Call to Mind: Scotland

Findings from the Review of Veterans' and their Families' Mental and Related Health Needs in Scotland

Final Report

September 2016

FiMT forces in mind trust
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A report prepared by Community Innovations Enterprise on behalf of the Forces in Mind Trust

Contents

Preface

This report provides the findings from a review of the mental and related health needs of veterans in Scotland.

The Forces in Mind Trust commissioned Community Innovations Enterprise to undertake this review in Scotland following the completion of similar work in England and Wales. A review is also currently taking place in Northern Ireland. The end result will be the first comprehensive review of meeting the mental and related health needs for veterans and family members for the whole of the UK.

The Call to Mind: Scotland report outlines the positive work that has been developed over many years by the Scottish Government, statutory and voluntary services, and veterans. All the stakeholders who engaged in this review clearly value the progress that has been made. The report summarises the best available research and evidence on the profile of veterans, and mental and related health needs in Scotland. It highlights areas of good practice that other agencies delivering services to veterans and their families might follow.

The opportunities for further development, outlined in the report, have come from the stakeholders working directly with veterans and from veterans themselves; their voices are a crucial feature of this report. They highlighted the importance of targeting and make the best use of existing resources to meet the needs of veterans and their families; and improving efficiency and effectiveness of service provision and referral/assessment pathways through greater collaboration and partnerships.

The Call to Mind: Scotland report will make an essential contribution to the wider body of work and enable policy makers, service planners and providers in Scotland to continue to build on their achievements, and meet the mental and related health needs of veterans.

Professor The Lord Patel of Bradford OBE
Community Innovations Enterprise

Air Vice-Marshal Tony Stables CBE
Chairman, Forces in Mind Trust

Forces in Mind Trust

Forces in Mind Trust (FiMT) was founded in 2012 to improve the transition of military personnel, and their families, at the end of a period of service in the Armed Forces back into the civilian world. That world comprises many facets: employment; housing; health and wellbeing; social networks; and a sense of identity and worth, each of which contributing to a 'successful' transition. Recognising early on that ex-Service personnel suffering mental health or wellbeing issues are particularly vulnerable to failed transition, FiMT, established through an endowment from the Big Lottery Fund, committed itself to gaining a better understanding of the causes and effects of such issues on transition.

In addition to mental health, FiMT has also commissioned research into supported housing, employment and the whole transition process itself. Grants have been awarded to programmes as diverse as mentoring ex-offenders through to challenge projects for wounded, injured and sick ex-Service personnel in partnership with The Royal Foundation. Full details can be found on FiMT's website www.fim-trust.org.

Looking ahead, FiMT will continue to initiate research and award grants to programmes that provide robust evidential output thus improving the transition process as well as directly supporting ex-Service personnel. Applications are welcome from any organisation engaged in such activity; application information can be found on FiMT's website, or for related enquiries, by visiting http://www.fim-trust.org/contact-form/.

Community Innovations Enterprise

Community Innovations Enterprise (CIE) was founded in March 2011 and provides a range of research, consultancy and project management programmes in the fields of mental health, drug and alcohol use, offender health and service user involvement.

CIE has significant experience in assessing needs for different population groups across the health, social care and criminal justice sectors. The key outcome of this work has been to help commissioners and service providers to better understand the full range of health and social care needs of the population groups they serve including assessing the impact of service re-design and identifying gaps in provision and areas of good practice.

CIE aims to go beyond traditional approaches to assessment and consultation services by placing the communities or client groups in question at the heart of the chosen development. We support organisations to reach the full diversity of their clients and communities while at the same time increasing their capacity and capability to achieve meaningful service user and public involvement and promote social inclusion.

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Aberdeenshire Council; Armed Services Advice Project; Combat Stress; Erskine; Lothian Veterans Centre; Ministry of Defence Personnel Recovery Unit; Scottish Government MMLO; NHS Borders; NHS Grampian; NHS Lothian; Poppyscotland; Scottish Veterans Association; Scottish Veterans Residences; Scottish War Blinded; SSAFA**;** Thistle Foundation; The Venture Trust; Veterans First Point Lothian; Veterans First Point Scotland; Veterans Welfare Service/Veterans UK.

We would also like to thank all the veterans who participated in focus groups and interviews.

Executive Summary

Introduction

Call to Mind: A Framework for Action. Findings from the review of veterans and family members mental and related health needs assessments (Forces in Mind Trust and Community Innovations Enterprise, June 2015) reviewed veterans and family members' mental and related health needs assessments in England. Forces in Mind Trust subsequently commissioned Community Innovations Enterprise to undertake reviews in the devolved nations of Wales, Scotland and Northern Ireland, with a view to producing a stand-alone report for each country and a UK wide report once all reviews are complete. Bespoke plans for each nation were developed through a scoping stage in autumn 2015. This specific review for Scotland took place during March-June 2016.

For the purposes of this report the term "veteran" is used to describe '*Anyone who has served for a least one day in Her Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty in legally defined military operations*'.[1].

The term "veterans' community" describes veterans and their families, including adult and minor dependents.

Methods

The Scotland review consisted of three elements:

- A desktop review of key documents, specifically:
    - Relevant national policies and strategies – UK and Scotland
    - Scottish Health and Social Care Partnership Strategic Plans
    - Existing research and evidence on veterans in Scotland and on their mental health and related health needs
- Qualitative research with 37 stakeholders from 24 statutory and voluntary/third sector organisations.
- Qualitative research with veterans - focus groups and one-to-one interviews were carried out with veterans in Aberdeenshire and Edinburgh, and a total of 23 veterans took part in this review.

[1] The Armed Forces Covenant Ministry of Defence https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/49469/the_armed_forces_covenant.pdf

Summary Outline of Report

This report covers the following areas:

- Veterans' profile in Scotland, including geographical profile, and age, gender (female veterans and spouses) and ethnic profile;
- Review of national and local assessment of veterans' needs, including a desktop assessment of the 31 Integration Joint Boards published Health & Social Care Partnership Strategic Plans to review how many mentioned veterans or took into account the need of veterans;
- Mental health and related health needs, specifically PTSD, pre-enlistment factors, stigma, self-harm and suicide, alcohol misuse, physical health needs;
- Prevention and early intervention issues, specifically transition issues and employment, housing and debt issues;
- The Armed Forces Covenant and the prioritisation of clinical need;
- NHS (specialist/mainstream) and voluntary sector provision for veterans;
- Regional issues (urban/rural) and models of care;
- Partnerships and multi-agency working;
- Veterans access to information; and,
- The needs of families and carers of veterans.

Conclusions and Summary of Key Issues

Arguably, Scotland has one of the most robust mental health and related health provision for veterans in the UK, with a thriving specialist statutory and voluntary sector that has been supported and resourced by the Scottish Government.

The commitment to veterans of the organisations and professionals who took part in this review is commendable. Veterans are treated with respect, compassion and dignity, and overall, the mental health services provided are of a good standard. There is no doubt that much effort and investment has been put into developing these services over the years and good progress has been made.

However, the evidence gathered for this review and the feedback received from stakeholders, both professionals and veterans, clearly demonstrates that there are some gaps in provision and areas where further improvements can be made. The key messages and issues outlined in this report (and summarised below) highlight the opportunities for further development and improvements that the Scottish Government, NHS Health Boards and Integration Joint Boards, specialist statutory and voluntary sector service providers and veterans can jointly take forward.

This will not only ensure that positive progress continues to be made in Scotland, but makes certain that Scotland remains, as one stakeholder stated:

> *"…ahead of the game and maintains its enviable reputation in this area". (Voluntary Sector Stakeholder)*

Key Messages

The key messages from stakeholders, both professional and veterans, are as follows:

- Existing resources need to be appropriately **targeted and maximised to meet the needs of veterans and their families and carers.** Resources should be targeted at veterans and their families who are most in need and any unmet needs should be addressed - gaps and duplication in provision should be avoided.

- There are benefits of having both a specialist and mainstream NHS model for veterans in Scotland and a 'one size fits all' model should be avoided. **Scotland should aim to develop a mixed economy of service provision** based on local needs and ease of access to services i.e. veterans and their families living in rural and urban areas.

- There is a need for **greater collaborative work and partnerships to improve efficiency and effectiveness.** At a local level, there is a need for a more strategic and co-ordinated approach with the needs of veterans included in local planning processes. There is also a need for more cooperation between the statutory and voluntary sector, and within the voluntary sector. Effective local multi-agency partnerships will help to improve assessment and referral pathways, and ensure that services meet the needs of veterans and their families, especially those with complex needs such as mental health and alcohol issues and those involved in the criminal justice system.

Key Issues

The key issues for consideration are summarised below:

KEY ISSUE 1: National Assessment of Veterans' Needs

In order to ensure that funds for veterans are being used in the most effective and efficient manner, the Scottish Government should consider carrying out a national assessment of mental health, and related health and social care needs of veterans. Such an assessment should provide a comparison with the general population. This would create an evidence base and make sure that funds are targeted at veterans who are most in need, highlight any unmet needs, avoid duplication of service provision and ensure value for money.

KEY ISSUE 2: Local Planning for Veterans' Mental Health and Related Needs

Veterans' mental health, and related health and social care needs should be factored into the 31 Integration Joint Boards Health & Social Care Partnership Strategic Planning processes and systems. Promoting and highlighting the needs of veterans, as appropriate, should be the priority role for veterans' statutory and voluntary sector organisations, and NHS Veterans Champions who attend these planning meetings.

KEY ISSUE 3: Role of NHS Veterans Champions

It would be helpful to have further guidance around the role of NHS Veterans Champion for veterans, statutory and voluntary sector organisations and for NHS Champions themselves. Veterans Scotland is aiming to produce a short guide that provides an outline of the role of the NHS Veterans Champion including primary and secondary care support, engagement with the veterans' community and obligations under the Covenant.

KEY ISSUE 4: Improving Quantitative and Qualitative Data on the Demographic Profile of Veterans to Target Resources

Efforts should be made to improve quantitative and qualitative data (e.g. geographical, age, gender) on the profile of veterans at a national and local level. It is essential to gather trend information on the profile of veterans to monitor any changing mental health, and related health and social care needs within the veterans' population to appropriately target resources and to develop current services and plan future provision.

KEY ISSUE 5: Local Planning for Older Veterans

The Integration Joint Boards responsible for the planning of local health and social care services need to be aware of, and plan for, the increasing number of elderly veterans in their areas in order to ensure that the health, mental health and social care needs of this increasing elderly population are not overlooked.

KEY ISSUE 6: Provision for Female Veterans and Spouses

There are very few women (veterans and spouses) currently using veterans' services within the statutory and voluntary sectors, so the mental health, and related health and social care needs of these women may well be overlooked. Therefore, any national or local needs assessments must consider the needs of female veterans and spouses as an under-represented group. Veterans' statutory and voluntary sector providers need to consider how current service provision could be made more user-friendly for women and what types of service provision would be most appropriate for female veterans and spouses.

KEY ISSUE 7: Common Mental Health Problems and PTSD

PTSD is an important mental health issue that must be addressed. However, efforts should also be made to ensure that common mental health problems e.g. depression, are not overlooked or marginalised, either in terms of funding or treatment within services. Efforts should be made to promote better understanding about PTSD including improved assessment. Veterans should be encouraged to address their actual mental health, with equal measure, and related health and social care issues.

KEY ISSUE 8: Pre-Enlistment Factors

Pre-enlistment factors and length of time in service clearly have an impact on the mental health, and related health and social care needs of veterans. Awareness of these issues needs to be raised amongst statutory and voluntary sector service providers to make sure that pre-enlistment factors are not overlooked and are taken into account during referral and assessments procedures. This will ensure veterans are placed in the most appropriate services for their needs.

KEY ISSUE 9: Preventing Suicide and Alcohol Misuse

Local planning around the needs of veterans should include effective partnerships between veterans' statutory and voluntary sector mental health services, mainstream NHS and Local Authority services, wider substance misuse services and the Criminal Justice System to ensure that any vulnerable veterans do not fall through the gaps but are able to access appropriate help for any alcohol issues. This is also an area where further work needs to be done at a national and local level to increasing the understanding of the impact of alcohol on vulnerable Scottish veterans.

KEY ISSUE 10: Refreshing Health Boards' Understanding and Application of the Armed Forces Covenant and the Needs of Veterans

There has been little policy guidance to NHS Health Boards regarding the Covenant since 2010. In addition, several Health Board Champions have changed in recent years. These factors have resulted in the Covenant and all elements of the clinical pathway for veterans being delivered more effectively in some Health Board areas than in others. In particular, communication and expectation management with veterans regarding the conditions that apply to Priority Treatment require critical review. Veterans Scotland has raised this issue with NHS Scotland and the Director General Health Scotland directed that a working group should be established to consider and address these issues and the group has recently convened. This group has a vital role in ensuring that veterans' policy is appropriately refreshed and that current inconsistencies are addressed.

KEY ISSUE 11: Ensuring the Standards and Quality of Veterans' Mental Health Services

There are clearly concerns about the quality of some voluntary sector services and whether they have the knowledge, expertise, experience and skills to provide appropriate and safe services to veterans with mental health and related problems. Veterans Scotland are leading on exploring the development of an assurance framework for this sector. This work should be supported and developed in partnership with NHS Boards and Integration Joint Boards that are responsible for the planning and funding of clinical provision within local services, as it is likely they will need to monitor these local services to make sure that they are working to an acceptable standard.

KEY ISSUE 12: Mainstream versus Specialist Mental Health Provision for Veterans

There is a range of views as to the best model for the mental health and related needs of veterans. However, it is important that Scotland does not develop a 'one size fits all' model. There are clearly benefits of both specialist and mainstream NHS models and Scotland should aim to develop a mixed economy of service provision, based on local needs, ease of access to services (e.g. geography) and so forth. This should be led at a local level by NHS Boards and Integration Joint Boards who are responsible for the planning of services in their local areas.

KEY ISSUE 13: Partnerships and Collaboration

Effective multi-agency partnerships are essential for meeting the needs of veterans with the most complex needs e.g. those with mental health problems and alcohol problems, and those involved with the Criminal Justice System. So, there is a need for a more strategic and coordinated approach to planning for the needs of veterans in all areas (which would include case management). This partnership approach will need to be promoted by NHS Boards and Integration Joint Boards who are responsible for the planning of services in their local areas. It is vital that they encourage greater partnership working between statutory and voluntary organisations, local communities and service users by involving them in service planning, which can increase ownership and sustainability, and improve outcomes.

KEY ISSUE 14: Veterans Access to Information

Professionals and veterans find it difficult, confusing and complicated to navigate websites to find the information they want or need. Therefore, there is a need to improve access to information, which can help to improve access to services. It would not be necessary to develop new systems and structures but rather to improve co-ordination and signposting between providers and services across statutory and voluntary sector boundaries and to remove any unhelpful barriers to information delivery.

KEY ISSUE 15: Families and Carers
Families and carers can play a significant role in supporting veterans to address their mental health, and related health and social care needs. They can also have mental health needs of their own that require appropriate support. However, there is a gap in terms of research evidence on the emotional and support needs of families and carers themselves. This should be considered within any national or local needs assessments carried out on veterans' needs. Veterans' statutory and voluntary services should also consider the support needs of families and carers, including helping them to better understand the needs of veterans returning home.
KEY ISSUE 16: Safeguarding Children
Veterans' services working with families and children are part of a local community and have a role to play in promoting, supporting and safeguarding the wellbeing of children. By being aware of, and understanding the local systems and provision around safeguarding children, they can ensure that families and children have access to any help they need, when they need it.

1. Introduction

1.1 Background

Call to Mind: A Framework for Action. Findings from the review of veterans and family members mental and related health needs assessments (Forces in Mind Trust (FiMT) and Community Innovations Enterprise (CIE), June 2015 – henceforth *Call to Mind: England*) reviewed veterans and family members' mental and related health needs assessments in England. The review was commissioned by FiMT, in collaboration with NHS England. The scope of the review was restricted to England as one of its primary aims was to inform commissioning for NHS England and Clinical Commissioning Groups.

Call to Mind: England highlighted the positive impacts that serving in the Armed Forces could have on health particularly among recruits from deprived areas (at least while serving) and also the importance of not over exaggerating the prevalence of problems such as severe mental illness, imprisonment and homelessness among the veteran population. However, it also highlighted that there are increasing concerns about meeting veterans' mental and related health needs when these problems do occur, and identified some significant gaps e.g. in assessment processes to identify and meet these needs and referral pathways for appropriate treatment. *Call to Mind: England* identified priorities for action to be taken forward in addressing these gaps to better meet the mental and related health needs of veterans and family members.

FiMT subsequently commissioned CIE to undertake reviews in the devolved nations of Northern Ireland, Scotland and Wales, with a view to producing a stand-alone report for each country and a UK-wide report once all the reviews are complete.

Bespoke plans for the reviews in each nation were developed through a scoping stage in autumn 2015.

This specific review for Scotland took place during March-June 2016.

1.2 Methods

The Scotland review consisted of three elements:

- A desktop review of key documents, specifically:
    - Relevant national policies and strategies – UK and Scotland
    - Scottish Health and Social Care Partnership Strategic Plans
    - Existing research and evidence on veterans in Scotland and on their mental health and related health needs
- Qualitative research with stakeholders in the statutory and voluntary/third sectors. Twenty four statutory and voluntary sector organisations took part in this review and 37 individuals were interviewed either face-to-face or by telephone for between 30 to 60 minutes. The stakeholder organisations that took part in this review were as follows:

- Aberdeenshire Council
- AberdeenshireSALUTES
- Armed Services Advice Project
- Combat Stress
- Erskine
- Lothian Veterans Centre
- Ministry of Defence Personnel Recovery Unit
- NHS Borders
- NHS Grampian
- NHS Lothian
- Poppyscotland
- Scottish Government
- Scottish Government MMLO
- Scottish Veterans Association
- Scottish Veterans Commissioner
- Scottish Veterans Residences
- Scottish War Blinded
- SSAFA (formerly known as Soldiers, Sailors, Airmen and Families)
- Thistle Foundation
- The Venture Trust
- Veterans First Point Lothian
- Veterans First Point Scotland
- Veterans Scotland
- Veterans Welfare Service/Veterans UK

- Qualitative research with veterans themselves. Focus groups and one-to-one interviews were carried out with veterans. There were three focus group held, one in Aberdeenshire and two in Edinburgh, and a total of 23 veterans took part in this review. Veterans were informed that taking part in the focus groups was on voluntary basis. Therefore, the numbers of the veterans taking part in the focus groups reflects the numbers of veterans who were willing and able to discuss issues around their mental and physical health needs.

1.3 Outline of Report

This report will cover the following areas:

- Section 2 - Context: National Strategies & Policy Drivers, and Health Structures & Mental Health Providers
- Section 3 - Planning for the Mental Health and Related-Health Needs of Veterans
- Section 4 - Assessment of Needs: Summary of Veterans Profile in Scotland
- Section 5 - Assessment of Needs: Mental Health and Related Health Care Needs
- Section 6 - Care Pathways
- Section 7 - Specialist Mental Health and Related Provision for Veterans
- Section 8 - Partnerships and Multi-Agency Working
- Section 9 - Veterans Access to Information
- Section 10 - Families and Carers
- Section 11 - Conclusions

For the purposes of this report the term "veteran" is used to describe '*Anyone who has served for a least one day in Her Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty in legally defined military operations*'.[2]

The term "veterans' community" describes veterans and their families, including adult and minor dependents.

[2] The Armed Forces Covenant Ministry of Defence https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/49469/the_armed_forces_covenant.pdf

2. Context: National Strategies & Policy Drivers, and Health Structures & Mental Health Providers

2.1 Healthcare Systems and Structures in Scotland

Health and social care are devolved issues in the UK. NHS Scotland is the healthcare system in Scotland, and health and social care policy and funding are the responsibility of the Health and Social Care Directorates of the Scottish Government.

In April 2004, Scotland developed an integrated health service under the management of 14 geographically based local NHS Boards and 7 National Special Health Boards. Each NHS Board is accountable to Scottish Ministers, supported by the Health and Social Care Directorates. Local authority nominees were added to Board membership to improve co-ordination of health and social care. Hospitals were managed by the acute division of the NHS Board, while primary care services such as GPs and pharmacies were also contracted through the NHS Board, but were considered part of the remit of Community Health Care Partnerships (CHCPs), which were based on local authority boundaries and included local authority membership on their Boards.

By April 2014, there were new joint working arrangements between the NHS Boards and Local Authorities that included responsibility for social care. The new organisations that took over from CHCPs are Health and Social Care Partnerships (HSCPs).

