



# Annual Report

## April 2019 – March 2020







# **Veterans' NHS Wales**

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

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

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# Welcome

Veterans' NHS Wales (VNHSW) started life as MoD and Welsh Government funded pilot study based in Cardiff in 2008 for two years led by Prof Jonathan Bisson, Director and myself as the lead clinician.

Its success in engaging military veterans in an out-patient NHS in two health boards led to the Welsh Government requesting an all Wales Veterans Service specification and costs. This resulted in the formation of the All Wales Veterans Mental Health service which launched in April 2010.

Since then Veterans' NHS Wales (VNHSW) has established its reputation for military mental health expertise across Wales, UK and internationally as the 'first point' of contact for veterans, health professionals and third sector charities who work with military veterans residing in Wales. VNHSW remains the only UK national NHS veterans' service and it retains close and strong working relationships with colleagues across the border in England, Scotland and Northern Ireland.

I am very pleased to be able to present the last 12 months data from our minimum data set which is collected routinely from all patients who undertake an initial assessment. The contents of this report highlight how hard our dedicated VNHSW teams work within each health board and their commitment to this unique occupational group.

I am particularly impressed with our staff retention rates over the past 10 years. Two of our long serving therapists, Julie Campion and Vanessa Bailey have been promoted by their health boards to the role as Clinical Lead Veteran Therapist for their respective health board. I hope that the remaining health boards follow their example soon.

In October 2019, we entered the third and final year of our Help for Heroes (H4H) funding for additional therapy sessions. I will be asking Welsh Government colleagues for recurrent funding from October 2020 onwards to retain staff previously funded by H4H to become permanent members of VNHSW.

The main body of the report will describe the activity of the service from 01 April 2019 – 31 March 2020. A minimum data set continues to be refined and is collected routinely on all individuals referred and assessed by Veteran Therapists (VTs) across each Local Health Board (LHB).



*Neil J Kitchiner*

Dr Neil J Kitchiner

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

## Abbreviations

**ABUHB** - Aneurin Bevan University Health Board

**ABMUHB** - Abertawe Bro Morgannwg University Health Board

**AF** - Armed Forces

**BCUHB** - Betsi Cadwaladr University Health Board

**C&VUHB** - Cardiff and Vale University Health board

**CTUHB** - Cwm Taf University Health Board

**HDUHB** - Hywel Dda University Health Board

**H4H** - Help for Heroes

**LHB** - Local health board

**MoD** - Ministry of Defence

**NICE** - National Institute for Health and Care Excellence

**PTSD** - Post Traumatic Stress Disorder

**SBUHB** - Swansea Bay University Health Board

**UHB** - University Health Board

**VNHSW** - Veterans' NHS Wales

**VT** - Veteran Therapist

## Our Aims, Outcomes and Eligibility

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

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

## Key Outcomes of the Service

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

B. Veterans in this service are given a comprehensive assessment that accurately assesses their psychological and social needs.

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

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

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

F. This service will develop 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 will link with the military to facilitate early identification and intervention.

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

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

J. To project expert advice and support to local services on the assessment and treatment of veterans who experience mental health difficulties to ensure local services, including addictions services, are able to meet the needs of veterans.



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

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

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

## Eligibility and Referral

Any individual who has served in the British Armed Forces and is now a veteran living in Wales, who has served at least one day as either a regular service member or as a reservist is eligible to be assessed by VNHSW. Veterans with a 'service related' mental health injury are eligible to receive outpatient treatment (psychological and/or medication). Those with a 'non-service related' mental health injury are signposted to appropriate services for ongoing treatment as indicated. See Appendix 1 for a copy of the referral pathway.

## Key Features of the Service

- Offers a Wales wide NHS outpatient service for veterans with service related mental health problems.
- A multi-disciplinary team skill base comprised of staff with personal experience working in and for the military and/or mental health professionals with extensive experience of working with the mental health needs of veterans.
- We always access all veterans' MoD service and healthcare records to inform our clinical assessment. Veterans' need to provide their consent for this as it is a key condition of accessing the service.
- Following assessment, veterans are collaboratively involved in the development of an individualised management plan to address health and psychosocial needs.
- VNHSW staff routinely refer to, receive referrals from and work collaboratively with organisations that provide specialist practical help and support to veterans. This includes

Change Step (a peer mentoring charity who work with veterans on issues including: accommodation, finance, and benefits), the Poppy Factor who specialise in access back to employment as well as local and the main national veterans' charities.

- Outpatient clinics are located in or near to the main population centres across Wales, with easy access via public transport links.
- We offer a range of NICE approved evidence-based psychological therapies provided on-site for a wide range of common mental health problems.
- The option to have a telephone or video screening assessment in the veteran's home with a VT, who will assess for suitability and signposting if deemed appropriate.
- Close partnership working with a range of veteran organisations/charities to raise awareness of veterans' issues, across Wales and UK where appropriate.
- Ongoing evaluation and research on the needs of veterans' in the community to inform future policy making and commissioning of services.

## Service Overview

### Service structure

VNHSW operates as a 'Hub and Spoke' model', with Cardiff and Vale UHB functioning as the 'Hub' and five out of the six remaining health boards operating as the 'Spokes'. Each team includes veterans' therapists, dedicated administration and a consultant psychiatrist. Two health boards also have embedded peer mentors and Cardiff and Vale UHB employs an assistant psychologist who provides support with various service-related projects, data collection, analysis and reporting.

Prior to 01 April 2019, the 5 'spoke' health boards were: Abertawe Bro Morgannwg, Aneurin Bevan, Betsi Cadwaladr, Cwm Taf and Hywel Dda. Veterans resident in Powys Teaching Board were referred to their neighbouring health boards in Aneurin Bevan, Abertawe Bro Morgannwg and Betsi Cadwaladr.

A local health board's area change came into effect on 01 April 2019 which saw Cwm Taf University LHB renamed Cwm Taf Morgannwg University LHB and Abertawe Bro Morgannwg University LHB renamed Swansea Bay University LHB. The principle local government area of Bridgend was also transferred to form part of the area of Cwm Taf Morgannwg University LHB. From 01 April 2019, veteran's resident in Powys Teaching Health Board were referred to their neighbouring health boards in Aneurin Bevan, Swansea Bay and Betsi Cadwaladr (see Appendix 2).

### Our staff team

A notable strength of VNHSW is the low staff turnover, with the majority of staff having worked for VNHSW for 8-10 years. This has meant that staff have developed expertise in treating veterans with service-related mental health conditions, and have been able to share and develop this knowledge and expertise with newer members of staff.

Another asset of VNHSW is the fact that several clinicians have personal experience of military life. Prof Jonathan Bisson was a Consultant Psychiatrist in the army and served in Germany.

Dr Neil Kitchiner (Director and Consultant Clinical Lead), served as a Captain with 203 (Welsh) Field Hospital and deployed as part of a two-person field mental health team to Afghanistan during Herrick 19a (Oct 13 – Jan 14). Amanda Jackson VT (BCUHB) served with the Queen Alexandra's Royal Army Nursing Corps and deployed to Bosnia for a six-month tour in 1996. Amanda worked in military hospitals in both the U.K. and Germany and worked as a training instructor in Lichfield (1998-2001) before completing her service of 15 years as a mental health nurse. Amanda then worked at DCMH Donnington and at the Priory Hospital as a civilian mental health nurse, as it had the military contract to treat serving military personnel at the time. Julie Campion Lead Therapist (H DUHB) has experience working in Germany for several years as a civilian community psychiatric nurse for SSAFA, providing mental health care to serving personnel.

The VTs who work across Wales are specifically trained to be able to offer formulation-based therapy to veterans. Most have core training in mental health nursing, psychology, occupational therapy and social work and have also achieved additional post-graduate qualifications in high intensity psychological treatments.

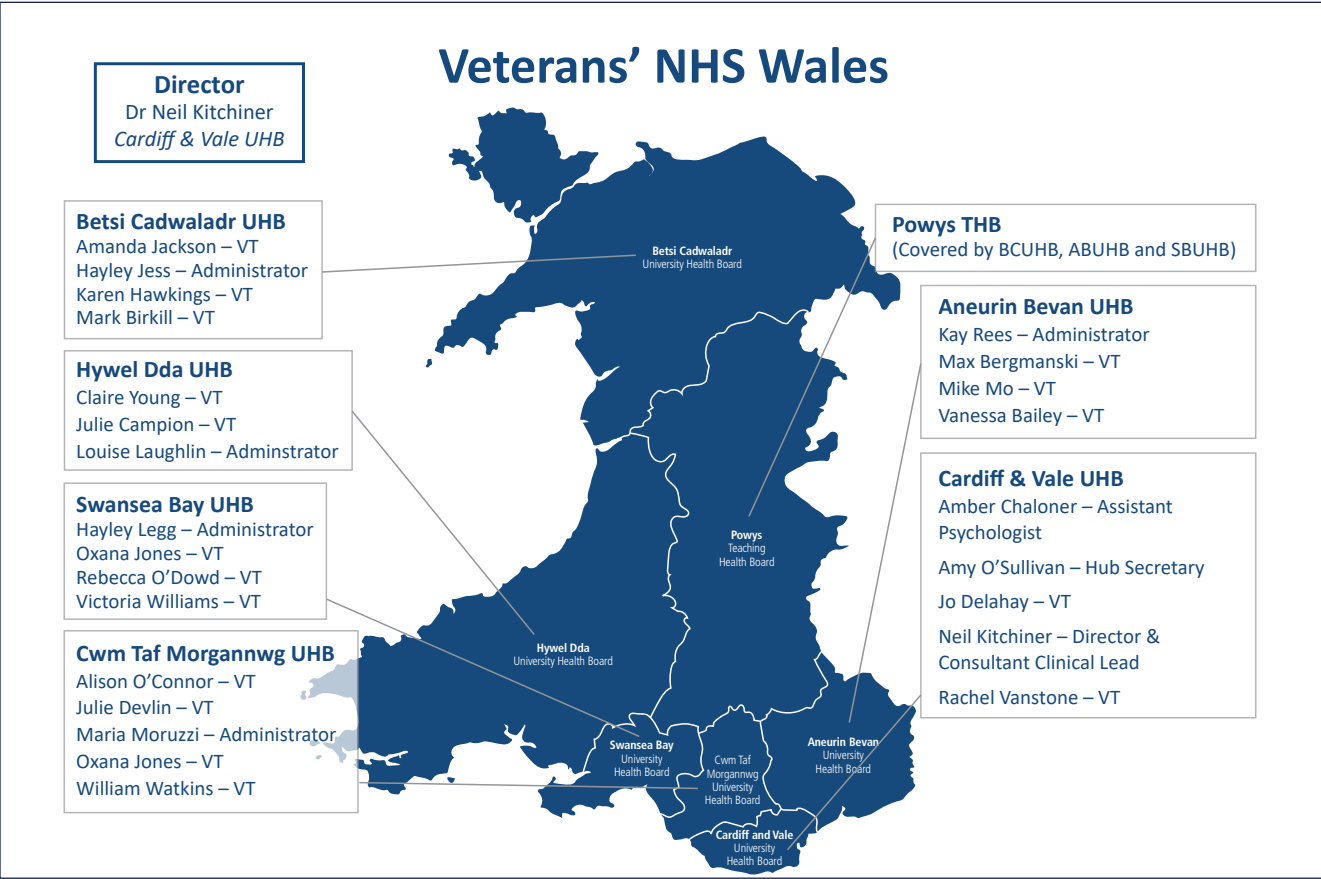


Figure 1: Map of Wales



## Evidence-based Psychological Interventions

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

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

## Consultant Psychiatrist Clinics

All health boards have access to a Consultant Psychiatrist who offers two sessions per month (7.5 hrs), apart from Aneurin Bevan health board who offer 3.75 hrs. Veterans are referred by the VTs for several options: including a) review of their mental state and potential psychotropic medication for a range of common mental health disorders; b) second opinion on initial diagnosis; c) support for Armed Forces Compensation Scheme via a diagnosis.

## VNHSW Website

The VNHSW website: [www.veteranswales.co.uk](http://www.veteranswales.co.uk) has been live since April 2015. The website provides extensive information for veterans, including eligibility criteria for the service, how to refer and testimonials from veterans who have experienced treatment through VNHSW. The website also provides links to useful organisations that can provide specialist support for veterans. The online referral form was used to make 30% of referrals in the past year, an increase compared to 2018-19 when it was used to make 25% of referrals.

## Key Stakeholders

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

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

**Awards/achievements/  
research**

**Help for Heroes Grant Year 2:  
October 2018 to September 2019**

A three-year grant provided by Help for Heroes (H4H) provided funding for additional high intensity psychological therapy provision within VNHSW. Five part-time staff increased their hours (one split across two health boards) and two new veterans’ therapists were recruited. The total additional hours available was equivalent to an additional three full time band 7 veterans’ therapists (30 hours per week).

