

Improving health and wellbeing support for armed forces families in England – Forces in Mind Trust consultation response

About Forces in Mind Trust

Forces in Mind Trust (FiMT) was established in 2011 by a £35 million endowment from the Big Lottery Fund (now The National Lottery Community Fund). Our vision is for all ex-Service personnel and their families to lead fulfilled civilian lives, and our mission is to enable successful sustainable transition by funding evidence generation and influence activities that help to further our mission, and by strengthening the capability of the Armed Forces charities sector.

FiMT's goal is one of successful transition and the research we fund is UK-wide with specialist reports in each of the devolved nations. FiMT funds research in seven areas: Housing, Employment, Health, Finance, Criminal Justice System, Relationships, and our new Enabler Programme.

We believe that all ex-Service personnel and their families should be able to access good quality health services when and where they need them. We fully support the Armed Forces Covenant which states that no ex-Service person or their spouse or partner should be disadvantaged as a result of service, and that special consideration is appropriate in some cases.

Overview

Forces in Mind Trust (FiMT) welcomes the commitment, as set out in the NHS Long Term Plan, to expanding support for all veterans and their families as they transition out of the Armed Forces. We support the positive steps that are being taken to improve the identification of ex-Service personnel and their families, and to raise awareness and understanding among health professionals of the health care needs of the Armed Forces Community. However, more needs to be done to ensure that Armed Forces families, both serving and ex-serving, have access to timely and appropriate treatment and support. Partnership working and collaboration between the Ministry of Defence (MOD), Defence Medical Services (DMS), the NHS, Armed Forces charities and the Armed Forces Community will be key to making this happen.

FiMT has funded a number of research studies which examine the health needs of serving and ex-Service families and their experiences of accessing support. Please do get in touch if you would like to be briefed on any of the research mentioned in our response. All of our reports are available on the FiMT website at www.fim-trust.org/reports and a repository of international research on the Armed Forces Community is available at the Forces in Mind Trust Research Centre Veterans and Families Research Hub at <https://www.vfrhub.com/>.

Our evidence shows that Armed Forces families can face several barriers when accessing healthcare support. These include a limited awareness and understanding of the Armed Forces Covenant by healthcare staff, variations and inconsistencies in provision across regions, limited awareness and knowledge of the support available by the Armed Forces Community, a lack of data sharing between service providers, stigma around health conditions and help-seeking, and issues around continuity of care. We have set these out in more detail under the relevant consultation questions in sections 1, 3 and 4 below.

Section 1

Q1. Please select the option that best describes you or your organisation:

Representative from an armed forces charity, other charity or voluntary sector.

Q4. I am giving a response on behalf of my organisation. Please state your organisation and location:

Forces in Mind Trust (FiMT). FiMT is based at Westminster, London but funds research activities and projects across the UK.

Q11. Would you like to be kept up to date with information about the results and next steps, following this questionnaire? If yes, please give your email or postal address:

Yes. Please contact Isabel Summers, Evaluation Officer, at eo@fim-trust.org

Section 3

1. Does your organisation offer care, treatment or advice to the families of serving and ex-serving personnel?

No. FiMT does not offer direct support to the Armed Forces Community but works with organisations and funds evidence generation to ensure that ex-Service personnel and their families make a successful and sustainable transition into civilian life.

Q9. Do you think there is enough information and support to help armed forces families access healthcare services and other support?

No.

Q10. Please tell us what the information and support gaps are.

A recent independent review commissioned by the Ministry of Defence (MOD), *Living in our shoes*¹, highlighted the differences in care received by serving personnel, where care is provided by Defence Medical Services (DMS), and their families, where care is provided by the NHS. Serving personnel generally reported high levels of satisfaction with the care provided whereas family members frequently found access to health care challenging, largely due to the mobile Armed Forces' lifestyle whereby Service families tend to move every two to three years. The evidence suggests the main challenges, which can result in gaps in support for Armed Forces families, were:

- Registering and accessing GPs and dentists
- Long waiting lists (particularly for mental health services)
- Continuity of treatment
- Assessments for special education needs and disabilities (SEND)
- Timely transfer of patient records

¹ Ministry of Defence (2020): *Living in our shoes*: Understanding the needs of UK Armed Forces families

- Variations in health care provision in different localities, particularly when moving from one nation in the UK to another.

The Armed Forces Covenant sets out the principle that Service families should experience no disadvantage in accessing timely, comprehensive, and effective health care. This includes the Armed Forces Community receiving the same standard of, and access to, healthcare as that received by any civilian families in the area they live, and that Armed Forces families should retain their place on any NHS waiting list if moved around the UK due to the Service personnel being posted. However, it has been reported that the obligations of the Armed Forces Covenant are not being met and families often find themselves at the bottom of a waiting list each time they move².

Dual-serving couples and serving single parents can also face particular difficulties with some GP practices refusing to register a child unless one parent was also registered, despite GP regulations stating that children can register with a GP when their parent(s) is registered with DMS³.

Several families also reported a general lack of understanding amongst civilian GPs and dentists about the health needs of Armed Forces families and their lifestyles, and that some GP practices do not know how many members of the Armed Forces Community are registered with them⁴.