It is important to note that since devolution there have been diverging policies for health care across the UK. In Scotland, the division of purchasing from providing health care was abolished in 2004 and 2009 respectively; competition between providers is discouraged; free prescription drugs are provided; purchase of NHS-funded care from private hospitals and clinics is discouraged; and there is free personal social care for the over-65s[3]. NHS Scotland's primary focus is on addressing the health inequality gap as outlined in the strategy *A Fairer Healthier Scotland Our Strategy 2012-2017.*

NHS treatment waiting times targets also vary between England and Scotland. In England and Scotland, there is a general referral-to-treatment (RTT) target that 90% of patients should commence treatment within 18 weeks of referral, from a GP or any other source. However, the two countries are not directly comparable because[4]:

- In England the target is 92% of patients seen within 18 weeks, in Scotland the target is 95%; and,

[3] The four health systems of the United Kingdom: how do they compare? (April 2014) Gwyn Devan, Marina Karanikolos, Jo Exley, Ellen Nolte, Sheelah Connelly and Nicholas Mays. The Health Foundation and Nuffield Trust

[4] NHS Scotland Statistics, House of Commons Library, Briefing Paper Number 7533, 15 March 2016 http://researchbriefings.files.parliament.uk/documents/CBP-7533/CBP-7533.pdf

- The English target is that 95% of patients on the waiting list for treatment will have been waiting for fewer than 18 weeks. In Scotland, the target is that 95% of patients that have received treatment did so within 18 weeks.

Veterans in Scotland are expected to engage with their local health and social care services as part of their personal transition process, which should address their health, housing, education or employment issues. Anecdotally, it was reported that many service leavers do not register at a local GP on discharge, leaving it until they experience a medical issue, which can cause difficulties if a GP or secondary care provider needs to obtain military medical records at this later stage.

Beyond the devolved public services, Scotland also has several other characteristics that create a different context for veterans in comparison to other parts of the UK. This includes a voluntary or third sector that specifically provides vital support to veterans and a network of Veterans Champions across a range of sectors who support the values of the Armed Forces Covenant. The impact of these is discussed in detail later in this report.

2.2 The Armed Forces Covenant and the Role of Healthcare

Support for veterans' health and social care has been championed by both the UK and Scottish Governments and is reflected in developments such as the Armed Forces Covenant and Armed Forces Act (2011). The UK Armed Forces Covenant sets out the following goals in regards to healthcare[5]:

- Members of the Armed Forces community should enjoy the same standard of, and access to, health care as received by any other UK citizen in the area where they live;

- Personnel injured on operations should be treated in conditions, which recognise the specific needs of Service personnel;

- Family members should retain their relative position on any NHS waiting list, if moved around the UK due to the Service person being posted;

- Veterans should receive priority treatment (subject to the clinical needs of others) in respect of NHS secondary health care relating to a condition resulting from their service in the Armed Forces; and,

- Veterans should be able to access mental health professionals who have an understanding of Armed Forces culture.

[5] The Armed Forces Covenant Annual Report 2015 Ministry of Defence

2.3 Key National Policies and Strategies: The Scottish Government's Commitment to Veterans' Needs

The key strategies and policy documents that outline the UK and Scottish Governments' commitment to veterans and the healthcare of veterans are summarised below[6]. This is in no way an exhaustive list but outlines some of the most significant milestones:

- **2003:** Strategy for Veterans (MoD);
- **2003:** Improving the Delivery of Departmental Support and Services for Veterans[7];
- **2008:** Report of Inquiry into National Recognition of our Armed Forces (Report to the PM);
- **2008:** Scotland's Veterans and Forces' Communities: Meeting their Well-being and Welfare Needs (Scottish Government Consultation Paper);
- **2008:** The Nation's Commitment: Cross-Government Support to our Armed Forces, their Families and Veterans (Command Paper 7424);
- **2008:** Scotland's Veterans and Forces' Communities: Meeting our Commitment (Scottish Government);
- **2008:** The Government's Response to the Report of Inquiry into National Recognition of our Armed Forces;
- **2009:** The Nation's Commitment to the Armed Forces Community: Consistent and Enduring Support (MoD Consultation Paper Cm7674);
- **2009:** The Nation's Commitment. Cross-Government Support to our Armed Forces, their Families and Veterans (First Annual Report, UK Government);
- **2009:** Annual Report on Scottish Government Support for our Armed Forces and Veterans Community (Scottish Government);
- **2010:** "Fighting Fit: A Mental Health Plan for Servicemen and Veterans" (Murrison, UK Government);
- **2010:** "Across the Wire. Veterans, Mental Health and Vulnerability" (Fossey, Centre for Mental Health);
- **2010:** "Report of the Task Force on the Military Covenant" (Strachan et al);
- **2012:** Our Commitments. Scottish Government Support for the Armed Forces Community in Scotland (Scottish Government);
- **2012:** "The Armed Forces Covenant Annual Report" (First Annual Report, MoD);
- **2014:** "The Veterans Transition Review" conducted by Lord Ashcroft KCMG PG
- **2014:** "Former Members of the Armed Forces and the Criminal Justice System" (Phillips, UK Government)[8]
- **2016:** Renewing Our Commitments (Scottish Government);

[6] Scoping Review: A Needs-Based Assessment and Epidemiological Community-Based Survey of Ex-Service Personnel and their Families in Scotland Final Report (December 2012) Professor Susan Klein, Emeritus Profess David A Alexander, Dr Walter Busuttil, The Robert Gordon University Aberdeen

[7] Improving the Delivery of Departmental Support and Services for Veterans Dandeker et al, Joint Report of the Department of War Studies and the Institute of Psychiatry, King's College London

[8] Former Members of the Armed Forces and the Criminal Justice System A Review on behalf of the Secretary of State for Justice (5 November 2014) Stephen Phillips QC MP

In 2008, the Scottish Government set out a commitment to recognise the sacrifices of Armed Forces personnel and to acknowledge the contribution that the veterans' community makes to civil society in Scotland. This commitment included the need to address the health needs of serving military personnel, those leaving the Services as a result of ill-health or injury, and veterans whose health conditions could take many years to manifest and may not be obviously linked to their Service[9].

The Scottish Government specifically committed to:

- Extending the Priority Treatment scheme to all armed forces personnel and veterans, including Reservists;
- Increasing the level of health service awareness of Armed Forces personnel and veterans' needs;
- Providing services for veterans and their families who experience mental ill-health;
- Ensuring that injured Armed Forces personnel and veterans have access to state of the art prosthetic limbs; and,
- Increasing dental service provision in areas with increased Armed Forces populations.

Veterans are entitled to **priority treatment** within the NHS in Scotland for a service related condition. Priority treatment means that if a veteran has suffered any ill health or injury during their service that requires further treatment their GP should indicate, with their consent, when referring them to the relevant NHS service that their injury is related to their time in the Armed Forces. The NHS service should then take account of this in allocating the individual an appointment. They should review their current waiting list and the veteran should be given a priority appointment, providing there are no other patients with a greater clinical need on the list. Priority treatment only applies to conditions which are related to military service. It is for the clinical practitioner to decide whether their condition is related to their service[10].

It is important to note that the understanding of what priority treatment means in practice varies significantly across the NHS and GP practices, which can lead to misinformation and unrealistic expectations on the part of some veterans. This is discussed in detail later in this report.

This commitment was reiterated by the Scottish Government in *Our Commitments* (2012)[11], which stated:

> *"The Scottish Government and the NHS in Scotland are committed to ensuring that we have the highest possible quality of healthcare in place for Reservists, those leaving the Armed Forces, Service families and veterans."*

[9] http://www.gov.scot/Topics/Health/Services/Armed-Forces
[10] http://www.gov.scot/Publications/2008/04/30100639/1
[11] Scottish Government (2012) 'Our Commitments: Scottish Government Support for the Armed Forces Community in Scotland', Edinburgh, The Scottish Government

More recently, in *Renewing Our Commitments* (2016)[12] the importance of health care was once again restated:

> *"Healthcare provision is a vital service both for wounded personnel returning from operational duty, and for personnel, veterans and families resident in Scotland."*

A specific commitment to the mental health needs of veterans was outlined in the *Mental Health Strategy for Scotland: 2012-2015*, under Commitment 34[13], which stated:

> *"We will continue to fund the Veterans First Point service and explore the roll out of a hub and spoke model on a regional basis, recognising that other services are already in place in some areas. We will collaborate with the NHS and Veterans Scotland in taking this work forward and will also explore with Veterans Scotland how we can encourage more support groups and peer to peer activity for veterans with mental health problems."*

2.4 The Scottish Veterans Commissioner

The responsibility for the co-ordination of veterans' issues across the Scottish Government falls under the remit of the Defence Policy Unit, part of the Directorate for Safer Communities. Policy responsibility for healthcare matters affecting veterans is overseen by the Director General for Health and Social Care. In addition, Scottish Ministers identified the need for a Veterans Commissioner who would take a broader view of the public support provided to veterans and their families to assess what works and to make recommendations in order to help improve outcomes for veterans and their families.

The Scottish Veterans Commissioner is independent of the Scottish Government. The office of the Commissioner is non-statutory and carries no formal functions, powers or duties, but is able to provide impartial advice to the Scottish Government and other public sector organisations in the form of reports and recommendations designed to improve support for the veterans' community in Scotland and promote veterans as valued and valuable members within workplaces and communities. The overall strategic objective of the Commissioner is to improve outcomes for veterans in Scotland by engaging with, listening to and acting on the experience of veterans, individually and collectively, and to provide leadership on veterans' issues by helping public services in Scotland focus on the needs of those who have served in the Armed Forces.

The functions of the Commissioner are to:

- Review the support provided to veterans in Scotland, determine success (or not), find solutions and make recommendations to Ministers, local authorities and other public services;

[12] Renewing Our Commitments (2016) The Scottish Government
[13] http://www.gov.scot/Publications/2012/08/9714/11

- Provide leadership in changing negative perceptions of veterans in Scotland by seeking and promoting opportunities for veterans to demonstrate the skills, experience and resilience that they bring to communities and workplaces;

- Promote a more focused and accessible information environment for veterans so that they can navigate the support landscape and access the services that they need; and,

- Match the contribution made by ex-Service personnel by influencing the direction of Scottish Government and wider public sector policy in order to help strengthen the support offered nationally and locally.

The Veterans Commissioner's Strategy and Work Plan

In 2014, Eric Fraser CBE was appointed as the Veterans Commissioner and has made a significant impact in focusing on the needs of veterans and the areas requiring improvement. The Commissioner produced a work plan[14] for 2015 in which he outlined five priority areas for improvement - Housing, Employability, Mental Health, Communication and Informing Policy Development. In regards to mental health, the Commissioner stated that further efforts were required to develop understanding in the following areas:

- the evidence base for the mental health profile of veterans;

- the wider impact of depression and substance misuse amongst veterans in Scotland and how this is treated; and,

- the configuration of service provision and whether this matches evidence of need.

In March 2015, the Veterans Commissioner produced a report[15] on transition from the Armed Forces to civilian life. In this report, the Commissioner highlighted and made recommendations on a number of health care issues:

- **Access to medical records** - *Recommendation:* The Scottish Government and NHS Scotland should retain, but keep under review, the current procedures whereby GPs in Scotland retrieve Service Leavers' medical records.

- **Information** - The provision of information on health and well-being issues for veterans is seen as complex, confusing and inaccessible, and needs further study. Identifying ways to address this will be a priority in the Commissioner's future work plan.

[14] Scottish Veterans Commissioner Strategy and Work Plan 2015
[15] Transition in Scotland (27 March 2015) Scottish Veterans Commissioner

- **Research** - *Recommendation:* The Scottish Government should engage with the Veterans and Families Research Institute at Anglia Ruskin University to help identify evidence needs and ensure research into transition in Scotland is also included in future programmes.

- **Mental Health** - Reviewing the quality and availability of these services will be the subject of further work. However, the report does acknowledge the efforts made by many organisations – often working in partnership with colleagues from other sectors - to provide mental health services for veterans in Scotland, specifically the work of Combat Stress and Veterans First Point.

- **Alcohol Dependency and Isolation** - The scale of alcohol dependency and social isolation amongst Service Leavers needs to be studied and measures identified to mitigate problems downstream.

Efforts have been made to ensure that this review has addressed these issues, as far as possible.

The Veterans Commissioner is continuing his work and is currently looking at a number of key issues, including Health and Wellbeing, which he aims to report on in October 2016.

2.5 Veterans Champions

The Scottish Government has established a Scottish Armed Forces and Veterans Champions network that includes senior level representatives in the Scottish Government, all 32 local authorities, NHS Boards, Police Scotland, Prisons and other bodies. The aim is to embed support for the Armed Forces community throughout the public sector. The role and impact of NHS Veterans Champions is discussed in section 3.3 of this report.

2.6 Overview of Mental Health Support and Provision for Veterans in Scotland

2.6.1 Veterans Scotland

Veterans Scotland is the umbrella charity for veterans' organisations in Scotland and is funded by its members. It enables collaboration between members and acts as a representational conduit to the Scottish Government, which has provided Veterans Scotland with substantial additional funding to develop further activities as a catalyst for change:

> *"Veterans Scotland's aim is to establish cooperation and coordination between veterans' organisations in Scotland to act as a focal point in all matters concerning the ex-Service community within Scotland and to represent these matters to Government at all levels."*[16]

[16] http://www.veteransscotland.co.uk/

Veterans Scotland currently has 63 member organisations and promotes four pillars: Comradeship, Housing (veterans housing charities), Support and Employment, and Health and Wellbeing. The Health and Wellbeing pillar ensures that the veterans' community in Scotland is kept informed on how veterans can access appropriate care and support based on their individual needs. The pillar brings together member organisations who provide care to veterans to:

- identify and work together with Ministry of Defence and the Scottish Government on health and wellbeing provision to veterans;
- review the current health and wellbeing provision against veterans' needs, identifying both shortfalls and duplication; and,
- lead on lobbying for funding for health and wellbeing.

The Scottish Government has provided Veterans Scotland with £200,000 over the past three years to boost its capacity and increase support to the veterans' voluntary sector in Scotland, and funded the development of the *Veterans Assist* website[17].

Veterans Scotland is a member of the Confederation of Service Charities (Cobseo), but has a significantly stronger presence in Scotland and is considered to be well-placed to represent the views of the sector north of the border.

2.6.2 Mental Health and Related Health Service Providers

There is a large number of mental health and health-related service providers for veterans in Scotland and the impact of this is discussed later in this report; however, a brief summary of two of the key providers of mental health and related-health services is outlined below.

Veterans First Point

Veterans First Point (V1P) is a service designed by veterans for veterans and is run under the clinical direction of the NHS. V1P is a one-stop shop for veterans and their families, and provides welfare and psychological support. The services include:

- an information and advice centre;
- a team of peer support workers;
- a clinical team including a clinical psychologist, a specialist veteran's therapist, a psychiatrist, a Cognitive Behavioural Therapist (CBT) and an art therapist, together offering a range of psychological therapies including counselling, eye movement desensitisation reprocessing (EMDR) and Cognitive Analytic Therapy CAT; and,
- access to computers and the Internet for jobs, housing, welfare or general use.

[17] Renewing Our Commitments (2016) The Scottish Government

The flagship service is in Lothian and the expertise and knowledge developed by V1P Lothian informed the Scottish Government's mental health strategy commitment to explore the development of similar services in other areas of Scotland. The Scottish Government provided £1.6 million to support this service and announced a further £200,000 for 2016/17. In recognition of the strengths of this model, NHS Lothian secured £2.5 million of Armed Forces Covenant funding to support the commitment and establish V1P Scotland, a national "hub" resource, to work with local partnerships to explore how the strengths of the Lothian service could be delivered in other localities with evaluation, training and other support from the national hub.

Work has now been taken forward in 10 Health Board areas across Scotland to assist each local area to establish key partnerships, identify premises, plan requirements, and recruit and select staff. A service in Tayside became operational in September 2015, followed by Fife and the Scottish Borders in the first half of 2016, and the others will follow in Ayrshire and Arran, Grampian, Highland and Lanarkshire.

Combat Stress

Combat Stress works with over 6,000 veterans across the UK with mental health issues. The organisation provides residential and community treatment programmes to support veterans with Post-Traumatic Stress Disorder (PTSD), anxiety and depression. They also work in partnership with other organisations to support the welfare of veterans within their community.

In 2015, the Scottish Government committed over £3.6 million funding to a partnership with NHS Scotland and Combat Stress over three years for specialist mental health services for veterans resident in Scotland at the Hollybush House Combat Stress facility in Ayr. This was to fund a range of specialist clinical, rehabilitation, and social and welfare support at the facility. Evidence-based treatment programmes include an intensive PTSD programme, trans-diagnostic programme (resource building)[18], stabilisation and anger management programmes.

[18] The trans-diagnostic programme (resource building) has been developed to further build skills and increase and maintain resilience through structured intervention, which refocus the veterans on strengths and inner resources which may have been lost over time or affected by further life traumas. The programme also facilitates the development of new coping mechanisms in response to symptoms experienced. (From: The Scottish Government Population Health Improvement Directorate Mental Health Services for Veterans in Scotland DL(2015)22) http://www.sehd.scot.nhs.uk/dl/DL(2015)22.pdf

3. Planning for the Mental Health and Related Health Needs of Veterans

3.1 National Assessment of Veterans' Needs

There has been a national focus on the health and mental health of serving members of the Armed Forces, their families and of veterans. The UK Government has promoted the need to recognise the sacrifice made by the country's Armed Forces personnel and has emphasized the importance of considering this population and their specific health and mental health needs when planning and delivering services.

The stakeholders who took part in this review were extremely positive about the commitment of the Scottish Government to veterans and the funding that has been provided to meet their needs in a wide range of areas. As one stakeholder commented:

> *"The Scottish Government walk the walk and do better than Westminster in supporting veterans." (Statutory Sector Stakeholder)*

In fact, the Scottish Government reported that over £1 million has been provided in direct support to Scottish projects or organisations working with veterans[19]. While stakeholders welcomed this investment and the Government's ongoing commitment to veterans, it was reported that there has been no systematic assessment of veterans needs at either a national or local level in Scotland.

Many stakeholders felt that without a methodical assessment of needs there was a risk that finite funds were not being targeted in the most appropriate way. A number of stakeholders stated that funds should be targeted at the greatest areas of need in order to address any gaps and unmet needs, and to improve national and local planning for veterans in Scotland. It was stated both by statutory and voluntary sector stakeholders that this was an area that needed improvement:

> *"Local needs are based on veterans' populations that are known to services, not on unmet need. So, there's a fragmented approach to need, which is difficult as we don't know what the need really is and where it is." (Statutory Sector Stakeholder)*

> *"We don't know where unmet needs are, we particularly don't know what the needs are in the Highlands and Islands – who are the veterans' community?" (Voluntary Sector Stakeholder)*

> *"There is no systematic research into the mental health needs that may be emerging, but there should be." (Statutory Sector Stakeholder)*

> *"We need to take a long hard look at need. We need to understand what is needed and how it's currently provided." (Voluntary Sector Stakeholder)*

[19] Renewing Our Commitments (February 2016) The Scottish Government

However, some stakeholders thought that in spite of the lack of information and data they still had a good understanding of the number of veterans in their local area and the needs:

> *"This [NHS Borders] is not an area with high percentage of veterans" (Statutory Sector Stakeholder)*

> *"I haven't been involved in any assessments of need but have done focus groups with the Health Board." (Statutory Sector Stakeholder)*

KEY ISSUE 1: National Assessment of Veterans' Needs

In order to ensure that funds for veterans are being used in the most effective and efficient manner, the Scottish Government should consider carrying out a national assessment of mental health, and related health and social care needs of veterans. Such an assessment should provide a comparison with the general population. This would create an evidence base and make sure that funds are targeted at veterans who are most in need, highlight any unmet needs, avoid duplication of service provision and ensure value for money.

3.2 Local Planning: Local Assessment of Veterans' Needs

As mentioned in Chapter 2, in April 2014, new joint working arrangements were established between the NHS Boards and Local Authorities. The Public Bodies (Joint Working) (Scotland) Act 2014 set out the legislative framework for integrating health and social care in Scotland[20]. Full integration took place in 2016 with the establishment of Integration Joint Boards, which are the governing bodies for the Health and Social Care Partnerships (HSCPs). A list of the 31 Integration Joint Boards by NHS Health Board is outlined in the table below[21]:

[20] http://news.scotland.gov.uk/News/Joining-up-health-and-social-care-9c7.aspx
[21] http://www.healthscotland.com/scotlands-health/population/index.aspx?utm_source=homepage&utm_medium=scotlandshealth&utm_content=healthinfo&utm_campaign=healthscotland

Integration Joint Boards By NHS Health Boards	
Health Boards	**Integration Joint Boards**
NHS Ayrshire and Arran	East Ayrshire
	North Ayrshire
	South Ayrshire
NHS Borders	Scottish Borders
NHS Dumfries and Galloway	Dumfries and Galloway
NHS Fife	Fife
NHS Forth Valley	Clackmannanshire and Stirling
	Falkirk
NHS Grampian	Aberdeen City
	Aberdeenshire
	Moray
NHS Greater Glasgow and Clyde	East Dunbartonshire
	East Renfrewshire
	Glasgow City
	Inverclyde
	Renfrewshire
	West Dunbartonshire
NHS Highland	Argyll and Bute
	Highland
NHS Lanarkshire	North Lanarkshire
	South Lanarkshire
NHS Lothian	City of Edinburgh
	East Lothian
	Midlothian
	West Lothian
NHS Orkney	Orkney Islands
NHS Shetland	Shetland Islands
NHS Tayside	Angus
	Dundee City
	Perth and Kinross
NHS Western Isles	Na h-Eileanan Siar

As part of this review, a desktop assessment was carried out of the 31 Integration Joint Boards to see how many of their published Health & Social Care Partnership Strategic Plans mentioned veterans or took into account the need of veterans – the full list of the plans reviewed are outlined in Annex A.

