



## A Briefing Note for GPs and Primary Care Practitioners

### Mental Health and Ex Service Personnel (Veterans)

“Our servicemen and women do an outstanding job and we owe veterans a debt of gratitude and a duty of care, particularly when veterans develop health problems as a result of their military service. Lesley Griffiths AM, Minister for Health and Social Services, has stated that she takes her responsibilities for veterans’ health seriously and is committed to ensuring a range of high quality services are available to provide the treatment they deserve.

Key to the Welsh Government’s work in this area is the All Wales Health and Wellbeing Service for Veterans. The Welsh Government is investing £485,000 each year in this new NHS service, which is being developed and implemented across Wales by Local Health Boards (LHBs). This will provide expert treatment locally for veterans.

Further information on the service is available at [www.veteranswales.co.uk](http://www.veteranswales.co.uk).

As a result, there will be a specialist clinic in each LHB providing expertise and outpatient care for veterans, allowing veterans and their families to access services as close to their home as possible”.

*Statement courtesy of Department of Health and Social Services, Welsh Government .*

#### Case Scenario 1

*James is a 54 year old unemployed married veteran with grown up children.*

*He served in the infantry for 14 years with tours to Northern Ireland and the Falkland Islands where he witnessed the death of several colleagues. He was diagnosed with chronic PTSD and co morbid panic disorder and depression. He was under the care of the local community mental health team (CMHT) for regular case reviews and offered out-patient trauma focused psychological therapy. He had debt advice from the CAB and obtained a war pension via the service Personnel and Veterans Agency.*

Veterans are the men and women who have served in the Royal Navy, Army and Royal Air Force (Regular or Reserve), and who have now left to rejoin civilian life. Because of their military service, their healthcare needs can be different from those of other patients.

The aim of this Information Sheet is to assist you, their current or new GP, by outlining some of these healthcare needs and to provide you with advice on how best to help veterans whose health has been affected.<sup>1</sup>

#### Why are veterans treated as a special group?

Service in the Armed Forces is different from other occupations. Apart from the obvious uncertainties and dangers, Service people relinquish some of their own civil liberties and put themselves in harm’s way to protect others.

Risk of death (occupational attributable mortality) for the Army overall is currently around one in 1000 per year, or about 150 times greater than for the general working population. Risk of serious injury (for example loss of limbs, eyes or other body parts) is substantially increased.

Because of this, the government promises to help and support people in the Armed Forces when they need it most. This is ‘the Military Covenant’.

The general principle set out by government is simply for ‘**no disadvantage**’ to veterans and their families due to their military service, compared with society generally.<sup>1</sup>

#### Who exactly is a veteran?

Veterans include anyone who has served for at least one day in the Armed Forces (Regular and Reserve), as well as Merchant Navy seafarers and fisherman who have served in a vessel that was operated to facilitate military operations by the Armed Forces.<sup>1</sup>

In 2005 The Royal British Legion reported that there were 4.8 million veterans living in the UK. In addition, in the Armed Forces community there are a further 3.63 million adult dependants, bringing the total number of adult residing in an Armed Forces community to 8.43 million adults ,5% of which (421,500 adults) reside in Wales.<sup>2</sup>

## All Wales Veterans Health and Wellbeing Service (AWVHWS)

In October 2011 the 'All Wales Veterans Health and Wellbeing Service', funded by the Welsh Government, was launched which will provide veterans with a local mental health service tailored to their specific needs.

This service, is delivered by the NHS in Wales and each Health Board has appointed an experienced clinician as a Veteran Therapist (VT) who has an interest or experience of military health problems to provide this services across Wales which will include:

- Comprehensive assessment of the psychological and social needs of veterans;
- Veteran and carer involvement in the development of management plans to meet their health and social care needs;
- Veterans and carers to be given information on other services and support that they are entitled to in an effort to improve their health and quality of life.