The H4H grant set out three project outcomes (Table 1). There were several notable changes to the service in year 2 of the grant, including staff changes, the health board boundary change and increased demand. Despite this, at the end of year 2, VNHSW had achieved project outcome one by offering therapy to 263 veterans (140 in year 1, 123 in year 2), 244 of whom started therapy (127 in year 1, 117 in year 2).

Whilst the changes in year 2 make it difficult to establish the impact of the grant on project outcome 2, it is evident that the wait for treatment and the numbers waiting would have been significantly higher without this grant. For example, Betsi Cadwaladr showed a clear reduction in the number of veterans on the wait list following the introduction of the H4H funded therapist in April 2018.

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

Table 1: H4H Grant project outcomes

**Welsh Veterans Awards 2019**

In June 2019, Kevin Hackett, Change Step Peer Mentor for Veterans’ NHS Wales Betsi Cadwaladr UHB team, was awarded a Bronze for his work in the community.

As a peer mentor, Kevin works with veterans from the point of referral to identify any health and social care needs. Kevin then provides information and direct support for veterans so that these needs can be addressed at the earliest opportunity, often before their therapy starts.

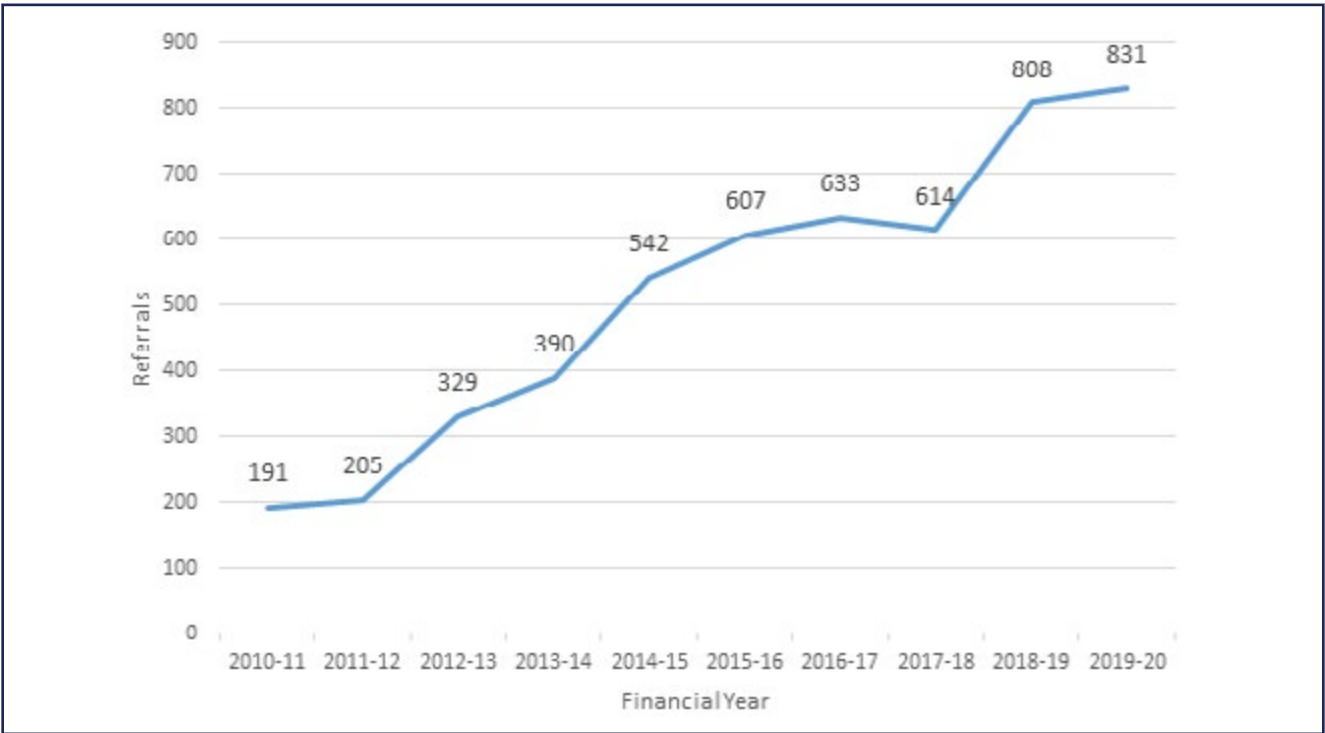
As well as working with VNHSW, Kevin also holds a number of key roles in the Armed Forces community where he contributes his experience, expertise and commitment to veterans’ services.



# Performance, Research and Evaluation

## All Wales Referrals

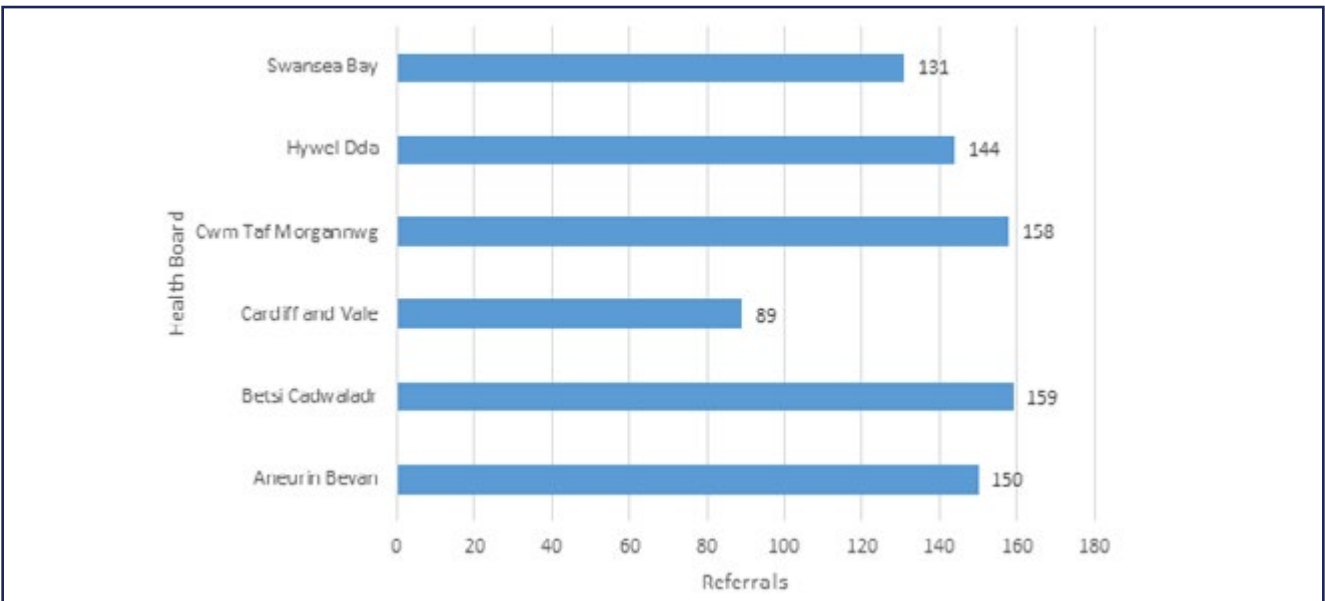
Since the service was launched in April 2010 VNHSW has received 5,150 referrals (up to 31st March 2020). The following graph relates to the period April 2018 to March 2020.



In the past year, VNHSW received 831 referrals across the seven health boards, which is an increase on the previous year when the total number of referrals was 808.

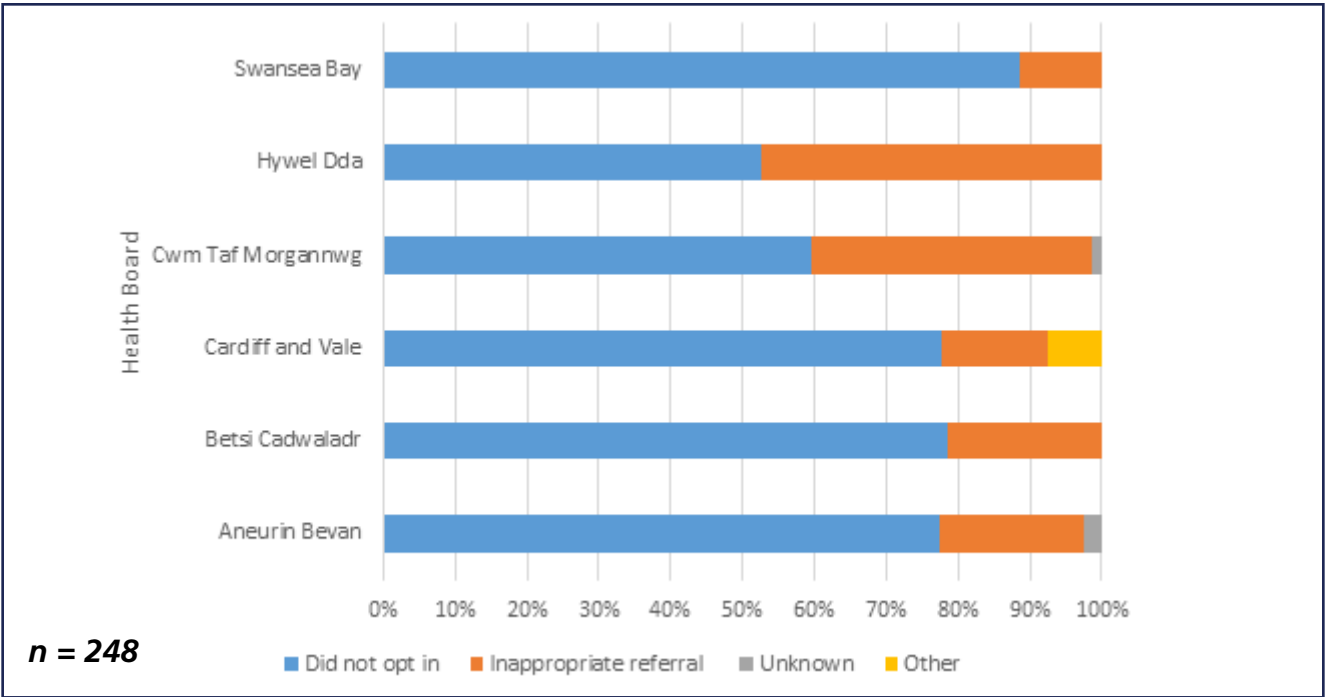
## Referrals by Health Board

The graph below shows the distribution of referrals across the health boards in 2019-20. Betsi Cadwaladr received the highest number of referrals followed by Cwm Taf Morgannwg and Aneurin Bevan. This is discrepant to previous years, when Cwm Taf was typically one of the three lowest referral areas. The increase in referrals in Cwm Taf Morgannwg and associated decrease in referrals in Swansea Bay is not unexpected due to the transfer of Bridgend from Swansea Bay to be part of Cwm Taf Morgannwg local health board.



# Referral to Assessment Outcome

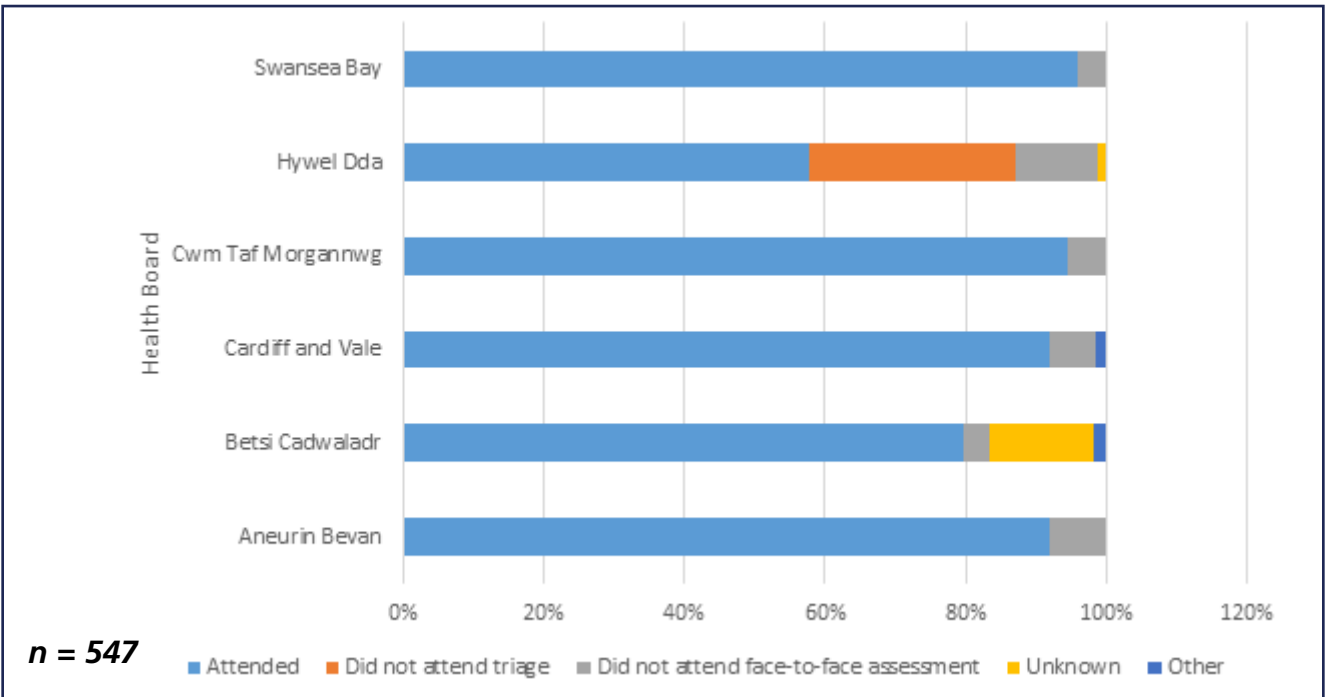
Out of 831 referrals, 248 (34.2%) were not offered an assessment with a Veterans Therapist in the service and the graph below depicts the reasons why.