Of the 31 Boards, only one Plan mentions veterans; the *Midlothian Health and Social Care Joint Integration Board Strategic Plan 2016-19*[22], which states:

> *"Veterans of the armed forces and their families can face many challenges upon leaving the services. These can include mental health issues, ill-health and disability affecting their quality of life and opportunities to find employment. Locally we are fortunate to have a dedicated support service based in Dalkeith - Lothian Veterans Service. This service provides advice on health, housing, employment and comradeship. We must develop closer links with this service and more generally ensure that veterans are signposted and provided with appropriate support."*

[22] http://www.midlothian.gov.uk/downloads/file/6012/strategic_plan

These Plans potentially provide an important opportunity to consider veterans as a distinct population within a local area, to highlight their health and social care needs and to ensure that they are included within local planning and funding processes and systems.

However, it is important to note that these are the first Plans developed by Boards. They currently vary in size and content, and it may take some time to develop local plans that are able to take into account the needs of all members of their local communities, including veterans.

Some, but not all stakeholders who took part in this review, stated that they were aware of the work of the Integration Joint Boards and their Strategic Plans:

> *"We're aware of them [Integration Joint Boards] but not involved in their work, but we wouldn't necessarily expect to be involved." (Voluntary Sector Stakeholder)*

Some stakeholders (including representatives from statutory and voluntary services and Veterans Champions) stated that they had been involved in the development of the Strategic Plans. Other stakeholders were not concerned that veterans were not mentioned in plans because they felt that the numbers in their local area were small:

> *"Veterans were discussed within the partnership and decided it shouldn't be mentioned as numbers are small." (Statutory Service Stakeholder)*

However, other stakeholders who had attended planning meetings had not considered that part of their role could be to highlight and promote the needs of veterans and to ensure that they are considered within the planning process and included within plans, as appropriate. They attended the planning meetings in order to simply represent or to promote their own particular organisations:

> *"I've sat in meetings but it never occurred to me, you've given me some ideas as to what I could be doing." (Statutory Service Stakeholder)*

A number of stakeholders clearly had a better understanding of the importance of engaging with planning systems and the importance of developing partnerships not just within the voluntary sector or the veterans' community but mainstream health and local authority services:

> *"NHS resources are held by the Integration Boards, so we need to make sure that veterans are considered within the partnership boards." (Statutory Service Stakeholder)*

> *"I'm not sure local authorities understand that there is any level of commitment needed on their part. Education, health, housing, social services don't link up too well for anyone in this population but this must be so disheartening for veterans. They come back and these services don't join up well enough to offer them much support in the first instance. So we have a cluster of veterans' agencies trying to ensure veterans get support. (Statutory Sector Stakeholder)*

"*We're working with the NHS and the local council and it's helped to raise their awareness and we have started to receive referrals from them. We're also trying to develop partnerships with them at a local strategic level and to be involved in local planning." (Voluntary Sector Stakeholder)*

Some stakeholders were concerned that the needs of veterans were not as high a priority as they once had been or that the small numbers of veterans in some areas could result in their needs not being considered within local planning priorities:

"We need to make sure that veterans are covered in the plans and they mention integration, but the visibility of veterans has dropped. Veterans needs aren't high in NHS priorities at present." (Voluntary Sector Stakeholder)

"They've [NHS] got too many priorities. The numbers of veterans or perceived numbers, particularly outside the central belt [Edinburgh and Glasgow] is seen as too low to be a priority." (Voluntary Sector Stakeholder)

Population health needs assessment is an essential part of service planning and resource allocation to promote good health and mental wellbeing. It is a systematic method of identifying the unmet health and mental health care needs of a population, and making changes to meet those needs. It builds up a clear evidence-base of current needs and services so that decisions can be made about how to reduce any mismatch between what is needed and what is provided, and so can ensure the appropriate targeting of resources. It can also provide an opportunity to make services more responsive to needs, to identify newly-emerging needs, to take account of the increasing knowledge base about effective interventions, and to harness the interest and experience of different stakeholders. It can, in fact, encourage partnership working between statutory and voluntary organisations, communities and service users, and involve them in service planning, which increases ownership and sustainability, and improves outcomes.

A few local areas have carried out their own veterans health needs assessments to improve local planning, such as Dumfries and Galloway[23], which noted the importance of understanding the health and wellbeing needs of veterans:

"…in terms of general health and wellbeing, DG Health and Wellbeing identified that it still did not know or understand enough in this respect to assess whether it could be making a contribution to veterans' general health and wellbeing and if so, what that might be. To rectify this it was decided to carry out a consultation with veterans themselves."

KEY ISSUE 2: Local Planning for Veterans' Mental Health and Related Needs

Veterans' mental health, and related health and social care needs should be factored into the 31 Integration Joint Boards Health & Social Care Partnership Strategic Planning processes and systems. Promoting and highlighting the needs of veterans, as appropriate, should be the priority role for veterans' statutory and voluntary sector organisations, and NHS Veterans Champions who attend these planning meetings.

[23] Veterans in Dumfries and Galloway: A Health Needs Assessment (November 2013) DG Health and Wellbeing

3.3 Local Planning: Role of NHS Veterans Champions

Each NHS Board has a designated Armed Forces and Veterans Champion. The Champion is responsible for leading and coordinating Armed Forces, their families and veterans' issues in their Health Board area and so they have an important role to play in improving support for veterans[24].

The Scottish Government outlined the role of these Champions in 2010 and stated that Champions would be expected to[25]:

- act as the Health Board's representative in achieving its commitment to supporting Armed Forces personnel, their families and veterans.
- take the lead in communicating the local implementation of the Scottish Government's policies in the provision of health services to the Armed Forces community and take responsibility for monitoring and evaluating the operation of the services provided to Armed Forces personnel, their families and veterans in the area.
- provide the main link between other Boards, other health service providers and the military units in the area and engage with the Local Authority Armed Forces Champions to ensure a coherence and consistency of approach.
- be the main source of advice on Armed Forces health related issues and work closely with the Armed Forces community, the relevant local authority, and service charities and veterans associations.
- take responsibility for ensuring that appropriate systems for communicating sensitive patient information about Armed Forces personnel, veterans and their families comply with Patient Confidentiality guidance and regulations.

There are clearly differences in the way that the role of the Champion is discharged across Scotland. Some stakeholders spoke very highly of the work and support of the NHS Veterans Champions in their local areas:

> *"Our Health Champion has been helpful and instrumental in making links with job centers." (Statutory Sector Stakeholder)*

> *"We have a very proactive NHS Veterans Champion, she's excellent and proactive and it's down to her as an individual. She's a manager not a clinician and if I have problems I can go to her." (Voluntary Sector Stakeholder)*

Others stakeholders mentioned how they used to have a good Champion but once the particular individual left the role they felt that the person who took over did not have the same level of interest or commitment to veterans' issues:

[24] http://www.nhsinform.co.uk/veteranshealth/useful-documents/nhs-champions/
[25] Health Services for Armed Forces Serving Personnel, their Families and Veterans – Role of the Health Armed Forces Champions CEL 39 (2010) (10 November 2010) The Scottish Government

"Champions are hit and miss – some are excellent but others don't do what they should, they are not interested. They need to have a passion for it." (Statutory Sector Stakeholder)

"Nationally it's patchy, there are lots of issues around engagement and support of services. Often they give the role to someone in too senior a position, we need someone at management level dealing with day to day stuff, who has more of a feel of what's going on, on the ground. You want someone who can do something about it, who knows what's happening." (Voluntary Sector Stakeholder)

Therefore, the impact of the Champions was very clearly dependent on individuals:

"Champions are a mixed bunch." (Statutory Sector Stakeholder)

It was also reported that, regardless of the guidelines from the Scottish Government (outlined above), some of the Champions appeared to be unclear as to what the role actually involved. For example, some stakeholders thought the role of the Champion should be focused at a strategic level and they should be actively involved in the Health Board policy planning of services for veterans, while others thought that the role of the Champion should be aimed at an operational level, providing direct support and advice to individual veterans and their families. Stakeholders clearly had their own differing views and expectations around the role:

"Champions were initially effective, but they are limited in what they can do as most don't control the purse strings." (Voluntary Sector Stakeholder)

"No one told me what the role would be, what would be the expectations; we need realistic expectations. Do we focus on individual issues or are we supposed to work on a strategic level promoting veterans?" (Statutory Sector Stakeholder)

"Champions? What do any of them do?" (Veteran Stakeholder)

KEY ISSUE 3: Role of NHS Veterans Champions

It would be helpful to have further guidance around the role of NHS Veterans Champion for veterans, statutory and voluntary sector organisations and for NHS Champions themselves. Veterans Scotland is aiming to produce a short guide that provides an outline of the role of the NHS Veterans Champion including primary and secondary care support, engagement with the veterans' community and obligations under the Covenant.

4. Assessment of Needs: Summary of Veterans Profile in Scotland

4.1 Background Context

Scotland contributes more personnel to the Armed Forces per head of population than any other part of the UK. Around 7% of the UK's Armed Forces Personnel are recruited in Scotland, which is around 11,000 individuals per year.[26] They live all over Scotland, though there are concentrations in some areas. Many were born in Scotland and after military service have returned to their homes and families. Others are from elsewhere in the UK but have chosen to live, work and retire in Scotland.[27]

It is estimated that in Scotland there are:[28] [29]

- **16,000** serving personnel and reservist personnel;
- **240,000** veterans;
- **27,000** people in receipt of an Armed Forces occupational pension[30];
- **12,000** people in receipt of a War Disablement Pension (WPS)[31] and Armed Forces Compensation Scheme (AFCS) [32];
- **2,000** people leaving the services each year and settling in Scotland;
- **100** people medically discharged from the services each year and settling in Scotland;
- **65** people discharged each year with a musculoskeletal disorder e.g.knee or back pain;
- **12** people discharged annually with a mental health problem; and,
- **10** discharged annually with a serious operational injury.

It is important to note that there are some limitations around the research and data available on the veterans' profile in Scotland, so there are gaps in some areas. In regards to this review, efforts have been made to gather the most recent and most reliable information, but clearly more robust data and information is required in some areas to ensure resources are targeted appropriate. As one stakeholder commented:

> *"Without accurate statistics and data how do we know we're getting the right outcomes?" (Voluntary Sector Stakeholder)*

[26] British Orthopaedic Association, (2014). *The Chavasse Report*. [online] Available at: http://thechavassereport.com/PDFs/TheChavasseReport-TheEvidence.pdf [Accessed 18 Feb. 2015].
[27] Scottish Government (2012) 'Our Commitments: Scottish Government Support for the Armed Forces Community in Scotland', Edinburgh, The Scottish Government
[28] http://www.veteransfirstpoint.org.uk/AboutUs/Documents/presentation1.pdf
[29] Scoping Review: A Needs-Based Assessment and Epidemiological Community-Based Survey of Ex-Service Personnel and their Families in Scotland Final Report (December 2012) Professor Susan Klein, Emeritus Profess David A Alexander, Dr Walter Busuttil, The Robert Gordon University Aberdeen
[30] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/449660/20150727-_Location_Stats_March_15_FINAL_-_O.pdf
[31] A War Disablement pension or AFCS payment can be paid for an injury sustained on training and does not automatically imply operational service.
[32] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/449660/20150727-_Location_Stats_March_15_FINAL_-_O.pdf

KEY ISSUE 4: Improving Quantitative and Qualitative Data on the Demographic Profile of Veterans to Target Resources

Efforts should be made to improve quantitative and qualitative data (e.g. geographical, age, gender) on the profile of veterans at a national and local level. It is essential to gather trend information on the profile of veterans to monitor any changing mental health, and related health and social care needs within the veterans' population to appropriately target resources and to develop current services and plan future provision.

Summarised below is the available information on the geographical, age, gender and ethnic profile of veterans in Scotland.

4.2 Geographical Profile

The veterans' population is not uniformly distributed across the UK. The veterans' community has a slightly different regional profile to the UK adult population with a higher proportion living in the South West of England, Yorkshire and Humberside and the North West, and a significantly lower proportion in London and the West Midlands.

In 2014, the size of the veterans' community in Scotland, (including veterans, adult dependents and minor dependents) living in private residential households, was estimated to be around 515,000 people, comprising 430,000 adults and 85,000 children. This was/ equivalent to 9.6% of the total Scottish population of 5.35 million[33], as the table below demonstrates.

National Breakdown of UK Veterans Community in 2014

	Adults (000s)	%	Children (000s)	%
England	4,070	83	785	79
Scotland	430	9	85	9
Wales	310	6	75	8
Northern Ireland	110	2	45	4
UK	**4,920**	**100**	**990**	**100**

In Scotland there was a slightly higher proportion of veterans compared to the general population in 2006, but by 2014 this had leveled out to exactly the same proportion as the general population (see table below).

[33] Health and welfare of the ex-service community in Scotland 2014 A Poppyscotland supplement to the Royal British Legion report *A UK Household Survey of the ex-Service community 2014 Forces in Mind Trust, Compass Partnership, Royal British Legion*

UK Profile of Veterans Community Compared with UK Population by Region

	2006[34] UK Veterans (%)	2006[35] UK Population (%)	2014[36] UK Veterans (%)	2014 UK Population (%)
Scotland	10	9	9	9
Wales	5	5	7	5
Northern Ireland	3	3	2	3
Yorkshire & Humberside	11	9	11	8
North West	14	12	10	11
North East	5	5	5	4
East of England	9	9	10	9
West Midlands	8	10	8	7
East Midlands	9	8	10	9
South West	11	7	12	8
South East	11	12	12	14
London	5	11	3	13

Census data has been used to gain a picture of the veterans' community within Scotland, however, as one stakeholder commented:

> *"Prevalence information on the number of veterans in Scotland is out of date as it's reliant on the last Census in 2011." (Voluntary Sector Stakeholder)*

Using the Census data is also problematic as some veterans may have been excluded because they lived in rural and isolated areas. Some stakeholders commented that this lack of information could make it difficult to target resources, particularly for health and social care services.

Regardless, the 2011 Census figures in the table below provides an estimate of the size of the veterans' community in Scotland by local authority, extrapolated from the national veterans' population. While it is not an exact picture, it does provide an idea of the numbers in each area (see table below).

[34] Profile and Needs: Comparisons between the Ex-Service Community and the UK population (2006) Royal British Legion
[35] Profile and Needs: Comparisons between the Ex-Service Community and the UK population (2006) Royal British Legion
[36] A UK Household Survey of the Ex-Service Community (2014) Forces in Mind Trust, Compass Partnership, Royal British Legion

2011 Census – Veterans Community in Scotland by Local Authority						
Area	**General Population All Ages**	**General Population All Ages (%)**	**Veterans**	**Adult Dependents**	**Adults**	**Dependent Children**
Scotland	5,295,403		4.9%	3.2%	8.1%	1.6%
Council Areas			260,000	170,000	430,000	85,000
Aberdeen City	222,793	4,21%	10,917	7,129	18,046	3,565
Aberdeenshire	252,973	4,78%	12,396	8,095	20,491	4,048
Angus	115,978	2.19%	5,683	3,711	9,394	1,856
Argyll & Bute	88,166	1.66%	4,320	2,821	7,141	1,411
Clackmannanshire	51,442	0.97%	2,521	1646	4,167	823
Dumfries & Galloway	151,324	2.86%	7,415	4,842	12,257	2,421
Dundee City	147,268	2.28%	7,216	4,713	11,929	2,356
East Ayrshire	122,767	2.32%	6,019	3,929	9,944	1,964
East Dunbartonshire	105,026	1.98%	5,146	3,361	8,507	1,680
East Lothian	99,717	1.88%	4,886	3,191	8,077	1,595
East Renfrewshire	90,574	1.71%	4,438	2,898	7,336	1,449
Edinburgh	476,626	9.00%	23,355	15,252	38,608	7,626
Eilean Siar	27,684	0.52%	1,357	886	2,242	443
Falkirk	155,990	2.95%	7,644	4,992	12,635	2,496
Fife	365,198	6.90%	17,895	11,686	29,581	5,843
Glasgow	593,245	11.20%	29,069	18,984	48,053	9,492
Highland	232,132	4.38%	11,374	7,428	18,803	3,714
Inverclyde	81,485	1.54%	3,993	2,608	6,600	1,304
Midlothian	83,187	1.57%	4,076	2,662	6,738	1,331
Moray	93,295,	1.76%	4,571	2,985	7,557	1,493
North Ayrshire	138,146	2.61%	6,769	4,421	11,190	2,210
North Lanarkshire	337,727	6.38%	16,549	10,807	27,356	5,404
Orkney Islands	21,349	0.40%	1,046	683	1,729	342
Perth & Kinross	146,652	2.77%	7,186	4,693	11,879	2,346
Renfrewshire	174,908	3.30%	8,570	5,597	14,168	2,799
Scottish Borders	113,870	2.15%	5,580	3,644	9,223	1,822
Shetland Islands	23,167	0.44%	1,135	741	1,877	371
South Ayrshire	112,799	2.13%	5,527	3,610	9,137	1,805
South Lanarkshire	313,830	5.93%	15,378	10,043	25,420	5,021
Stirling	90,247	1.70%	4,422	2,888	7,310	1,444
West Dunbartonshire	90,720	1.71%	4,445	2,903	7,348	1,452
West Lothian	175,118	3.31%	8,581	5,604	14,185	2,802

4.3 Age Profile

The Scottish veterans' community has become increasingly elderly. However, it is important to note that the general health needs of elderly veterans is likely to be in no way different or greater than elderly people in the general population.

Around 22% were aged 75 plus in 2005 and by 2014 this had risen to around 46%. It is estimated that the veterans' community is split between 36% of working age (16-64), equivalent to 150,000 people, and 64% of retirement age (65 years plus), equivalent to 280,000 people[37] (see table below).

UK Profile of Veterans Community Compared with UK Population by Region, By Age

	16 – 44 years		45 - 68 years		65+ years	
	UK Veterans (%)	UK Population (%)	UK Veterans (%)	UK Population (%)	UK Veterans (%)	UK Population (%)
Scotland	8	8	13	12	10	11
Wales	6	5	4	5	6	6
Northern Ireland	8	3	4	3	1	2
Yorkshire & Humberside	9	9	9	10	12	10
North West	17	11	12	12	13	12
North East	12	6	7	6	3	4
East of England	6	9	8	9	9	9
West Midlands	8	11	7	10	9	10
East Midlands	12	8	9	7	8	8
South West	6	6	14	8	10	8
South East	6	12	10	12	13	12
London	3	13	2	9	6	8

The increasing number of elderly people within the veterans' community reflects the large numbers of men and women who served during the Second World War or who undertook post-War National Service. In fact, Scotland now has some veterans who are centenarians, in their 80s and 90s, as well as being home to veterans who are only 19 or 20 years old.[38] One of the impacts of having so many veterans aged 75 years plus is that they are more likely to live alone (41%) than adults in the general Scotland population (24%).[39] This isolation can have an effect on the mental health and wellbeing of these veterans.

In regards to young people, the higher proportion of younger veterans in certain regions may be due to factors such as:

[37] Health and welfare of the ex-service community in Scotland 2014 A Poppyscotland supplement to the Royal British Legion report *A UK Household Survey of the ex-Service community 2014 Forces in Mind Trust, Compass Partnership, Royal British Legion*

[38] Scottish Government (2012) 'Our Commitments: Scottish Government Support for the Armed Forces Community in Scotland', Edinburgh, The Scottish Government

[39] Health and welfare of the ex-service community in Scotland 2014 A Poppyscotland supplement to the Royal British Legion report *A UK Household Survey of the ex-Service community 2014 Forces in Mind Trust, Compass Partnership, Royal British Legion*

- settling close to the Armed Forces base where they were previously stationed, and where they may have bought a family home or 'put down roots';

- returning to the region where they lived before their service in the Armed Forces, therefore reflecting areas where Armed Forces recruitment is traditionally strong. As many as 20% of the Scottish population are thought to have an Armed Forces connection such as a family member who is serving or a veteran[40]; and,

- affordability of housing and accommodation.

Due to the increasing number of elderly veterans, it is estimate that the size of the veterans' community in the UK will continue to fall and by 2030, it is predicted that the veterans' community will represent 6% of the UK population[41]. The forecast for Scotland in comparison to the rest of the UK is outlined in the table below.

Forecast of Adult Veterans Community by Region

	2014	2020	2025	2030
Region	Total (000's)	Total (000's)	Total (000's)	Total (000's)
England	4,070	3,509	2,952	2,519
Scotland	430	385	324	276
Wales	310	300	252	215
Northern Ireland	110	86	72	61
Total	4,920	4,279	3,600	3,072

Amongst stakeholders, there were subjective views and perceptions about the predominant age of veterans, which is demonstrated by the conflicting opinions outlined below. Some voluntary sector stakeholders felt that they saw a greater number of younger veterans, who they believed were more reluctant to use statutory services than older veterans. Some statutory services also reported seeing increasing numbers of younger veterans:

> *"There is an older age veterans' population in Scotland." (Statutory Service Stakeholder)*

> *"The younger ones aren't used to accessing services. They won't engage with statutory services, they feel that they don't understand them as veterans, but we can speak their language." (Voluntary Sector Stakeholder)*

> *"The average age of people coming to us has gone down and so they have younger families." (Voluntary Sector Stakeholder)*

[40] http://www.nhsinform.co.uk/veteranshealth/the-armed-forces-community/
[41] A UK Household Survey of the Ex-Service Community (2014) Forces in Mind Trust, Compass Partnership, Royal British Legion

"The age of veterans has gone down and we are seeing a younger group who are doing more tours." (Statutory Service Stakeholder).

