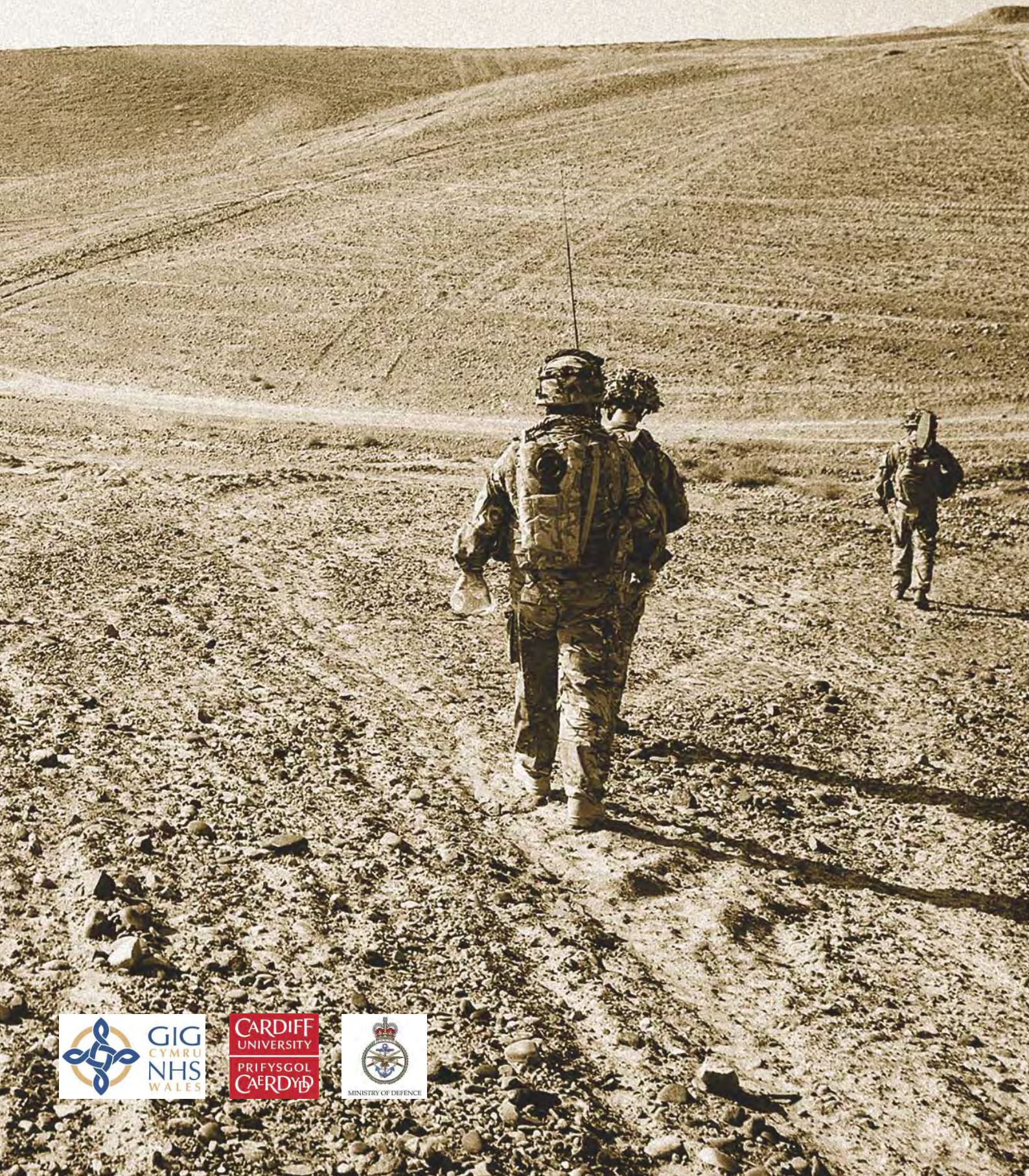


Veterans' NHS Wales

Annual Report April 2013 - March 2014





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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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The VnhsW Team

Welcome

Since its launch in April 2010 - Veterans' NHS Wales (*formerly All Wales Veterans Health and Wellbeing Service*) has continued to develop its military mental health expertise and reputation. Veterans' NHS Wales (VnhsW) has developed a reputation as the first point of contact for veterans, health professionals and the third sector charities.

We are pleased to be able to continue to grow our capacity to provide a first class service to veterans over the past year with the introduction of our new part-time Veteran Therapist (VT) to the team based in Cardiff. The Service has continued to build upon its successful relationships with veteran agencies/charities and forged others in the past year to continue to offer a holistic support to veterans as they transition from military to civilian life.

This Annual Report describes the activity of the Service from 1 April 2013 - 31 March 2014 and includes comparisons with previous years, where possible. A minimum data continues to be used and is collected routinely on all individuals referred and assessed by VTs across Wales. This information has been analysed by staff at Cardiff University 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.

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.

Outcomes

The key outcomes of the Service are:

- A.** Veterans who experience mental health and wellbeing difficulties 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 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 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 and wellbeing difficulties are provided psychosocial interventions if indicated.
- J.** Veterans who experience 'non-service related' mental health and wellbeing 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.

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 out-patient treatment. Those with '**non-service related**' injury are signposted to appropriate services for ongoing treatment as indicated. We have developed a **Common Care Pathway** which has been agreed by both the VnhsW national steering group and Welsh Government (see page 13).

Key Features of the Service

A Wales-wide 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 professionals with extensive experience of working with the welfare and 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 page 13).
- VnhsW out-patient clinics 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 care and management plan to address health and psychosocial needs.
- With consent, we **always** access all 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 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.
- Inputting 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 team includes clinicians with personal experience of military life, including our previous Director, Professor Jonathan Bisson, Consultant Psychiatrist who served as a Major in the British Army and as a Medical Student through to a Psychiatrist. Dr Neil J. Kitchiner is currently a Reservist Captain with 203 Welsh Field Hospital, Cardiff. Neil deployed to Afghanistan on Herrick 19a (Oct 13 - Jan 14) with the 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.