The graph shows that for the majority of veterans who were not offered an assessment, they were not offered as they did not opt-in to the service. After a veteran self-refers or is referred to the service, they are sent an opt-in letter and information in the post, which they are required to return to the service before an assessment can be offered.

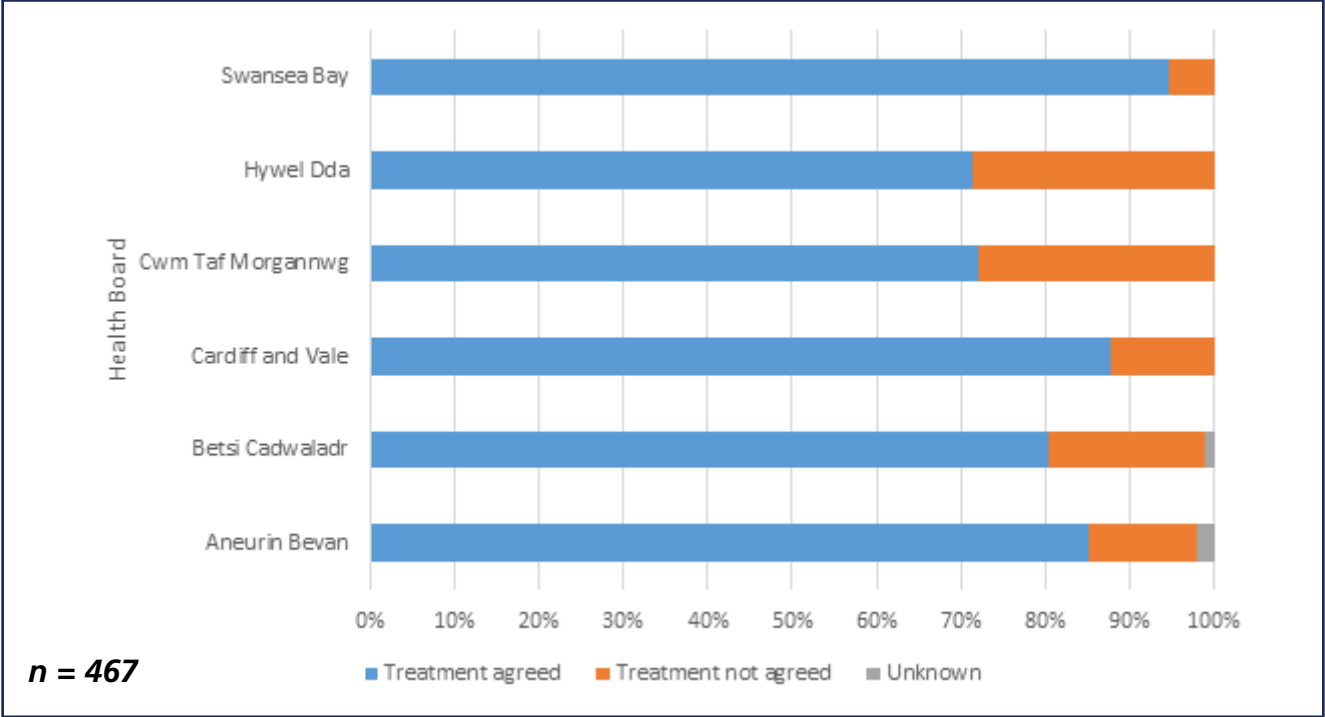
In Cardiff & Vale, the 'Other' category reflects those veterans who were not offered an assessment with a Veterans Therapist as they only needed to see the psychiatrist in the service.

547 (65.8%) of referred veterans were offered an assessment and the graph below presents the outcomes of these assessments.



Across all health boards, the majority of veterans attended their assessment. The 'Other' category refers to those veterans who did not respond to attempts to book the assessment appointment or who were put on hold for face-to-face assessment due to the impact of Coronavirus in March 2020.

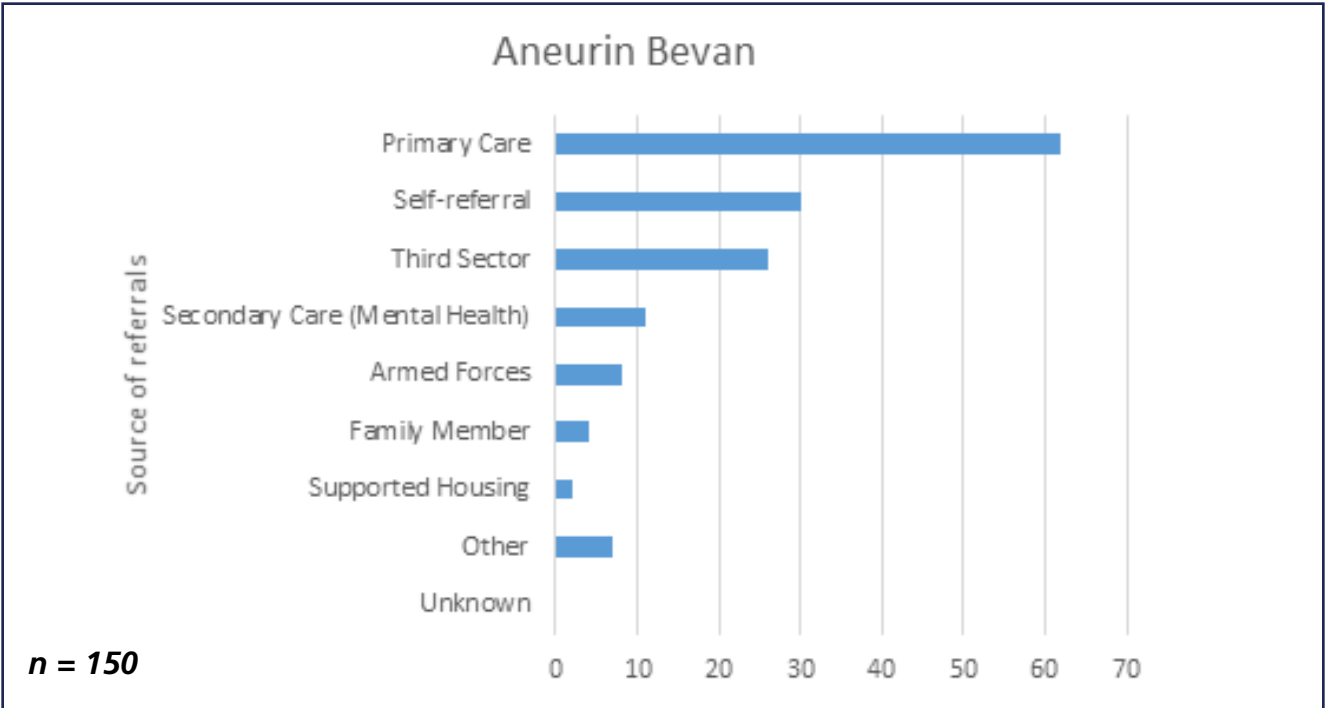
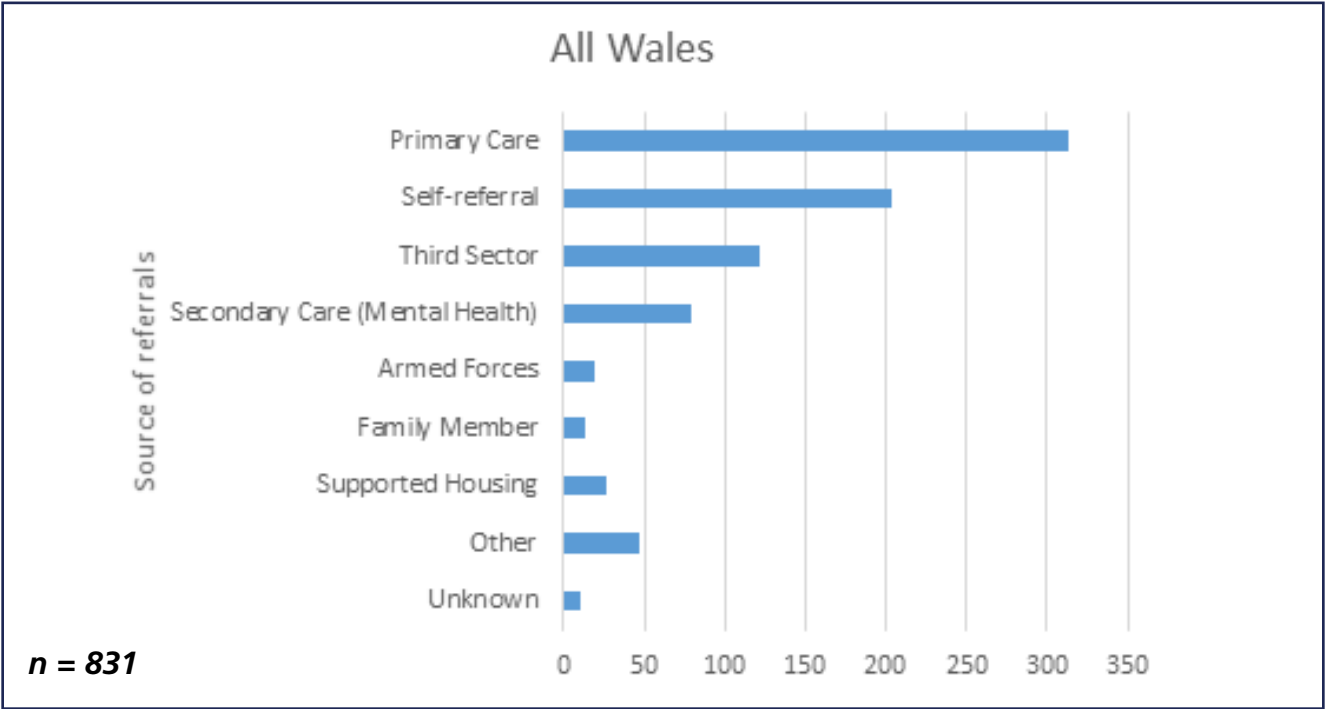
467 veterans attended assessments in 2019-20 across the health boards. The graph below presents the outcomes of these assessments in relation to whether treatment was subsequently offered and accepted by veterans. The category 'Treatment not agreed' captures those veterans who were not offered treatment in VNHSW (due to it being inappropriate) and also those who were offered treatment but did not accept it.





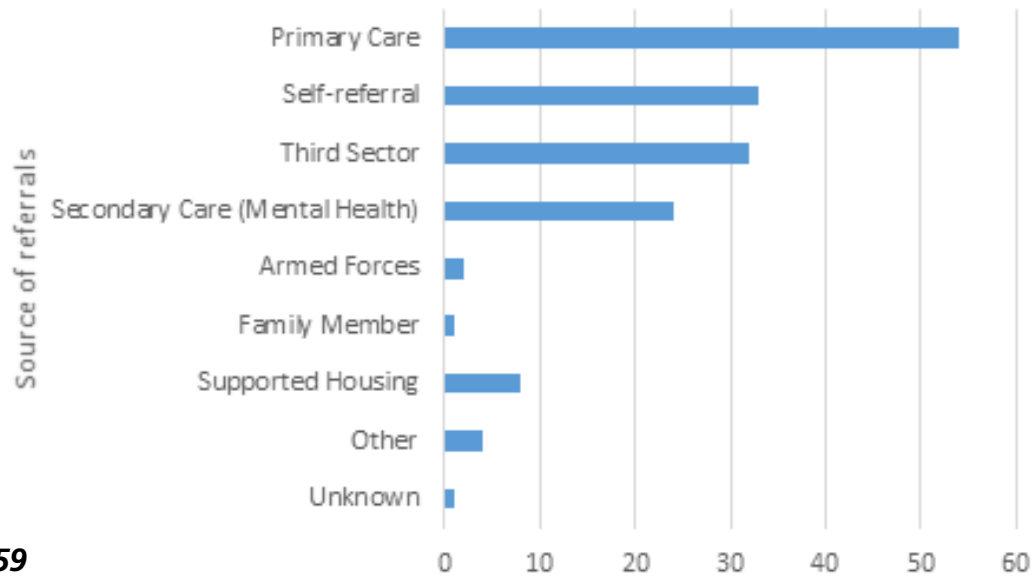
# Sources of referral

VNHSW continues to receive referrals from a wide variety of sources. Across all health boards, the most common sources of referrals were primary care, self-referral and third sector organisations.