KEY ISSUE 5: Local Planning for Older Veterans

The Integration Joint Boards responsible for the planning of local health and social care services need to be aware of, and plan for, the increasing number of elderly veterans in their areas in order to ensure that the health, mental health and social care needs of this increasing elderly population are not overlooked.

4.4 Gender Profile: Female Veterans and Spouses

Women have played a vital role in the UK Armed Forces. Since 1998 women have been able to serve in front line positions on naval vessels, as pilots of combat aircraft, and in combat support roles in the Royal Artillery and the Royal Engineers alongside their male counterparts. Women's roles in contemporary conflicts such as Iraq and Afghanistan have expanded their roles well beyond previous conflicts, both in terms of the number of women involved and the nature of their involvement. In 2010, the total percentage of women in the UK Armed Forces was 9.1% (17,900). By 2012, 17,610 women were employed in the UK Armed Forces (9.7%), of whom 3,830 were officers. [42]

Whilst it remains the case that female military personnel are excluded from any specialisation where *'…the primary duty is to close with or kill the enemy'*, this does not protect a number of them from exposure to combat situations when they serve in a variety of support positions that involve leaving military bases with a substantial risk of coming under direct fire (Hoge *et al*, 2007).

While the number of Service women has gradually increased in line with the implementation of equal opportunities policies by the MOD, there is a lack of data and research about their specific health and wellbeing needs, particularly post-Service.

In terms of differential effects of training and military service on physical health, analysis of medical discharge data (e.g. Geary et al, 2002) indicates that female personnel in the UK Armed Forces are significantly more likely than their male counterparts to be medically discharged from the UK Armed Forces due to physical injuries and musculoskeletal problems.

However, robust conclusions cannot be made on the differential effects of combat exposure on female military personnel because previous research on the effects of combat exposure on mental health has either focussed exclusively on men or the sample has contained only a small subset of women.

[42] Scoping Review: A Needs-Based Assessment and Epidemiological Community-Based Survey of Ex-Service Personal and their Families in Scotland Final Report (December 2012) Professor Susan Klein, Emeritus Professor David A Alexander, In Collaboration with Dr Walter Busuttil, The Robert Gordon University Aberdeen

Moreover, additional research would be needed on gender differences in combat exposure and its impact on mental health post-deployment, including the effects of other trauma-related experiences on combat exposure (e.g. sexual assault) and other interpersonal stressors (e.g. lack of perceived support from comrades) as well as the role of pre-military and post-military interpersonal trauma[43].

As the proportion of women who join military service is likely to increase so the provision of health and mental health needs of these veterans will also need to be adapted accordingly. However, it is important to note that few female veterans appear to be accessing veterans' services in Scotland. A 2012 survey found that around 10% of the Armed Forces were female and reported that:

> *"…..very few participants spontaneously mentioned anything to do with female Veterans."*[44]

In 2014, it was estimated that of the veterans' community in Scotland (including veterans, and adult dependents and minor dependents) of 430,000 people, 240,000 were men (55%) and 190,000 women (45%).[45] However, in line with the 2012 survey, stakeholders reported that very few women (i.e. female veterans and spouses) were seen by veterans' services.

During this review, stakeholders from both the statutory and voluntary sectors were asked about women veterans and their mental health, and related health and social care needs, and a reply from a stakeholder from V1P summed up the responses received:

> *"Women? I've worked in the service almost since it started and I've never seen a woman veteran." (Statutory Sector Stakeholder)*

A number of explanations were given for the lack for female veterans and spouses accessing services, including:

- the current veterans' services, both statutory and voluntary sector services are viewed as 'boys clubs' and women do not feel comfortable accessing these services; and,

- women are more likely to directly approach their GP about any health issues and may not disclose they are a veteran or a veteran's spouse.

[43] Scoping Review: A Needs-Based Assessment and Epidemiological Community-Based Survey of Ex-Service Personal and their Families in Scotland Final Report (December 2012) Professor Susan Klein, Emeritus Professor David A Alexander, In Collaboration with Dr Walter Busuttil, The Robert Gordon University Aberdeen
[44] Scoping Review: A Needs-Based Assessment and Epidemiological Community-Based Survey of Ex-Service Personal and their Families in Scotland Final Report (December 2012) Professor Susan Klein, Emeritus Professor David A Alexander, In Collaboration with Dr Walter Busuttil, The Robert Gordon University Aberdeen
[45] Health and welfare of the ex-service community in Scotland 2014 A Poppyscotland supplement to the Royal British Legion report *A UK Household Survey of the ex-Service community 2014 Forces in Mind Trust, Compass Partnership, Royal British Legion*

As one stakeholder commented:

> *"Men will walk away if they can't get help from a GP but women will persevere, they're more talkative and they might have children to think about. But we need to get women involved even if we never have before." (Veteran Stakeholder)*

KEY ISSUE 6: Provision for Female Veterans and Spouses

There are very few women (veterans and spouses) currently using veterans' services within the statutory and voluntary sectors, so the mental health, and related health and social care needs of these women may well be overlooked. Therefore, any national or local needs assessments must consider the needs of female veterans and spouses as an under-represented group. Veterans' statutory and voluntary sector providers need to consider how the current service provision could be made more user-friendly for women and what types of service provision would be most appropriate for female veterans and spouses.

4.5 Ethnic Profile

It has been reported that nearly all (99%) of the veterans' community in Scotland are white. This is much higher than the 95% of adults in Scotland[46].

In regards to mental health generally, the Scottish Government have made the following commitment to improve the monitoring of ethnicity and mental health:

> ***Commitment 14**: We will work with NHS Boards and partners to improve monitoring information about who is accessing services, such as ethnicity, and is consistently available to inform decisions about service design and to remove barriers to services.* [47]

[46] Health and welfare of the ex-service community in Scotland 2014 A Poppyscotland supplement to the Royal British Legion report *A UK Household Survey of the ex-Service community 2014 Forces in Mind Trust, Compass Partnership, Royal British Legion*

[47] http://www.gov.scot/Publications/2012/08/9714/11

5. Assessment of Needs: Mental and Related Health Needs

5.1 Background Context

Over the last decade mental health inequalities have emerged as one of the major public health issues in Scotland. Mental health issues contribute to Scotland's wider health inequalities through the impact on suicide, social opportunities, health related behaviours and physical health outcomes[48].

However, the Mental Welfare Commission for Scotland[49] has reported that significant advances have been made in the treatment of people with psychiatric illnesses and learning difficulties in Scotland.

In regards to veterans, the evidence indicates that the mental and physical health of veterans is likely to be poorer compared to the wider UK population. Research undertaken by the Royal British Legion found that in the 16-44 age group, the number of reported mental health disorders from the veterans' community was roughly three times that of the UK population of the same age[50]. Moreover, it was estimated that of the 757,805 regulars that served between 1991-2014 in the UK, around 66,000 will need support for service-related health problems, including both physical and mental issues[51].

In Scotland, around half of the veterans' community (including veterans, and adult dependents and minor dependents) have some long term illness or disability, most often a physical condition, equivalent to around 230,000 people, and a quarter have multiple health conditions.

Around 13% of people in the veterans' community (equivalent to 55,000 adults) reported that the most prominent difficulty that they faced was the ability to get around outside of the home and about 7% reported problems with getting around *inside* the home**.** These high prevalence levels may reflect mobility issues but also the aging profile of the veterans' community.

The second most common difficultly cited amongst the veterans' community in Scotland was **depression** at around 9% (equivalent to 40,000 adults). However, it is important to note that the balance of needs will be different among working age veterans compared to retired veterans. The former reported that their top difficulties are employment-related, lack of money and depression.

[48] A Review of Mental Health Services in Scotland: Perspectives and Experiences of Service Users, Carers and Professionals Report for Commitment One of the Mental Health Strategy for Scotland: 2012-2015 (January 2016) Mental Health Foundation, VOX Scotland, The Scottish Government

[49] The Mental Welfare Commission for Scotland (MWCS) has a wide ranging role in the regulation of mental health services. It was created by the Mental Health (Scotland) Act 1984 (c. 20), and is often referred to as the mental health watchdog'. It is an independent organisation which works to safeguard the rights and welfare of anyone with a mental illness, learning disability or other mental disorder. Its duties are now set out by the 2003 Act.

[50] Supporting the Scottish Armed Forces Community in 2014 Katey Tabner and Keith Dryburgh, Citizens Advice Scotland and Armed Services Advice Project

[51] Counting the Costs, November 2015, King's College London Centre for Military Health Research

5.2 Mental Health

The most prevalent mental health conditions for veterans are common mental health disorders such as anxiety, stress, panic and adjustment disorder, and mood disorders such as depression and alcohol misuse. General mental health problems may be more prevalent than diagnosed Post-Traumatic Stress Disorder (PTSD), although there is a lack of accurate data and clearly the effects of both can be just as severe.

There is evidence that shows only a minority of people leave military Service with a mental health problem. However, it is known that some develop problems later and these veterans are thought to be at particular risk of ongoing ill health and social exclusion.[52] Traumatic physical injuries, particularly those sustained in combat, are known to be a risk factor for poor mental health[53]. There is also a link between isolation and depression, and veterans with the least friends and/or estranged family are likely to be more prone to isolation and depression. Social isolation is particularly an issue for veterans in temporary or homeless accommodation and also for single adults.

One in ten people within the Scottish veterans' community has a long-term mental health problem, such as depression, anxiety or PTSD. One in ten reported psychological difficulties, typically depression which is experienced by around 40,000 people.

In spite of efforts to encourage people to seek help, a substantial group of serving personnel and veterans have mental health problems but do not seek treatment[54]. This can be because they fail to recognise that they have a health problem or need treatment[55] or because of barriers including stigma, lack of awareness or access to care, or because they have negative attitudes about services.

5.3 Post-Traumatic Stress Disorder (PTSD)

There is a growing public awareness of the problems of PTSD amongst those still serving and veterans. The Howard League[56] stated that much of the media coverage of the process of transition from service to civilian life has focused on PTSD, which has overshadowed discussions of other mental health and health related problems suffered by veterans e.g. common mental disorders (anxiety and/or depression).

[52] Iversen & Greenberg, Mental Health of Regular and Reserve Military Veterans Advances in Psychiatric Treatment 2009 Vol 15 100-106
[53] Psychological Health of Military Personnel (Postnote Number 518 February 2016) Houses of Parliament Parliamentary Office of Science & Technology
[54] Iversen A et al, Help-seeking and receipt of treatment among UK service personnel.Br J Psychiatry 2010 Aug;197(2):149-55
[55] Fikretoglu D et al, Twelve month use of mental health services in a nationally representative, active military sample. Med Care 2008 46(2):217–223
[56] Report of the Inquiry into Former Armed Service Personnel in Prison (2011) The Howard League for Penal Reform,

PTSD is also often present with co-morbidities such as alcohol misuse, which can have a negative impact on both physical and mental health in the longer term and contribute to offending. Statistics from Combat Stress indicate that veterans with PTSD or other service related mental health problems take an average of over 13 years to seek help, by which time their condition may be highly complex.

A 2010 study[57] focused on the consequences of deployment to Iraq and Afghanistan on the mental health of UK Armed Forces from 2003 to 2009, including the effect of multiple deployments and on the time since return from deployment. This study found that the symptoms of common mental disorders and alcohol misuse remain the most frequently reported mental disorders for UK Armed Forces personnel, but the prevalence of PTSD was low. The prevalence of symptoms of common mental disorders were 19.7%, for alcohol misuse they were 13.0% and for probable PTSD they were only 4.0%, although this figure rises to 7.0% for reservists. Deployment to Iraq or Afghanistan was significantly associated with alcohol misuse for regulars and with probable PTSD for reservists. Regular personnel in combat roles were more likely than were those in support roles to report probable PTSD. There was some evidence for a small increase in the reporting of probable PTSD with time since return from deployment in regulars. However, it should be noted that accurate diagnosis of PTSD can be problematic and the late onset of symptoms can mean that diagnosis is often missed.

Some stakeholders expressed concern about the high media profile of PTSD at the expense of other mental health issues:

> *"There is a stereotype that everyone who leaves the Forces is damaged. People think veterans and think PTSD, and think that they belong in a specialist service rather than mainstream services." (Voluntary Sector Stakeholder)*

> *"We need to stop publicising the current images of veterans as victims with the press because not all veterans have PTSD. We need to remove the stereotype and move veterans with other mental health issues into mainstream community services." (Statutory Sector Stakeholder)*

A number of stakeholders, both professionals and veterans, stated that some veterans thought that they would receive less support if they did not have a diagnosed condition such as PTSD. It was also reported that some veterans would prefer to say that they had PTSD rather than admit that they were suffering from a more common mental health condition such as depression:

> *"PTSD is badge of honour, but depression is failure. Mental health has become a brand and PTSD is the best of the brand. This is also promoted by the media." (Voluntary Sector Stakeholder)*

> *"Veterans are often referred for PTSD, but once an assessment has been carried out it's often clear it isn't and it's something else, like mood disorder. Problem is some people wear PTSD as a badge of honour." (Statutory Sector Stakeholder)*

[57] FEAR, Nicola T and JONES, Margaret and others. What are the consequences of deployment to Iraq and Afghanistan on the mental health of the UK armed forces? A cohort study. Lancet 22 May 2010: 1783-1797

"Some people say they've got PTSD because they think if they act like this they can get more money." (Veteran Stakeholder)

"Some people have become the illness – PTSD identity has replaced the military identity." (Voluntary Sector Stakeholder)

"PTSD is fashionable, it's fueled by the media and everyone latches onto it. It's the only mental health disorder where people are distraught that they don't have it – PTSD is for veterans, a badge of honour. They don't want to hear they have depression or anxiety." (Voluntary Sector Stakeholder)

"When talking about their condition they refer to it as 'my PTSD' but they wouldn't say 'my depression'. They have an attachment to that disorder, they see it as something they have for life." (Voluntary Sector Stakeholder)

Some stakeholders felt that the focus on PTSD was having a negative impact on the needs of veterans with other mental health issues:

"Between 4-20% of veterans we see have PTSD, the others have more common mental health disorders. Yet 99% of effort and resources goes into PTSD so that shapes our service. It's been forgotten that being exposed to horrors of war and service life can lead to anxiety and depression, not just PTSD. So we have a two-stage service – the PTSD service which is good and the service for lesser mental health problems, and there definitely is not enough provision in terms of community support. These veterans don't get same recognition or access to services." (Statutory Service Stakeholder)

KEY ISSUE 7: Common Mental Health Problems and PTSD

PTSD is an important mental health issue that must be addressed. However, efforts should also be made to ensure that common mental health problems e.g. depression, are not overlooked or marginalised, either in terms of funding or treatment within services. Efforts should be made to promote a better understanding about PTSD, including improved assessment. Veterans should be encouraged to address their actual mental health, with equal measure, and their related health and social care issues.

5.4 Pre-Enlistment Factors

There is a range of pre-enlistment factors that may have an impact on health and wellbeing outcomes. These include childhood traumatic experiences; socio-economic adversity; previous psychiatric history; personality, and coping style. Single males of lower rank, with lower educational status and who have served in the Army are most likely to have experienced these adverse vulnerability factors in childhood[58].

The impact of pre-enlistment factors was highlighted in a study by Dr Beverley Bergmann[59] at Glasgow University's Institute for Health and Wellbeing.
This research used data from the Scottish Veterans Health Study to examine long-term mental health outcomes in a large cohort of veterans, with a focus on the impact of length of service.

The study found that the risk of developing a mental health problem is greatest among veterans who have served for the shortest period of time and becomes less with longer service. Previous research had shown that overall, military personnel are more likely than the general public to have a mental health problem and it had been assumed that combat was the biggest risk factor.

This study analysed the long-term risks of veterans being admitted to hospital for common mental health problems - including depressive disorders, anxiety disorders, PTSD and psychotic illness - by length of service. It found that those who left the Armed Forces earliest had a 50% higher risk than people with no record of service, including people who left the Armed Forces before completing training. In fact, longer service was associated with better mental health outcomes. People who completed at least four years service were at no greater risk than civilians, whilst people with the longest service had a 40% reduction in risk. By the time they had been enlisted for 10 years or more their chance of suffering mental health problems was less than it would have been if they had never joined the Armed Forces, and those most at risk were people who had dropped out early. Those who left the Service before they had finished initial military training could neither have been deployed or experienced combat and so may have had pre-existing vulnerabilities.

Dr Bergmann highlighted the importance of good mental health assessments being carried out on veterans:

> *"If the assumption is that they are a veteran and it must be due to combat, but in fact they suffered abuse when they were a child that might be missed. We shouldn't assume a veteran's mental health problem is necessarily caused by service."*[60]

[58] Scoping Review: A Needs-Based Assessment and Epidemiological Community-Based Survey of Ex-Service Personal and their Families in Scotland Final Report (December 2012) Professor Susan Klein, Emeritus Professor David A Alexander, In Collaboration with Dr Walter Busuttil, The Robert Gordon University Aberdeen
[59] Long-Term Mental Health Outcomes of Military Service: National Linkage Study of 57,000 Veterans and 173,000 Matched Nonveterans (2016) Beverly P. Bergman, MB, ChB; Daniel F. Mackay, PhD; Daniel J. Smith, MD; and Jill P. Pell, MD (http://www.psychiatrist.com/jcp/article/Pages/2016/aheadofprint/15m09837.aspx)
[60] http://www.heraldscotland.com/news/14453653.War_may_not_be_the_cause_of_troubled_veterans__health_problems__study_says/#comments-anchor

A number of stakeholders recognised the impact of pre-enlistment factors and some reported an increase in trauma issues that might be related to these factors. As one stakeholder commented:

> *"Trauma is one of the biggest issues and it's complex because sometimes it can be linked to issues of trauma that took place earlier in life." (Statutory Service Stakeholder)*

KEY ISSUE 8: Pre-Enlistment Factors

Pre-enlistment factors and length of time in service clearly have an impact on the mental health, and related health and social care needs of veterans. Awareness of these issues needs to be raised amongst statutory and voluntary sector service providers to make sure that pre-enlistment factors are not overlooked and are taken into account during referral and assessments procedures. This will ensure veterans are placed in the most appropriate services for their needs.

5.5 Stigma

> *"There are many myths about mental health problems. These myths create stigma that can stop people getting help when they need it or prevent them talking openly about their problems. It can also make people feel guilty, isolated or ashamed if they become unwell. Time and again, people with mental health problems tell us that stigma and ignorance about mental health problems is rife. Stigma can range from being ignored and excluded to verbal and physical harassment and abuse." (The Scottish Association for Mental Health (SAMH))*[61]

For the last decade, *See Me*[62] has been Scotland's national programme to tackle mental health stigma and discrimination. While it has achieved some successes, evidence from the Scottish Social Attitudes Survey and wider data on outcomes and life chances made it difficult to demonstrate that there had been consistent reductions in stigma and discrimination across Scotland. There was a complex picture, both in terms of progress and a prevailing problem[63]. In spite of this it was reported that some positive change had come from:

- reduced taboo due to greater visibility and campaigns;
- some conditions being viewed much more positively and with greater knowledge and understanding e.g. dementia; and,

[61] https://www.samh.org.uk/our-work/public-affairs/stigma-discrimination
[62] https://www.seemescotland.org/
[63] A Review of Mental Health Services in Scotland: Perspectives and Experiences of Service Users, Carers and Professionals Report for Commitment One of the Mental Health Strategy for Scotland: 2012-2015 (January 2016) Mental Health Foundation, VOX Scotland, The Scottish Government

- a positive shift in views towards particular groups such as service personnel and those affected by trauma.

A key issue was that attitudes seemed to have improved for people with conditions that had an 'obvious cause' e.g. trauma or brain injury/disorder, but not for people with other conditions. This was felt to be the case when conditions and associated behaviours raised strong emotions such as fear or anger or where there were beliefs around blame.

Accordingly, the *See Me* programme was relaunched for 2013-16 as a transformative anti-stigma and discrimination programme placing people with lived experience at the centre.

In line with the above findings, many stakeholders agreed that there have been improvements in regards to stigma around mental health. It was reported that both individuals within the Armed Forces and those that had left the Services felt far more able to raise and discuss issues around mental health:

> *"It's more open than it used to be and there's less stigma in discussing mental health." (Voluntary Sector Stakeholder)*

> *"There is still some stigma but more people are coming for help so there has been some improvement." (Statutory Sector Stakeholder)*

> *"We're seeing increased complexity around the mental health issues being raised because there not as much stigma as there used to be." (Statutory Sector Stakeholder)*

Although some stakeholders felt that the discussion of mental health issues amongst veterans still continued to carry some stigma:

> *"I was concerned about a person with mental health accessing our services and the emotional safety of our other users. I wanted him to access mental health services but he wouldn't because of the stigma of saying he had a mental health problem." (Voluntary Sector Stakeholder)*

Other stakeholders also reported that some veterans felt there was not only stigma in talking about their mental health issues but also in discussing some of the difficult and politically complex conflicts they had been involved in:

> *"Northern Ireland is not seen as a war and they don't want to talk about it. But things are improving; they are starting to talk about Northern Ireland and what happened in Bosnia and the Falklands." (Voluntary Sector Stakeholder)*

5.6 Self-Harm and Suicide

It is important to note that the overall rate of suicide is no greater among UK veterans than in the general population. Although, in line with Dr Bergmann's findings, for men aged 24 years and less who have left the UK Armed Forces the risk of suicide is approximately two to three times higher than that of the same age group in both the general and serving populations[64].