The first VT appointed was Margaret Gibbons (Abertawe Bro Morgannwg UHB) in September 2010. Neil Kitchiner was appointed Principal Clinician of the Service and VT for Cardiff and Vale UHB in January 2011 after developing the Welsh Veteran Service pilot between 2008-2010.

As of February 2014 we now have ten VTs in post (see Figure 1). Each Health Board has dedicated administration time allocated to support its service.

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 - see pages 15-18.)

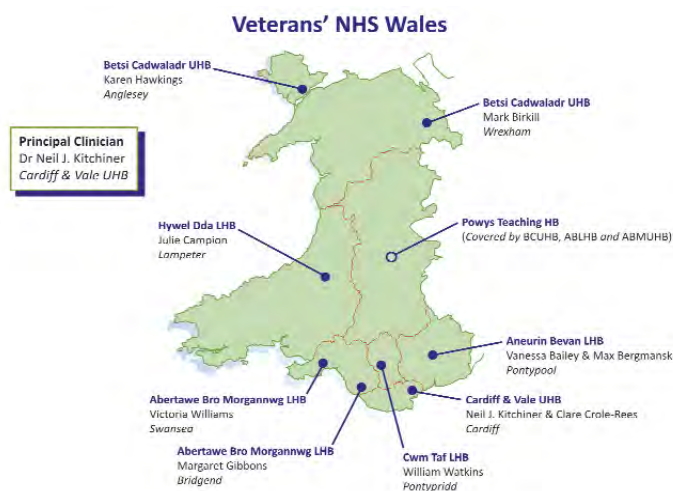


Figure 1. VnhsW staff map & main clinics

Director of VnhsW

Professor Jonathan Bisson was appointed Director of the Service in April 2010 and led the Service for the first three years. Jonathan left the Service in July 2013 to take up the post as Director at the National Institute for Social Care and Health Research.

This leaves the VnhsW with a large void, with one session per week which remains unfilled. We hope to have a new Director in post by the end of summer 2014.

Our Services

Clinical Treatment

Our ten VTs are mental health professionals (e.g. nursing, psychology and social work) with additional post-graduate training in psychological therapy (CBT). These mental health professionals are able to treat the entire person in a formulation-based approach.

Referral to VnhsW arrives *via* several routes, including primary care, self referral and several veterans' charities/agencies (*e.g.* RBL, SSAFA, SPVA).

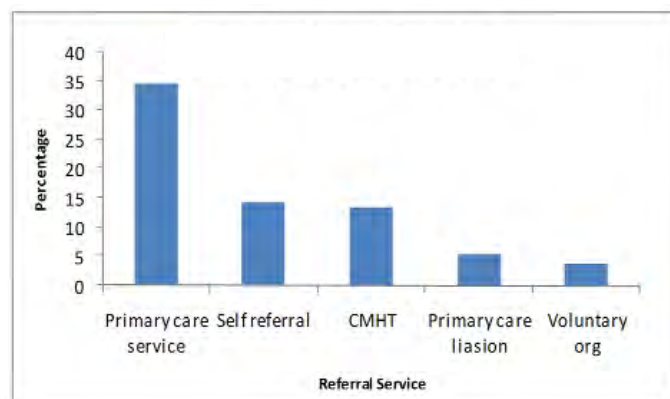


Figure 2. Top 5 services that have referred veterans in the past year

With the veteran's consent we request their MoD service and medical notes post-clinical assessment. This helps aid our decisions regarding the best treatment for the individual. We have a flexible approach to treatment and will always aim to provide the best care for the individual referred.

Our Evidence-based Clinical Interventions

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

- Cognitive Behavioural Therapy (CBT) (for common mental health disorders).
- Emotional regulation training.
- Trauma-Focused CBT (*e.g.* Prolonged Exposure, Cognitive Therapy, Cognitive Processing Therapy, Skills Training Affect Interpersonal Relationships (STAIR) for traumatic stress symptoms.
- Eye Movement De-sensitisation and Reprocessing (EMDR) for traumatic stress symptoms.
- Motivational interviewing.
- Medication reviews.

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

Our Website

www.veteranswales.co.uk - contains a wealth of information for veterans' and useful links to other veteran organisations that can offer practical help and support.

Key Stakeholders

Partnership working with key stakeholders has created strong partnerships across the veteran and military community, charitable sector and healthcare settings.

The VnhsW National Steering Group (NSG) was established in April 2010 with a range of partners, including veterans, veteran agencies, military services, health and social care agencies and the third sector. The Service was keen to add to existing provision, rather than duplicate any established support for veterans. The NSG was pivotal in building relationships with existing service providers and continues to meet quarterly.

Key Partnership Achievements 2013-2014

- Veterans becoming involved in local Arts Projects to develop community awareness of the issues faced by military personnel and families.
- Active involvement in local AF community covenants, National Veterans Mental Health Network UK, AF Forums and AF Mental Health Clinical Networks in each LHB.
- Dr Kitchiner was an invited speaker at the Welsh Government Cross Party Group highlighting issues surrounding veterans with mental health issues.
- Offering training placements to Nurses, Clinical Psychologists and CBT Therapists.
- To raise awareness of veterans' issues, our staff have presented to a range of organisations both statutory and third sector, so that effective and direct referrals can be made to support the veterans.

- Assisting in the development of both written and on-line training packages for primary health care staff on military mental health.

Partnership Working and Developments

Further development sessions with partner agencies and healthcare professionals have been held across Wales.