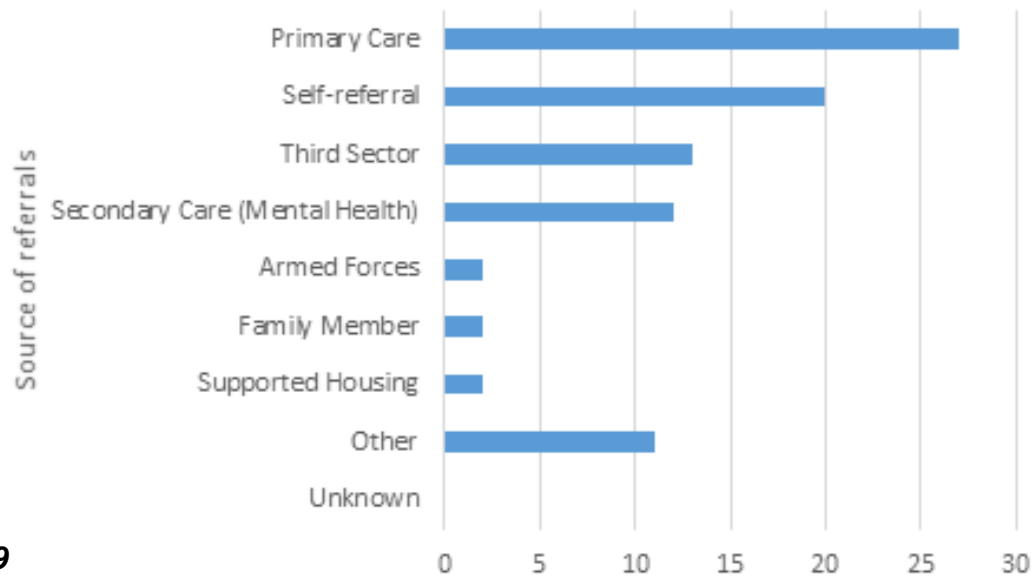




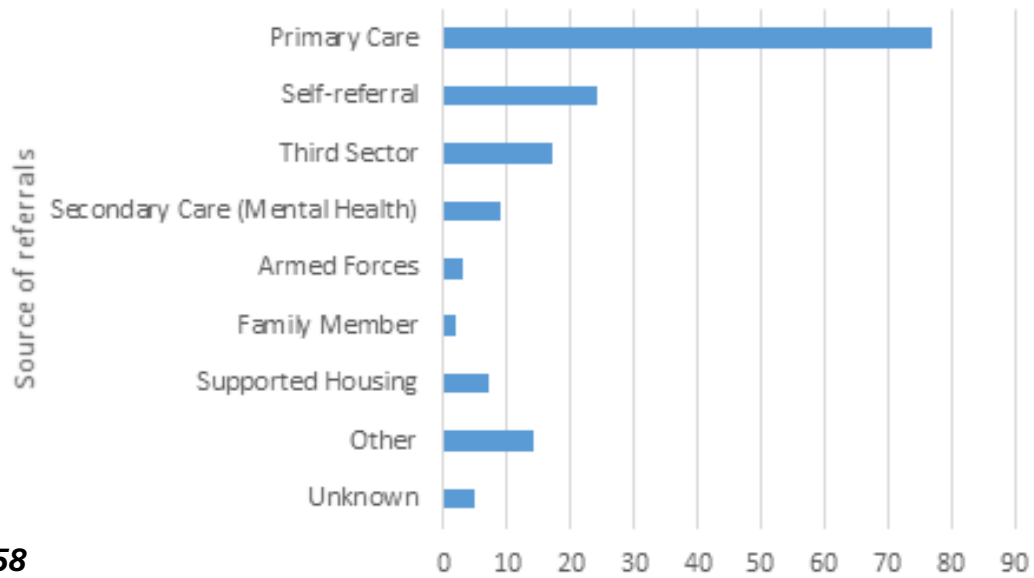
### Betsi Cadwaladr



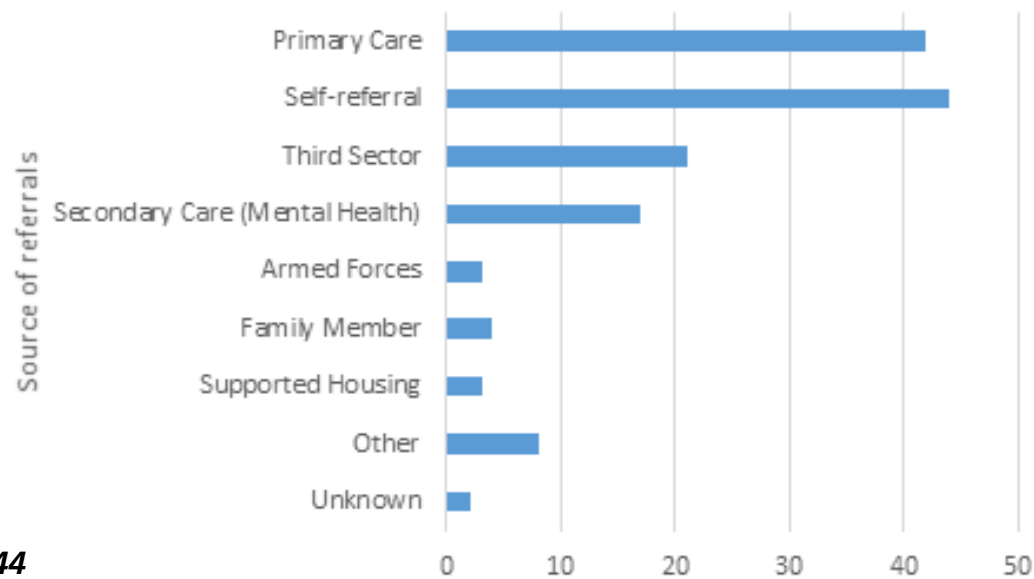
### Cardiff & Vale

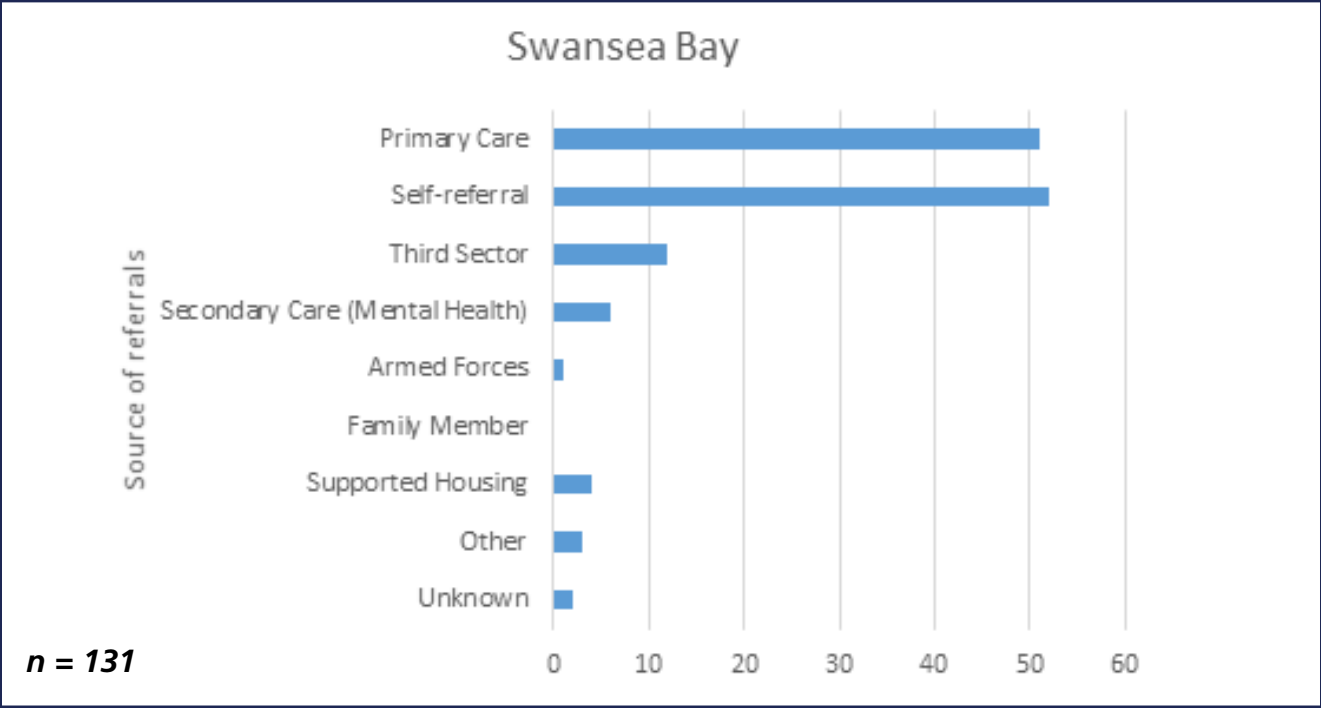


### Cwm Taf Morgannwg



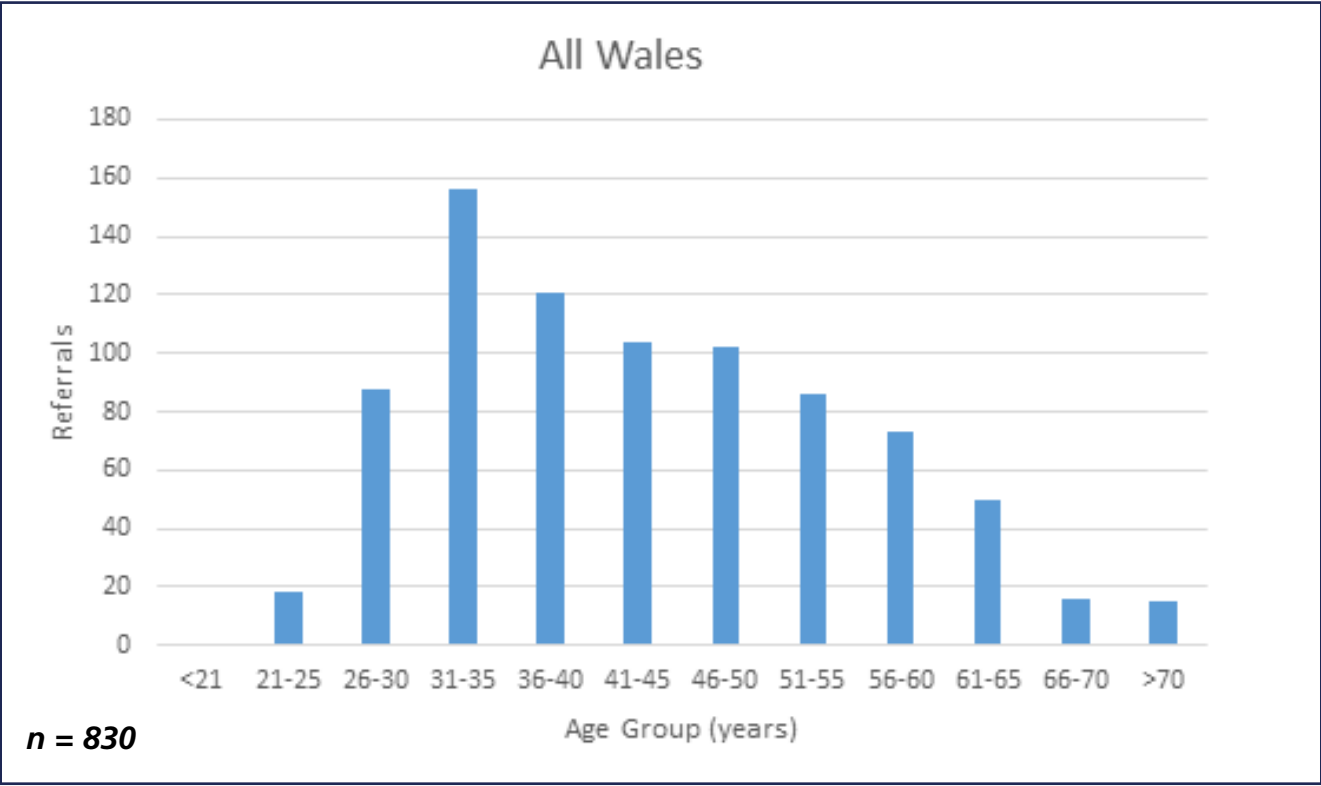
### Hywel Dda





### Age and Gender

Referred veterans ranged in age from 20 to 95 years old, with the majority being aged between 31 and 35 years old. This is discrepant to the previous year when the majority of veterans were aged 26-30 years.