There have been few studies that have undertaken a systematic evaluation of self-harm and suicide risk amongst veterans. Using qualitative research methods, Crawford *et al* (2009) sought to examine the context of suicidal behaviour among soldiers in the UK Armed Forces in order to identify preventative factors. This study found that there was a need to focus on efforts to reduce stigmatisation of mental illness within the military and that more needed to be done to raise awareness about existing sources of help and to reduce levels of alcohol misuse.

There is some evidence that prior self-harming behaviour can elevate the risk of subsequent suicide by 100 times (Jenkins *et al*, 2002). However, there is a need for further research in this area, particularly to identify the gender differences as women are more likely to engage in self-harming behaviour than men. Research carried out on women in the Canadian Forces showed that they had a higher likelihood of suicide attempts than women in the civilian population, which may suggest that military women experience a more negative impact of combat exposure compared with men (Tolin & Foa, 2006). Moreover, the prevalence of sexual trauma during deployment (including sexual assault, rape, and sexual harassment) has been reported as being higher among female military personnel than their male counterparts (Street *et al*, 2007), which may exacerbate the negative mental health consequences of combat exposure (Smith *et al*, 2008).

During this review a number of veterans who took part in the focus groups and interviews described having had suicidal feelings and some had been fortunate in finding and accessing appropriate support. However, others highlighted the difficulties that they faced in finding help and support, especially if they had been using alcohol and/or drugs. This issue is discussed further in the section below on Alcohol Misuse.

5.7 Alcohol Misuse

Evidence has shown that in comparison to the general population, both serving personnel and veterans have reported higher levels of alcohol consumption (but only in younger age groups). Alcohol misuse has also been identified as a problem affecting Service women.

In 2007, Fear *et al* reported on a cross-sectional study undertaken to examine:

- Patterns of drinking in the UK Armed Forces;

[64] Scoping Review: A Needs-Based Assessment and Epidemiological Community-Based Survey of Ex-Service Personal and their Families in Scotland Final Report (December 2012) Professor Susan Klein, Emeritus Professor David A Alexander, In Collaboration with Dr Walter Busuttil, The Robert Gordon University Aberdeen

- The extent to which those patterns of drinking varied by gender and other demographic variables; and

- Differences in drinking patterns when compared with the general population of Great Britain.

This study found that the levels of hazardous drinking[65] in Service men (67%) and Service women (49%) was higher than for the 38% of men and 16% of women in the general population. This also applied to all ages for both men and women in the UK Armed Forces. For Service personnel, binge drinking was associated with being:

- younger;
- single;
- childless;
- a smoker;
- deployed in a combat-related role, and
- the offspring of a parent with a substance use problem.

In spite of this, problematic or harmful drinking[66] behaviours are not widespread among Scottish veterans and the prevalence is not significantly different than other UK veterans. Compared with all Scottish adults in the 2012 Scottish Health Survey, it was reported that the veterans' community is less likely to have an alcohol problem. Veterans are a third as likely to have a problem with alcohol (9%) than Scottish men (25%). This variance is driven by Scottish veterans of working age being much less likely to be drinkers than their peers, whilst Scottish veterans of retirement age have drinking patterns more similar to their peers.

There are also considerable age differences in how often and how much Scottish veterans report drinking. Drinkers aged 65 plus are more polarised, being more likely to drink four or more times a week, or not at all, compared with those aged 16-64. This mirrors the pattern seen among UK veterans, although the frequency of drinking is lower in Scotland than UK-wide, in both age groups.

Research from the University of Glasgow[67] reported that overall, veterans in Scotland had a significantly reduced risk of alcoholic liver disease or alcohol-related death compared with non-veterans, although the risk was higher in those born before 1950. It was thought that this could reflect operational exposure, social attitudes to alcohol and the impact of recent military health promotion.

In line with the above research, the majority of professional stakeholders stated that alcohol *"was a minor problem":*

> *"Alcohol is more of an issue than drugs but there isn't much alcohol dependence either." (Voluntary Sector Stakeholder)*

[65] Hazardous drinking is a pattern of alcohol consumption that increases someone's risk of harm. Some would limit this definition to the physical or mental health consequences (as in harmful use). Others would include the social consequences. The term is currently used by WHO to describe this pattern of alcohol consumption. It is not a diagnostic term. (https://www.nice.org.uk/guidance/ph24/chapter/8-glossary#hazardous-drinking)
[66] Harmful drinking is a pattern of alcohol consumption that is causing mental or physical damage.
[67] *Long-term consequences of alcohol misuse in Scottish military veterans* (2014) Beverly P Bergman, Daniel F Mackay, Jill P Pell (http://oem.bmj.com/content/early/2014/10/01/oemed-2014-102234)

"Alcohol is issue for young veterans but no more so than general population." (Voluntary Sector Stakeholder)

However, in contrast, a more recent review of Mental Health services in Scotland found that participants stated that an ongoing problem was the lack of access to treatment for those who are under the influence of alcohol and/or drugs, and when suicidal[68]. This study reported that there was felt to be a lack of understanding that alcohol and drugs can at times be used as coping mechanisms. It was felt that this could inhibit help-seeking, especially among those who have had prior difficult experiences when accessing services.

This issue was raised by a number of veteran stakeholders who described their personal experiences and in some cases, harrowingly described how quickly a situation can deteriorate for vulnerable veterans, as the case outlined below demonstrates:

"I've always had mental problems like depression, then I got a head injury and after I left the Force it got worse. I started to think about suicide and the feelings got worse, so I finally went to the GP and he was going to make a referral for me to see a Psychiatrist but there was a three month waiting list. The voices in my head just got worse, I was drinking a lot and one night I couldn't stand it and I was going to kill myself so I phoned the Police. When the Police turned up I was drunk with a knife in my hand. They got the knife off me, put me in handcuffs and took me to a mental hospital, but they refused to accept me because I'd been drinking, so I ended up in Police custody, stripped naked in a suicide cell. They never asked if I was a veteran, I was eventually seen by a nurse who said I was fine, so I was released at 4.00 a.m. with no support to wander the streets…I'm now on anti-depressants and I was referred to V1P but staff weren't helpful, I couldn't get on with them, and I was referred to Combat Stress but they only do group work and I can't cope with that. I just wanted counselling but you can't get that on the NHS. Every day I still have suicidal thoughts, I don't want to kill myself but the bad thoughts are there." (Veteran Stakeholder)

A number of stakeholders did state that alcohol was a problem and did take steps to address this within their services, for example, V1P reported providing health education and health prevention services that included the management of alcohol use:

"We do see people with chronic pain who use alcohol." (Statutory Sector Stakeholder)

"A lot of guys have drink and drug issues – this is a general gap." (Voluntary Sector Stakeholder)

Some stakeholders commented that there might be some underreporting on the part of veterans in regards to their alcohol use as it was common knowledge that some services would not accept referrals from veterans who have an alcohol problem:

[68] A Review of Mental Health Services in Scotland: Perspectives and Experiences of Service Users, Carers and Professionals Report for Commitment One of the Mental Health Strategy for Scotland: 2012-2015 (January 2016) Mental Health Foundation, VOX Scotland, The Scottish Government

"We see people in quite chaotic situations who have fallen through the gaps or been refused by other services due to substance misuse issues or not being able to communicate and being very angry. So really challenging clients." (Voluntary Sector Stakeholder)

"We'll work with them providing they don't have unmet needs in terms of drugs and alcohol." (Voluntary Sector Stakeholder)

Unlike some of the professional stakeholders, the veteran stakeholders interviewed for this review thought that alcohol misuse was a problem that was not being addressed by existing services:

"Alcohol is an issue, you worked hard and played hard and alcohol played a big part in this and it carries on playing a big part even when you leave." (Veteran Stakeholder)

"I had problems with alcohol but there was nowhere I could go, I couldn't go to places like the British Legion because they're just drinking dens. There's nowhere for veterans to go who don't want to be involved in a drinking culture." (Veteran Stakeholder)

"Help for alcohol use is hard to get because alcohol services have been cut, in one place they've cut their detox programme from two week to only 7 days because they've got a 3 month waiting list." (Veteran Stakeholder)

"The voluntary sector should stand for something bigger and it should be credible, but I don't think they're getting the ones [veterans] who are really suffering." (Veteran Stakeholder)

The Scottish Government does recognise the links between mental health issues and alcohol misuse within the Mental Health Strategy, and is committed to improving identification and treatment:

***Commitment 17**: We will work with NHS Boards and partners to more effectively link the work on alcohol and depression and other common mental health problems to improve identification and treatment, with a particular focus on primary care.* [69]

The impact of alcohol on the veterans' community was the one area in this review where professional and veteran stakeholders clearly disagreed. However, given the contradictory nature of the opinions and statements made by stakeholders, it is difficult to reach a definitive conclusion. Therefore, this is an area where further work needs to be done at a national and local level to increasing the understanding of the impact of alcohol on vulnerable Scottish veterans.

In addition, there is a risk that access to services may be restricted for veterans who are under the influence of alcohol and/or drugs and may be considering self-harm and/or suicide. This may be due to a lack of understanding within services that alcohol and drugs can be used as a coping mechanism for veterans who have suicidal feelings.

[69] http://www.gov.scot/Publications/2012/08/9714/11

This can inhibit veterans from seeking help, especially among those who have had prior difficult experiences when attempting to access services. Therefore, efforts should be made to raise awareness of this issue amongst service providers.

KEY ISSUE 9: Preventing Suicide and Alcohol Misuse

Local planning around the needs of veterans should include effective partnerships between veterans' statutory and voluntary sector mental health services, mainstream NHS and Local Authority services, wider substance misuse services and the Criminal Justice System to ensure that any vulnerable veterans do not fall through the gaps but are able to access appropriate help for any alcohol issues. This is also an area where further work needs to be done at a national and local level to increasing the understanding of the impact of alcohol on vulnerable Scottish veterans.

5.8 Physical Health Needs

Physical health outcomes for people with severe mental health conditions can be poor. People with a diagnosis of schizophrenia or bipolar disorder can die up to 20 years younger than those without these diagnoses, due primarily to physical health conditions. Moreover, people with long term physical health conditions are at increased risk of developing mental health conditions such as depression. The relationships between poor physical health and poor mental health can be stronger for individuals that live in areas of high deprivation[70].

The most common physical health consequences for Scottish veterans include[71]:

- ***Cardio-vascular or respiratory problems***

- ***Musculoskeletal problems -*** Most Service personnel have been very physically active and many have, for example, sustained sports injuries during Service. Around 75% will develop long-term consequences such as osteoarthritis, and knee, back and hip problems.

- ***Sensory disorders*** - Military training involves exposure to weapon noise and often to other hazardous noise. During World War II and in more recent conflicts, people may have been exposed to intense weapon noise on military operations resulting in noise induced hearing loss. Prior to the late 1970s, hearing protection was rarely used.

Scottish mental health strategies have made commitments to support the development of physical health assessments and monitoring for people with severe mental health conditions.

[70] A Review of Mental Health Services in Scotland: Perspectives and Experiences of Service Users, Carers and Professionals Report for Commitment One of the Mental Health Strategy for Scotland: 2012-2015 (January 2016) Mental Health Foundation, VOX Scotland, The Scottish Government
[71] http://www.gov.scot/Resource/0039/00397897.pdf

These include reviewing the evidence around health improvement approaches for people with mental health conditions, and encouraging the development of mental health support and treatment for people with long term physical conditions. Overall, there has been increased availability of psychology services for those who had experienced physical health conditions, such as cancer, coronary heart disease, stroke or pain[72].

Just over half of the veterans' community in Scotland reported using some support for health purposes, primarily for their physical health, with most of these visiting their GP. Over three quarters of those reporting a self-care or mobility problem stated that they used physical health support, although this could just be visiting their GP, and does not mean that they have received specialist treatment for their health problem[73].

A review of mental health services in Scotland did note that some participants felt that general hospitals were unwilling to work with people holistically by dealing with mental health conditions alongside providing physical healthcare and some service users[74]:

> *"….. expressed disappointment that pain management courses they had participated in had made little reference to mental health."*

During this review, a number of veteran stakeholders also reported incidents of poor treatment in regards to their physical health care, which has affected their mental health:

> *"I'm an amputee because of the NHS. I had an impact injury in civilian life and the operation was messed up. My foot became infected and gangrene set in; my foot was black, so they had to amputate. They gave me a prosthetic limb but it was of poor quality and it never fitted right; there was no follow up. I complained, but I got a poor response from hospital staff. I swore a lot and was angry because I was in pain because of the leg. This went on for two and half years but no one would listen and I had to get on with it. Finally, they realised I had the wrong leg; I'd been given another person's leg who had the same name as me. It's now been fixed and staff have also changed their attitude; they're sorry and polite to me now. But I just feel angry about the whole thing and have anger management issues, and I'm now seeing a Psychologist." (Veteran Stakeholder)*

Both professional and veteran stakeholders did recognise the importance of addressing both physical and mental health issues:

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[72] A Review of Mental Health Services in Scotland: Perspectives and Experiences of Service Users, Carers and Professionals Report for Commitment One of the Mental Health Strategy for Scotland: 2012-2015 (January 2016) Mental Health Foundation, VOX Scotland, The Scottish Government

[73] Health and welfare of the ex-service community in Scotland 2014 A Poppyscotland supplement to the Royal British Legion report *A UK Household Survey of the ex-Service community 2014 Forces in Mind Trust, Compass Partnership, Royal British Legion*

[74] A Review of Mental Health Services in Scotland: Perspectives and Experiences of Service Users, Carers and Professionals Report for Commitment One of the Mental Health Strategy for Scotland: 2012-2015 (January 2016) Mental Health Foundation, VOX Scotland, The Scottish Government

“Many veterans suffer physical injuries and their mental health condition can be linked to this and will be the longer term health issue.” (Statutory Sector Stakeholder)

“GPs need to understand about mental health and PTSD, and they need to look at physical and mental health together.” (Veteran Stakeholder)

V1P raises physical health issues with veterans at the point of referral to the service and, in fact, V1P did run a pilot, which entailed having a nurse on site to carry out physical health checks. It was reported by stakeholders that this pilot was less than successful as the opportunity for a health check was only taken up by a very small number of veterans.

6. Care Pathways

6.1 Prevention and Early Identification – Transition Issues

> *"….all soldiers, sailors and airmen eventually have to hang up their uniforms, leave the military behind and become a 'civvy' with a new job, new friends, often a new house and new ambitions. No-one escapes this transition which, for an unfortunate few, can be a desperately difficult adjustment after a relatively cocooned life in the Services." (Eric Fraser CBE, Scottish Veterans Commissioner (2015))*[75]

Returning to civilian life presents new opportunities and challenges and many veterans will experience a period of adjustment while transitioning from the Service and military life. The majority will adjust to civilian life within a relatively short period of time and go onto enjoying fulfilling lives. However, some people may find the transition into the civilian world harder for a variety of reasons, including[76]:

- feeling uncomfortable with the lack of structure and goals compared with military life
- missing the adrenaline rush of physical and life-challenging situations
- worrying about finances
- feeling isolated and alone
- having difficulty concentrating
- experiencing feelings of anger or irritability or having trouble sleeping
- dealing with the deaths of friends whom they served with
- dealing with chronic pain or other physical health conditions

A poor transition may lead to the development of mental health issues in later years, such as depression, stress or anxiety. This, in turn, can lead to the breakdown of relationships, unemployment, homelessness and multiple and complex health issues.

The Scottish Government are committed to helping Service personnel make a positive transition and, through the Scottish Veterans Fund, have provided funding to a range of projects that deliver outreach, advice and support services to veterans transitioning to civilian life. In March 2016, the Scottish Veterans Fund announced grant funding of £120,000 to projects delivering employability and health and wellbeing services.

[75] Eric Fraser CBE, Scottish Veterans Commissioner Transition in Scotland 27 March 2015
[76] http://maketheconnection.net/events/transitioning-from-service

The projects being supported include the provision of bespoke housing advice and information service for disabled veterans; comradeship and befriending events for veterans to combat isolation, and promoting mental and physical health; and virtual job and careers fairs[77]. There is no doubt that this is an important issue and most stakeholders raised the transition of Service personnel as a crucial area for continued development, although a number of stakeholders did acknowledge that improvements had been made:

> *"It's not great, but 10 years ago people would be in a worse place than they are now." (Statutory Sector Stakeholder)*

In line with Dr Beverley Bergmann's research and findings,[78] some stakeholders, both professionals and veterans, highlighted the importance of a good transition particularly for the most vulnerable veterans who may additionally have to deal with leaving the Service early, pre-enlistment issues or who may be returning to complex family situations that could have an impact on their mental health and general wellbeing:

> *"I've encountered veterans who've really struggled with the transition back into civilian life; they feel deskilled. I've encountered people who joined the Forces already having complex needs and they come from dysfunctional situations and the Forces acted as a real stabiliser for them. The problem is when they leave and return home the problems haven't been sorted and sometimes the dysfunctional situation has become worse." (Voluntary Sector Stakeholder)*

> *"I've worked in prisons a long time and there are similar types of young men in prison and in the Armed Force – they just made different choices. But in prison they are forced to address their dysfunctional lives. The Forces provide an easier place to hide – it's manageable dysfunction." (Voluntary Sector Stakeholder)*

> *"The Service got taken away and I was left to deal with civilian life alone, but I found the pace of life stressful." (Veteran Stakeholder)*

> *"I had a breakdown and had to leave [the Service], but didn't get any help. I contacted Poppyscotland but this didn't help either and I ended up on the street and then in prison." (Veteran Stakeholder)*

> *"I was discharged and found I was homeless." (Veteran Stakeholder)*

In addition, stakeholders commented that the transition to civilian life was particularly an **issue for younger veterans** who had only been in the Service for a short period. The costs and lack of housing in some areas was raised as a specific issue for some young people:

[77] http://news.scotland.gov.uk/News/-190-000-to-support-Scotland-s-veterans-2424.aspx
[78] Long-Term Mental Health Outcomes of Military Service: National Linkage Study of 57,000 Veterans and 173,000 Matched Nonveterans (2016) Beverly P. Bergman, MB, ChB; Daniel F. Mackay, PhD; Daniel J. Smith, MD; and Jill P. Pell, MD (http://www.psychiatrist.com/jcp/article/Pages/2016/aheadofprint/15m09837.aspx)

"Generally transitions are weak – delivery is weak, especially for people who have done less than four years." (Statutory Sector Stakeholder)

"More needs to be done around transition particularly for early service leavers and their families." (Voluntary Sector Stakeholder)

"We need to help them [veterans] understand the impact on family before they leave, we need bespoke packages for veterans and their families as a unit and we need to get them to engage with the process." (Statutory Sector Stakeholder)

"Transitional issues are a major issue for young people and many have low levels of education." (Statutory Sector Stakeholder)

"Transition is definitely a gap – veterans have the same needs on the way out as they have on the way into the service. (Voluntary Sector Stakeholder)

Stakeholders particularly highlighted the **importance of information sharing** during the transition process:

"We need better data sharing between MOD, NHS and voluntary sector agencies; this would make transition easier, such as the transfer of military medical records to NHS - people shouldn't have to prove the extent of their injuries to DWP when MOD and NHS have that documented. This would have an enormous impact on individuals. Veterans don't want to ask for handouts. This is about their pride and dignity and is absolutely linked to their mental wellbeing." (Statutory Sector Stakeholder)

A number of stakeholders also stressed the **importance of engaging families** at an early stage in the transition process and of dealing with the individual and their family as a unit during the transition period:

"Families need help, they don't think about things till too late. Individuals should be released to attend transitional workshops and meetings, and they should attend with their family because it's often the wives that make the family decisions." (Statutory Sector Stakeholder)

6.2 Prevention and early identification – Employment, Housing and Debt Issues

The Scottish Government recognises the link between mental health issues and employment:

> ***Commitment 29:*** *We will promote the evidence base for what works in employability for those with mental illness by publishing a guidance document which sets out the evidence base, identifies practice that is already in place and working, and develops data and monitoring systems. Change will require redesign both within health systems and the wider employability system to refocus practice on more effective approaches and to realise mental health care savings. (Mental Health Strategy for Scotland: 2012-2015)*[79]

In regards to employment, it is estimated that[80]:

- working age veterans (age 16-64) comprise of 150,000 people, with around 85,000 in work, 20,000 unemployed and 45,000 economically inactive;
- one in five members of Scotland's working age veterans reported an employment-related problem, equivalent to around 35,000 people;
- those in Scotland are less likely to be degree educated, or to be able to use their skills and past experience, than their peers nationally;
- a comparison of Scotland's veterans of a working age (v) to the general civilian working age population (g) shows that the former are:
    - less likely to be in employment: 57% (v); 73% (g)
    - more likely to be unemployed: 12% (v); 5% (g)
    - more likely to be economically inactive 30% (v); 22% (g)
- veterans (v) of a working age are more likely than members of the general population (g) to report health conditions that limit their daily activity 24% (v); 13% (g) or report being depressed: 10% (v); 6% (g)

This report concluded:

> *"In many cases Forces-related illness and injuries do not effect employment until several years after transition. The types of issues experienced by veterans differ; 32% had experienced an illness or injury in the Forces that affected their ability to get work and there was a broad split, within this group, of those who described their condition as pertaining to a physical or mental health issue."*

[79] http://www.gov.scot/Publications/2012/08/9714/11
[80] The Lines Between Six years on: Revisiting the Employment Support Needs of Veterans in Scotland – update to the 2009 findings (February 2015) PoppyScotland

The Armed Services Advice Project (ASAP)[81] found that veterans with physical or mental health problems were more likely to experience problems finding work and to experience difficulties in their interaction with the benefits system. They were also likely to present with more potential crisis issues than other client groups, such as homelessness, finding accommodation, finding work, housing arrears, and mental health issues. It was reported that:[82]

- ASAP clients are more likely than the average client to have an issue regarding threatened/actual homelessness (1.5% compared to 0.8% average), access to/provision of accommodation (2.2% to 0.5%), and social housing arrears (2.6% to 1.9%).