A sample of some of these agencies and topics are provided in 2013-2014 below:

- Annual AF Day in North and South Wales.
- Career Transition Partnership Fair, Cardiff.
- Change Step – a peer support mentoring service for veterans' with substance misuse disorders.
- National AF Champions conference organised by Welsh Government.
- Remploy- An organisation that supports those veterans with barriers to work.
- Royal British Legion – training case workers in veterans' mental health.
- Substance Misuse – Local NHS drug and alcohol teams.
- Service Personnel and Veterans Agency – Advice on applications for war pensions or compensation.
- Volunteer Bureau – Volunteer opportunities and the potential benefits of this for social and employment prospects.

Performance, Research and Evaluation

Since the Service launched in April 2010 we have received over **1,115** referrals. This equates to approximately **278** veterans per annum to the Service.

The following statistics relate to figures since we opened, unless otherwise stated (see Figure 3 opposite).

Local Health Board (LHB)	Frequency	%
Betsi Cadwaladr	105	26.6
Abertawe Bro Morgannwg	89	22.5
Aneurin Bevan	83	21.0
Cardiff & Vale	45	11.4
Hywel Dda	43	10.9
Cwm Taf	30	7.6

Figure 3. Number of referrals to each LHB 2013-2014

Demographics of veterans

- In the past year 93% were male and 7% female, compared to 4% last year, and 3.5% in the first two years. The increased referral of female veterans to the Service is encouraging.
- In the past year 44% described their National identity as Welsh, 43.5% as British and 10% as English.
- The majority of veterans were either married or living with a partner (Figure 4). The VnhsW currently does not offer a service to the family members due to our finite resources. However, the Service is able to offer advice and signpost family members where required.

Relationship Status	%
Married	32
Single	27
Co-habiting	16
Divorced	9.5

Figure 4. Marital status of veterans referred in the past year

- In the past year 24% of the sample was in regular full-time paid employment. 12.5% were unemployed and 22% were not available or unfit for work. Veterans referred are often experiencing difficulties entering the workplace or difficulties maintaining regular employment. We have close links with the Department for Work & Pensions (DWP), Job Centre Plus and Remploy who support veterans into finding training, work placements and funding (see Figure 5).

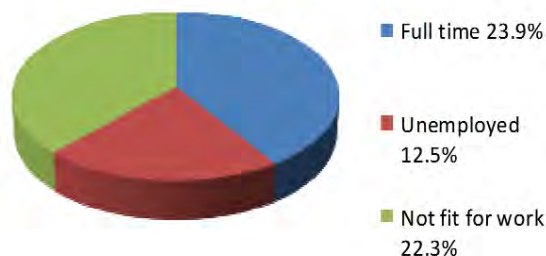


Figure 5. Employment status based on data from 184 veterans in the past year

Military Information

In the past year, based on data from 245 veterans, the most common branch of service was the Army 83%.

Service	Frequency	%
Army	204	83.3
RAF	20	8.2
Royal Navy	19	7.8
Royal Marines	2	0.8

Figure 6. Branch of Tri-service

- The most common mode of discharge was for medical reasons (mental health) 17%, physical health 12% and premature voluntary release 10%. This trend may reflect the close links we have developed with the MoD's Psychiatry Service and our local Defence Community Mental Health Service. Military personnel who are to be medically discharged with mental health problems are referred to the VnhsW Service approximately 4 months before they are due to leave service which allows for the development of a care management plan.
- 98% of veterans were in regular service, 1.6% in the army reserve and 0.4% registered on the reservist list post-discharge.
- The total number of deployments in the veterans assessed in the past year was 3.
- The mean number of days from referral to assessment in the past year = **36 days**. This compares with **119 days** in 2011 and **53 days** in 2012. The Service has been able to adapt over the past 4 years to decrease the time veterans wait for their first appointment and aims to reduce this figure further over the next twelve months.

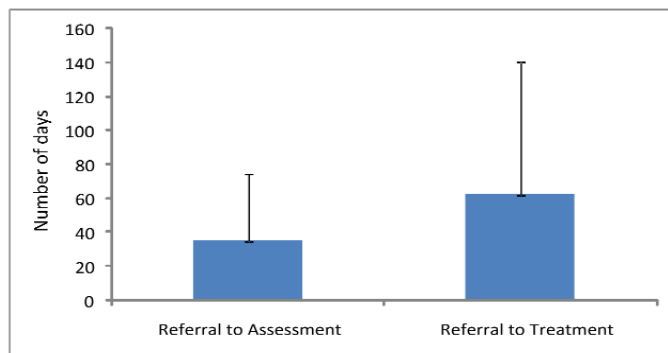


Figure 7. Mean number of days from referral to assessment

- The mean number of days from referral to first treatment session in the past year = **63 days**. This compares with **150 days** in 2011 and **125 days** in 2012. The Service has been able to offer individual out-patient therapy significantly quicker over the past year. In North and South East Wales there is currently no waiting time to a few weeks once assessed to commencing individualised therapy.
- 14% of our veterans in the past year experienced no trauma in their time in the military, compared to 64% who experienced trauma during deployment to a war zone. 16% experienced trauma during peace keeping and 4% experienced trauma in a MoD training exercise.