The All Wales Veterans Health and Wellbeing Service adopts an open referral system' whereby

- veterans can self refer
- be referred by their families (with agreement)
- or by other agencies or services i.e. GPs, health staff, veteran charities

and will be available to any veteran living in Wales who has served at least one day with the British Military as either a regular member or as a reservist.

For more details about referrals and to access the All Wales Veterans Health & Wellbeing Service go to

**[www.veteranswales.co.uk](http://www.veteranswales.co.uk)**

Appointments will be arranged as close to the veterans home as possible in a suitable NHS venue.

Following the assessment the veteran may be offered treatment by the VT or referred onto other NHS teams or departments for further treatment.

The VT can also provide a link to veteran charities to help your patient with debt management, benefits and war pension/armed forces compensation queries.

## Medical Records

Veterans are given a personal copy of their summary medical record when they leave the Services, together with information on how their new or current GP can obtain their full Service medical records if needed.

Dr Chris Jones, Medical Director NHS Wales, Deputy Chief Medical Officer Welsh Government wrote to all practices on 16th February 2011 suggesting that GPs and practice nurses in Wales include their patients veteran status in their medical records, by using one of the following codes:

**13q3 Served in armed forces (Read version 2)**

**Ua0T3 Served in armed forces (Please note the '0' is a zero (CTV3))**

These codes will aid in the identification of veterans with service related conditions.

## Priority Treatment

In 2008, the War Pensioners' entitlement to priority treatment in the NHS was extended to include all veterans. This entitled all veterans with health conditions that may be related to their military service to be given priority treatment.

When referring a veteran with such a condition, include in your referral letter a statement that the health condition may be related to the patient's military service. You could use the following form of words in such a referral:

*As this patient is a military veteran, and his (or her) current condition may be related to military service, this referral should be considered for priority treatment.*

The concept of priority treatment is not for the veteran to be seen quicker than patients with greater clinical need, but, for conditions related to military service, the veteran at their first outpatient appointment would be 'scheduled for treatment quicker than other patients of similar priority.

Except in exceptional circumstances, the extension does not apply to anyone who had already been referred for treatment or who was already undergoing treatment before the new arrangements came into force on 23rd November 2007.

Patients are under no obligation at any time to declare themselves a veteran.

## Typical mental Health presentations may include:

### 1. Anxiety Disorder

Anxiety disorders are neither minor nor trivial. They cause considerable distress and are often chronic in nature. Both panic disorder and generalised anxiety disorder, are one subtype of several anxiety disorders, including;

- Generalised anxiety disorder (GAD)
- Panic disorder (with or without agoraphobia)
- Post-traumatic stress disorder (being exposed to armed combat)
- Obsessive compulsive disorder
- Specific phobia (e.g. of spiders)
- Social phobia (social anxiety disorder)
- Acute stress disorder

In some instances it is difficult to distinguish the different disorders, and co-morbidity is very common, with other anxiety disorders, depression and other mood disorders. Many of the current veterans referred so far, to the AWVHWS, have one or more of the above disorders which requires treatment e.g. medication and or psychological therapy.

A range of effective interventions is available to treat anxiety disorders, and depressive disorders including medication, psychological therapies and self help. Individuals do get better and remain better. Involving individuals in an effective partnership with health care professionals, with all decision-making being shared, improves outcomes. Access to information, including support groups, is a valuable part of any package of care.

## 2. Depression

Depression refers to a wide range of mental health problems characterised by the absence of a positive affect (a loss of interest and enjoyment in ordinary things and experiences), low mood and a range of associated emotional, cognitive, physical and behavioural symptoms. Distinguishing the mood changes between major depression and those occurring 'normally' remain problematic: persistence, severity, the presence of other symptoms and the degree of functional and social impairment form the basis of that distinction. Many of our current veterans are describing symptoms consistent with depression. Particularly if they also have PTSD.

