 in 6 (18%) assessed Veterans were 'Early Service Leavers' (ESL), having spent fewer than 4 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 complex biopsychosocial needs.

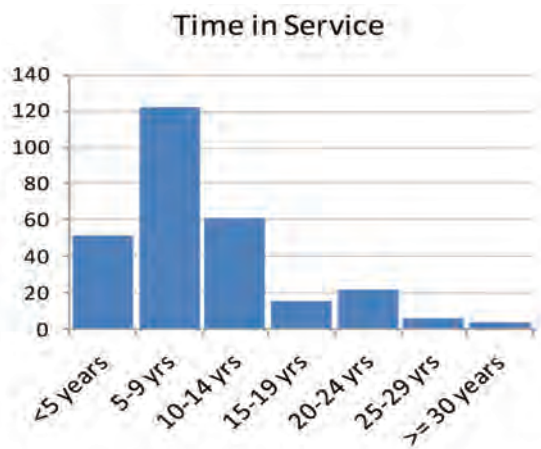


Figure 11. Length of time in service

Employment Status

The largest group of Veterans describe themselves as employed either full or part-time. Followed by not available for work, often due to mental and/or physical health problems.

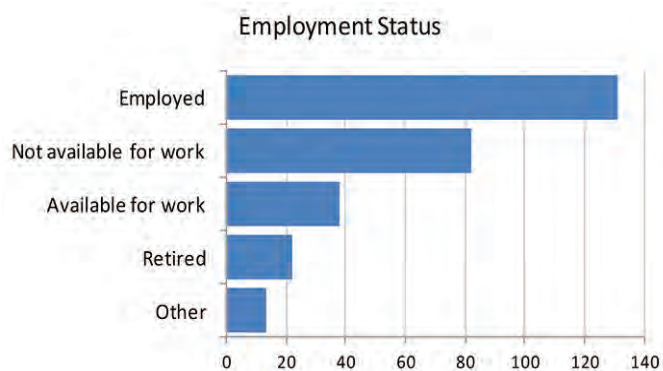


Figure 12. Employment status



Primary Mental Health Diagnosis

The majority of our Veterans were describing a combination of traumatic stress symptoms, sleep problems and common mental health disorders.

However, not all Veterans with trauma symptoms had experienced exclusively military-related trauma. With many reporting either pre-enlistment or post-service traumatic events, *e.g.* adverse childhood experiences or working in private security operations overseas.

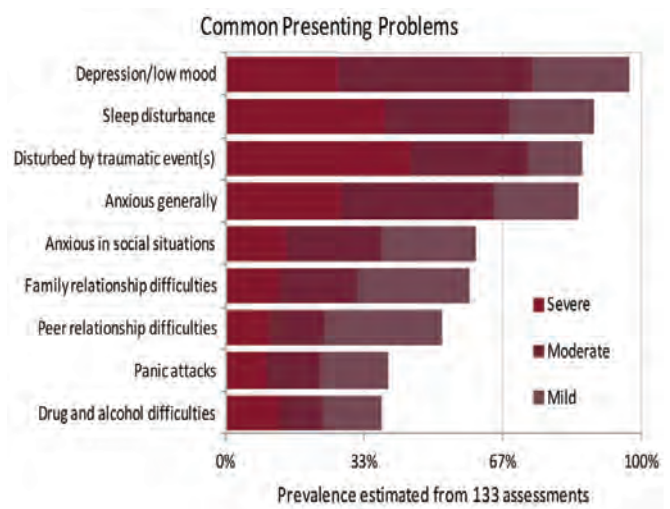


Figure 13. Primary mental health diagnosis

Many Veterans also presented with other complications in their lives, including:

- Financial difficulty or unstable accommodation
- Contact with the Justice system, including as victims
- Experience of abuse
- Serious physical health issues

Common Sources of Military Trauma

The most common sources of military-related trauma, as shown in Figure 14 on page 11, include deployment to war zone.

Many Veterans reported multiple sources of military trauma from several deployments.