- ASAP clients are slightly less likely than the average client to seek advice on employment, particularly on an in work employment problem, such as terms, conditions and pay. However, ASAP clients are much more likely to seek advice on issues relating to looking for work, including back to work schemes.

- The proportion of issues concerning debt brought by veterans is greater than the average client (25% to 17%).

Most recently, between 1st October 2014 and 30 September 2015 ASAP reported[83] that of the issues raised:

- 41% covered benefits
- 15% covered debts
- 11% covered financial issues
- 8% covered housing
- 7% covered employment

In June 2015, ASAP began to gather feedback from veterans on the service provided and the impact it has on their lives. Between June and September 2015, of the 92 veterans that responded, 84% overwhelmingly stated that the most important thing that they had gained from practical support and help they received was *"peace of mind"*, as described by one of their clients:

> *"….the advisor ….has been brilliant with me and has taken a great deal of time with me, helping and advising me of my rights and form filling, which I would never have managed as some days my state of mind was all over the place…… Thanks to the advisor I have received what I am entitled to, he is also still helping me with my combat stress and has put me in touch with professional people."*[84]

[81] Armed Services Advise Project (ASAP) was established to provide more than a standard CAB service. ASAP employs paid specialist advisors to take on casework, see veterans for open-ended appointments, see more complex cases and provide tribunal representation. The service is available in 10 regions and has a helpline. The service can provide referrals into a range of other services.
[82] Supporting the Scottish Armed Forces Community in 2014 Katey Tabner and Keith Dryburgh, Citizens Advice Scotland and Armed Services Advice Project
[83] Armed Services Advice Project Annual Report 1 October 2014 – 30 September 2015 Citizens Advice Scotland
[84] Armed Services Advice Project Annual Report 1 October 2014 – 30 September 2015 Citizens Advice Scotland

In line with the above, the stakeholders interviewed for this review highlighted debt, housing and employment as the main issues that veterans needed help and support with, particularly during the transition period from the Service into civilian life:

> *"Debt, housing and jobs - if we can sort these out we can make a big difference." (Voluntary Sector Stakeholder)*

> *"The needs we pick up are where the statutory sector is failing, such as benefits and housing. This is where the statutory sector is not supporting people, or people are not engaging." (Voluntary Sector Stakeholder)*

Some stakeholders stated that more work needed to be done to get support from employers in Scotland to help get veterans into work.

> *"We need greater opportunities around employment and meaningful activity." (Voluntary Sector Stakeholder)*

In fact, veterans aged 16-24 have been identified as a priority group eligible for support under Scotland's Employer Recruitment Incentive (SERI). SERI offers employers up to £3,963 over the first 12 months of employment, supplemented by £500 if the employer pays the participant the living wage. The Scottish Government also confirmed £1.3 million additional funding to create 100 places within the Community Jobs Scotland programme. This includes 50 targeted at Early Service Leavers and is delivered by the Scottish Council of Voluntary Organisations, working in partnership with Poppyscotland and others.

To address veterans' housing issues, the Scottish Government contributed £2.59 million to the Bellrock Close development, a 51-flat complex in Cranhill, Glasgow. This facility is run by Scottish Veterans Residences and provides 21 affordable rental homes exclusively available for former Armed Forces members and their families, as well as temporary accommodation for veterans in need of dedicated support. The Scottish Government also provided £1.3 million to the Scottish Veterans Garden City Association (SVGCA) to help build 38 homes across six local authority areas to support physically and psychologically impaired veterans.

6.3 The Armed Forces Covenant and Prioritisation of Clinical Need

Overall, Scottish veterans are less proactive in dealing with health matters than UK veterans. Compared with UK veterans, Scottish veterans are[85]:

- less likely to do all they can to keep healthy (75% vs. 85% UK-wide);
- less likely to always seek medical help if worried (70% vs. 77% UK-wide);
- more likely to keep concerns to themselves to avoid making a fuss (63% vs. 54% UK-wide);

[85] Health and welfare of the ex-service community in Scotland 2014 A Poppyscotland supplement to the Royal British Legion report *A UK Household Survey of the ex-Service community 2014 Forces in Mind Trust, Compass Partnership, Royal British Legion*

- more likely to ignore health problems as too embarrassed to speak to a health professional (13% vs. 8% UK-wide); and,

- more likely to avoid seeking help because they worry what other people will think (12% vs. 6% UK-wide).

Therefore, around half of Scotland veterans' community wants to avoid *'making a fuss'*, which is a higher proportion than among Scottish adults nationally. Conversely, if veterans are at all worried, they are actually more likely to seek medical advice than the general Scottish population. Only a small proportion reported problems getting medical treatment, although this is equivalent to around 15,000 people.

However, less than one in twenty veterans in Scotland reported using support for their mental health, such as counselling and psychotherapy. Although this was higher at 13% among those experiencing some psychological difficulty, it was still only a minority of those reporting such problems.

The Armed Forces Covenant aims to ease veterans' access to health services and raise understanding about the health and social care needs of veterans. The Armed Forces Covenant states that there is a moral obligation to the members of the Armed Forces together with their families. Current Service personnel, reservists, veterans, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is considered to be appropriate especially for those who have given the most, such as the injured and the bereaved. Veterans should receive priority treatment where it relates to a condition, which results from their service, subject to clinical need, and should not be disadvantaged from accessing appropriate health services. However, that priority treatment does not entitle veterans to "jump the queue" ahead of someone with a higher clinical need and only relates to a condition associated to an individuals' time within the Service. If any veterans have concerns about their mental health, including where symptoms have presented sometime after leaving Service, they should still be able to access appropriate services with health professionals who have an understanding of Armed Forces culture.

In spite of the Covenant, it appears that some Scottish veterans face difficulties in accessing help for their mental health and related health issues. Most stakeholders, both professional and veterans, described the GPs understanding of the Covenant as being poor. It was felt that this lack of understanding was exacerbated by the increasing demands on GPs and the NHS generally:

> *"There is too much demand on the NHS and their ability to deliver priority treatment is challenged even more by the definition in the Covenant. It used to be that you were eligible for priority treatment if you were in receipt of a war pension and had an injury. But the definition has been widened putting the onus on the clinician to determine if a veteran has a service related injury and this can be an impossible question for a clinician to answer if it's ten years on for example." (Statutory Sector Stakeholder)*

"There is a tension in the NHS in giving veterans priority and it can set up an expectation amongst veterans." (Statutory Sector Stakeholder)

"GPs and councils don't understand the Covenant and we're not being heard." (Veteran Stakeholder)

"I've been trying to get a hip replacement caused by a service related injury, but my GP says that this isn't the case, he sees things differently and won't prioritise me as a veteran." (Veteran Stakeholder)

However, a number of stakeholders acknowledged that they also struggled with fully understanding the Covenant and the prioritisation of veterans, although some other stakeholders felt that they were very clear about how Covenant and how priority access to health care should work:

"It's variable and depends on the GP, but the Covenant isn't understood that well by local government, the NHS or even by the military." (Voluntary Sector Stakeholder)

"We all need more clarity about what the Covenant – what does priority mean?" (Voluntary Sector Stakeholder)

"It makes no difference if a person is a veteran or not, but it may matter in terms of diagnosis, for example, if a veteran goes to the GP with a bad back the GP should probe further to see if they suffered any injuries while in the Forces that could be affecting them now." (Voluntary Sector Stakeholder)

In January 2016, the UK Government unveiled its new branding to simplify and clarify the Armed Forces Covenant, uniting all the delivery partners in the common goal of achieving the best outcomes for the Armed Forces community[86]:

"The new Armed Forces Covenant brand gives us a clear visual identity, encapsulating what it stands for…… an important step for the delivery of local health care."

In spite of this, a number of stakeholders felt that GPs had a general lack of understanding of the mental health and related health needs of veterans, although it was acknowledged that some GPs would make an effort to address their needs if they were aware that the individual was a veteran:

"It's geographically patchy. Edinburgh has lots of veterans so the GPs are switched on, whereas in the Borders there are not a lot of veterans, so the GPs are less aware." (Statutory Sector Stakeholder)

"GPs generally have a lack of understanding, but sometimes when they realise that they are dealing with a veteran they will bend over backwards." (Statutory Sector Stakeholder)

[86] https://www.gov.uk/government/news/a-new-look-for-the-armed-forces-covenant

"My GP knew I was I veteran, but I wasn't well, I used alcohol and so was always drunk at the surgery but the GP was good, he did everything he could to help me because I was a veteran." (Veteran Stakeholder)

"We have good relations with our local GPs. But we only get a small number of referrals of veterans from these GPs even though they know us really well. Are they identifying guys as veterans? And are they understanding what they need?" (Voluntary Sector Stakeholder)

"Some [GPs] are good but many are still not veteran aware and they are not aware of the covenant." (Voluntary Sector Stakeholder)

"My GP said it was impossible that I had PTSD because I'd left the Service ten years ago, but when I rang the veterans' organisation and explained how I was feeling they got me an appointment straight away and I got diagnosed." (Veteran Stakeholder)

"There needs to be a greater awareness amongst GPs about veterans and their needs." (Voluntary Sector Stakeholder)

"We get high rates of referrals from some GPs, but knowledge varies a lot between GPs. They have enormous workloads and this is just one issue amongst many that they have to deal with." (Statutory Sector Stakeholder)

"We need to raise awareness in mainstream health services so they can be user friendly and have the knowledge to work with veterans" (Voluntary Sector Stakeholder)

Some stakeholders stated that veterans, particularly those who had negative experiences of the NHS, had developed a lack of trust and had lost confidence in GPs and mainstream NHS services:

"The statutory sector is failing and is too reliant on the third sector. They don't understand – this person is presenting as frustrated, and is angry and can be aggressive, and they fall out with GP reception staff because of the bureaucracy, well, that's a barrier. We know of case studies where veterans have been struck off practices." (Voluntary Sector Stakeholder)

"A vulnerable veteran wants the continuity of the family doctor but this is becoming a thing of the past. Now most of them end up seeing a locum GP so they're not building up trust and won't open up. And they have to tell their story again and again, so many disengage and withdraw." (Voluntary Sector Stakeholder)

The lack of trust and frustration with NHS systems and processes was echoed strongly within the veterans' focus groups and interviews:

"My GP sent a referral letter for a hospital appointment stating that I was a veteran and that the condition was due to my service, but at 16 weeks I hadn't heard anything. Finally I got an appointment after 19 weeks and saw the Consultant.

Then it took another 6 weeks for a MRI scan and other tests and many more weeks before I saw the consultant again. The whole process took 9 months and none of the hospital staff knew anything about the Covenant or the priority system." (Veteran Stakeholder)

"I tried to get help because I felt so bad and went to see my GP but was told I'd have to wait 4 to 6 months for a mental health assessment. The NHS system is collapsing." (Veteran Stakeholder)

"When I retired in 2012 my GP surgery had the question 'are you a vet' on their form. All my mass of medical records reduced to a sheet of paper so I had to start over again. And no GP surgery will give you the continuity of care you get in military. You never see the same doctor and they don't have the time to talk to you." (Veteran Stakeholder)

"I had a head injury while I was in the Service, since then I've suffered stress and headaches. Once it got really bad and I went to A&E, I was seen by the nurse then was left to wait for 4 hours, I finally got up and walked out." (Veteran Stakeholder)

"No one is going to change the NHS, they just brush the problems under the carpet." (Veteran Stakeholder)

It is interesting to note that the veteran stakeholders interviewed in Aberdeenshire were less critical of GPs and mainstream NHS services than veteran stakeholders interviewed in Edinburgh, many of whom were clearly infuriated by the services they had received. It was suggested that as there are fewer specialist services for veterans in Aberdeenshire compared to Edinburgh, GPs and mainstream NHS services may be more used to dealing with the veterans on a regular basis and addressing their mental health and related health needs. As one veteran stakeholder commented:

"It's not who you see but where you are – the GPs in the Scottish Borders are good with veterans and the NHS Champion is on board." (Veteran Stakeholder)

KEY ISSUE 10: Refreshing Health Boards' Understanding and Application of the Armed Forces Covenant and the Needs of Veterans

There has been little policy guidance to NHS Health Boards regarding the Covenant since 2010. In addition, several Health Board Champions have changed in recent years. These factors have resulted in the Covenant and all elements of the clinical pathway for veterans being delivered more effectively in some Health Boards areas than in others. In particular, communication and expectation management with veterans regarding the conditions that apply to Priority Treatment require critical review. Veterans Scotland has raised this issue with NHS Scotland and the Director General Health Scotland directed that a working group should be established to consider and address these issues and the group has recently convened. This group has a vital role in ensuring that veterans' policy is appropriately refreshed and that current inconsistencies are addressed.

6.4 Information Sharing and Continuity of Care

In September 2015, the electronic synchronisation between the Joint Personnel Administration (JPA) system and the allocation of Community Health Index (CHI) took place. This is a one-way secure link to provide the transfer of demographic information, and to ensure that all Service personnel based in Scotland have access to NHS services in Scotland, on the same basis as members of the general population, including services such as bowel, breast, cervical and other screening programmes. Arrangements have also been put in place to provide and record screening data within Service health records. Hardware has been installed (i.e. the Scottish Care Information Gateway (SCI)) to ensure that Military Health Centres have access to the same system as any Scottish GP and training to extend access is underway.

For GPs, READ coding[87] for the recording of patients who have served in the Armed Forces, or are part of the wider Armed Forces community (e.g. family, reservist), has been established in order to help patients get better access to the full breadth of NHS services. This knowledge will also enable GPs to access their prior medical records. The registration and recording helps the referral process, as well as the planning of appropriate services.

It was reported by stakeholders that many GPs do now ask and record whether their patients are veterans, although stakeholders were unclear as to how this information was being used by GPs. In fact, stakeholders commented that they only knew of one area that was making good use of this information and acting upon it:

> *"Some GPs do understand and they do ask the question as to whether you have served, but I only know of one area that has used the data in a meaningful way and has a staff member that focuses on and acts on the Covenant priority." (Statutory Service Stakeholder)*

> *"GPs are improving and are asking the question if someone is a veteran, but I don't know what they're doing with the answers." (Voluntary Sector Stakeholder)*

However, some stakeholders still felt that there were inconsistencies around GPs and their approach, which affected the care being provided to veterans:

> *"Those presenting at GPs are not being asked appropriate questions. NHS Inform website has a list of recommended questions that GPs should ask, but they are not being asked." (Statutory Service Stakeholder)*

There was also some concern that the NHS Scotland and NHS England systems were incompatible so information on patients could not be shared across the border, although people clearly move between the two nations.

[87] Read codes are the standard clinical terminology system used in General Practice in the United Kingdom. It supports detailed clinical encoding of patient information including: occupation; social circumstances; ethnicity and religion; clinical signs, symptoms and observations; laboratory tests and results; diagnoses; diagnostic, therapeutic or surgical procedures performed; and a variety of administrative items. Read codes (version 2, Scottish) are the recommended national standard coding system in Scottish general practices for recording clinical information. http://www.isdscotland.org/Health-Topics/General-Practice/GP-Consultations/Grouping-clinical-codes.asp

7. Specialist Mental Health and Related Provision for Veterans in Scotland

7.1 Specialist NHS Provision for Veterans

Veterans First Point (V1P) is the statutory NHS service that provides a one-stop-shop drop-in centre for veterans and provides clinical, welfare, housing and other support.

V1P was established in 2009 and funded by Scottish Government. Originally, the River Centre at The Royal Edinburgh Hospital, which dealt with trauma and stress related issues, found that around 30% of their caseloads were veterans with mental health problems. Therefore, there was clearly a demand and it was felt that there was a need to design a new health service specifically for veterans. V1P was developed as an NHS service, but it was decided it should be sited away from other NHS sites. A support element, in the form of a peer mentors programme was developed, which could, for example, help veterans to find employment opportunities. There are around eight V1P services planned in Scotland and the most recent service opened in the Scottish Borders.

The flagship service is V1P Lothian, which has five peer support workers, psychiatric services and a drop-in service. Access to V1P services are via self-referrals so there is no waiting list for services and, following an initial assessment, veterans can be seen within two to three weeks for a full clinical assessment.

Overall, stakeholders, both professionals and veterans, spoke very positively about the service provided by V1P, in particular the self-referral system that ensures quick and easy access to an NHS mental health service, which has helped to reduce barriers by no longer requiring a GP referral to a psychiatric service:

> *"The creation of V1P means that veterans are a lot higher priority than they used to be in the NHS, which has got to be good. V1P has got to be good - it's run for five years in Lothian and been a great success." (Statutory Sector Stakeholder)*

> *"I went in and saw a Psychiatrist straight away, I didn't have to wait and then I saw someone every two weeks." (Veteran Stakeholder)*

> *"I heard good stories about V1P, it sounded more positive than going to the doctor, so I went along and they were great, they sorted out my medication and liaised with my doctor." (Veteran Stakeholder)*

> *"V1P use evidence-based practices and keep good records and provides good data." (Statutory Sector Stakeholder)*

> *"V1P is able to bypass NHS waiting times – it's a good service." (Voluntary Sector Stakeholder)*

"The kind of support [available for veterans] is clearer on the mental health side of things for veterans than for the general population." (Voluntary Sector Stakeholder)

"There's good access to V1P and they provide good access to secondary care. It's easy for them because they're part of the NHS." (Voluntary Sector Stakeholder)

A number of stakeholders also spoke positively of the welfare support services provided by V1P, including housing, debt, employment and the work of the Peer Mentors:

"Too many veterans are too proud to seek help and V1P works incredibly well and provides a non-judgmental approach." (Statutory Sector Stakeholder)

"V1P work in an integrated manner including housing and jobs." (Voluntary Sector Stakeholder)

"The DNA (Did Not Attend) rates are low due to the Peer Support workers. We should have some kind of career progression to retain good [Peer Support] workers." (Statutory Sector Stakeholder)

However, other stakeholders expressed concerns over the widening scope of V1Ps activities, specifically the impact that this could have on other services and the risks of duplicating provision for veterans:

"V1P is the largest mental health service but they are expanding out of their remit into other areas like advocacy and housing. But this is provided by other charities and it means that V1P are moving away from the work they are good at and it replicates what other services are already doing. (Statutory Sector Stakeholder)

"V1P shouldn't try to be all things to all people." (Voluntary Sector Stakeholder)

"V1P were originally PTSD focused – now they've broadened out to mental health and wellbeing, and providing advice on a range of issues, which is potentially a huge overlap with other services like SSAFA." (Voluntary Sector Stakeholder)

Some stakeholders also expressed concerns about the impact of funding constraints within the NHS generally and the effect that this could have on the long term development of mental health services:

"We need more capacity and time to develop our service but the NHS is being squeezed and money is going to be an issue and our services will be affected." (Statutory Sector Stakeholder)

"It's hard to get normal operations now because GPs and NHS staff are being cut back. I know a guy with PTSD, he's been diagnosed but he can't get help because there's not enough mental health staff out here" (Veteran Stakeholder)

7.2 Voluntary Sector Mental Health and Related Provision for Veterans

Scotland has a large voluntary/third sector working with veterans, which was viewed by the majority of stakeholders as being extremely positive[88]:

"It's a small world in Scotland and there is a much tighter veterans' community. There's a sense that we all know each other, it's easier for us to work in partnership to support individuals. It's the same people all the time at meetings and because of that we're able to work together and change things. There's more willingness to engage with other organisations and work together. (Voluntary Sector Stakeholder)

"We have an advantage up here, we're quite compact in terms of population and the major conurbations are in the central belt. This makes our ability to work together easier." (Voluntary Sector Stakeholder)

However, some stakeholders, both professionals and veterans, stated that the large number of voluntary services created confusion and made it difficult for veterans to know who to approach and for professionals, such as GPs, to know which were the most appropriate services to refer their patients onto:

"It's a very cluttered landscape. There are issues around communication and understanding between organisations. It can be difficult for professionals to understand the landscape sometimes never mind the person needing support." (Voluntary Sector Stakeholder)

"GPs can get confused and be unaware of where they should send people first." (Statutory Sector Stakeholder)