Depression is often accompanied by anxiety, and in these circumstances one of three diagnoses can be made

(1) depression

(2) anxiety, or

(3) mixed depression and anxiety

dependent upon which constellation of symptoms dominates the clinical picture. In addition, the presentation of depression varies with age, the young showing more behavioural symptoms and older adults more somatic symptoms and fewer complaints of low mood.

## 3. Alcoholism

Many of our veterans are or have been used to drinking large amounts of alcohol to get through the day, cope with unpleasant symptoms as described in section 1 & 2. Drinking patterns have often been established as part of routine life within the Armed Forces which continue when the individual leaves.

There is now a large body of evidence in the health literature that drinking alcohol can have a negative impact on our health, relationships, work and well being. During the assessment at the AWWHWS they ask how much alcohol the individual is consuming and any related symptoms. Part of a management plan might need to address alcohol issues if they are deemed important. This might entail being referred onto a specialist drug and alcohol agency in the individuals area to assist with expert treatment, support and counselling.

For more information and helpful links see:  
[www.veteranswales.co.uk/about-us/useful-information/](http://www.veteranswales.co.uk/about-us/useful-information/)

## 4. Post-traumatic stress disorder

PTSD can develop in veterans of any age following a stressful event or situation of an exceptionally threatening or catastrophic nature.

**Initial indications from Iraq suggest that 4% of regular soldiers and 6% of reservists develop PTSD.<sup>2</sup>**

Effective treatment of PTSD can only take place if the disorder is recognised.

For the vast majority of people with PTSD, opportunities for recognition and identification comes as part of routine healthcare interventions.

Symptoms often develop immediately after the traumatic event but the onset of symptoms may be delayed in some people (less than 15%). PTSD is treatable even when problems present many years after the traumatic event.

## Symptoms typically associated with PTSD:

- **Re-experiencing**—flashbacks, nightmares, repetitive and distressing intrusive images or sensory impressions.
- **Avoidance**—avoiding people, situations or circumstances resembling or associated with the event.
- **Hyper arousal**— hyper vigilance for threat, exaggerated startle response, sleep problems, irritability and difficulty concentrating.
- **Emotional numbing**— lack of ability to experience feelings, feeling detached from other people, giving up previously significant activities, amnesia for significant parts of the event.

## Specialist treatment available in Wales:

- **NHS Traumatic Stress Service** (University Hospital of Wales—Cardiff and Vale UHB) provides assessment and evidence-based treatment for individuals with PTSD. Referrals are accepted from secondary care professionals only.
- **All Wales Veterans Mental Health and wellbeing Service**—has a VT in each LHB ([www.veteranswales/local-health-boards](http://www.veteranswales/local-health-boards))

## Hospital Waiting Lists

The term 'no disadvantage' means that veterans should not lose their place on a hospital waiting list as they move house across the UK on leaving the Armed Forces.

Veterans who have started to receive secondary care can ask their original hospital consultant to refer them onwards to their new area of residence allowing patients transferred in this way to have their waiting time preserved.

## Case Scenario 2

*Gareth is a 25 year old unemployed married veteran with two young children*

*He served in the Royal Logistic Corp for five years. He completed one tour in Iraq where he was subjected to fire fights and being mortared. He was referred by Combat Stress to the AWWHWS and diagnosed with chronic PTSD, and co morbid agoraphobia with panic disorder and depression. There was a history of domestic violence and behavioural problems in his youngest child. Gareth was encouraged to self-refer to the Royal British Legion for help with debts, furnishings for the home, a loan for retraining and a family holiday. He was also offered out-patient trauma focused psychological therapy, a medication review with a psychiatrist and referral to the local community addiction unit for alcohol abuse.*

## References

<sup>1</sup> RCGP Meeting the Healthcare Needs of Veterans—a guide for general practitioners 2011

<sup>2</sup> Health, Wellbeing and Local Government Committee: Inquiry into Post Traumatic Stress Disorder (PTSD) Treatment for Veterans 3 November 2011

<sup>3</sup> NICE Guidelines—Post-traumatic stress disorder (PTSD) March 2005

## Useful Links

- **All Wales Veterans Health and Wellbeing Service**  
<http://veteranswales.co.uk>

- **Armed Forces Health Partnership**  
<http://armedforceshealthpartnershi.org.uk>  
T: 020 3207 2100

Armed Forces Health Partnership is a joint venture between The Royal British Legion, a UK charity providing help and welfare to the Serving and ex-serving community, and Combat Stress, a UK charity specialising in veterans' mental health.