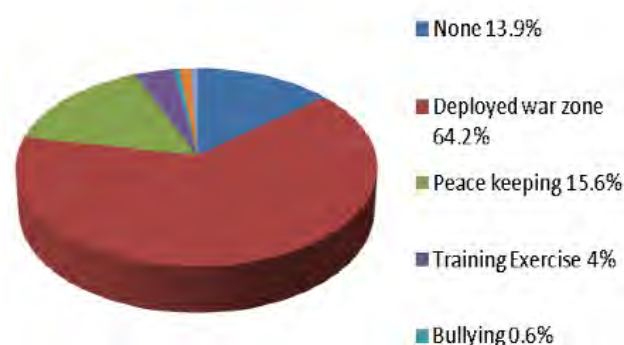


Figure 8. Type of military trauma from veterans assessed in the past year

Primary Non-military Trauma

In the past year veterans described their non-military trauma history in 161 cases. 61% did not experience a non-military trauma. The most common non-military trauma was a form of childhood abuse 14%, followed by childhood sexual abuse 6%. Veterans often enter the military with childhood abuse histories which can make them more susceptible to future mental health problems.

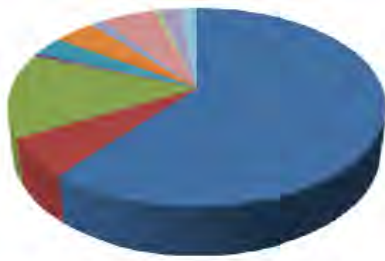


Figure 9. Type of non-military trauma in the past year

Number of Years in Service

The majority of the veterans referred in the past year completed between 0-9 years service. There is strong evidence that those individuals who are discharged or leave service between 0-4 years are at a higher risk of mental health problems and psychosocial problems.

Years in MoD	Frequency
0-4	35
5-9	90
10-14	40
15-19	16
20-24	12
24+	14

Figure 10. Years in service, based on data for 207 veterans referred in the past year

The majority of veterans assessed require signposting to several agencies for either specialised treatment and or support (*e.g.* referral for war pension or compensation, debt advice, employment support). These psychosocial interventions often happen whilst the veteran is placed on a waiting list with the VnhsW.

Signposted to:	Overall %
Primary Care	34
SPVA	33
RBL	32
Employment Support	30
CAB	21

Figure 11. The 5 most common signposting agencies

Forensic History

All veterans are asked if they have a criminal record at assessment. If present this is usually before they joined the military (*e.g.* shop lifting or driving offences). Those that have been convicted post-service tend to be for violence and sexual offences.

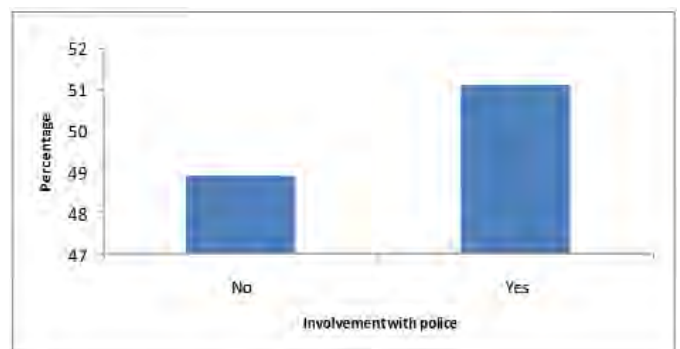


Figure 12. Forensic history for the past year, based on 174 veterans



Number of Units of Alcohol

All veterans in the past year were asked how many units of alcohol they consumed on an average day in the past month. The majority of the 173 veterans reported using between 0-9 units per day. There is evidence that veterans develop high levels of alcohol use whilst in service which often continues into civilian life. The Service routinely refers individuals to local drug and alcohol statutory services and charities for substance misuse treatment and support. When asked if they thought they were alcohol dependent.

A total of 182 veterans assessed in the past year; 76% described themselves as not dependent and 23% thought they probably were.

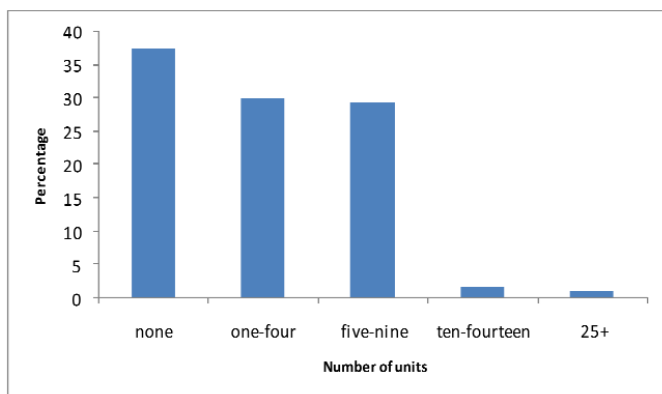


Figure 13. Number of units consumed on an average day in the past month

Primary ICD 10 Mental Health Diagnosis

All veterans' mental health symptoms are recorded at the screening appointment. The primary diagnosis is recorded below in Figure 14. Most veterans have comorbid disorders which are not listed below. Chronic post traumatic stress disorder (PTSD) was diagnosed in 62% of our veterans.

ICD 10 Diagnosis	Frequency	%
PTSD	85	62.0
Moderate depressive episode	17	12.4
Mixed anxiety/depression	17	12.4
None	7	5.1
Alcohol dependence syndrome	3	2.2
Schizophrenia	2	1.5
GAD	2	1.5
Severe depressive episode	1	0.7
Agoraphobic/panic disorder	1	0.7
Somatoform disorder	1	0.7
Adjustment disorder	1	0.7

Figure 14. Primary diagnosis of veterans' mental health

Clinical Outcome Measures

The 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 core measures for symptoms of traumatic stress,

depression, anxiety and alcohol use. Using paired sample t-tests we are able to report the effectiveness using the following clinical measures.