"There is a degree of dilution – there are over 400 charities but I only know ten. People don't know where to go and what is on offer." (Statutory Sector Stakeholder)

"I know of about 40 organisations, but what do they all do, where is the money going and who are the main players? We need to pull all the organisations together to find out what they all do." (Veteran Stakeholder)

"There are too many smaller charities, it's too confusing for veterans, they don't know which way to turn." (Voluntary Sector Stakeholder)

[88] SCVO Scottish Third Sector Statistics indicate there are more charities per head of population in Scotland than any other UK nation. http://www.scvo.org.uk/news-campaigns-and-policy/research/scvo-scottish-third-sector-statistics/

"It's getting to stage where it's getting a bit confusing for the charity let alone the client. We need to work out how we are going to work together for benefit of the client and avoid duplication and confusion." (Voluntary Sector Stakeholder)

"Veterans will tell you 'there's far too much out there, I don't know where to go'. Each provider is fighting to provide a service to the same individual. Services need to be more joined up and designed around meeting the needs of the individual." (Voluntary Sector Stakeholder)

A few stakeholders even expressed concerns that there was a risk of there being too many services focused on the mental health needs of veterans in Scotland, which could result in a negative impact:

"There is a danger of reinventing the wheel. There's a view that we are getting to a stage of over-provision for mental health. We've got Combat Stress, V1P, SSAFA, Help For Heroes all working with veterans with mental health issues." (Voluntary Sector Stakeholder)

Combat Stress was the most well-known of all the charities and many stakeholders spoke positively of the service delivered by the organisation:

"*Combat Stress is working well. It's long established and a well-known brand. It's not the solution for everybody, but has been the salvation for many." (Voluntary Sector Stakeholder)*

"We get really good feedback from individuals about their treatment at Combat Stress. But they now do the 6 week intensive treatment model – doesn't please everybody." (Statutory Sector Stakeholder)

However, some stakeholders, both professionals and veterans, did raise concerns about the referral criteria and exclusions in place in Combat Stress and in a number of other voluntary sector organisations. There were fears that these criteria could result in the exclusion of some of the most vulnerable veterans from mental health services, particularly those with alcohol and/or drug issues:

"Combat Stress can be great for some but hell for others – there is no middle ground and the criteria is tight, for example, no alcohol or drug use." (Voluntary Sector Stakeholder)

"To get an appointment with Combat Stress you need to be clean for a week, but it's a real struggle." (Veteran Stakeholder)

"I got an appointment with Combat Stress and I was really pleased but I had to get three buses to get there and it was going to take me three to four hours of travelling and I got really stressed so I ended up having to have a drink to claim down, so I didn't go in the end because I knew that they wouldn't see me." (Veteran Stakeholder)

Other stakeholders were concerned that the voluntary sector was being use to fill the gaps in statutory NHS services:

"Statutory services are not being provided – it's a resource issue. There's a lot of talk at moment about equality of mental health and physical health issues, even for our guys - the things that would make a positive impact on their lives. But if we weren't doing it, they [veterans] wouldn't get it or they'd have to wait a long time, which increases isolation, which worsens mental health. More and more we are filling a gap which should be provided by statutory services. Wherever we can, we work with them to make sure members don't lose out. We are plugging the gaps but the gaps are getting bigger." (Voluntary Sector Stakeholder)

A number of stakeholders raised particular concerns about the quality of some of the voluntary services that had been established, especially those that focused on working with veterans with mental health issues. There was a degree of anxiety as to whether some voluntary organisations had the knowledge, expertise, experience and skills to provide appropriate and safe services:

"We have enthusiastic amateurs in a lot of the services, but I couldn't be sure that all the nurses have the correct training to carry out their roles. Some nurses working with people with mental health have not practiced as psychiatric nurses. I'm not sure of the quality of these services, their governance systems. We need to professionalise the sector - any services providing clinical services and treatment for mental health should be treated as an NHS service and they should provide data." (Statutory Sector Stakeholder)

"There are people in some charities who are well-intentioned but not experienced enough. There have been people offering counselling who weren't qualified." (Statutory Sector Stakeholder)

"I spoke to lad who saw a young woman in a service – he said she was defensive, maybe she felt unsafe when he started ranting and swearing from his frustration and said to him "there's no need for language like that". He stopped having anything to do with her and came to me for a few occasions to thrash how he felt out. But it's the way they [veterans] speak to each other and have done for years. Someone not used to it can take offence." (Voluntary Sector Stakeholder)

"There is a real question about the quality of services, in regards to mental health and dealing with trauma. We've had to pick up cases from other services that couldn't cope and weren't using an evidence-based approach." (Statutory Sector Stakeholder)

One stakeholder described a voluntary sector service that had been set up to specifically work with veterans with PTSD, but found that they were unable to cope with this group of veterans:

"They were well intentioned people who set it up but they didn't appreciate the level of the challenge and couldn't cope with the issues that people presented with." (Voluntary Sector Stakeholder)

Some stakeholders stated that they would like to see quality standards established to ensure that evidence-base practices were being used by all voluntary sector organisations working with veterans that have mental health issues and related needs:

> *"How effective are we all being? Someone needs to look at this, we need standard record keeping. Veterans Scotland could do this and the local council could oversee delivery." (Voluntary Sector Stakeholder)*
>
> *"I'd think we need accreditation particularly around skills and training and I'd welcome a kite mark and audit standards for services." (Voluntary Sector Stakeholder)*
>
> *"We need to have a way to judge what's effective and we should only fund things that are already established as working, that have an evidence-base." (Statutory Sector Stakeholder)*
>
> *"Some charities are funded locally but we need a quality system developed nationally that can be applied at locally level." (Voluntary Sector Stakeholder)*
>
> *"We need to legislate and control the sector more tightly. NHS regulations should apply to all voluntary sector services that carry out any kind of clinical or counselling roles." (Statutory Sector Stakeholder)*

In response to concerns, Veterans Scotland had identified the need for a framework that would:

- Provide quality assurance around clinical operational activities;
- Provide confidence and improve client referrals; and,
- Define the activity standards of voluntary sector providers for non-clinical therapies and their aspirations for development and improvement.

Discussions are being held with a number of parties with a view to developing an analysis of the requirement and development of a bespoke assessment system.

KEY ISSUE 11: Ensuring the Standards and Quality of Veterans' Mental Health Services

There are clearly concerns about the quality of some voluntary sector services and whether they have the knowledge, expertise, experience and skills to provide appropriate and safe services to veterans with mental health and related problems. Veterans Scotland are leading on exploring the development of an assurance framework for this sector. This work should be supported and developed in partnership with NHS Boards and Integration Joint Boards that are responsible for the planning and funding of clinical provision within local services as it is likely they will need to monitor these local services to make sure that they are working to an acceptable standard.

7.3 Regional Issues and Models of Care

The coverage of NHS mental health services in Scotland was described by stakeholders as *"regionally variable".* Scotland has large rural areas with small, but widely spread populations, which can restrict access to health care services, including mental health provision in some areas:

> *"There's an issue that some veterans with mental health issues choose to live rurally because they can't cope with the crowds and parts of Scotland are the most sparsely populated parts of Europe. These communities support each other, including access to health services in rural areas, but some mental health users can be outside that community support system." (Statutory Sector Stakeholder)*

> *"Remote rural healthcare is an issue, we need to find a way to get help to people most in need." (Statutory Sector Stakeholder)*

A number of professional and veteran stakeholders described how it was difficult for some veterans to get the help and support they needed around their mental health issues, and to access services due to the distances they had to travel:

> *"We have challenges in rural areas, particularly around transport and accessibility." (Voluntary Sector Stakeholder)*

> *"The support isn't there and long bus journeys don't work for sick people." (Veteran Stakeholder)*

> *"Everything is focused in the central belt [Edinburgh and Glasgow], everything is there." (Veteran Stakeholder)*

> *"V1P can be difficult to access because they are based in the city and people have to travel to them, but not everyone has the money for fares and people have needed help with travel costs." (Voluntary Sector Stakeholder)*

> *"We have to travel and we need help with fares but we get no help from the NHS so we have to look after each other." (Veteran Stakeholder)*

> *"The service (V1P) needs more capacity because it's city-based and some people have to travel really far to get to the service." (Voluntary Sector Stakeholder)*

> *"When we went up to Inverness, people were contacting us saying there's nothing up in the Highlands. The Highlands is a huge gap in terms of joined up services generally." (Statutory Sector Stakeholder)*

Some stakeholders, both professionals and veterans, raised concerns about the levels of unmet need in rural areas, (although it is important to note that the levels of unmet need described were often anecdotal and not based on data or evidence):

"How do we get support to veterans in rural areas and in isolated areas? There is unmet need in these areas, there is some outreach, but can they reach these people?" (Voluntary Sector Stakeholder)

There were mixed views from stakeholders on the service model that would be most appropriate for veterans in rural areas. Some stakeholders wanted to see an outreach model based on the V1P model, whereas others suggested that existing mainstream NHS health and social care services that already had links with rural communities would be more effective and practical:

"There are geographical gaps, but we can't set up services that can't be sustained, we need to work with mainstream services and look at redesigning services where we need to, to make them user friendly, not develop new services." (Statutory Sector Stakeholder)

"Areas with smaller populations need mainstream services if they are going to be inclusive. This is the only way to provide stable and sustainable services." (Voluntary Sector Stakeholder)

"We need more outreach provision - help should be available at point of need not point of delivery and at the convenience of services." (Statutory Sector Stakeholder)

"What should the outreach model be? There is a push to develop V1P Lothian into other areas, but I'm not sure that this is a suitable model." (Voluntary Sector Stakeholder)

"We need greater capacity and presence in these areas." (Statutory Sector Stakeholder)

"There's a lack of voluntary sector services in our area, but we have good links with SSAFA and local GPs." (Statutory Sector Stakeholder)

7.4 Mainstream versus Specialist Mental Health Provision for Veterans

As previously mentioned, all stakeholders spoke of the high quality of the V1P service. Some stakeholders clearly thought that this was the model that should be developed across Scotland and would ensure that pathways and routes into mainstream NHS services were *"unnecessary":*

"V1P focuses on credibility and accessibility and so is a self–referral, open access service. The aim was to get people into the services and treat all their needs there, so there is no pathway as we have a veterans' center and we hang onto people as long as they need." (Statutory Sector Stakeholder)

However, some stakeholders raised concerns that such a high quality provision was currently not available or accessible in all areas, and it may not be feasible to develop a V1P model across Scotland due to the geography and isolation of some areas.

Therefore, these stakeholders felt that it was vital to have good quality mainstream mental health, and related services and pathways that all veterans could access regardless of where they lived:

> *"Why are we looking at veterans separately, we need an integrated mental health service within the mainstream health system." (Statutory Sector Stakeholder)*

> *"We need to build the capacity of psychiatric services locally. Some people say that only veterans can understand what other veterans are going through, but this isn't the case." (Statutory Sector Stakeholder)*

Other stakeholders, both professionals and veterans, raised concerns about the lack understanding by GPs and mainstream NHS services of the mental health and related needs of veterans. They felt that this was a barrier to the development of an effective mainstream system and pathways, which could be easily accessed by veterans. Some also raised concerns that GPs and some mainstream NHS services were directing veterans away from mainstream services toward V1P or the voluntary sector:

> *"GPs are keen to push people toward Combat Stress. They think that this is best pathway, but they wouldn't do this to police and firemen who've suffered trauma." (Statutory Sector Stakeholder)*

> *"People are being turned away in the NHS and you're told because you're a veteran you have to go to V1P." (Veteran Stakeholder)*

> *"Pathways need to be improved and we need to raise awareness amongst GPs." (Voluntary Sector Stakeholder)*

> *"There is a tendency amongst some GPs to try and hand over veterans to the voluntary sector to deal with them but we're trying to keep them in NHS system and ensure that they have good access to health care." (Statutory Sector Stakeholder)*

> *"It often happens that when people disclose they are a veteran rather than engaging with them or fully assessing them, there's an immediate attempt to move them onto the third sector. If we get a GP letter it's often two or three sentences at most – not an in-depth assessment. We provide a service for the most complex cases without the services the NHS can provide, but we also get sent young lads with a schizophrenia diagnosis who should be looked after by statutory services and not by us." (Voluntary Sector Stakeholder)*

> *"Pathways are patchy, in some areas they are good, they are robust, but in other areas, like rural areas it is more difficult." (Voluntary Sector Stakeholder)*

> *"Data protection is a barrier. I had to get clearance to breach confidentiality recently to get the NHS involved with a client. But the NHS attitude was pretty poor. The client had mental health and physical health problems but he didn't think he needed help. He was in crisis but the GP didn't want to know." (Voluntary Sector Stakeholder)*

"The NHS will refer the severe cases to us, the ones that are too hard, and they don't always follow formal referral pathways, they just give the patient our number so they self-refer and they don't necessarily realise that they have to tell us that they are engaged with the CMHT/GP. It would be better if they formally referred because you can have different therapists working with people at the same time. We have to fire it back sometimes and that can cause friction." (Voluntary Sector Stakeholder)

Some stakeholders thought that specific services for veterans that included veterans as staff members or peer supporters were vital, in part, due to long waiting times in the NHS:

"The pathways are in place but NHS services are overloaded and they don't understand the Covenant and priority services. There can be long waiting lists for therapists of 6-8 months but they [veterans] are used to things happening quickly." (Voluntary Sector Stakeholder)

"Clients who come into our service are drawn because they feel people will understand them, they are coming to a service specifically for them, not taking a handout. Some of our advisers are veterans, some not all, but all understand that someone may come with a surface issue and it's only when you gain trust and show you understand them that they open up." (Voluntary Sector Stakeholder)

"We work with veterans, usually the young ones, who won't engage with statutory services because they feel they are not understood as veterans. But they will engage with us as a veterans' agency, then we can babysit them through the services they need." (Voluntary Sector Stakeholder)

"The general perception of statutory services is as intrusive busybodies. They don't want to accept charity though they will come to us, accept us even though we are a charity – they can see we are for veterans." (Voluntary Sector Stakeholder)

"Veterans are not that different from civilians but they need to be treated differently initially to trust you." (Statutory Sector Stakeholder)

In contrast, other stakeholders found that some veterans preferred not to speak to people with military backgrounds or had not had good experiences while in the Armed Forces:

"The facilitators of veterans' substance misuse group don't have military background. We've had people say to us that they prefer this as they wouldn't be as open to people with military connections as they're suspicious it might get back." (Voluntary Sector Stakeholder)

"But some veterans don't want to identify with the military – remembering may be giving them flashbacks or they only remember the bad times and they want to detach themselves from the military. There're the ones that you've really got to coax out." (Voluntary Sector Stakeholder)

"They have complexities or difficulties in their lives that they blame on the Army and we're trying to help them understand and introduce to them to people out there who dealing with these issues who haven't served." (Voluntary Sector Stakeholder)

"The individuals we've worked with who have a Forces background don't feel their experience is any different from that of the general population, certainly not any better. For some veterans it's an experience they want to forget, or they don't want to make a connection between their present and past experience. (Statutory Sector Stakeholder)

A number of stakeholders thought it was important to develop services that were more integrated with mainstream NHS services that encouraged veterans to mix with other populations and, in some cases, *"to learn to take action for themselves":*

"I've come across this with ex-offenders - many have said to me unless you've been there and done it, what have you got to offer? You hear similar talk from the military - the brotherhood. Unless you've walked the walk you can't talk the talk. But is anything going to change for them? There's got to be a lot more than their years in the service, as there's got to be more than people's years in prison or there's no hope for the future." (Voluntary Sector Stakeholder)

"You can appreciate these men and women have put their lives on the line for your country but the question is what does that actually mean for them? Does it mean they have to be surrounded by like-minded people in the Forces who may be as screwed up as them – always mixing with them, making that their fraternity – because this can create more damage [to their mental health and wellbeing]. We need to consider this when we consider the future of veterans service provision." (Statutory Sector Stakeholder)

"We are not a veterans' organisation and we're providing veterans with the opportunity we would provide any of our client groups – space away and time to think - the idea is to focus on where we are and want to be. As an organisation there's not much we can do with the past, but we can do things in the here and now, and improve pathways for the future. The programme is for veterans, but not many of our staff who are delivering will be veterans. And our peer support won't just be for veterans it will be broader, including people who have nothing to do with military but have faced similar problems in life." (Voluntary Sector Stakeholder)

"We find people who use our services can go floppy and expect everything to be done for them, especially middle aged men, but we need to encourage them to take responsibility for themselves." (Statutory Sector Stakeholder)

"Some expect everything to be done for them, but others who are vulnerable pick themselves up and move on. Some should put military service aside and get on and concentrate on fitting into society, getting a job - if you have 60-70 years left, hanging onto it as an anchor is no place to go and they can't keep using it as a badge of why they think society has let them down." (Voluntary Sector Stakeholder)

Some stakeholders also highlighted that the lack of clear pathways and integrated services could have a negative impact on the continuity of care for veterans:

"We have good links with some veterans organisations but there are so many of them, so if any patients go to these charities I lose track of them and often don't hear about them until I hear that they are back in hospital, in crisis. The luxury in the NHS is that we can follow patients but not in the voluntary sector." (Statutory Sector Stakeholder)

"Continuity of care by clinicians is a concern and some veterans complain that they have to tell their story again and again." (Voluntary Sector Stakeholder)

"I would like to see V1P services integrate back into NHS. Veterans need other veterans – this is the line that's pushed, but I don't buy into a veteran needs to see another veteran to find someone who understands their problems. In the Highlands work has been done to raise the profile of veterans in the NHS and systems have been put into place so now GPs are referring veterans to mental health teams." (Statutory Sector Stakeholder)

"At what point should someone be in a mainstream service or a separate specialist model? We end up with a "them and us" model, but I'm a strong believer in inclusion for all. Also some people don't identify as veterans so we need a mainstream model." (Statutory Sector Stakeholder)

"I felt intimidated by the guys at first, now another facilitator and I are more confident. We are civilians, challenging their stereotype of civilians." (Voluntary Sector Stakeholder)

KEY ISSUE 12: Mainstream versus Specialist Mental Health Provision for Veterans

There is a range of views as to the best model for the mental health and related needs of veterans. However, it is important that Scotland does not develop a 'one size fits all' model. There are clearly benefits of both specialist and mainstream NHS models and Scotland should aim to develop a mixed economy of service provision, based on local needs, ease of access to services (e.g. geography) and so forth. This should be led at a local level by NHS Boards and Integration Joint Boards who are responsible for the planning of services in their local areas.

8. Partnerships and Multi-Agency Working

8.1 Partnerships between Specialist Veterans' NHS and Voluntary Sector Services

> *"Promote partnership as this is key to successful delivery for veterans, from all backgrounds and in all circumstances. The most ground-breaking and effective initiatives are undoubtedly those in which people and organisations have stepped out of professional silos, combine efforts and work together towards a common goal." Eric Fraser CBE, Scottish Veterans Commissioner (2016)* [89]

There is a need to establish effective local multi-agency partnerships to improve assessment and referral pathways, and to meet the needs of veterans with complex needs such as those with mental health and alcohol issues and those involved in the criminal justice system.

Many stakeholders spoke highly of V1P in regards to partnership working and stated that they were very good at developing a range of partnerships across the statutory and voluntary sector, and with the Armed Forces:

> *"Good partnership is crucial. People should only have to tell their story once not countless times in one assessment after another." (Statutory Sector Stakeholder)*

> *"Poppyscotland has its own Welfare Centre in Inverness and will be partnering with NHS Highland to deliver the V1P service in the Centre. This is a good example of partnership working to add value." (Voluntary Sector Stakeholder)*

The majority of stakeholders stated that they would like to see greater collaboration and partnerships between the statutory, voluntary and even private sectors, and particularly at a local level. Some stakeholders felt that more needed to be done to specifically improve partnerships between the voluntary and statutory services:

> *"We're not coordinated well enough between Combat Stress, the NHS and V1P. The crossover and transfer of information is poor. We often see people who can be seen by all three services essentially for the same problem. We can discharge someone and find they are still seeing someone elsewhere. This is unhelpful for the individual's recovery. (Statutory Sector Stakeholder)*

> *"Interface with NHS is not good. We need better case coordination between voluntary and statutory services, and to share assessments." (Voluntary Sector Stakeholder)*

> *"Data protection and confidentiality are issues and it can make it difficult for NHS and third sector to work together. More needs to be done in this area." (Voluntary Sector Stakeholder)*

[89] Eric Fraser CBE, Scottish Veterans Commissioner Renewing Our Commitments (February 2016) The Scottish Government

In addition, some stakeholders expressed concerns that although there was much discussion around collaboration and partnerships, especially in the voluntary sector, there was also a great deal of competitiveness, particularly around funding opportunities and expanding services, even if this meant services expanding into areas that were not typically their areas of expertise:

> *"We are handicapped by politics and self-preservation – sometimes it feels like we are competing for the same client group – it's a distraction, it prevents us from delivering the best possible service having to competing for the same pounds." (Voluntary Sector Stakeholder)*

> *"It's frustrating there's a lot of talk in the veterans' community about collaboration, but some services are more interested in expanding into other areas, but don't have the local knowledge and contacts and can fail to deliver. It puts pressure on their staff and stress on peer supporters." (Voluntary Sector Stakeholder)*

> *"Charities are in survival mode – some are hanging onto clients and some are doing work with veterans because they think that this is where the money is." (Voluntary Sector Stakeholder)*

> *"They're all competing for the same resources, all after the same pots of money, so there is preciousness about hanging onto their clients and this is counter-productive to any collaboration." (Statutory Sector Stakeholder)*

> *"Charitable giving has diminished as people are not seeing Armed Forces personnel returning home in body bags, so there needs to be more collaboration between charities when bidding for money." (Voluntary Sector Stakeholder)*

> *"There are some good partnerships but there could be better co-working between voluntary sector organisations." (Statutory Sector Stakeholder)*

> *"We tried joint referral meetings with Combat Stress but it just fizzled out." (Voluntary Sector Stakeholder)*

> *"Some charities cover big patches and say we are the solution to the local problem, but they may not have local links." (Statutory Sector Stakeholder)*

> *"Partnerships are variable and depend on how well the voluntary service works. Some expect funding or depend on funding from limited NHS and Government sources so are reluctant to collaborate with other services." (Statutory Sector Stakeholder)*

KEY ISSUE 13: Partnerships and Collaboration

Effective multi-agency partnerships are essential for meeting the needs of veterans with the most complex needs e.g. those with mental health problems and alcohol problems, and those involved with the Criminal Justice System. So, there is a need for a more strategic and coordinated approach to planning for the needs of veterans in all areas (which would include case management). This partnership approach will need to be promoted by NHS Boards and Integration Joint Boards who are responsible for the planning of services in their local areas. It is vital that they encourage greater partnership working between statutory and voluntary organisations, local communities and service users by involving them in service planning, which can increase ownership and sustainability, and improve outcomes.