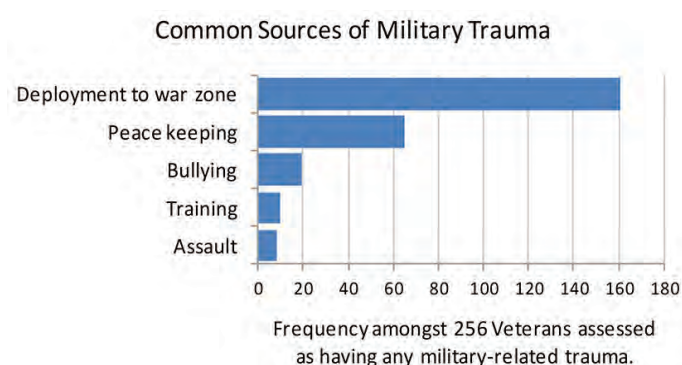


Figure 14. Military trauma

Clinical Outcomes of Treatment

All Veterans who are assessed and at commencement of therapy provide self-report data *via* several clinical measures, and again at discharge, to capture any change in reported symptoms. In each chart below those Veterans represented by a black dot in the green corner demonstrated a 'significant improvement' in a particular domain following treatment, *i.e.* 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 demonstrate that many Veterans achieve significant improvement in several aspects of mental health following therapy. Veterans receiving treatment in the Service are asked to complete one or more of a number of scored assessments, before and after treatment. These before-and-after scores can be compared to better understand if the Veterans' symptoms or quality of life improve following treatment.

The charts in Figure 5 show Veterans' scores on the range of assessments used, before treatment and after treatment. Black dots in the green corners represent Veterans whose score on that measure had reliably improved following treatment - reflecting reduced impact of trauma, less severe symptoms of depression or anxiety, decreased alcohol dependency or a better quality of life.

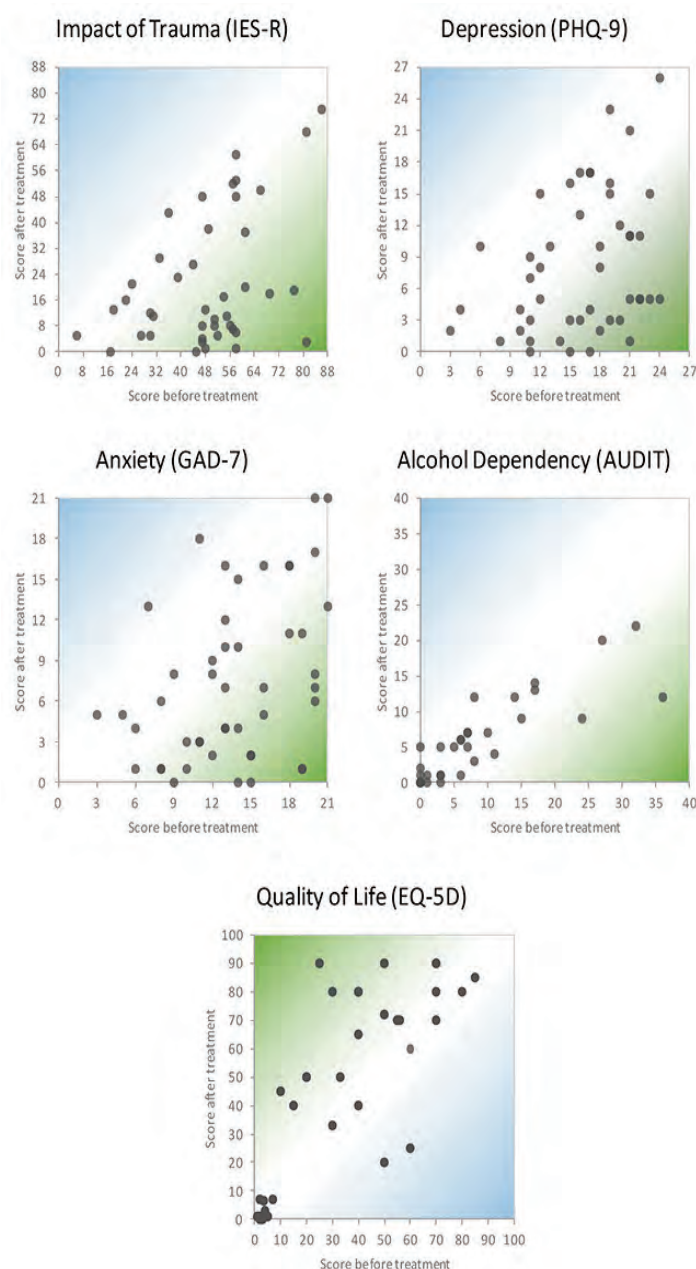


Figure 15. Pre- and post-therapy clinical measures

Pre- and post-therapy clinical measure data was available for 48 Veterans this year. Of these, 42 patients showed a reliable improvement on at least one disorder specific measure (N.B. black dots within the green area show a reduction in symptoms, post-therapy).



Staff Training and Investment

VNHSW continues to invest in our staff *via* their annual appraisal to meet the needs of the Service.

All of our Veterans' Therapists have attended various levels of training in evidence-based psychological therapies that have been identified as effective for our client group this year.

Several of our Therapists are continuing to work towards, and two have gained accreditation with, the British Association of Behavioural and Cognitive Psychotherapists (BABCP) and Eye Movement Desensitisation and Reprocessing (EMDR) therapy with EMDR UK and Ireland as an accredited practitioner.