Some Armed Forces families experience disruptions to their treatment when the serving family member is assigned to a new area⁵. This includes delayed transfer of medical records and in some cases lost records and the consequential need to conduct new assessments and tests to verify diagnosis which can result in a delay to or pause in treatment. The 2019 FamCAS survey⁶ showed that less than half of families undergoing treatment when they moved were able to continue treatment without any difficulty. It has also been highlighted that medical diagnosis from Clinical Commissioning Groups (CCGs) and NHS Trusts in England are not being accepted by other CCGs when a family is relocated, and they find themselves at the bottom of waiting lists⁷. The 2019 *Lifting the Lid*⁸ report shows that some families with complex medical conditions often need to make difficult decisions of whether or not to move to ensure that treatment can be continued or completed. The same report also identified that there can be issues with transfer of Service leavers medical records from DMS which can have a negative impact on a family's wellbeing. It is however hoped that Programme Cortisone⁹ will address this particular issue.

A 2018 report by Anglia Ruskin University¹⁰ found that there is a lack of understanding of the impact on families when taking on caring responsibilities for their ex-Service family member who has a health condition. Family members can often ignore their own health needs and it is suggested that

² *Op cit* Ministry of Defence (2020)

³ *Op cit* Ministry of Defence (2020)

⁴ *Op cit* Ministry of Defence (2020)

⁵ *Op cit* ministry of Defence (2020)

⁶ <https://www.gov.uk/government/statistics/tri-service-families-continuous-attitude-survey-2019>

⁷ *Op cit* Ministry of Defence (2020)

⁸ The Families Federations (2018): *Lifting the Lid on Transition*

⁹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/931530/30.10.2020_-_CORTISONE_Vision_Interactive_Infographic_MASTER_V1_0.pdf

¹⁰ Anglia Ruskin University (2018) *Caring and Coping: The Family Perspective on Living with Limb Loss*

families require their own tailored support to help cope with these responsibilities and the impact they have on their own health.

A recent study conducted by the University of York and Adfam highlights the support gaps for families of veterans with substance use problems¹¹. The research found that families of veterans with substance use problems can face mental health challenges including anxiety, depression, suicidal feelings and PTSD, as well physical health problems and feeling stigmatised. The research found that support for families is insufficient and their needs are not being addressed, with many families trying to tackle their problems alone.

There is evidence¹² to suggest that partners of Armed Forces personnel are more likely to suffer from depression and hazardous alcohol consumption than civilian spouses. The 2019 FamCAS survey reported that 19% of Armed Forces families required mental health treatment in 2019 and that half of those who sought help, experienced difficulties in accessing treatment or were unable to access it at all. Many families reported that they knew of support available for their serving partners but were not aware of any support available for themselves. The *2015 Call to Mind England*¹³ report also identified several shortfalls in the provision of support for both physical and mental illness finding that the needs of family members are overlooked.

Members of the Armed Forces Community who experience comorbid alcohol and mental health difficulties can also face gaps in support. Recent research¹⁴ shows that there is a practical barrier to accessing treatment when an individual is ineligible to receive help through services, such as Improving Access to Psychological Therapies (IAPT), due to their having multiple mental health problems. Another report highlighted that when ex-Service personnel or their family members present with mental health problems that do not meet the required standard to be eligible for a diagnosis/NHS treatment, support is often provided by third sector organisations¹⁵.

There had been a notable rise in mental health issues relating to Armed Forces children and challenges were found in accessing treatment with long waiting lists reported for Child and Adolescent Mental Health services (CAMHS) in England, so much so that by the time a child reaches the top of the list, they have moved to a new area and fallen to the bottom of the list and assessments then have to be redone¹⁶. Under the principles of the Armed Forces Covenant, this should not happen.

The *Living in our shoes* report¹⁷ shows that many families do not think that there is enough information available for where to seek support, and in particular, there is a lack support for children who self-harm and not enough information provided about where to go for help.

¹¹ University of York and Adfam (2020): *Fighting Their Own Battle: Families of Veterans with Substance Use Problems*

¹² *Op cit* Ministry of Defence (2020)

¹³ Community Innovations Enterprise (2015): *Call to Mind England*

¹⁴ NatCen (2020): *The mental health needs of serving and ex-Service personnel: A systematic review*

¹⁵ *Op cit* Brian Parry Associates (2015)

¹⁶ *Op cit* Ministry of Defence (2020)

¹⁷ *Op cit* Ministry of Defence (2020)

12. What healthcare information is essential to armed forces families?

It is important that Armed Forces families know their entitlements under the Armed Forces Covenant, and that they are encouraged to identify themselves as being part of the Armed Forces Community when registering with a GP practice and that their records are appropriately tagged as being an Armed Forces family member. Armed Forces families should also be made aware of the support available to them and be appropriately signposted to NHS support, or if not available, support provided by Armed Forces charities.

14. What, if anything, could be better about the information that is available?

It has been identified above that families can find it challenging to register with a new GP when they are assigned to a new location. It is therefore suggested¹⁸ that an Armed Forces champion, or care coordinator, be made available to help them when they arrive in a new area who will coordinate the transfer of complex healthcare, help with appropriate referrals and ensure that people are put on the correct place on waiting lists.