Consistent with the previous year, 5.0% of referrals (42) were female and 95.0% of referrals (789) were male.

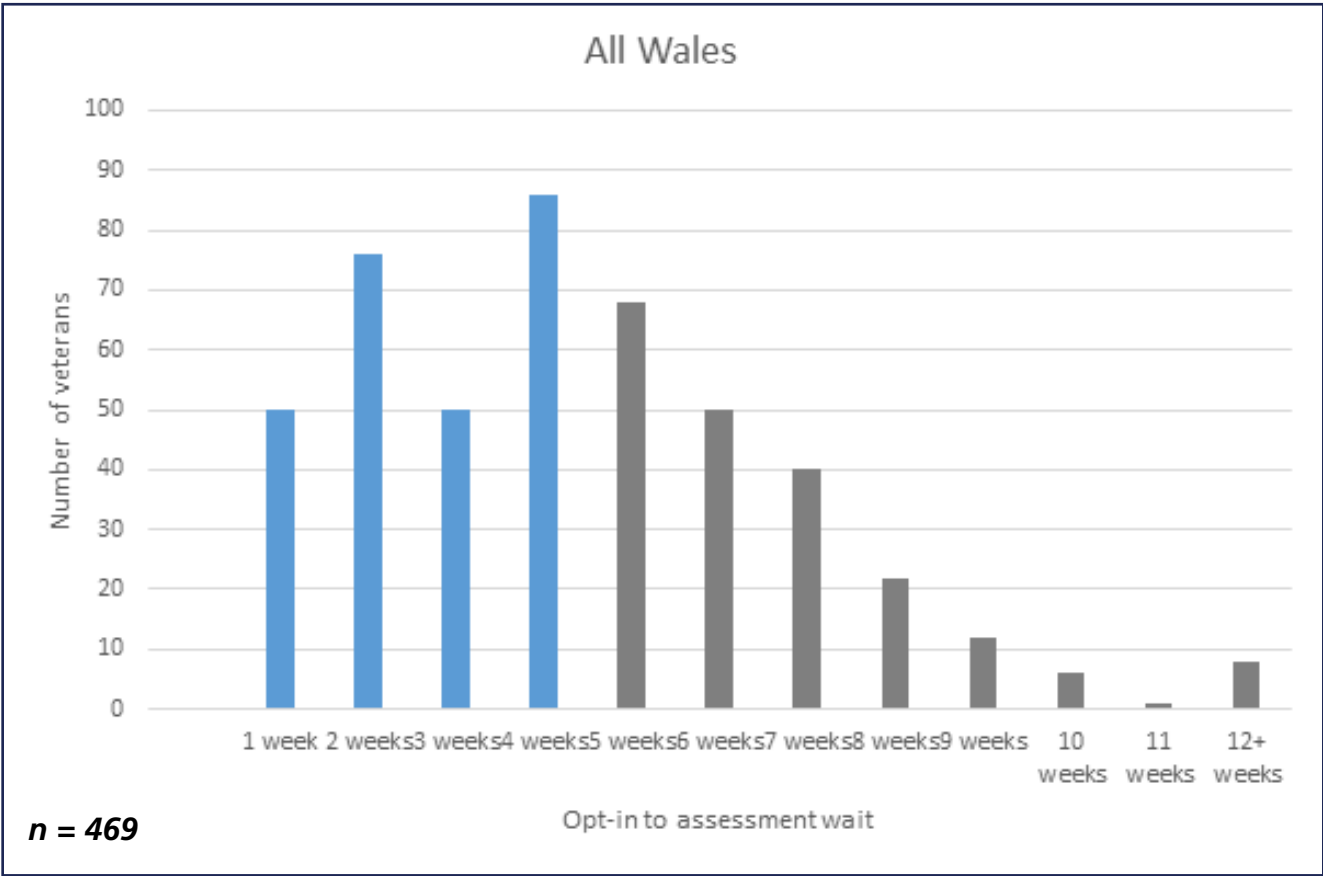
## Services Signposted

467 veterans attended an assessment at VNHSW. Of these, 314 (67.2%) were signposted to another service and 192 (41.1%) were signposted to more than 1 service. Veterans may be signposted to additional organisations or services prior to starting or during psychological or psychiatric treatment, but also at discharge if these organisations or service are thought to best support the veteran's needs at that time. Veterans were commonly referred to organisations who could provide support with social issues (e.g. housing, finances, employment), such as third sector armed forces charities and peer mentoring programmes. Veterans were also signposted to physical health services and mental health support such as guided self-help programmes.

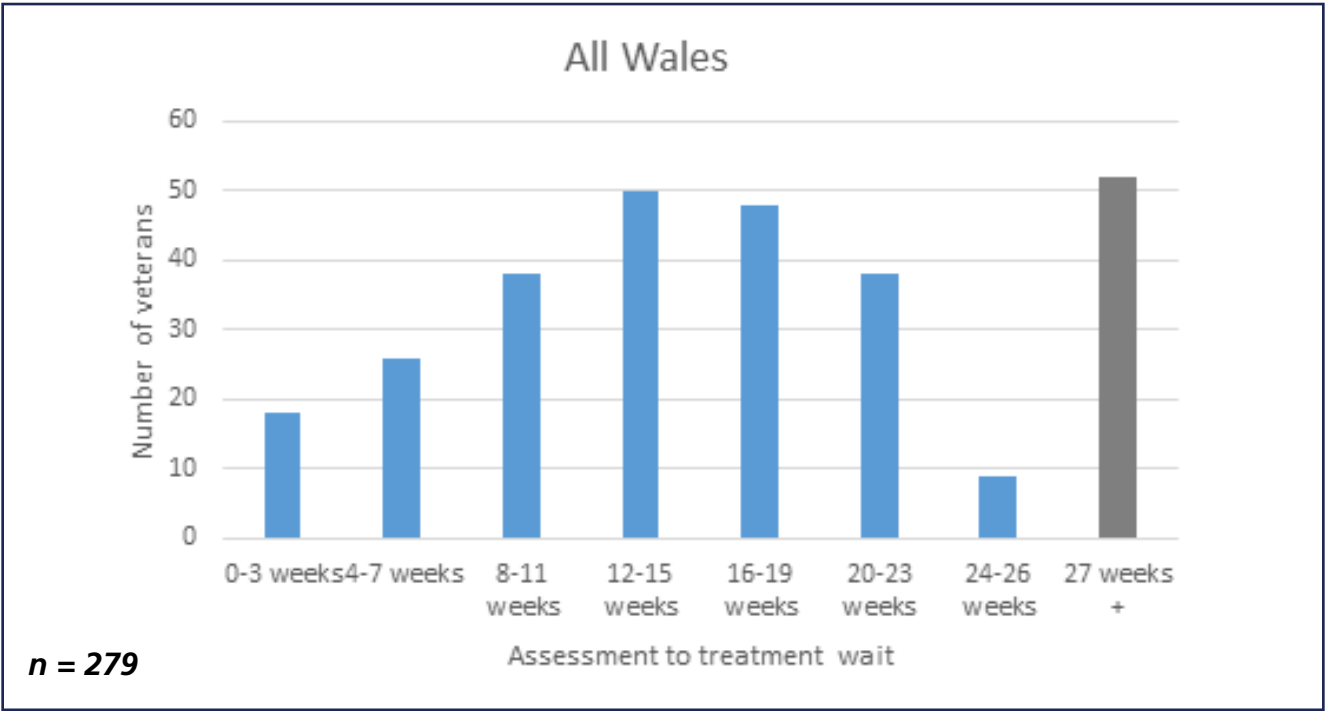
## Waiting Times

Once the referral has been processed, an opt-in letter and information is sent in the post to the veteran, which they are asked to return. Therefore, the first waiting period in the service is the time between when the referral is made and when the opt-in forms are returned by the veteran. There are variations in the speed with which opt-in forms are sent out and returned, but on average in 2019-20, the time taken for administration staff to receive the opt-in pack from the referral date was 4 weeks.

Once the opt-in forms are returned to the admin team, the service aims to offer an assessment within 4 weeks (this target having been set by Welsh Government). 262 (55.9%) of veterans were offered an assessment within the target time period of 4 weeks, rather than 80% expected of a primary care service. The graph below shows the distribution of waiting times from opt-in to assessment. The figures are based on the data available. Some dates were not recorded and so the actual figures may vary slightly.

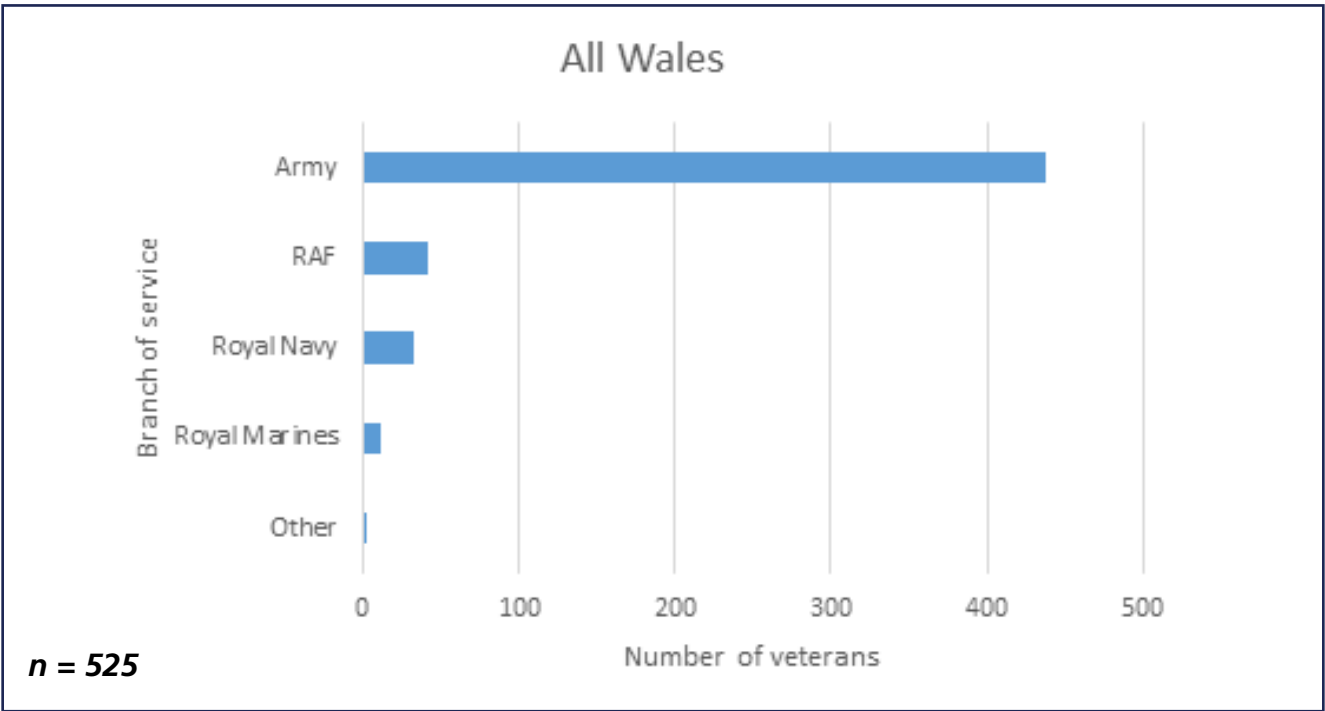


Once the assessment has been completed, the service aims to offer treatment within 26 weeks (this target again having been set by Welsh Government). 227 (81.4%) of veterans were offered treatment within the target period of 26 weeks and meets the 80% threshold set by Welsh Government. The graph below shows the distribution of waiting times from assessment to treatment. The figures are based on the data available. Some dates were not recorded and so the actual figures may vary slightly.