Our Plans for 2016-2017

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 six-monthly National Steering Group meeting will continue to be hosted by the Royal British Legion within their Cardiff Pop-In shop board room and new user representative, Lt Col (Rtd) John Skipper, has been secured.

We are continuing to develop working relationships with the Welsh Prison estate, to ensure

incarcerated Veterans with service-related mental health problems can access VNHSW upon release.

We continue 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:

What was good about your experience of the Service?

"Talking about various issues which culminated into one diagnosis."

"Feeling relaxed and listened too and understanding what I was doing."

"It was good to be able to talk to another Veteran who understood what I was saying."

"I felt from the start that my therapist understood the problems I had and was very familiar with the military aspects."

"The step-by-step weekly working and building on each week progress worked well for me."

"My therapist was someone I could trust and never felt judged by her."

"My process was fully explained to me and nothing was done without establishing a safe place."

"My therapist is a wonderful person and a truly professional therapist. She allowed me to discover my own route in my recovery and I always felt in charge of my recovery."

"It allowed me to make sense of my past and adopted rational thinking, ending years of confusion and mistrust in people."

"The whole experience was positive."

"I was made to feel comfortable at the sessions."

"A great help."

"For the first 18 months it was painful and very

hard and I felt vulnerable and afraid and I kept things back from my therapist. I was given massive support throughout my 23 months of therapy."

Is there anything else you want to tell us about the Service you received?

"I would like to see more openness in dealing with the Service and DWP to stop confusion."

"The consulting rooms are far too hot."

"Once I learnt to understand the idea of the stuck points things really changed! This therapy really works and I hope it can be made available to other Veterans."

"Thank you for caring and allowing me to be in the centre of my own recovery, knowing that I was in safe hands and people that really cared helped me to get where I am today."

"The service I received has allowed me to get on with my life."

"I never thought I would be happy again. But I can truly say I am now."

"My therapist has had a positive impact on my life. I will remember and always be in her debt for helping me over this difficult period in my life."

"I understand that my therapist only works two days a week and there is a waiting list. There needs to be more therapists available to make waiting lists shorter."

"Good job the Service is there for the Veterans. It has done me the world of good."

This Year's Highlights

- Commenced referrals to Walking With The Wounded charity programme Head Start – where Veterans could access a private psychological therapist from our waiting list to aid a faster return to work.
- Presentation to the AF Champions Conference in 160 Brigade, Brecon.
- VNHSW took part in the Welsh Veterans Partnership Cycle Ride from Cardiff Bay around Wales (Neil Kitchiner completed the Cardiff to Bridgend leg).

- Development of a partnership bid to embed two Peer Mentors in BCUHB.
- VNHSW was invited to the Presentation of new Colours to the Royal Welsh and lunch with the Queen at the Millennium Stadium.
- VNHSW was invited to attend the Sennedd Srebrenica Memorial.
- Following the Sousse Beach shootings in Tunisia, VNHSW invited to offer an early psychological intervention to Welsh residents affected.
- Combat Stress Charity and VNHSW developed a referral pathway with VNHSW, the first point of contact for an assessment and trial of treatment.
- VNHSW developed close links with the HMP Parc, Endeavour Wing with an information board on what VNHSW can offer Veterans with a service-related mental health problem.

Staff Training

- Cognitive Behavioural Therapy for Insomnia - one day training from Dr Phillip Gehrman, USA.
- EMDR for Anger, Resentment & Revenge - one day training from Herman Veerbeek, Netherlands.
- The Warrior Programme held their first 3 day residential course in Maindy Barracks, Cardiff.
- VNHSW provide Change Step Peer Mentors - one day training in 160 Brigade, Brecon.
- VNHSW staff attend the Kings College London, annual Military Conference.
- VNHSW staff attend and present at Veterans First Point Conference in Glasgow.



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Appointment of New Staff

- Claire Young, Veteran Therapist, starts in Hywel Dda.
- Dr David Seeley, Consultant Psychiatrist, based at Cardiff & Vale, starts an out-patient clinic on the first Wednesday morning of every month.

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, Hadyn Ellis Building

Combat Stress, Community Teams, Wales

Change Step and Listen In Service

Defence Community Mental Health Service, MoD

Forces in Mind Trust

Hire a Hero, Wales

National Centre for Mental Health (Wales)

Medical Assessment Programme

National Veteran Mental Health Network (England)

NHS Wales

Public Health Wales (Adam Watkins)

Remploy

Royal British Legion, Wales

SSAFA

The Reserves Mental Health Programme, RTMC, Chilwell, Notts

Veterans UK

Welsh Government

HMP Prison Service, Wales

203 (Welsh) Field Hospital, Cardiff HQ



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 our client's needs.

Appendix 1: Common Care Pathway