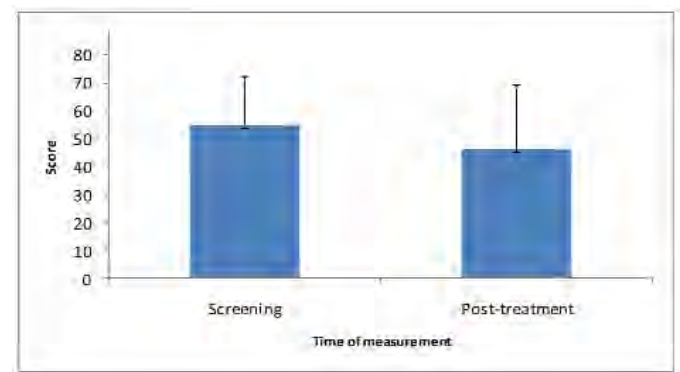


Figure 15. Impact of events scale based on 33 veterans treated in the past year

The impact of events scale revised (IES-R) measures traumatic stress symptoms over the past month. The IES-R score on 33 veterans treated within the past year with pre and post data. The IES-R score at screening (M= 54.68, SD= 17.617) were significantly greater than post-treatment IES-R scores (M= 45.97, SD= 23.607), $t = 2.583$, $p < .05$).

The Patient Health Questionnaire (PHQ-9) measures depressive symptoms over the past two weeks. There were 36 veterans with pre and post data over the past year. PHQ-9 scores at assessment (M= 18.11, SD = 6.744) were significantly higher than post treatment PHQ-9 scores (M= 10.54, SD= 8.174), $t = 5.936$, $p < .0001$).

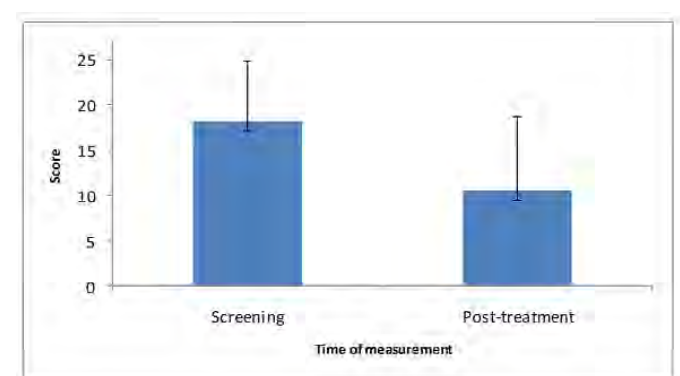


Figure 16. PHQ-9 pre-post scores based on 36 veterans treated in the past year

The General Anxiety and Disorder scale (GAD-7) measures anxiety symptoms over the past two weeks. There were 36 veterans treated over the past year with pre-post data. GAD-7 scores at screening (M= 16.43, SD= 4.705) were significantly greater than GAD-7 scores at discharge (M=8.68, SD= 6.429), $t = 6.580$, $p < .0001$).

Awards and Recognition

The Service is keen to showcase its effectiveness and talent at Local and National Awards. We will continue to enter Awards to highlight the excellent and innovative work undertaken by the Service across Wales.

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 the latest evidenced-based psychological treatments. To maintain this aim:

- Our VTs have received continued investment, including psychological training in Cognitive Processing Therapy *via* a one day workshop from Dr Candice Monson from the United States, followed-up with telephone conference consulting and supervision weekly for 16 one hour sessions.
- All VTs have undertaken training in eye movement desensitisation and reprocessing (EMDR) therapy. With several VTs working towards becoming accredited with EMDR UK & Europe *via* ongoing clinical supervision from a private Consultant in EMDR.
- Several VTs receive external funded, private clinical supervision to maintain or obtain accreditation with national bodies, including the British Association of Behavioural and Cognitive Psychotherapies (BABCP).
- VTs have also attended workshops and conferences related to veterans mental health and its treatment.

Our Plans for 2014-2015

We will continue to work with our partners to promote the VnhsW Service and maintain its credible reputation. VnhsW will focus on building relationships with its key stakeholders and raising awareness of veterans' issues in the wider community.

We will strengthen our liaison with MoD Psychiatric Services, so that serving personnel with service

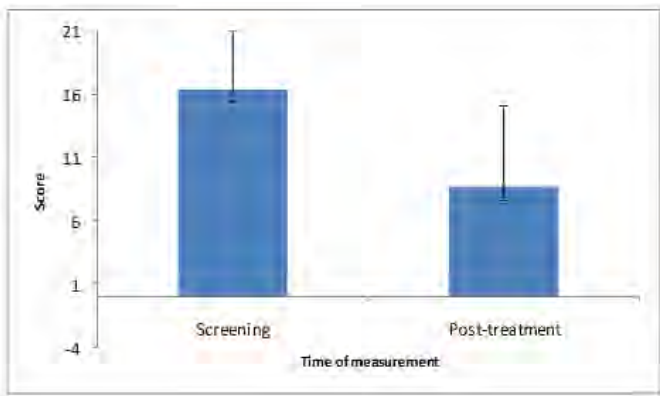


Figure 17. GAD-7 pre-post scores based on 36 veterans treated in the past year

The AUDIT scale is used to monitor alcohol use over the past month. Pre-post data was available on 24 veterans who had been treated over the past year. AUDIT scores at screening ($M = 9.16$, $SD = 8.773$) were significantly higher than scores at discharge ($M = 4.88$, $SD = 7.865$), $t = 3.440$, $p < .05$).