The *Lifting the Lid* report suggests that families' awareness of support services available to them is low, particularly around healthcare needs¹⁹. Families therefore need help to better identify sources of support, information and advice. Support providers should consider adapting their approach to make them more family friendly and inclusive, so it is not just aimed at the veteran, but at the entire family. Organisations delivering information and guidance should also consider providing briefings and holding social events in a space in which serving families may be more comfortable, and outside of MOD facilities where there is a perception of formality and lack of confidentiality.

While it is important that Armed Forces families receive the level of care that they are entitled to, it is also important that their expectations are managed. Many Armed Forces families will compare the care and support they receive from the NHS to that received by serving personnel from DMS. Guidance should be available to families which states what support and treatment they can and cannot expect.

Q15. What is working well now when coordinating support for armed forces families between different organisations?

It is a positive step that veterans and their families are acknowledged within the NHS Long Term Plan and there are a number of systems and services already in place to support them and their health needs.

The collaboration of military and non-military charities, the NHS, the MOD and academics in the form of the Contact group, is a notable and welcome step which brings organisations together to share learnings, help improve awareness of the mental health needs of the Armed Forces Community and how to facilitate better access to effective and appropriate support.

The collaboration of the NHS and Armed Forces charities has also been seen in the joint working between Blesma, The Limbless Veterans, and the NHS, which ensures that the latest advances in the

¹⁸ *Op cit* Ministry of Defence (2020)

¹⁹ *Op cit* The Families Federations (2018)

relevant medical fields are converted into practical prosthetics solutions. This partnership also ensures direct referrals from Blesma to the NHS and has also helped prosthetists develop their skills at undergraduate and PhD level. The partnership between the NHS, MOD and SSAFA has also resulted in high-quality, patient-focused health care in response to the needs of the military community²⁰.

The launch of the veteran friendly GP practice accreditation scheme is also a positive step and a good example of partnership working between NHS England and the Royal College of General Practitioners. The scheme should now be extended to include families of serving personnel and veterans and more GP practices should be encouraged to sign up.

Q16. What is not working well and needs improving when coordinating support for armed forces families between different organisations?

Whilst there are examples of collaboration, there are areas which could be improved. There needs to be better data recording, linkage and sharing so that families do not have to repeat their history to health care professionals when they move. This will help to facilitate better collaboration between military, statutory and charity service providers. The work currently being undertaken by the Contact Group to create a common assessment framework is expected to help with this and, if effective, should be rolled out across mental and physical health services.

There also needs to be better collaboration between the NHS and Armed Forces charities. Armed Forces charities often respond to gaps in healthcare provision by delivering services not readily available within the NHS and provide an opportunity for referrals to be made where appropriate. Research shows that less than one-fifth of Armed Forces charities have partnered with the NHS²¹ so it is recommended that more collaborative opportunities are sought.

The commitment by NHS England to involve veterans and families in commissioning new services through networks is welcomed. However, involvement at a local level needs to be strengthened. To ensure that engagement is effective, networks need to be structured, adequately resourced and have appropriate facilitation and proper recognition of practical expenses²².

It has also been reported that Armed Forces families have faced difficulties in obtaining recognition that their child has special educational needs or disabilities (SEND)²³. It is therefore recommended that NHS England continue to work with relevant organisations, such as local authorities and schools, to ensure that children with SEND are appropriately identified and assessed, and receive the support to which they are entitled.

²⁰Directory of Social Change (2018): Focus On. Armed Forces Charities' Physical Health Provision.

²¹ *Op cit* Directory of Social Change 2018

²² *Op cit* Community Innovations Enterprise (2015)

²³ *Op cit* Ministry of Defence (2020)

Section 4

Q4. What are your ideas for how we could support armed forces families better?

Below we have set out a number of practical steps which could be implemented to fill the gaps in information and support previously identified.

Improving understanding and identification of Armed Forces families:

- Improved awareness and understanding amongst healthcare professionals of the principles of the Armed Forces Covenant, the healthcare needs of Armed Forces families and the potential impact of the Armed Forces lifestyle on health and wellbeing.
- Further training for GPs who qualified more than four years ago to ensure that they receive information on and understand the needs of Armed Forces families.
- Better identification and data collection on Armed Forces families by GP and dental practices.
- All GP practices should be encouraged to join the veteran-friendly GP practice accreditation scheme and extend the scheme to include Armed Forces families.

Reducing disadvantage:

- NHS Trusts and providers should ensure there is no disadvantage to those who are relocating to a new area as part of an in-Service assignment by ensuring they keep their relative place on a waiting list.
- The Department of Health and Social Care (DHSC) and the Devolved Governments should require GP practices to transfer records speedily when Service families are relocated.
- Regulation which allows children to register with GPs alone when their parent(s) is registered with DMS should be properly disseminated to, and understood by, GP practices.
- Clinical Commissioning Groups in England should be required to ensure timely access to CAMHS and paediatric services and children should retain their relative place on waiting lists.