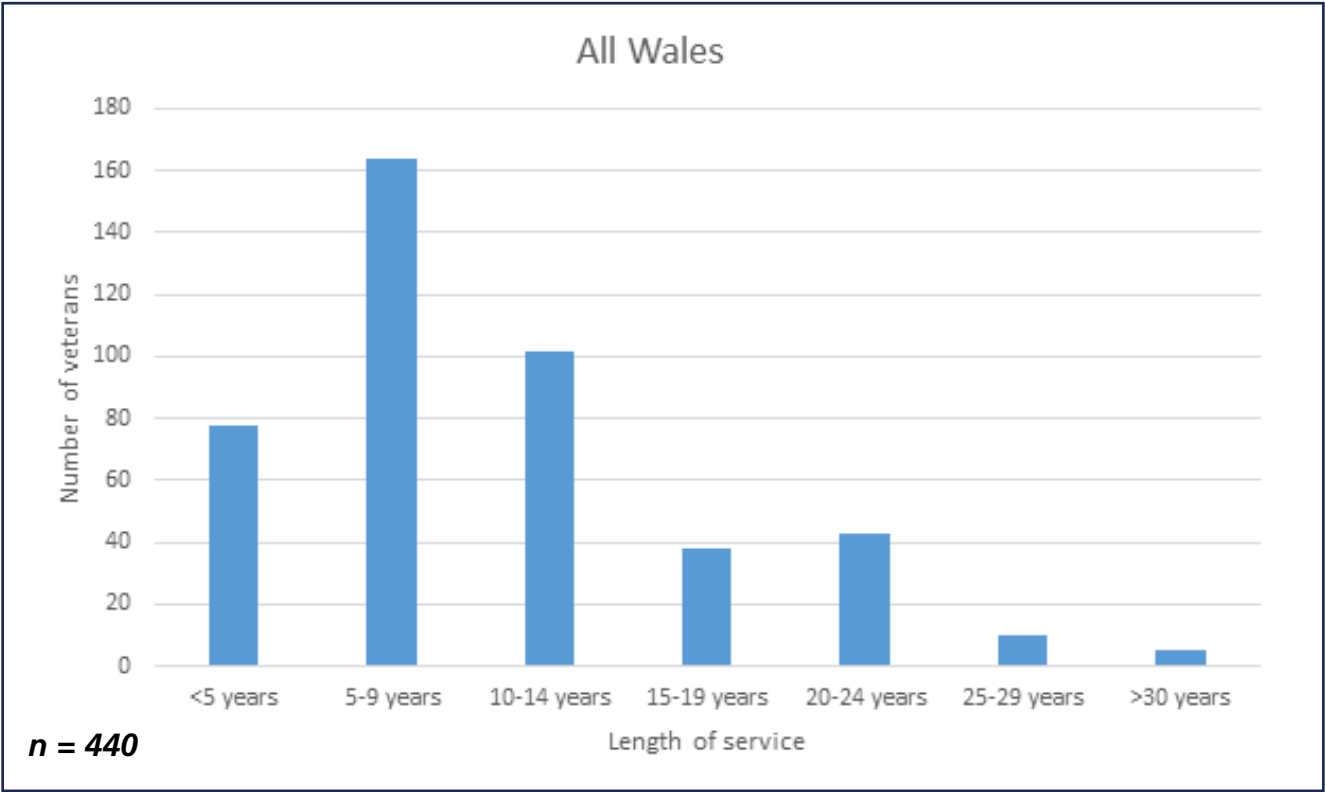
**Branch of service**

The majority of veterans had served in the army, with fewer having served in other branches of the armed forces. This is consistent with previous years. The category 'Other' includes those who had served in the US Army and Merchant Navy.



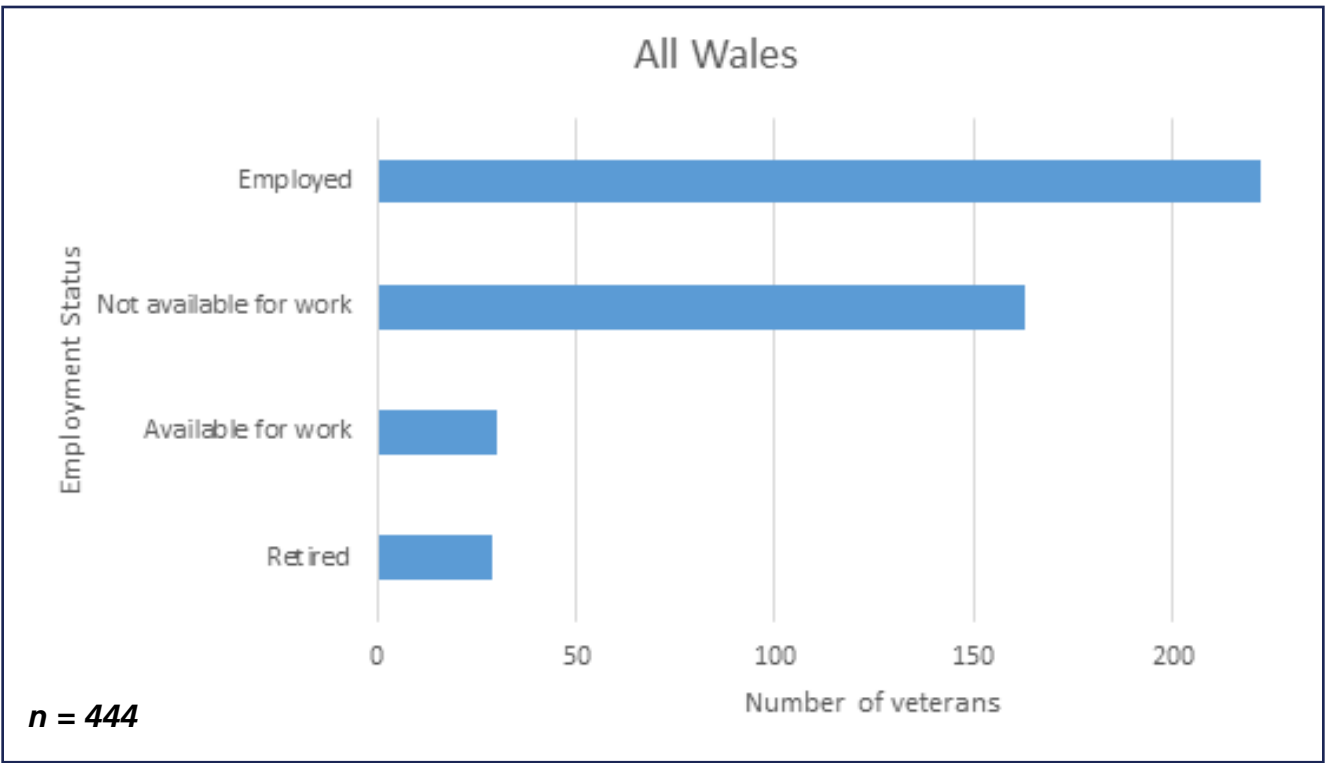
## Length of Time in Service

Consistent with the previous year, the majority of veterans had served 5-9 years in the armed forces. 344 (78.2%) veterans had served less than 15 years in the armed forces.



## Employment Status

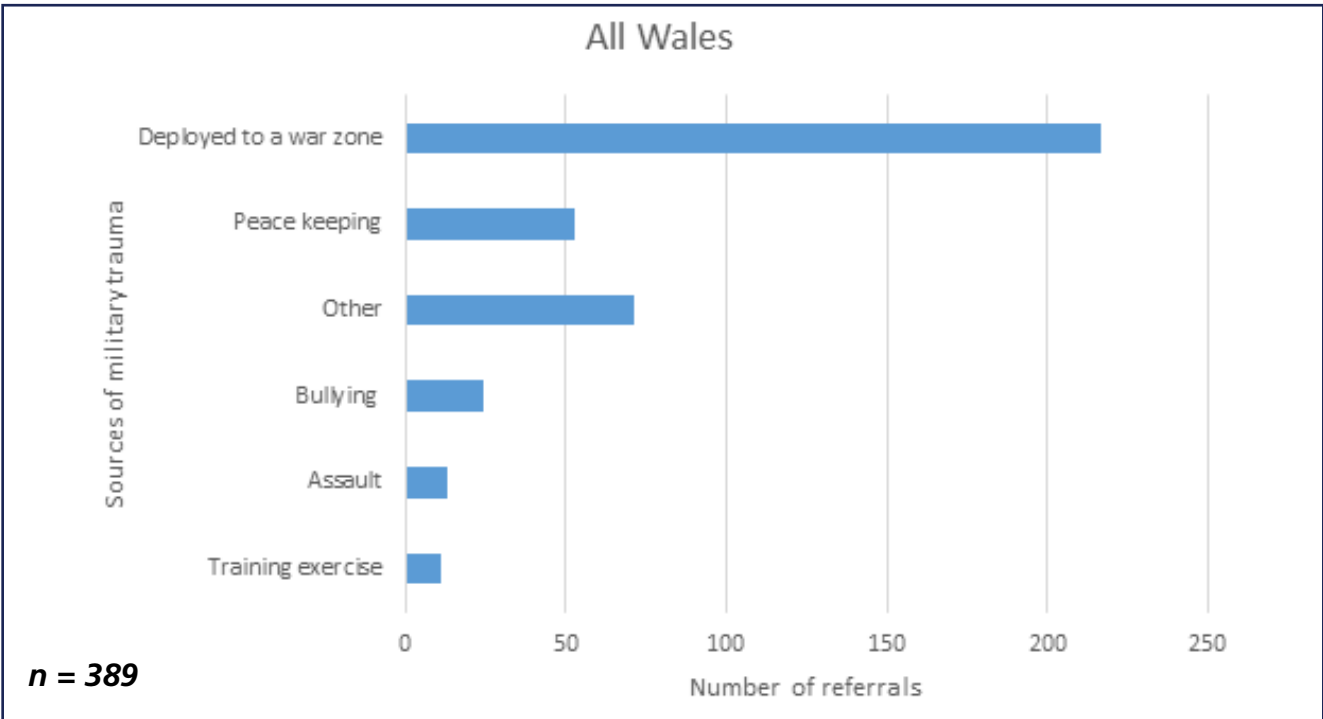
At the time of assessment, 50.0% of veterans were employed (full or part time), 6.8% were available for work, 6.5% of veterans were retired and 36.7% were not available for work.





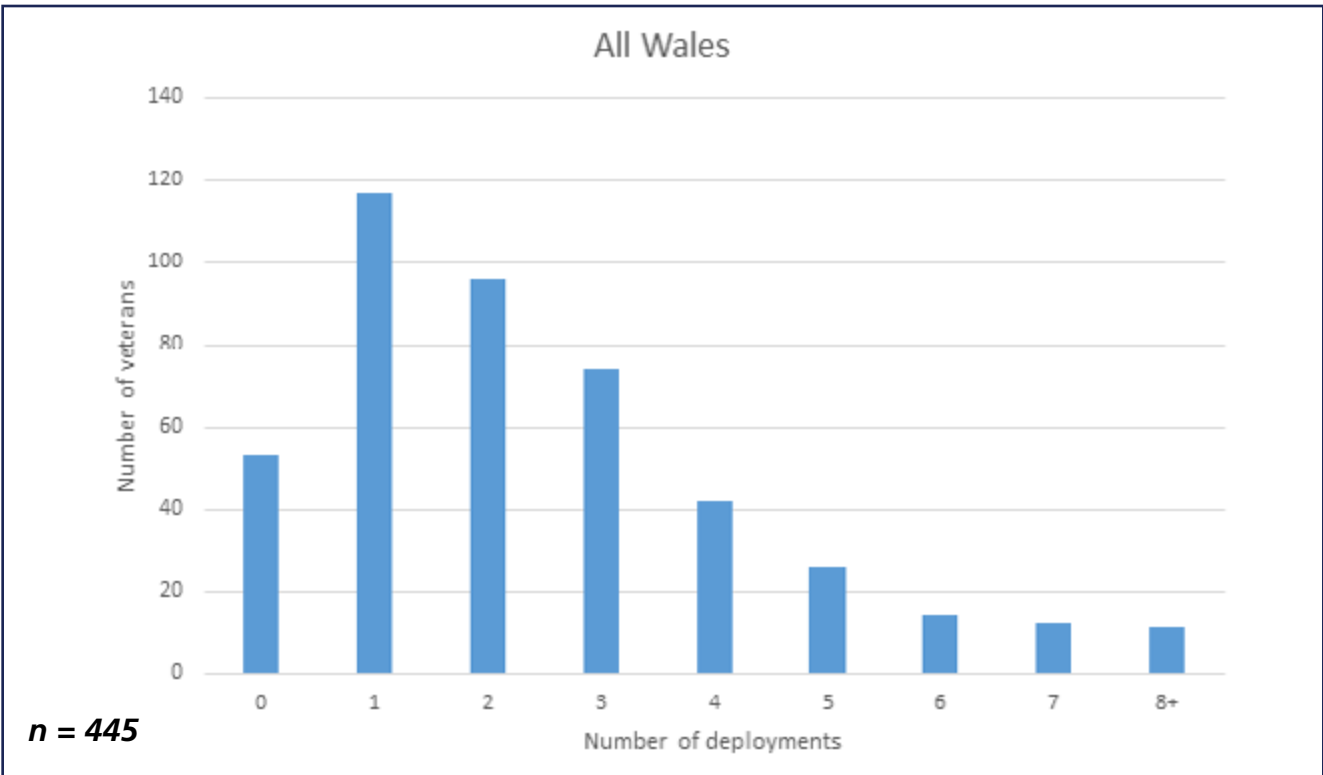
## Common Sources of Military Trauma

349 (86.6%) of the 403 veterans who were assessed and whom we had data regarding military trauma had experienced at least one military trauma and 24 (6.0%) had experienced more than one. 54 veterans had not experienced military trauma and for 73 veterans, it is unknown whether they experienced military trauma. 55.8% of veterans had experienced military trauma via their deployment to a war zone.