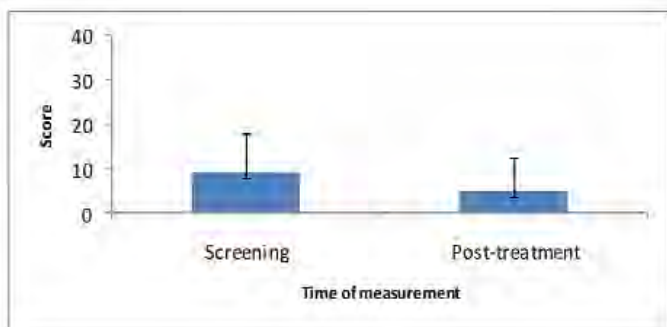
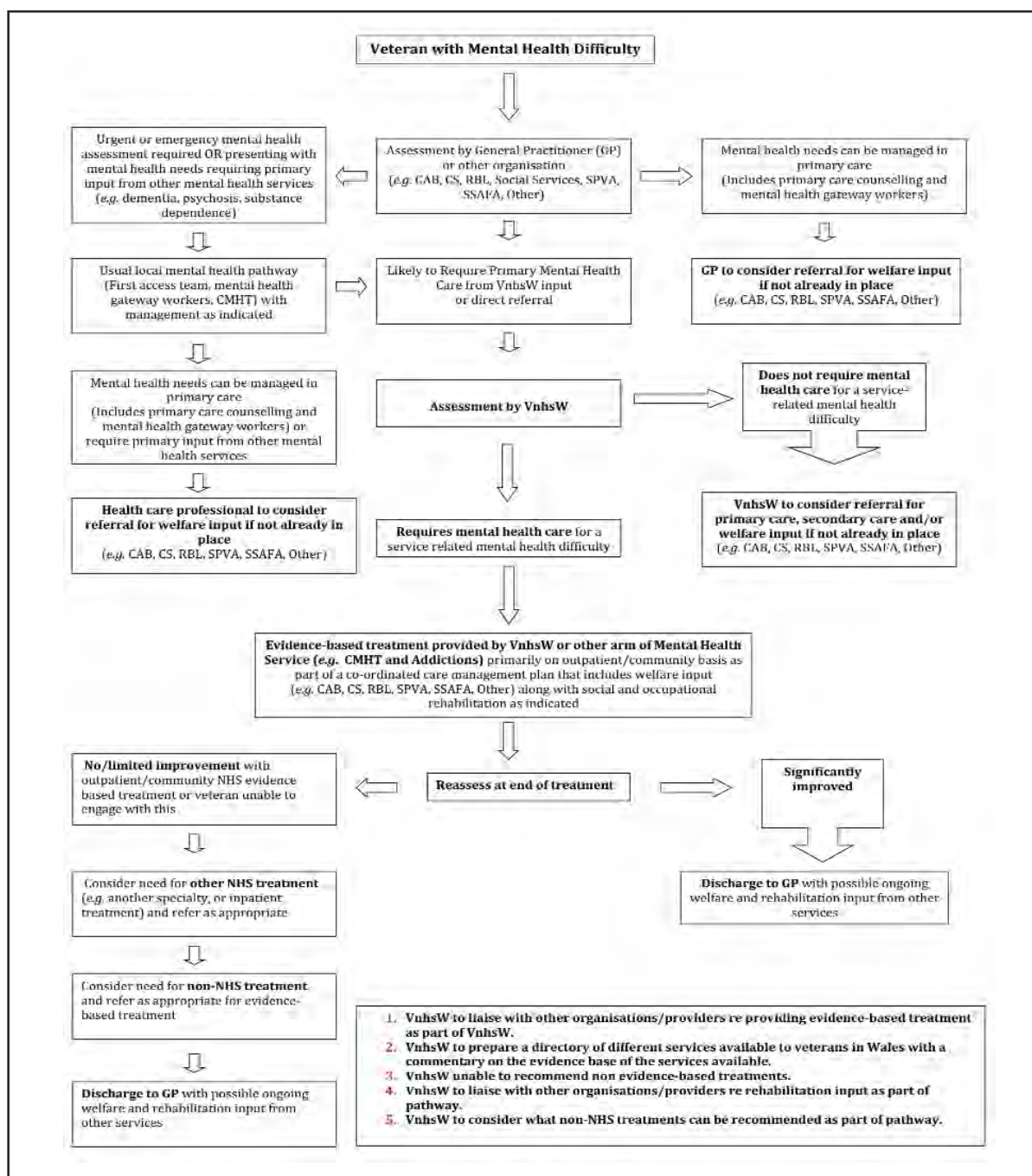


Figure 18. The AUDIT pre-post scores based on 24 veterans treated in past year

The above clinical measures demonstrate that therapy provided to veterans with a variety of mental health disorders can be successfully treated with out-patient psychological therapy on an individual basis with the same VT.





related mental health problems can be identified prior to discharge and offered seamless support during the transition from military to civilian life.

The VnhsW Service will pilot the use of innovative IT solutions over the next twelve months during clinical and service supervision. As IT advances and with a 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.

We will continue to work with the Royal British Legion (RBL) to offer out-patient clinics within their

new 'One Stop Shops' across Wales in the next twelve months. This will allow the VnhsW Service to screen individuals within a non-mental health setting and work closely with the RBL and other agencies to provide a holistic service to veterans and their families.

The Service is keen to put into practice the recommendations within recent Welsh Government documents concerning veterans with PTSD in Welsh prisons, substance misuse and the need for a residential facility within Wales.

VnhsW is currently undergoing a service review led

by Public Health Wales at the request of the Welsh Government (WG). The recommendations from this review are expected in the summer of 2014. The VnhsW will work with the WG to implement any recommendations from the review to improve the service we provide to veterans residing in Wales.

We will also maintain our continued involvement in major veterans' events, open days and national AF celebrations, in order to promote veterans' issues to the wider population in Wales and beyond.

The VnhsW Service will continue to enter Local and National Awards for its work with veterans in Wales.

Service User Feedback

The Service routinely collects information from our veterans as they are discharged from treatment *via* the Patient Experience Questionnaire.

The following offers typical feedback over the past year.

"Having someone to listen, helps with my MH problems and who understands."

"The personal relationship and understanding from staff about military life."

"This is an invaluable service . . . This service has given me my life back."