Implementing new initiatives:

- An Armed Forces Care Coordinator or Armed Forces champion should be introduced to GP practices.
- Specific and tailored support pathways for Armed Forces families with healthcare staff who are trained to better understand the unique circumstances of the Armed Forces Community.
- Increased information on the support and services available for both mental and physical health problems, and improved signposting to encourage help-seeking.
- Online support should be made available for Armed Forces families who may be unable to attend face-to-face appointments due to the constraints of the Armed Forces lifestyle such as being geographically dispersed or childcare issues when a serving partner is deployed. Any online support provided during the current Covid-19 pandemic should continue.

Improving collaboration:

- Improved partnership working between the Armed Forces, MOD, NHS England, NHS Scotland, NHS Wales and Health and Social Care Northern Ireland to ensure continuity of care.

Q5. How can we involve you in developing support for armed forces families?

We look forward to hearing how this consultation progresses, and we would welcome the opportunity to engage with NHS England further. If appropriate, we can offer additional information on any of the research mentioned in this response, or that contained in our Policy Statement on Health²⁴ which is included below.

Additional information

Recommended reports

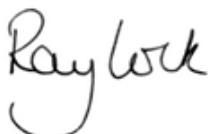
We have referred to several reports that would merit further review and these are listed below with references included in the Bibliography as well as access links. If you would like hard copies of any of the report, please let me know.

- Ministry of Defence (2020): Living in our shoes: Understanding the needs of UK Armed Forces families
- The Families Federations (2018): Lifting the Lid on Transition
- Community Innovations Enterprise (2015): Call to Mind England
- NatCen (2020): The mental health needs of serving and ex-Service personnel: A systematic review
- University of York and Adfam (2020): Fighting Their Own Battle: Families of Veterans with Substance Use Problems

We would also encourage you to read FiMT's Policy Statement on Health²⁵ which you can find at the end of our submission.

Thank you for providing the opportunity to comment on the Consultation. If you would like any further information, please get do not hesitate to get in touch.

Yours sincerely,



Ray Lock, Chief Executive, Forces in Mind Trust

²⁴ <https://www.fim-trust.org/news-policy-item/policy-statement-on-health/>

²⁵ <https://www.fim-trust.org/news-policy-item/policy-statement-on-health/>

Bibliography

Anglia Ruskin University (2018) Caring and Coping: The Family Perspective on Living with Limb Loss <https://s31949.pcdn.co/wp-content/uploads/caring-coping-family-perspective-living-limb-loss.pdf>

Community Innovations Enterprise (2015): Call to Mind England <https://s31949.pcdn.co/wp-content/uploads/jhna-england-call-to-mind.pdf>

Directory Social Change (2018): Focus On. Armed Forces Charities' Physical Health Provision <https://s31949.pcdn.co/wp-content/uploads/armed-forces-charities-physical-health-provision.pdf>

Ministry of Defence (2020): Living in our shoes: Understanding the needs of UK Armed Forces families [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/895236/Living in our shoes Full Report 1 embargoed 30 June.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/895236/Living_in_our_shoes_Full_Report_1_embargoed_30_June.pdf)

NatCen (2020): The mental health needs of serving and ex-Service personnel: A systematic review https://s31949.pcdn.co/wp-content/uploads/The-mental-health-needs-of-serving-and-ex-Service-personnel_main-report-FINAL.pdf

The Families Federations (2018): Lifting the Lid on Transition <https://s31949.pcdn.co/wp-content/uploads/lifting-lid-transition-families-experience-support-they-need.pdf>

University of York and Adfam (2020): Fighting Their Own Battle: Families of Veterans with Substance Use Problems <https://s31949.pcdn.co/wp-content/uploads/20201019-FVSU-Report-as-submitted-19.10.20-FINAL.pdf>

Forces in Mind Trust – Policy Statement on Health

Purpose

1. This Statement sets out Forces in Mind Trust’s (FiMT’s) policy position on the health needs of ex-Service personnel and their families, and how these are met. It provides an overview of the evidence that exists to support it, the issues that inform it, and the changes that are needed to achieve it. This policy statement covers FiMT’s position on both physical and mental health (the latter being an element of FiMT’s overall Health Programme).

Background

2. FiMT was established in 2011 by a £35 million endowment from the Big Lottery Fund. Our vision is for all ex-Service personnel and their families to lead fulfilled civilian lives. Our mission is to enable successful sustainable transition. We deliver our mission by commissioning and funding evidence generation to influence policy makers and service providers, and by improving the capability of the Armed Forces charities sector.

3. The Armed Forces population is likely to have higher than usual levels of fitness and a lower risk of developing disease-related illness while serving²⁶. Ensuring that both physical and mental health are maintained on leaving the Armed Forces, and that health services can be accessed in post-service life, are essential in order for Service leavers and their families to make a successful transition from military to civilian life.

4. In adopting a programmatic approach to our work, based on our theory of change, our Health Programme brings together a coherent set of projects with the aim of delivering tangible impact. The Programme is supported and informed by our policy position on the availability of accessible health care services that are necessary to meet the health needs of ex-Service Personnel and their families.²⁷

Policy issues

5. Defence Medical Services (DMS) provide health care for Service personnel, and in some circumstances for their families, throughout their time in service²⁸. Responsibility for primary healthcare usually transfers from the Defence Medical Services to the NHS when Service personnel leave the Armed Forces. Each devolved nation is responsible for providing health care for ex-Service personnel and their families in the country they are living.²⁹ In some instances, where a health condition is due to Service, veteran-specific support is available which may involve a joint care pathway where some elements of treatment are provided by the Defence Medical Service and some

²⁶ FiMT Research Centre, Physical Health Snapshot, 2019.