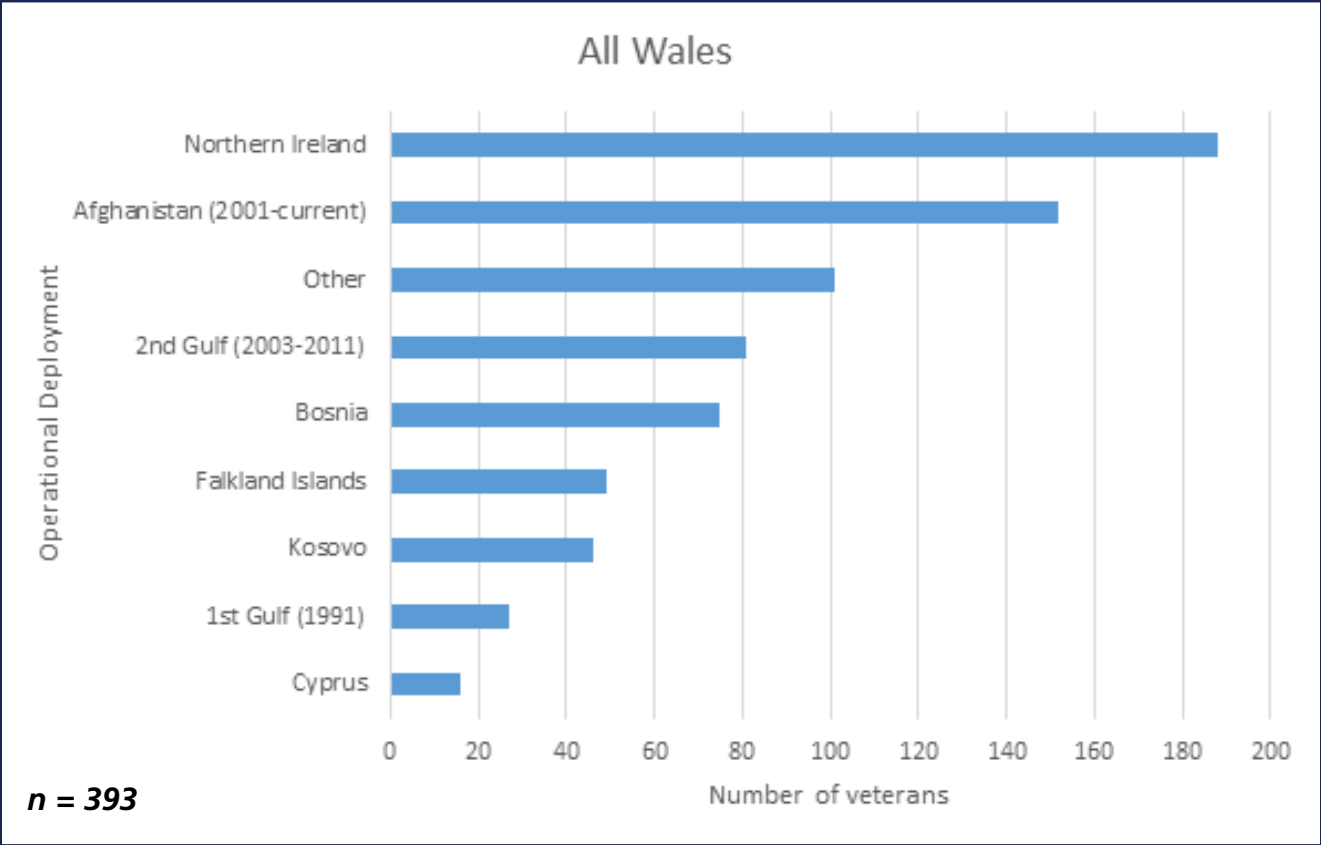


## Operational Deployments

At assessment, veterans were asked how many times they had deployed and the location of their deployments. Regarding number of deployments, data was available for 445 veterans. 53 veterans (11.9%) had not been deployed and 392 (88.1%) reported at least one deployment.



Regarding location of deployment(s), data was available for 393 veterans. Last year, just over half of the veterans had been deployed at least once to Northern Ireland. This year, just under half of the veterans had been deployed to Northern Ireland. Just over a third had been deployed at least once to Afghanistan and approximately a fifth had been deployed to the 2nd Gulf War and Bosnia. This is a decrease compared to last year. The 'Other' category captures locations such as Belize, Hong Kong and Sierre Leone and operational deployments to these locations were reported more frequently than last year.



## Mental Health Conditions and Complexity

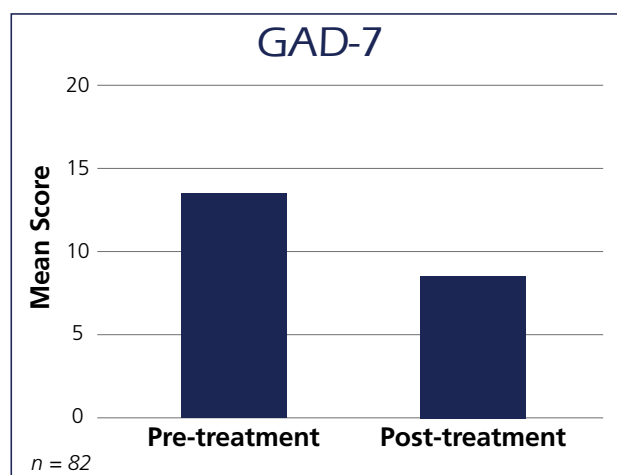
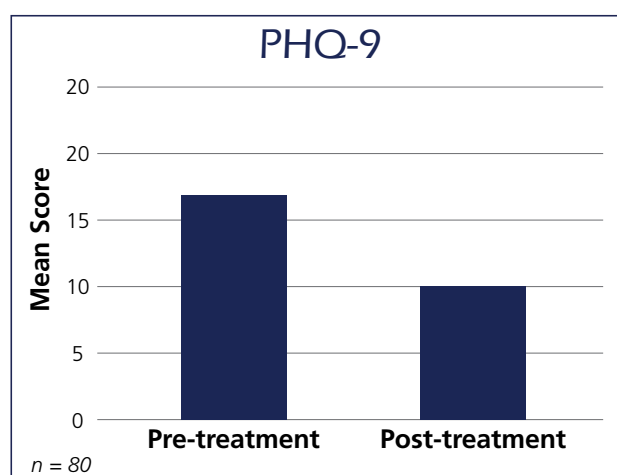
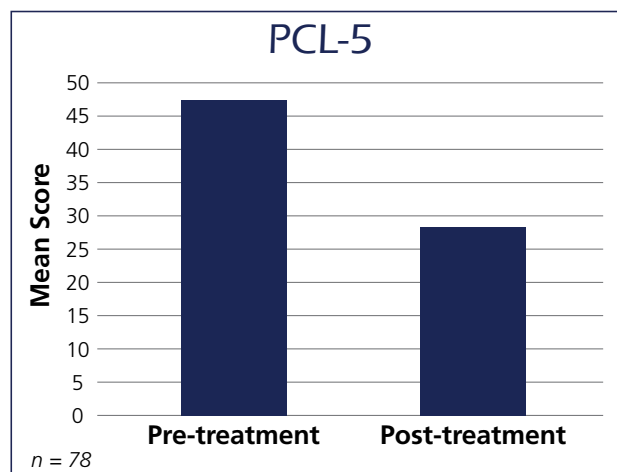
Diagnostic information was available for 253 veterans seen by the service. The majority of veterans presented with post-traumatic stress symptoms (72.7%) due to military trauma, but depression and anxiety symptoms were also common. Some veterans presented with other conditions, such as substance misuse and personality disorders. 44.8% of veterans seen in the service were considered to have complex presentations (i.e. ICD-11 disorder, one comorbid disorder & social issues).

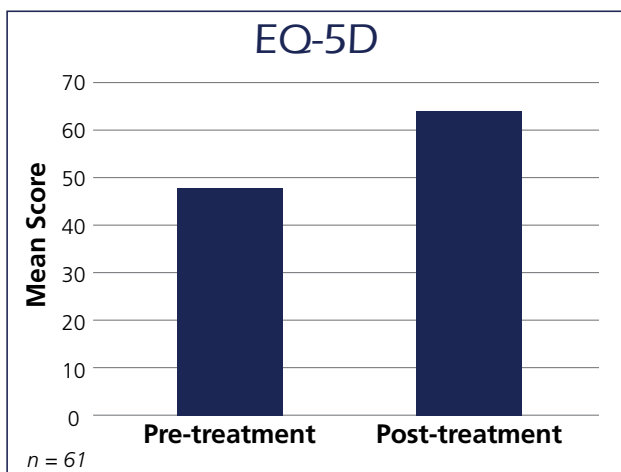
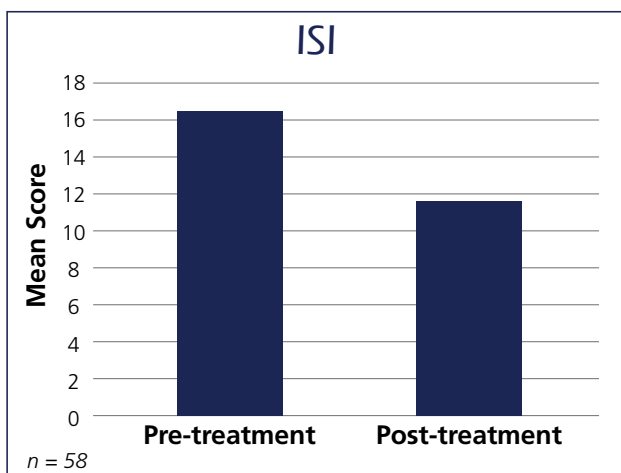
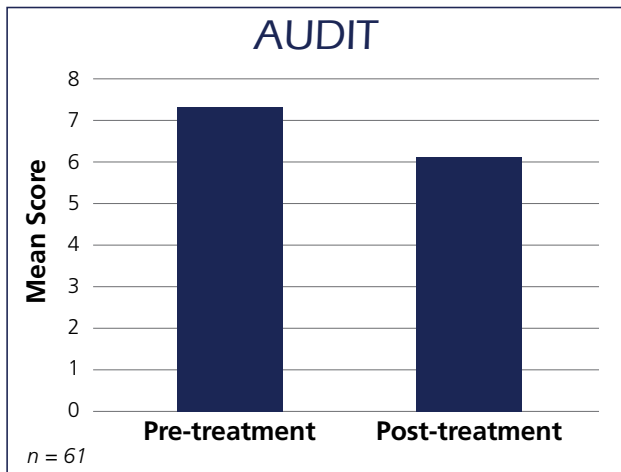
## Clinical outcomes of treatment

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

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

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





Reliable improvement and recovery rates were also calculated for each measure where possible. To be considered reliably improved, the difference in score between pre-treatment and post-treatment should meet a specified change threshold (e.g. a change score of at least 6 on the PHQ-9). To be counted as recovered on a measure, a veteran must first have met caseness criteria on that measure at pre-treatment (e.g. a score of at least 10 on the PHQ-9) and be below that threshold at post-treatment.

See table 2 for recovery and reliable improvement rates. Given the complexity of the client group, the recovery and reliable improvement rates reflect the skill of the VTs when working collaboratively with clients to relieve their psychological symptoms.

The especially high recovery and reliable improvement rates for the PCL-5 demonstrates the expertise VTs have when treating post-traumatic stress symptoms linked to military service and psychological trauma.

