

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 serving¹. 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.²

Policy issues

5. Defence Medical Services (DMS) provide health care for Service personnel, and in some circumstances for their families, throughout their time in service³. 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.⁴ In some instances, where a health

¹ FiMT Research Centre, Physical Health Snapshot, 2019.

² 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.

³ Information on Defence Medical Services (DMS) can be found at <https://www.gov.uk/government/groups/defence-medical-services>

⁴ Ibid. The Physical Health Snapshot includes further information on healthcare provision within each of the UK's four nations.

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 by the NHS.⁵ In addition, some health services are provided by charities which have their own eligibility criteria.⁶ 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.⁷ 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 need⁸, 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.⁹

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.¹⁰ We support The Strategy for our Veterans¹¹ 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'.¹²

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 service¹³ 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 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.

⁵ Veterans: Priority NHS Treatment – Further information is available from: <https://www.nhs.uk/using-the-nhs/military-healthcare/>

⁶ 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.

⁷ Call to Mind UK, Community Innovations Enterprise, 2017

⁸ This principle is enshrined in both the Armed Forces Covenant and the NHS Constitution.

⁹ Armed Forces Covenant Annual Report 2018 Inquiry, Defence Committee, House of Commons, 2019.

¹⁰ The need for special consideration in some cases included in The Armed Forces Covenant, HM Government, 2015

¹¹ The Strategy for our Veterans, MOD and Cabinet Office, 2018

¹² Ibid

¹³ Paragraph 16 of this Statement provides information on the specialist services that exist

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.¹⁴ 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 since 2015. . 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.¹⁵

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.**¹⁶ This can result in the veteran or their family waiting for or missing out on services they could otherwise be accessing.^{17 18}
- **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.¹⁹ 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.²⁰ A recent enquiry under the Freedom of Information Act showed that both the spirit and the intent of the Covenant are not being met in either primary or secondary care²¹, 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.²²

¹⁴ NHS Long Term Plan, Appendix, Veterans and the Armed Forces, 2019

¹⁵ 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

¹⁶ Call to Mind United Kingdom, Community Innovations Enterprise, 2017

¹⁷ Understanding resilience as it affects the transition from the UK Armed Forces to civilian life RAND, 2018

¹⁸ Caring and Coping: The family perspective on living with limb loss, Anglia Ruskin University, 2018

¹⁹ Joint Health Needs Assessment in the devolved nations of the UK, Community Innovations Enterprise, 2016

²⁰ Utilisation of the principles of the Armed Forces Covenant in NHS trusts and CCGs across England, a freedom of information investigation, VFR Hub, 2019

²¹ 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

²² The physical health and wellbeing of veterans, Royal College of Physicians, 2019

- **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.²³ 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.²⁴
- **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 veteran²⁵. 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.²⁶ 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.²⁷
- **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.²⁸

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.²⁹ 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:

- Service leavers who have been medically discharged as a result of being wounded, injured or sick.³⁰
- Families of those Service leavers who have been medically discharged, who may ignore their own health needs when taking on caring responsibilities³¹. There is also evidence to show

²³ The Armed Forces Community Healthcare navigation Project: Feasibility Study, The Tavistock Institute, 2019

²⁴ Stigma and Barriers to Care in Service Leavers with Mental Health Problems, KCMHR, KCL, 2017

²⁵ Call to Mind, A framework for Action, Community Innovations Enterprise and NHS England on behalf of FiMT, 2015

²⁶ Stigma and Barriers to Care in Service Leavers with Mental Health Problems, KCMHR, KCL, 2017

²⁷ Exploring Outcome Predictors in UK Veterans Treated for PTSD, Murphy, D and Busuttill W, Psychology Research, vol. 5, no.8, pp.441-451, 2015

²⁸ Better Understanding the Support Needs of Service Leaver Families, Brian Parry Associates/FiMT, 2015

²⁹ FiMT Research Centre, Physical Health Snapshot, 2019

³⁰ Lives in Transition: returning to civilian life with a physical injury or condition, University of Central Lancashire, University of Salford, 2022

³¹ Caring and Coping: the family perspective on living with limb loss, Veterans and Families Institute for Military Social Research, Anglia Ruskin University, 2018

that family care packages can be more disjointed for veteran families compared to care packages for civilian families.³²

- 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.^{33 34}
- Ex-Service personnel who have reached older age and are living with the long-term effects of Service-acquired conditions.³⁵
- Ex Service personnel with mental health issues such as common mental health disorder and post-traumatic stress disorder.³⁶
- Those ex-Service personnel living in Northern Ireland who were part of ‘home service’ regiments that were recruited locally meaning that for many their deployment was in the community in which they lived.³⁷
- 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.³⁸
- Early Service leavers.^{39 40}
- 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.⁴¹