²⁷ The Transition Mapping Study, Forces in Mind Trust, The Futures Company, 2013 shows that awareness and familiarity with the civilian environment is one of the key elements to a good transition for a Service Leaver.

²⁸ Information on Defence Medical Services (DMS) can be found at <https://www.gov.uk/government/groups/defence-medical-services>

²⁹ Ibid. The Physical Health Snapshot includes further information on healthcare provision within each of the UK’s four nations.

by the NHS.³⁰ In addition, some health services are provided by charities which have their own eligibility criteria.³¹ Added to this, there can be issues with the transfer of health records when a veteran and their family transfer across services or geographical location. This means that providing health services is complex, and those available to veterans and their families can be variable, which creates the risk of unmet need as a result of difficulties in accessing services.

6. There is an ongoing debate about whether veterans benefit more from bespoke services, or whether they are best served through mainstream public sector provision. When it comes to accessing support and treatment for mental health issues, research suggests that veterans are poor at accessing general health services, and for those who do, they tend to withdraw from treatments or services at a higher rate than the general population.³² There is also some evidence that veterans typically suffer more complex conditions, but that interventions in a ‘veteran-friendly environment’ are likely to have better outcomes. Whether this is because of a greater efficacy of the intervention, or better engagement with it, is unclear.

7. While Government policy is that veterans should receive priority treatment where it relates to a condition resulting from their service in the Armed Forces, subject to clinical need³³, there are some concerns about implementation of the policy. It has been noted by the House of Commons Defence Committee that issues persist around lack of awareness and understanding, inconsistency of and inability to measure implementation, and a lack of clarity about the interpretation of the policy by government.³⁴

Policy position

8. We believe that all ex-Service personnel and their families should be able to access good quality health services when and where they need them. We fully support the Armed Forces Covenant which states that no ex-Service person or their spouse or partner should be disadvantaged as a result of service, and that special consideration is appropriate in some cases.³⁵ We support The Strategy for our Veterans³⁶ and its aim of ensuring that ‘All Veterans enjoy a state of positive physical and mental health and wellbeing, enabling them to contribute to wider aspects of society’.³⁷

9. Our view is that there is a clear need for health care services that are designed to best meet the sometimes unique health and care needs of ex-Service personnel and their families. In some circumstances this will mean that the provision of a specialist service³⁸ is the best approach, and in others, mainstream NHS and other public sector services will be the most appropriate pathway for meeting need. The key issue is that there must be sufficient expertise, awareness and

³⁰ Veterans: Priority NHS Treatment – Further information is available from: <https://www.nhs.uk/using-the-nhs/military-healthcare/>

³¹ Focus on: Physical Health, Directory of Social Change, 2019, and Focus on: Mental Health, Directory of Social Change 2018 – These reports provide knowledge and evidence of health provision by Britain’s Armed Forces charity sector.

³² Call to Mind UK, Community Innovations Enterprise, 2017

³³ This principle is enshrined in both the Armed Forces Covenant and the NHS Constitution.

³⁴ Armed Forces Covenant Annual Report 2018 Inquiry, Defence Committee, House of Commons, 2019.

³⁵ The need for special consideration in some cases included in The Armed Forces Covenant, HM Government, 2015

³⁶ The Strategy for our Veterans, MOD and Cabinet Office, 2018

³⁷ Ibid

³⁸ Paragraph 16 of this Statement provides information on the specialist services that exist

understanding of the ex-Forces community and their physical and mental health needs, and that these are taken into account in any health care provision wherever it is delivered.

10. We welcome the commitment, set out in the NHS Long Term Plan, to expanding support for all veterans and their families as they transition out of the Armed Forces, regardless of when people left service.³⁹ We support the positive steps that are being taken to improve the identification of ex-Service personnel and their families, and to raise awareness and understanding among health professionals of veterans' health care needs. However, there remains at present a need for more timely access to appropriate treatment and support.

11. Existing concerns about the inconsistent implementation of the policy of priority treatment in certain circumstances should be addressed as soon as possible. This requires greater clarity by Government about the interpretation of the policy, better awareness and understanding of what it means in practice, and sufficient resource within the system to deliver it effectively.

Overview of evidence and issues

12. We have commissioned and published research on the physical and mental health needs of ex-Service personnel and have delivered a Mental Health Research Programme for the last five years. The evidence from the research we have funded has increased knowledge and insight into the health issues experienced by ex-Service personnel and their families, and in some instances has led to the development of new treatment approaches.⁴⁰

Factors affecting access to health services.