Measure	Recovery rate		
	N	Number recovered	% recovered
PCL-5	64	35	54.7
PHQ-9	69	32	46.4
GAD-7	71	32	45.1
AUDIT	20	5	25.0
ISI	33	15	45.5

Measure	Reliable improvement rate		
	N	Number reliably improved	% reliably improved
PCL-5	78	63	80.8
PHQ-9	80	43	53.8
GAD-7	82	51	62.2
AUDIT			
ISI			

Table 2: recovery and reliable improvement rates

## Service user feedback

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

As with previous years, the service received extremely positive feedback. The strong levels of agreement with questions 2, 3 and 8 demonstrates how skilful our VTs are at forming strong therapeutic alliances with veterans; veterans felt that they were listened to, understood and respected and were happy with the therapist that treated them. Veterans also indicated that they would recommend the service to other veterans, which will hopefully promote the service in reaching more veterans in the community.

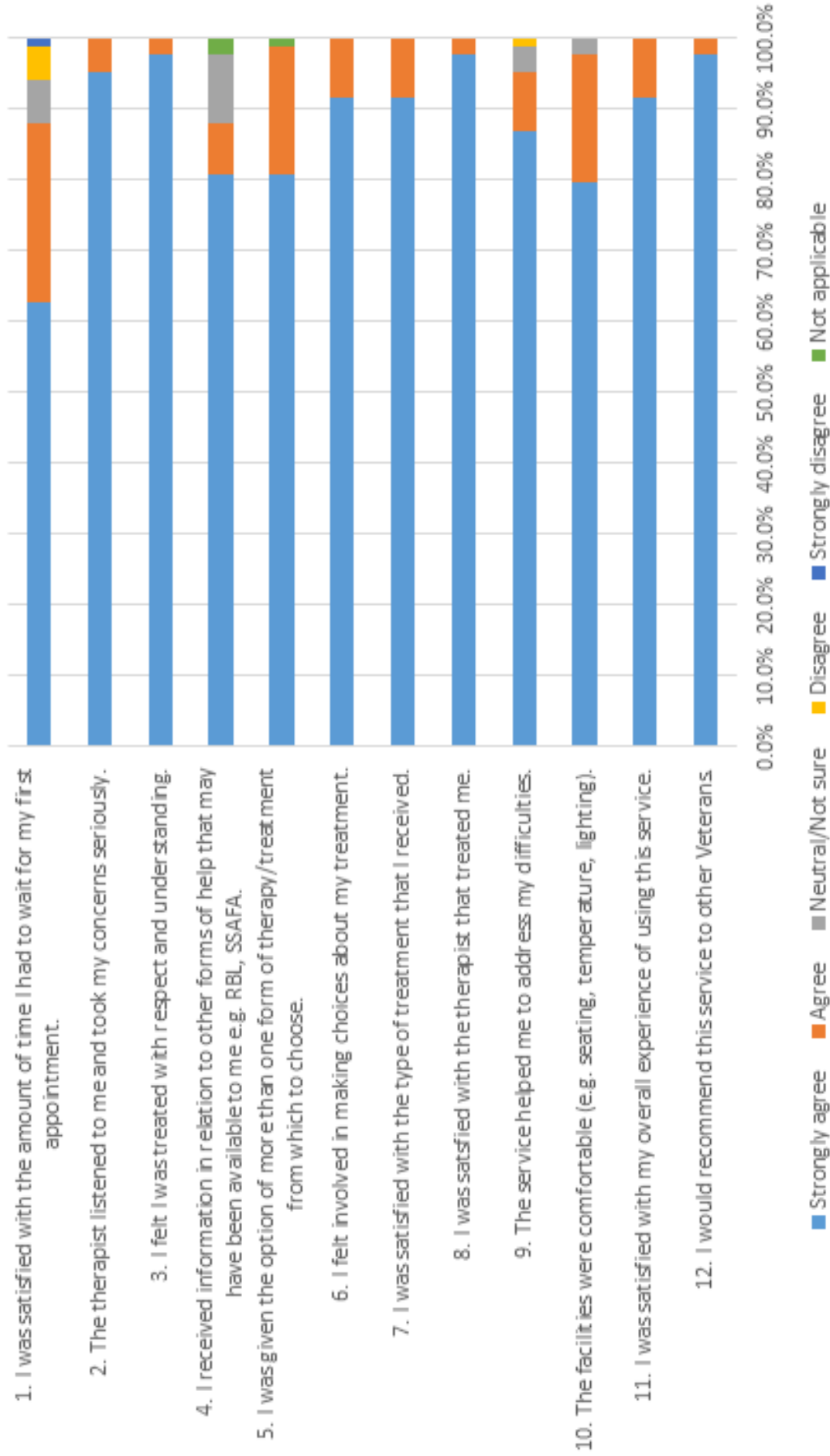
Whilst all of the questions were responded to positively, the three questions where improvements could be made are the waiting times, facilities (e.g. seating, temperature, and lighting) and giving veterans' more than one form of therapy/treatment to choose from. Since last year, there seems to have been improvement with veterans being given information relating to other forms of help (e.g. Royal British Legion).

Similarly positive feedback was received via the free text questions. Veterans commented on the strength of the relationship with their therapist and how they felt able to speak about things openly. Veterans also commented on how their treatment had positively impacted their lives in many different ways, such as improved family relationships and the confidence to get back into work.





## Service User Feedback 2019-2020





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

'My experience helped me focus on more positive things and I also gained some more confidence to do things as a family again. It had a big impact on my personal life and made me realise what was wrong with me mentally.'

'It gave me a platform to get things off my chest and talk in a manner that another service person would understand.'

'The concept of 'Reclaiming my life' has helped me to look forward to the future and not dreading it.'

'I felt safe. I felt as if this service and particularly my therapist treated me with understanding and respect. I had the feeling that I was taken care of and looked after. My health was a priority. I felt I could give myself completely to my treatment.'

'Being unaware of what to expect I was nervous and anxious but I was put at ease and the treatment I received was excellent.'

'My therapist was very understanding. She was very good at setting the pace and intensity of the sessions, helping me to see thoughts and feelings from past experiences from many angles. I would highly recommend this service. This service changed my life for the better. Without it I'd probably not be here. If so I wouldn't be enjoying it.'

'Everything- but especially the recognition of how destructive depression and anxiety truly are.'

'Choice of options, autonomy, understanding staff. Flexibility, faultless staff, empathy.'

'I felt empowered in dealing with my issues and hope that what I have learned can last into the future. Was always left to feel good in myself and never patronised.'

'I felt a trust in my therapist which developed quite naturally.'

'I felt safe and control. Calm and I feel all the time I spent here has helped me ground myself and find my path in life. All staff were friendly, caring and nice. Really listened to everything.'

'Feel better about myself. Listen to myself, take care of myself and immediate family.'

## **The VNHSW Team**

For up to date contact details for each health board, visit [www.veteranswales.co.uk](http://www.veteranswales.co.uk) and view the relevant health board page. The staff listed below were employed by the service during these 12 months of the report.

### **Aneurin Bevan**

**Julia Lewis – Consultant Psychiatrist**

**Kay Rees – Administrator**

**Max Bergmanski – VT**

**Mike Mo - VT**

**Vanessa Bailey – VT**

### **Betsi Cadwaladr**

**Amanda Jackson – VT**

**Hayley Jess – Administrator**

**Karen Hawkings – VT**

**Mark Birkill – VT**

**Martin Jones – Consultant Psychiatrist**

### **Cardiff and Vale Hub**

**Amber Chaloner – Assistant Psychologist**

**Amy O’Sullivan – Hub Secretary**

**David Seeley – Consultant Psychiatrist**

**Jo Delahay – VT**

**Neil Kitchiner – Director & Consultant  
Clinical Lead**

**Rachel Vanstone – VT**

### **Cwm Taf Morgannwg**

**Alison O’Connor – VT**

**Julie Devlin – VT**

**Maria Moruzzi – Administrator**

**Mary Self – Consultant Psychiatrist**

**Oxana Jones – VT**

**William Watkins – VT**

### **Hywel Dda**

**Claire Young – VT**

**Julie Campion – VT**

**Louise Laughlin – Administrator**

**Matthew Sargeant – Consultant  
Psychiatrist**

### **Swansea Bay**

**Hayley Legg - Administrator**

**Mohan Gangineni – Consultant  
Psychiatrist**

**Oxana Jones – VT**

**Rebecca O’Dowd – VT**

**Victoria Williams – VT**

## Our Thanks

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

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



## Our Special Thanks

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

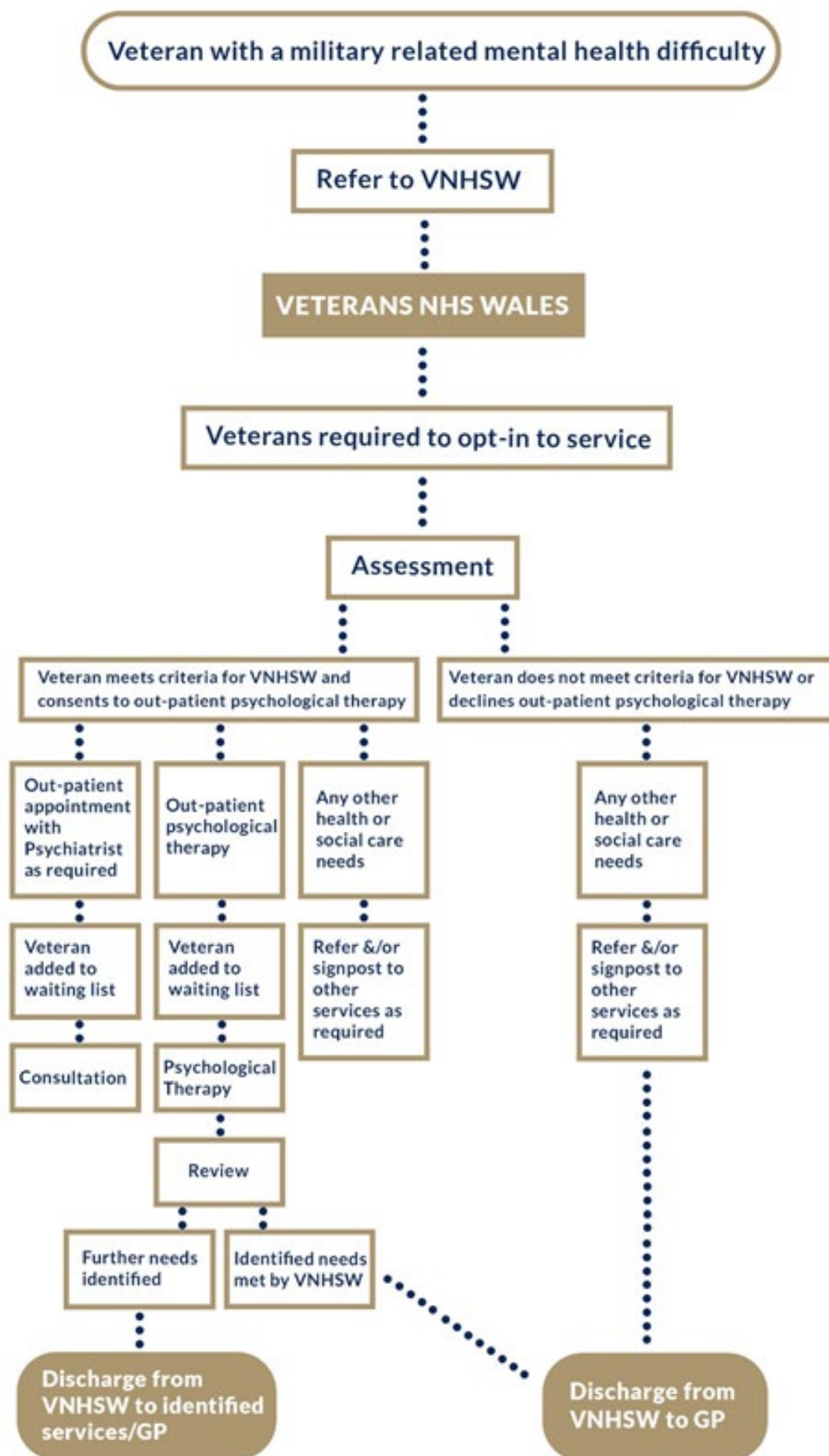
## Further information

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

For further information, please contact Dr Neil Kitchiner. Contact details can be found at [www.veteranswales.co.uk](http://www.veteranswales.co.uk).

## Appendix

### Appendix 1: Veterans' NHS Wales Care Pathway



## Appendix

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

#### VETERANS NHS WALES : POWYS OUT PATIENT CLINICS

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● **BRONLLYS HOSPITAL**  
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Powys, LD3 0LU

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● **TONNA HOSPITAL**  
Tonna Uchaf,  
Neath, SA11 7DU

**Contact:**

ABM.Veterans@wales.nhs.uk  
01792 532967







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