- **C.A.L.L. Mental Health Helpline**  
<http://callhelpline.org.uk>  
24 hour Helpline: 0800 132 737  
Text 'help' to 81066

Call offers emotional support and information / literature on Mental Health and other related matters to the people of Wales.

- **Combat Stress**  
<http://combatstress.org.uk>  
24 hour Helpline: 0800 138 1619

Combat Stress offers short stay remedial treatment at three specialist short-stay Treatment Centres in Shropshire, Surrey and Ayrshire. These provide a range of treatments including psychiatric support and occupational therapy to help veterans rebuild their lives and provide a break for the families of traumatised veterans.

They also have a Welfare Service comprising of 12 regional Welfare Officers covering the whole of the British Isles and Ireland to support the veterans in their own homes.

- **Cymorth Cymru**  
<http://services.cymorthcymru.org.uk>  
T: 02920 55 3687

Homelessness services for veterans in Wales Research has shown that people leaving the armed forces are at a higher risk of becoming homeless than the general population.

With the support of the Welsh Government, Cymorth has developed a database of homelessness services that can help people who find themselves in this position to access the support they need to re-build their lives.

- **Soldiers, Sailors, Airman and Families Association (SSAFA)**  
<http://www.ssafa.org.uk>  
T: 0845 1300 975

SSAFA provide support for the serving men and women in today's Armed Forces and for those who have served—even if it was only for a single day. They also care for the needs of their families and dependants.

- **Service Personnel and Veterans Agency—Veterans UK**  
<http://www.veterans-uk.info/>  
Free Helpline: 0800 169 2277

The Service Personnel and Veterans Agency provider pensions, welfare and support services to members of the Armed Forces and veterans. Veterans UK is a single contact point where veterans can access customer information and advice on welfare support, pensions, compensation payments, records of service and medal entitlement.

- **The Royal British Legion**  
<http://www.britishlegion.org.uk>

The Royal British Legion provides financial, social and emotional support to millions who have served or are currently serving in the Armed Forces, and their dependants. The Legion helps in many different ways—from grant making to pensions and benefits advice; from counselling and job retraining to pilgrimages: from home and hospital visits to the provision of full nursing care.

- **United States Department of Veterans Affairs, National Centre for PTSD**
- <http://www.ptsd.va.gov>

This website is a site of excellence for research and education on the prevention, understanding, and treatment of PTSD based in the US. Their purpose is to improve the wellbeing and understanding of American Veterans. It has recently developed PTSD Coach a free app for smart phones which maybe useful to patients with PTSD and healthcare staff for information  
<http://www.ptsd.va.gov/public/pages/PTSDcoach.asp>

## RCGP e-learning course on veterans' health

RCGP has produced a new e-learning course in collaboration with the Department of Health and with input from the Royal British Legion and Changing Faces (the leading UK charity for people who have disfigurements to the face, hands or body from any cause).

The new e-learning course is available free-of-charge in the RCGP Online Learning Environment : <http://elearning.rcgp.org.uk>

## For enquiries about service medical records

- **Royal Navy**  
The Medical Director General  
Medical Records Release Section  
Institute of Navy Medicine  
Alverstoke, Hants PO12 2DL  
T: 023 9276 8063
- **Army**  
Army Personnel Centre  
Disclosure 3  
Mailpoint 525, Kentigern House  
65 Brown St, Glasgow G2 8EX  
T: 0845 600 9663
- **Royal Air Force**  
Medical Casework 6  
Air Manning Medical Casework  
Headquarters Air Command