13. There are many factors that affect the likelihood of ex-Service personnel and their families being able to access good quality health care services when and where they need them. Our research evidence shows that the following can be barriers:

- **Limited awareness and understanding of the Armed Forces Covenant in the NHS.**⁴¹ This can result in the veteran or their family waiting for or missing out on services they could otherwise be accessing.^{42 43}
- **Variations and inconsistencies in provision.** Veteran-specific health and care services vary across the UK as each devolved nation is responsible for healthcare provision for veterans and their families living within their nation.⁴⁴ Differences and inconsistencies can also occur in the provision of treatment and support for service-acquired conditions. This can be a consequence of varying levels of commitment and understanding of policy guidance on the Armed Forces Covenant and its application in the commissioning of veteran-specific services.⁴⁵ A recent enquiry under the Freedom of Information Act showed that both the

³⁹ NHS Long Term Plan, Appendix, Veterans and the Armed Forces, 2019

⁴⁰ For example, a grant to Combat Stress for research that looked into the acceptability and feasibility of tele-therapy to ex-Service personnel with PTSD led to the roll out of the pilot nationally

⁴¹ Call to Mind United Kingdom, Community Innovations Enterprise, 2017

⁴² Understanding resilience as it affects the transition from the UK Armed Forces to civilian life RAND, 2018

⁴³ Caring and Coping: The family perspective on living with limb loss, Anglia Ruskin University, 2018

⁴⁴ Joint Health Needs Assessment in the devolved nations of the UK, Community Innovations Enterprise, 2016

⁴⁵ Utilisation of the principles of the Armed Forces Covenant in NHS trusts and CCGs across England, a freedom of information investigation, VFR Hub, 2019

- spirit and the intent of the Covenant are not being met in either primary or secondary care⁴⁶, although there is other evidence that access to healthcare and specialist services in all four UK countries' provision for veterans is as good as or better than that for non-veterans.⁴⁷
- **Limited awareness and knowledge of the support available.** Evidence shows that the Armed Forces community, while having some awareness of the wide range of support that exists, is less knowledgeable on how and when to access it.⁴⁸ Difficulties in accessing support can be exacerbated if GPs have limited awareness themselves of the range of support available. There may also be issues with engagement as a result of an initial reluctance by some ex-Service personnel to register with a GP.⁴⁹
 - **Identification of veteran status and lack of data sharing.** There are currently barriers to sharing existing data on veterans and a lack of common systems for recording health data meaning that it can take time before veteran status is identified, and result in a lack of understanding of the scale or type of veteran need in a particular area. It also carries the risk of missed opportunities to provide bespoke referrals for support.
 - **Stigma and acknowledging health issues.** Ex-Service personnel may be reluctant to identify themselves as veterans for a variety of reasons, which can create difficulties or unnecessary delay in accessing services. When it comes to accessing mental health services, veterans and family members often report feeling stigmatized and alienated from mainstream service provision, and experience difficulties engaging fully with services as a veteran or family member of a veteran⁵⁰. However, research also shows that while stigma may be a barrier, this is most often only when accessing mental health services for the first time, and that a potentially greater barrier is recognising the need for treatment and making a decision to seek care.⁵¹ While the reasons are complex, there is evidence that it takes an average of approximately 11.8 years for ex-Service personnel to seek help for Post-Traumatic Stress Disorder (PTSD) after leaving the Armed Forces.⁵²
 - **Geographical location and continuity of care.** Accessing NHS services can be challenging, particularly when Service leavers and their families are moving from one geographical area to another, and health provision and eligibility criteria differ between NHS trusts. One of the consequences can be difficulty in maintaining a place on waiting lists.⁵³

Profile of Service leavers and their families who have an increased likelihood of health needs

14. Evidence shows that the majority of Service leavers are healthier than their civilian counterparts.⁵⁴ Notwithstanding this, some Service leavers have an increased likelihood of experiencing health issues that require treatment and support from health care services for help with daily living. These include:

⁴⁶ Utilisation of the principles of the armed Forces Covenant in NHS Trusts and Clinical Commissioning Groups across England: a freedom of information investigation – March 01, 2019

⁴⁷ The physical health and wellbeing of veterans, Royal College of Physicians, 2019

⁴⁸ The Armed Forces Community Healthcare navigation Project: Feasibility Study, The Tavistock Institute, 2019

⁴⁹ Stigma and Barriers to Care in Service Leavers with Mental Health Problems, KCMHR, KCL, 2017

⁵⁰ Call to Mind, A framework for Action, Community Innovations Enterprise and NHS England on behalf of FiMT, 2015

⁵¹ Stigma and Barriers to Care in Service Leavers with Mental Health Problems, KCMHR, KCL, 2017

⁵² Exploring Outcome Predictors in UK Veterans Treated for PTSD, Murphy, D and Busuttill W, Psychology Research, vol. 5, no.8, pp.441-451, 2015

⁵³ Better Understanding the Support Needs of Service Leaver Families, Brian Parry Associates/FiMT, 2015