"There should be more therapists to reduce waiting lists."

"The service should be more public, as many veterans are not aware of it."



Our Thanks

The VnhsW Service would not be the respected Service it is today within Wales without several key individuals and bodies. We would like to thank the following:

Army Rehabilitation Centre
Army Personnel Centre – Brecon
Army Welfare Service
Chapter Arts, Cardiff
Career Transitions Partnership
Cardiff and Vale UHB Traumatic Stress Service
City of Cardiff Housing
Combat Stress
HIVE
Infantry Battle School, Officers Mess, 160 Brigade
Job Centre Plus
Medical Assessment Programme (MoD)
MoD Psychiatric Team (DCMH Donnington)
National Veteran Mental Health Network (England)
NHS Wales
Regular Forces Employment Association
Remploy
Royal British Legion, Wales
SPVA
SSAFA
Welsh Government
Welsh Prison Service

Our Special Thanks

Special thanks to all the team at VnhsW and Martin Ford for all their hard work and dedication over the past year, particularly after our Director, Jonathan Bisson left in July 2013 and Dr Neil J. Kitchiner was deployed to Afghanistan.

Appendices

Appendix 1: Betsi Cadwaladr University Health Board Veterans' NHS Wales Service

Staff

Karen Hawkings (18.5 hours)

Core profession - Occupational Psychology.

Mark Birkill (Full-time hours)

Core profession - Social Work.

Jillian Owen – Team Secretary (18.75 hours)

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). Karen covers Ynys Mon and Gwynedd, Mark covers Denbighshire, Flintshire, Wrexham and Montgomeryshire. Conwy is shared between Karen and Mark, according to the client address and caseload pressures.

Clinic bases are in Bangor, Ysbyty Glan Clwyd and Wrexham reflecting the location of the district general hospitals. Llangefni and Welshpool hospitals are also used.

Recent Developments

Wrexham clinics are now being run from the British Legion's new 'One Stop Shop'.

In the past year The Armed Forces Forum has been set up and a separate stand-alone Veterans Clinical Network.

CAIS - Listen-In has also become operational offering a support service to clients, partners and families.

Professional Development

Mark and Karen have been receiving supervision and training in Cognitive Processing Therapy from expert trainers in the United States.

They now 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 - Change Step peer mentors will be offered further training from VnhsW into the signs and symptoms of common mental health problems in the next few months.

Appendix 2: Hywel Dda University Health Board Veterans' NHS Wales Service

Staff

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

A permanent Administration has been in place since October 2013. Secretarial support is provided for 18.75 hours per week, by **Jayne Birstall**, with responsibility for all administrative details, plus data collection and input to the database housed in Cardiff & Vale UHB.

Catchment Area and Clinic Bases

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.

Recent Developments

Armed Forces Community Covenant

The purpose of the Community Covenant is to encourage local communities to support the Armed Forces community in their area and nurture their understanding and awareness amongst the public of the issues affecting the Armed Forces community. With the establishment of the Armed Forces Community covenants in Ceredigion, Carmarthen and Pembrokeshire, our Service is committed to offering knowledge, experience and expertise on the veterans' community, whilst ensuring clear pathways of care. As a result, the Community Veterans Therapist attends the relevant steering groups.

Armed Forces Forum

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 following their review of healthcare and armed forces in 2012 are met. The Community Veterans Therapist continues to attend this Forum.

Provision of Training

Julie has contributed to 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. As a result, she is now an Honorary Lecturer at Swansea University. She has also provided one day workshops for staff within HD UHB on the same subject.

Julie has also provided training in using CBT for PTSD as part of HD UHB's post-graduate medical education.

Screening Tool - To identify military veterans within drug and alcohol services

The Community Veterans Therapist has worked in partnership with local drug and alcohol services in the design of a screening tool to help with their identification of military

veterans, and to help with their care and treatment planning when working with individual veterans.

The tool has been piloted and reportedly been received positively by staff and by veterans accessing their services. Discussions are now underway to establish if this tool can/should be 'rolled out' to other services in HD UHB and/or across Wales.

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 Europe. 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 Psycho-traumatology.

Julie attended a specialist Military Workshop on treating veterans' and a variety of other workshops to help further develop specialist skills in working with this population.

Key Priorities and Objectives

With the most common mental health disorder in our population being Chronic PTSD with co-morbid mental health problems, including hazardous alcohol consumption, 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 in Prison* publication – 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 3: Aneurin Bevan University Health Board Veterans' NHS Wales Service

Staff

Vanessa Bailey RMN, ENB 998, Dip. Mental Health Nursing, BSc. (Hons) Nursing, MA. Cognitive Behavioural Therapy (CBT).

Vanessa was instrumental in setting up Veterans' NHS Wales in AB UHB, which became operational in November 2011.

Vanessa works 30 hours a week.

Max Bergmanski RGN, RMN, MA Cognitive Behavioural Therapy (CBT).

Max joined Veterans' NHS Wales in April 2012 and works 20 hours a week.

Louise Williams

Louise 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 & Social Care Facility, Monmouth, Monmouthshire.

Recent Developments

No waiting list for assessment or treatment.

Clinical Network Meeting and Armed Forces Forum developed with quarterly meetings.

Close working links developed with various veteran charities and Gwent police.

Presentations on the service developed and awareness raised to third sector agencies and Dyfed Powys police, to 'Hire a Hero', and Pain Clinic Consultant

Presented service to AB UHB Annual Nursing Conference.

Selected to present a poster at the Chief Nursing Officer Wales Conference in Cardiff.

Contact made with Job Centre Plus to promote the Service and care pathway.

Recently undertaken an audit of clinical measure outcomes of psychological treatment.

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

Press release in local paper to promote the service.

Development of patient experience stories – audio and DVD format.