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 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’.⁴² Additionally, the Armed Forces Act 2021 includes clauses that introduce a

³² Better understanding the support needs of Service Leaver families, Brian Parry Associates, 2015

³³ FiMT Research Centre, Physical Health Snapshot, 2019

³⁴ Scottish Veterans Commissioner, Veterans’ Health & Wellbeing: A distinctive Scottish Approach, 2018

³⁵ 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

³⁶ Call to mind: A framework for action. Community Innovations Enterprise on behalf of the Forces in Mind Trust and NHS England, 2015

³⁷ The Health and Wellbeing of Armed Forces Veterans in Northern Ireland, Queen’s University Belfast, 2021

³⁸ Suicide in Scottish military veterans: a 30-year retrospective cohort study. Occupational Medicine, 67(5), 2017

³⁹ Early Service leavers (ESLs) refers to who leavers who have served four years or less, or have served more than four years but been compulsorily discharged

⁴⁰ “Fall Out”: Substance misuse and service leavers: a qualitative investigation into the impact of a Compulsory Drug Test (CDT) discharge, Galahad SMS Ltd and Anglia Ruskin University, 2021

⁴¹ The Transition Mapping Study, Forces in Mind Trust, The Futures Company, 2013

⁴² See Section 15 of the Health and Social Care Act 2012

new duty of due regard to the Covenant principles on local public bodies in three areas of public service provision which include health, alongside education and housing.

- **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.^{43 44}

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.
- **Op COURAGE: the Veterans Mental Health and Wellbeing Service** is an NHS mental health specialist service designed to help serving personnel due to leave the military, reservists, armed forces veterans and their families. Op COURAGE is the overarching name for the veterans mental health services previously known as: the Veterans' Mental Health Transition, Intervention and Liaison Service (TILS); the Veterans' Mental Health Complex Treatment Service (CTS); the Veterans' Mental Health High Intensity Service (HIS).
- **Veterans Trauma Network (VTN)** is an NHS service that provides specialist care and treatment to veterans who have physical health problems as a result of their time in the armed forces. The VTN works closely with many organisations including: GP surgeries, specialist NHS services, military and non-military charities. It provides support by providing personalised treatment by military and civilian clinicians who understand the military environment and specialise in the type of physical health problems that veterans have. Find a link to use. The VTN is available in England and Wales.**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'.⁴⁵

⁴³ Veteran friendly GP practices, Royal College of General Practitioners, 2019

⁴⁴ 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/>

⁴⁵ 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 families⁴⁶. 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.⁴⁷
- **Increased awareness and understanding** of veterans' specific:
 - o health needs and clinical priorities
 - o mental health needs
 - o addictions and treatment needs⁴⁸
- **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.⁴⁹
- **Better and earlier identification of veterans**, through increased knowledge of and commitment to the Veteran Friendly GP practices⁵⁰, 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.⁵¹
- **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.⁵²
- **Ongoing access to support** for family members caring for wounded, injured and sick ex-Service personnel in the form of consistent care for families.⁵³
- **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

⁴⁶ Physical Health Snapshot, FiMT Research Centre, 2019, provides information on charitable health care provision for the Armed Forces community

⁴⁷ Military Advocacy Service: Interim Evaluation Report, 2019

⁴⁸ The United Kingdom Armed Forces Veterans Health and Gambling Study, Swansea University, 2021. This study provides evidence on problem gambling and other associated addictions.

⁴⁹ Strategy for our Veterans, UK Government Consultation Response, 2020

⁵⁰ [Where Are All the Veterans? Increasing Veteran Registration in Primary Healthcare](#), University of Chester, 2022

⁵¹ 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

⁵² Physical Health Snapshot, FiMT Research Centre, 2019

⁵³ Young Carers in Armed Forces Families: Evidencing the need, The Children's Society, 2017

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 families⁵⁴. 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](#), Veterans and Families Research Hub, Anglia Ruskin University, 2019, updated 2021

[Snapshot Mental Health](#), Veterans and Families Research Hub, Anglia Ruskin University, 2022

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

[Armed Forces Covenant](#)

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

⁵⁴ Trends in Scottish Veterans' Health, Glasgow University, 2022, analyses the health trends of veterans in Scotland where electronic records have been maintained for over 40 years. The research was funded by FiMT provides an example of the evidence generation FiMT plans to continue to fund.