⁵⁴ FiMT Research Centre, Physical Health Snapshot, 2019

- Service leavers who have been medically discharged as a result of being wounded, injured or sick.
- Families of those Service leavers who have been medically discharged, who may ignore their own health needs when taking on caring responsibilities⁵⁵. There is also evidence to show that family care packages can be more disjointed for veteran families compared to care packages for civilian families.⁵⁶
- Ex Service personnel who have a range of Service-related physical illness and injury-related health issues such as traumatic brain injury (TBI), limited mobility, wounds, limb loss, sight loss, neurological disorders, musculoskeletal, hearing loss, cardiovascular, respiratory problems, neurodegenerative and chemical exposure.^{57 58}
- Ex-Service personnel who have reached older age and are living with the long-term effects of Service-acquired conditions.⁵⁹
- Ex Service personnel with mental health issues such as common mental health disorder and post-traumatic stress disorder.⁶⁰
- A higher than average incidence of suicide among older ex-Service personnel, female ex-Service personnel and early Service leavers has been identified in Scotland.⁶¹
- Early Service leavers.⁶²
- Ex-Service personnel who are experiencing or have experienced a difficult transition, meaning they are struggling to find housing or employment; facing financial difficulties; engaged in criminal offending; or experiencing family breakdown, social isolation and loneliness, and are struggling to develop meaningful relationships with civilians. Any one of these issues, or a combination, brings an increased risk of poor mental and physical health. They also impact on Service leavers' families who are affected by knock-on health issues such as depression, anxiety and stress.⁶³

Addressing the issues – where are we now?

15. Whilst there are variations in services and issues in accessing them, there are some common commitments that underpin delivery of health care for the Armed Forces community across the United Kingdom. These are set out in the Armed Forces Covenant, and in the NHS Long Term Plan.

- **The Armed Forces Covenant** is a commitment by the UK Government to ensuring that the Armed Forces community 'should face no disadvantage' and 'enjoy the same standard of, and access to, healthcare as received by any other UK citizen in the area they live'. The NHS

⁵⁵ Caring and Coping: the family perspective on living with limb loss, Veterans and Families Institute for Military Social Research, Anglia Ruskin University, 2018

⁵⁶ Better understanding the support needs of Service Leaver families, Brian Parry Associates, 2015

⁵⁷ FiMT Research Centre, Physical Health Snapshot, 2019

⁵⁸ Scottish Veterans Commissioner, Veterans' Health & Wellbeing: A distinctive Scottish Approach, 2018

⁵⁹ Ibid. p12, chapter 7 refers to 63% of veterans aged 65 and over, and to service provision by charities and the Defence Medical Welfare Service which differentiates the medical care they provide for the older veteran community

⁶⁰ Call to mind: A framework for action. Community Innovations Enterprise on behalf of the Forces in Mind Trust and NHS England, 2015

⁶¹ Suicide in Scottish military veterans: a 30-year retrospective cohort study. Occupational Medicine, 67(5), 2017

⁶² Early Service leavers (ESIs) refers to who leavers who have served four years or less, or have served more than four years but been compulsorily discharged

⁶³ The Transition Mapping Study, Forces in Mind Trust, The Futures Company, 2013

Constitution specifically permits the NHS to provide ‘priority services for the Armed Forces and ex-Forces community, where the Constitution would otherwise prohibit such commissioning’.⁶⁴

- **The NHS Long Term Plan** specifically focuses on four key areas: improving access to services for Armed Forces personnel and their families; providing support for those in transition; improving veterans’ mental health services; and improved access to prosthetics and primary care for veterans and families. Delivery of these commitments is supported by:
 - o **The Integrated Personal Commissioning for Veterans Framework (IPC4V)** was launched in 2019 with the aim of ensuring the coordination of support for Armed Forces and ex Forces personnel with complex and enduring physical, neurological and mental health conditions that are attributable to injury while in Service, and
 - o **Veteran Friendly GP practices and Veterans Covenant Hospital Alliance.** The introduction and roll out of ‘Veteran Friendly GP practices, and the introduction of the Veteran Aware Standard for hospitals delivered through the Veterans Covenant Hospital Alliance (VCHA), are welcome steps towards ensuring that the right treatment and support are available and can be accessed when needed.’^{65 66}

16. There is a significant amount of specialist health care support available. (Further information on the physical and mental health care provision available to the ex-Service community can be found via the resources provided at paragraph 20 below).

To give a brief indication here it includes:

- **The Defence Medical Rehabilitation Centre for Veterans** based at Stanford Hall provides treatment and support to ex-Service personnel with complex health and care needs.
- **The Defence Recovery Capability** is a Ministry of Defence led initiative, managed in partnership with Help for Heroes and The Royal British Legion. It is designed to ensure that wounded, injured and sick personnel receive co-ordinated support and have access to the services and resources needed to help them either return to duty or make a smooth transition to civilian life.
- **NHS Veterans’ Mental Health Transition, Intervention and Liaison Service (TILS)** is a dedicated local community-based service for veterans and those who are transitioning out of the Armed Forces. The service provides treatment for people with mental health problems, and complex mental health difficulties.
- **NHS Veterans’ Mental Health Complex Treatment Service (CTS)** is accessed through TILS.
- **The Veterans’ Mental Health High Impact Service (HIS)** commissions services for veterans who need urgent mental health care and treatment. HIS began in 2019 and is currently in the process of being established.
- **The Defence Medical Welfare Service** is an independent charity providing help and support to the Armed Forces community whenever they are receiving medical treatment. This includes support for older people who are part of the veteran community, with the aim of ensuring ‘that no family is alone at a time of illness or injury’.⁶⁷