Pathway developed with AB UHB Employee Well-being Service to provide seamless access for AB UHB reservist staff offering support and advice on mental health issues following their return from operational deployment.

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

Professional Development

Attendance at Oxford Cognitive Therapy Centre for workshops on Trauma Focused Therapy and working with trauma.

Completion of EMDR training. Monthly supervision for accreditation.

UK PTS workshop attendance.

Specialist training in Cognitive Processing Therapy training for military veterans and supervision for this.

Key Priorities and Objectives

To maintain our current position of no waiting list for assessment.

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-psycho-social assessment in the first instance.

To strengthen ties and relationships with the newly-developed 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.

Appendix 4: Abertawe Bro Morgannwg University Health Board Veterans' NHS Wales Service

Staff

The ABM UHB VnhsW comprises of 2 Therapists - Lead Therapist **Victoria Williams**, who works 30 hours per week & **Margaret Gibbons** providing 15 hours per week.

Secretarial support remains at 15 hours per week, from **Jacqui Pugh**, with responsibility for all administrative details, plus data collection and input to the database housed in Cardiff & Vale UHB.

Catchment Area and Clinic Bases

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

Our main base is in Bridgend - Tel: 01656 763014.

Recent Developments

Development of the AF clinical network group

Over the last year we have, in line with the *Health Inspector Wales Report* (2012), established a veteran's mental health clinical network group.

Police cards for veterans

As a result of the AF clinical network group and liaising with Public Protection Department for South Wales Police. We have developed a card for police officers to pass on to veterans who may be displaying mental health difficulties. The card has been scrutinised and accepted by the Veterans' NHS

Wales National Steering Group. The cards have now been distributed to all front line police officers in the South Wales Police Force area initially with plans to extend this to include areas, *e.g.* A&E, homeless shelters, *etc.*

Armed Forces Community Covenant

The purpose of the Community Covenant is to encourage local communities to support the Armed forces community in their area and nurture their understanding and awareness amongst the public of the issues affecting the Armed Forces community. With the establishment of the Armed Forces Community covenants in Swansea, Neath/Port Talbot & Bridgend our Service is committed to offering knowledge, experience and expertise on the veterans community whilst ensuring clear pathways of care. As a result, both our VTs sit on the relevant Steering Groups.

Professional Development

Victoria Williams is an accredited Cognitive Behavioural Psychotherapist with the British Association for Behavioural and Cognitive Psychotherapy (BABCP) She is also a Board Trustee and the communications lead for the BABCP, as well as a branch member of the South West Wales BABCP.

Both VTs have attended EMDR training and are currently working towards their accreditation with the EMDR Europe.

Victoria Williams has received specialist training and supervision in Cognitive Processing Therapy (CPT) tailored to military veterans from trainers in the United States.

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

Margaret Gibbons attended a specialist Military Workshop on treating veterans', military trauma and the use of EMDR in this reporting period.

Key Priorities and Objectives

To reduce the waiting list for treatment from its current 6 months.

To continue to work with outside agencies, *i.e.* Change Step, Combat Stress, RBL 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 & Alcohol Teams in an effort to offer those veterans' support once they have reduced their dependence on alcohol and/or illicit substances.

In line with Welsh Government recent guidelines on *Veterans in Prison* publication – we continue to maintain contact with both the local prisons, HMP Swansea and Parc as well as the criminal justice agencies and will accept referrals from both organisations.

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 continue to enhance and further develop clinical skills

ensuring the use of evidence-based treatment recommended by NICE guidelines.

Appendix 5: Cwm Taf University Health Board Veterans' NHS Wales Service

Staff

The Cwm Taf UHB VnhsW staff consists of **William Watkins**, full-time Community Mental Health Veterans' Therapist, and **Maria Moruzzi**, part-time administrator, providing clerical support.

The Cwm Taf VnhsW is situated within the broader psychology service setting in Primary Care with line management supervision coming from the Head of Psychology.

Catchment Area and Clinic Bases

The Cwm Taf UHB VnhsW Service catchment area is made up of four localities - the Cynon Valley, Merthyr Tydfil, the Rhondda Valleys, and the Taff Ely area. Almost 81% of the population live in the Rhondda Cynon Taf Local Authority area and the remainder within the boundaries of Merthyr Tydfil.

Clinics are spread over three locations in the Health Board - Pontypridd Clinical Day Services at the Maritime Resource Centre providing access for the Taff Ely and Rhondda Valley populations, the Mental Health Department at Keir Hardie Health Park for residents of Merthyr Tydfil, and the Primary Care Resource Centre at Ysbyty Cwm Cynon in Mountain Ash covering the Cynon Valley.

Recent Developments

William Watkins began his appointment with the VnhsW Service in Cwm Taf in August 2013 following the departure of the previous Veterans' Therapist in January 2013, and has since been working to re-establish networks with local veteran's agencies and organisations.

In January 2014, the Veterans Clinical Network was re-instated in Cwm Taf following a 12 month hiatus, bringing together representatives from various agencies across the region to identify and address veteran-related issues locally.

Professional Development

Since being appointed in August 2013, William Watkins has been awarded provisional practitioner accreditation with the British Association for Behavioural and Cognitive Psychotherapies (BABCP).

In March 2014, William Watkins completed Level 1 Eye Movement Desensitising and Reprocessing (EMDR) and is planning to complete Level 2 training within the next 12 months.

Key Priorities and Objectives

Continue to build the membership of the local veterans' Clinical Network.

Promote the VnhsW Service locally and cultivating relationships with key stakeholders.

Pursue full BABCP therapist accreditation/maintaining quality evidence-based treatments.

Demonstrate clinical effectiveness of treatment by capturing accurate outcome data.

Adopt innovative and creative methods to aid access and engagement with VnhsW.





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