⁶⁴ See Section 15 of the Health and Social Care Act 2012

⁶⁵ Veteran friendly GP practices, Royal College of General Practitioners, 2019

⁶⁶ The Veterans Covenant Healthcare Alliance is a group of over 40 hospitals which aim to improve the healthcare that veterans receive from the NHS. Further information is available at <https://gettingitrightfirsttime.co.uk/veterans/>

⁶⁷ Defence Medical Welfare Service, About Us <https://www.dmws.org.uk/about-us>

- **Armed Forces charities.** Service provision by the military charity sector plays a significant role in meeting the health and care need of ex Service personnel and their families⁶⁸. The Veterans' Gateway signposts to available support provided by charities, and also signposts to NHS services.
- **Contact** is a collaboration of military charities working with the NHS and the MOD. The aim of the group is to help members of the Armed Forces community access mental health and wellbeing support. Contact also works to increase awareness of military mental health through campaigning and research activity.

Addressing the issues – what needs to happen?

17. The range of positive developments in the health care available to ex- Service personnel and their families is encouraging. However, Forces in Mind Trust believes that access to health care could be strengthened further, and health outcomes could be improved through:

- **Improved transition support and sufficient time to plan** transition to civilian life. There is evidence to show that when support for people experiencing difficulties in transition is improved they experience improvements in both mental wellbeing and their financial position.⁶⁹
- **Increased awareness and understanding** of veterans' specific:
 - o health needs and clinical priorities
 - o mental health needs
 - o addictions and treatment needs
- **Improved collaboration and coordination** across the NHS, charities and the Armed Forces, throughout the UK. While plans to address this are set out in Government's response to its consultation on the Veterans' Strategy, this needs to happen as soon as possible.⁷⁰
- **Better and earlier identification of veterans**, through increased knowledge of and commitment to the Veteran Friendly GP practices, and Veteran Aware Standard for hospitals delivered through the Veterans Covenant Hospital Alliance
- **Earlier identification of individuals at risk of mental health problems**, and early intervention to help prevent escalation of mental problems.⁷¹
- **Initiatives to tackle stigma** associated with seeking treatment, which could help to improve access to health services.
- **Clear guidance for families**, including during the transition phase, and particularly at the level of Primary care, on how to access the support that exists.⁷²
- **Ongoing access to support** for family members caring for wounded, injured and sick ex-Service personnel in the form of consistent care for families.⁷³

⁶⁸ Physical Health Snapshot, FiMT Research Centre, 2019, provides information on charitable health care provision for the Armed Forces community

⁶⁹ Military Advocacy Service: Interim Evaluation Report, 2019

⁷⁰ Strategy for our Veterans, UK Government Consultation Response, 2020

⁷¹ The mental health needs of serving and ex-Service personnel: A review of the latest evidence and key stakeholder perspectives, Executive Summary, National Centre for Social Research, 2020

⁷² Physical Health Snapshot, FiMT Research Centre, 2019

⁷³ Young Carers in Armed Forces Families: Evidencing the need, The Children's Society, 2017

- **Training in veterans’ physical and mental health needs** to become part of the curriculum for all healthcare professionals. Recent initiatives such as the Veterans’ Awareness Accreditation programme for GPs in England and e-learning packages by NHS staff are positive developments. Rolling out training to a wider range of health professionals would help build on progress made already.
- **Better data recording, linkage and sharing** so that people do not have to repeat their history time and again to health care professionals. It would also help to facilitate better collaboration between services and, potentially, across public sector and charity providers.

Measuring success

18. Changing policy and practice through evidence generation and influencing inevitably takes time, and requires changes in awareness, attitudes and understanding. The measures of success are therefore complex and comprise a mix of ‘hard’ and ‘soft’ indicators. We will continue to commission research and analysis to provide evidence and insight into the progress made and challenges encountered in improving the quality of and access to health care for ex-Service personnel and their families. We will work closely with Government to help ensure that the existing evidence is taken into account as services are further developed.

19. We recognise that we will not be able to quantify absolutely the extent to which FiMT has contributed to positive change; our role is to influence and catalyze others, using an evidence-based approach to doing so.

Reflections and next steps

20. The changes we are calling for need investment and concerted effort. This requires a collaborative and integrated approach as well as sufficient funding. Understanding likely future needs and planning ahead is crucial. Forces in Mind Trust will continue to generate evidence that sheds light on needs, and on what works best in practice.

Sources of Further Information

[Focus on: Armed Forces Charities’ Mental Health Provision](#), Directory of Social Change, 2017

[Focus on Physical Health](#), Directory of Social Change, 2019

[Focus on: Armed Forces Charities’ Physical Health Provision, Directory of Social Change, 2018](#)

[Review of Mental Health Provision – Executive Summary](#), National Centre for Social Research, 2020

[Snapshot Physical Health, Forces in Mind Trust Research Centre, 2019](#)

[Physical health and wellbeing of veterans](#), RCP, 2019

[Armed Forces Covenant](#)

[NHS Long Term Plan, Appendix, Veterans and the Armed Forces](#), 2019