8.2 Partnerships within the Criminal Justice System

The current evidence indicates that:

- Veterans are more likely to be convicted of violent offences than non-veterans (DASA, 2010).
- 1.4% of veterans are likely to offend post-service (MacManus et al, 2013). In Scotland this equates to around 3,650 veterans, although this is not an annual figure.

It is the role of the Scottish Veterans Prison In-Reach Group (SVPIRG) to consider the needs of veterans within the Criminal Justice System, specifically those receiving custodial sentences. It comprises Scottish Prison Service (SPS) staff and voluntary sector representation, e.g. Poppyscotland and Combat Stress. It acts as a conduit for communication by gathering and disseminating information to veterans and families. It also pursues research to inform policy and practice. The SVPIRG aims to ensure that veterans within the criminal justice custodial system benefit from the full range of services and interventions currently provided by SPS and partner agencies.[90]

Action is being taken to improve the responses of the Police, Courts and Prisons in order to meet the needs of veterans and these activities are summarised below.

8.2.1 Police Scotland

All individuals who enter into Police custody should be asked if they have served in the UK Armed Forces. This is now one of the 'prisoner vulnerability questions' asked by Police Scotland, as part of a process for supporting veterans.

[90] Renewing Out Commitments (February 2016) The Scottish Government

A partnership was established between Police Scotland, Citizens Advice Scotland and Poppyscotland to extend the reach of the Armed Services Advice Project (ASAP). Since April 2014, whenever a Police Officer or member of Police staff is speaking to a member of the Armed Forces community, including veterans, and considers that they would benefit from a referral to ASAP, then, with that individual's consent, they refer them to ASAP via Citizen's Advice Scotland.

In the seven month period between April and October 2015, 189 members of the Armed Forces community in Scotland were referred to ASAP for help and/or support compared with 199 in the twelve months between April 2014 and March 2015. It was further reported that more people are now taking up that offer of help, which is not compulsory, and acceptance rates for April to October 2015 were at 22%, compared with 18% for the first year of the initiative.[91]

Police Scotland has also appointed Veterans Champions in each of its 13 Divisions, coordinated by a central hub.

8.2.2 Courts

There was no support in place for the majority of veterans who received non-custodial sentences. Therefore, a pilot has been established in Edinburgh to inform Sheriff Courts and Justice of the Peace (JP) Courts when Service-related disadvantage may be at the root cause of offending in order to allow non-custodial disposal options to be considered, which may help to reduce reoffending. The aim is not to give special treatment to offenders who are veterans, but to provide judges with more information and context, and to offer additional options.

The pilot commenced in March 2016 and will run for a period of 18 months in Edinburgh Sheriff and JP Courts. Partners in the pilot include Sheriffs, JPs, the Edinburgh Bar Association, Edinburgh Criminal Justice Social Work (CJSW) and V1P. Veterans who fit the criteria will be referred for a CJSW report, which will be developed in collaboration with V1P Lothian. The report's recommendation for disposal will include action to address the root cause of offending within a veterans-appropriate context. This is one of the first initiatives of this type in the UK and, if successful, would provide an evidence base to extend the programme across Scotland.

8.2.3 Prisons

A Veteran in Custody Support Officer (VICSO) has been established in all Scottish prisons to provide information and co-ordinate activities and services. As well as working with known veterans, the local VICSO Champion also encourages those veterans who may have chosen not to reveal their service record to come forward to benefit from the specialist assistance on offer. This is done through posters, leaflets, publicity and 'word of mouth'.

[91] http://www.scotland.police.uk/whats-happening/news/2015/november/partnership-initiative-is-helping-vulnerable-veterans

Veterans in custody have access to therapeutic interventions and services such as the Substance Related Offending Behaviour Programme, Violence Prevention Programme and Constructs. Mental health issues associated with veterans and offending behaviour can also be addressed through referral channels provided by Scottish Prison Service, the NHS and partner agencies.

In 2013, within the Scottish Prison Service, it was estimated that between 3% - 8% of prisoners reported having been a member of the Armed Forces. Around three quarters (78%) had been in the Army; 9% in the Royal Air Force; 7% had been Reservists; and 6% had been in the Royal Navy[92].

In May 2015, it was reported that there were 218 veterans in the Scottish prison system[93]. The breakdown by prison is outlined in the table below.

Number of Veterans in Scottish Prisons – May 2015		
Prison	**Number**	**Percentage**
Low Moss & Barlinnie	63	28.8%
Glenochil	40	18.3%
Edinburgh	23	10.5%
Addiewell	17	7.7%
Perth	16	7.3%
Shotts	13	5.9%
Castle Huntly	12	5.5%
Kilmarnock	8	3.6%
Grampian	7	3.2%
Dumfries	7	3.2%
Inverness	5	2.2%
Cornton Vale & Polmont	4	1.8%
Greenock	3	1.3%
TOTAL	**218**	**100%**

Veterans' statutory and voluntary sector providers are encouraged to 'reach in' to veteran prisoners to promote services and assistance for them and their families, while they are serving a custodial sentence and also on release back into the community. It is an information and 'sign posting' initiative intended to support veterans who are seeking help around accommodation, pensions and finance, substance misuse and stress[94] and providers working within Scottish prisons include Lothians Veterans Centre and SSAFA.

V1P stated that they had been carrying out prison inreach peer support work, although it was reported that recently this work *"has been on hold due to the lack of staff"*

Some stakeholders commented that they would like to see more capacity within services to increase and improve services for veterans in prison.

[92] Renewing Out Commitments (February 2016) The Scottish Government
[93] Data provided by Veterans Scotland
[94] Renewing Out Commitments (February 2016) The Scottish Government

8.2.4 Veterans' Voluntary Sector Provision in the Criminal Justice System

Sacro's Veterans Mentoring Service[95] was established as a service for veterans who are currently in or are on the periphery of the criminal justice system. The service works closely with veterans to put an intensive support plan in place where strategies can be developed to cope with their specific needs. The aim of the service is to enable the service user to enjoy sustainable, independent living. The service is currently offered across the central belt of Scotland.

[95] http://www.sacro.org.uk/services/criminal-justice/veterans-mentoring-service

9. Veterans Access to Information about Service and Support

Some veterans who do not routinely access general health and social care services may be at increased risk of poor physical health and/or mental health, which can be accumulate through life and lead to increased demands on services and increased health and social care costs. Therefore, it is vital that veterans have easy access to clear and accessible information. Equally, professionals in mainstream services such as NHS or Local Authority also need ease of access to information, so they can, for example, make appropriate onward referrals.

There are good links, well-developed networks and a wealth of useful information available to veterans in Scotland. Veterans Scotland plays a leading role in coordinating information and advice about the support available to veterans by providing links through their *Veterans Assist* website[96] and promoting the use of portals provided by NHS Scotland and Citizens Advice Scotland. *Veterans Assist* provides an important link in ensuring that all veterans can access vital support and information on housing, employment and education, health and wellbeing, and comradeship and remembrance, as well as veterans' organisations or activities and events taking place in Scotland.

In regards to accessing health care information a veteran's ability to do so may be reliant on their previous knowledge and experience; for example, understanding how to register with a GP and how to access support provided by voluntary sector services. This type of information is often available in leaflets and other forms of information issued by a range of organisations and on a variety of websites.

It was reported that a wealth of information exists in Scotland for veterans. However, instead of improving access to services, a number of stakeholders reported that veterans often find it difficult, confusing and complicated to navigate these websites in order to find the information they wanted or needed. In fact, some stakeholders complained that information on websites for both veterans and professionals was often unclear, difficult to find and improvements were needed:

> *"There are loads of charities, but how do people access relevant information? People are overwhelmed by the number of services out there and they don't know how to access them or which ones would be best for them." (Voluntary Sector Stakeholder)*
>
> *"Finding the right organisation to help you is hard, it's hard to find the organisation that can make a difference to you." (Veteran Stakeholder)*
>
> *"I don't know about all the services, I need better information." (Veteran Stakeholder)*

[96] www.veterans-assist.org

"We need to improve signposting to the voluntary sector within statutory agencies, and Armed Services need to have a better understanding of the voluntary and statutory services available to service personnel and ex-service personnel so they can signpost them." (Statutory Sector Stakeholder)

"We have the platform up here, a veterans portal on NHS Inform for educating and making health professionals aware, but we need to get the information on it right – it needs attention. And also it needs promoting. You can produce the best portal but if no one knows about it it's no good." (Statutory Sector Stakeholder)

"On NHS 24, there is a veteran's forum aimed at professionals but it's a lot of effort to go on it and people have lots of other priorities." (Statutory Sector Stakeholder)

"The NHS veterans' website is terrible, it's unusable." (Voluntary Sector Stakeholder)

In order for this information to be useful for veterans and professionals, it needs to be accessible, relevant and timely, and to achieve this it is necessary to have better signposting and partnership working between statutory and voluntary sector providers. It is important to strengthen the links between the two sectors as veterans and their families may initially rely on the voluntary sector for information, but some of these organisations may not have the same levels of information infrastructure as statutory organisations.

KEY ISSUE 14: Veterans Access to Information

Professionals and veterans find it difficult, confusing and complicated to navigate websites to find the information they want or need. Therefore, there is a need to improve access to information, which can help to improve access to services. It would not be necessary to develop new systems and structures but rather to improve co-ordination and signposting between providers and services across statutory and voluntary sector boundaries and remove any unhelpful barriers to information provision.

10. Families and Carers

The Scottish Government recognises the need to involve families in mental health policy development and service delivery:

> ***Commitment 2****: We will increase the involvement of families and carers in policy development and service delivery. We will discuss how best to do that with VOX and other organisations that involve and represent service users, families and carers. (Mental Health Strategy for Scotland 2012 – 2015)*[97]

There were few professional stakeholders (either statutory or voluntary) that raised issues or discussed the needs of the families of veterans with mental health and related issues. However, those that did raise the issue recognised that there were gaps in a number of areas.

For example, a number of stakeholders raised concerns about the lack of information and signposting specifically for families and carers of veterans:

> *"These parents were worried sick about their son till they had a chance conversation with my sister-in-law who was aware of our organisation and we were able to give them help and signpost them on. The parents felt so much better with burden being taken off their shoulders and knowing that there is help out there for them and their son." (Voluntary Sector Stakeholder)*

The majority of stakeholders, both professionals and veterans, who did raise issues in this area felt that the needs of families were *"underserved"* and not enough support was being provided to families and carers around the mental health needs of veterans and in helping them to deal with housing and debt issues:

> *"Lots of families have no idea how to access support. Many people think it's just about the individual." (Statutory Sector Stakeholder)*

> *"The number of breakdowns in families is high – I lost my wife and kids because I had no support. I tried to get support from the Council but that only made it worse because they threatened to take my kids away." (Veteran Stakeholder)*

> *"The majority of our clients are older veterans - single white males whose relationships and families have crumbled and are estranged. But with some of the younger veterans we are seeing mums and girlfriends who have to deal with angry bitter young men that they are not skilled to cope with and they are not supported. Relationship Scotland had funding to deal with veterans but it's all very piecemeal and ad hoc, and if people don't know it's out there, they won't access it." (Voluntary Sector Stakeholder)*

[97] http://www.gov.scot/Publications/2012/08/9714/11

"This week I had to help a mother who been abandoned by her husband who was a veteran and had a lot of issues. She had three young children and they were sleeping on friends' floors because they had no money and housing, and didn't know how to get help." (Voluntary Sector Stakeholder)

"Being a carer of a veteran with a mental health condition is hard – often they don't realise they need help themselves. You go from being the carer and trying to be strong, to being the person who needs care." (Voluntary Sector Stakeholder)

While there are services such as Lothians Veterans Centre that do provide support to families that are experiencing difficulties and encourage them to access their services, few stakeholders, both professionals and veterans, could actually name any support services specifically for the families and carers of veterans:

"Families are welcome to access our services, but I would like to reach out more to families." (Voluntary Sector Stakeholder)

"SSAFA do some of this [work with families] and Combat Stress do well with families, but there is a gap, there is no Big White Wall in Scotland." (Voluntary Sector Stakeholder)

"I can only think of two services, the Ripple Pond, that's quite new, and Combat Stress used to have family groups." (Voluntary Sector Stakeholder)

"Family support? I don't think there is support for families, I don't know of any." (Veteran Stakeholder)

"We're not aware of any particular support out there other than the SSAFA helpline for families." (Statutory Sector Stakeholder)

"I haven't had much family contact but we have a carers group. It's difficult to access the family if client doesn't want you to." (Voluntary Sector Stakeholder)

"We need something aside from the V1P model, which would encompass the whole family unit. At the moment there seems to be separate support for the family member and the veteran – they're seen in isolation." (Voluntary Sector Stakeholder)

KEY ISSUE 15: Families and Carers

Families and carers can play a significant role in supporting veterans to address their mental health and related health and social care needs. They can also have mental health needs of their own, which require appropriate support. However, there is a gap in terms of research evidence on the emotional and support needs of families and carers themselves. This should be considered within any national or local needs assessments carried out on veterans' needs. Veterans' statutory and voluntary services should also consider the support needs of families and carers, including helping them to better understand the needs of veterans returning home.

In regards to the needs of children, the Scottish Service Children's Strategic Working Group has developed partnership work to raise the profile of Service children in the education system, and focusing action to address their particular needs and challenges.

However, during this review only one stakeholder raised any concerns about children and safeguarding issues:

> *"I worry about safeguarding issues – these young men have children that could be at risk because of their mental health problems, so we should be asking about this and making sure we protect these children." (Voluntary Sector Stakeholder)*

The Children and Young People (Scotland) Act 2014 and National Guidance for Child Protection[98] sets out the common standards for child protection services in Scotland, outlining how all agencies should work together, where appropriate, to respond to concerns early and effectively.

It is vital that any veterans' services working with families take into account the needs of the children. Veterans' voluntary sector organisations may particularly have an important role in monitoring the wellbeing of these children, as families may feel more comfortable disclosing information and family difficulties to these organisations rather than to statutory organisations. As the National Guidance for Child Protection states:

> *"Child protection is a complex system requiring the interaction of services, the public, children and families. For the system to work effectively, it is essential that everyone understands the contribution they can make and how those contributions work together to provide the best outcomes for children. Everyone working with children and their families, including social workers, health professionals, police, educational staff, voluntary organisations and the third sector, as well as members of the community, need to appreciate the important role they can play in remaining vigilant and providing robust support for child protection."*

KEY ISSUE 16: Safeguarding Children

Veterans' services working with families and children are part of a local community and have a role to play in promoting, supporting and safeguarding the wellbeing of children. By being aware of, and understanding the local systems and provision around safeguarding children, they can ensure that families and children have access to any help they need, when they need it.

[98] National Guidance for Child Protection in Scotland 2014 The Scottish Government

11. Conclusions and Summary Key Issues

Arguably, Scotland has one of the most robust mental health and related health provision for veterans in the UK, with a thriving specialist statutory and voluntary sector that has been supported and resourced by the Scottish Government.

Although, it should be noted that the other devolved nations are currently also taking action to improve their provision for veterans. For example, NHS England priorities for veterans in 2016/17[99] included:

- Securing improved veterans' mental health service provision;
- Accelerating raised awareness and participation of Clinical Commissioning Groups (CCG) and Local Authorities in Armed Forces, their families and veterans through Armed Forces Networks, the CCG planning and assurance process and through the contracting process with service providers;
- Ensuring better care through the development of integrated IT systems that enable rapid transfer of data between defence and health;
- Developing improved pathways of care enabling access to appropriate health care for Armed Forces personnel at discharge; and
- Improving quality and performance reporting.

Equally, Veterans' NHS Wales[100] is working to improve the mental health and wellbeing of veterans with a service related mental health problem, through the development of sustainable, accessible and effective services, by ensuring:

- Veterans who experience mental health and wellbeing difficulties related to their service are able to access and use services that cater for their needs;
- Veterans are given a comprehensive assessment that accurately assesses their psychological and social needs;
- Veterans and others involved in their care are able to develop an appropriate management plan that takes their family and their surroundings into account;
- Veterans' families are signposted to appropriate services if required;
- The service will develop local and national networks of services and agencies involved in the care of veterans to promote multi-agency working to improve outcomes for veterans and their families;
- The service will link with the military to facilitate early identification and intervention;
- The service will promote a recovery model so that veterans can maximise their physical, mental and social wellbeing in line with Welsh Governments Prudent Healthcare policy;
- To provide brief psychosocial interventions (approximately 16-20 out-patient sessions);
- To provide expert advice and support to local services on the assessment and treatment of veterans who experience mental health difficulties to ensure local services, including addictions services, are able to meet the needs of veterans

[99] The View from the NHS Kate Davies OBE, Head of Armed Forces and their Families, Health & Justice and Sexual Assault Services (10 March 2016) NHS England
[100] http://www.veteranswales.co.uk/about-us/aims-and-outcomes.html

In Scotland, the commitment to veterans of the organisations and professionals who took part in this review is commendable. Veterans are treated with respect, compassion and dignity, and overall, the mental health services provided are of a good standard. There is no doubt that much effort and investment has been put into developing these services over the years and good progress has been made.

However, the evidence gathered for this review and the feedback received from stakeholders, both professionals and veterans, clearly demonstrates that there are some gaps in provision and areas where further improvements can be made. The key messages from stakeholders are as follows:

- Existing resources need to be appropriately **targeted and maximised to meet the needs of veterans and their families and carers.** Resources should be targeted at veterans and their families who are most in need and any unmet needs should be addressed - gaps and duplication in provision should be avoided.

- There are benefits of having both a specialist and mainstream NHS model for veterans in Scotland and a 'one size fits all' model should be avoided. **Scotland should aim to develop a mixed economy of service provision** based on local needs and ease of access to services i.e. veterans and their families living in rural and urban areas.

- There is a need for **greater collaborative work and partnerships to improve efficiency and effectiveness.** At a local level, there is a need for a more strategic and co-ordinated approach with the needs of veterans included in local planning processes. There is also a need for more cooperation between the statutory and voluntary sector, and within the voluntary sector. Effective local multi-agency partnerships will help to improve assessment and referral pathways, and ensure that services meet the needs of veterans and their families, especially those with complex needs such as mental health and alcohol issues and those involved in the criminal justice system.

The key issues outlined in this report (and summarised below) highlight the opportunities for further development and improvements that the Scottish Government, NHS Health Boards and Integration Joint Boards, specialist statutory and voluntary sector service providers and veterans can jointly take forward. This will not only ensure that positive progress continues to be made in Scotland, but makes certain that Scotland remains, as one stakeholder stated:

> *"…ahead of the game and maintains its enviable reputation in this area". (Voluntary Sector Stakeholder)*

11.1 Key issues

KEY ISSUE 1: National Assessment of Veterans' Needs
In order to ensure that funds for veterans are being used in the most effective and efficient manner, the Scottish Government should consider carrying out a national assessment of mental health, and related health and social care needs of veterans. Such an assessment should provide a comparison with the general population. This would create an evidence base and make sure that funds are targeted at veterans who are most in need, highlight any unmet needs, avoid duplication of service provision and ensure value for money.
KEY ISSUE 2: Local Planning for Veterans' Mental Health and Related Needs
Veterans' mental health, and related health and social care needs should be factored into the 31 Integration Joint Boards Health & Social Care Partnership Strategic Planning processes and systems. Promoting and highlighting the needs of veterans, as appropriate, should be the priority role for veterans' statutory and voluntary sector organisations, and NHS Veterans Champions who attend these planning meetings.
KEY ISSUE 3: Role of NHS Veterans Champions
It would be helpful to have further guidance around the role of NHS Veterans Champion for veterans, statutory and voluntary sector organisations and for NHS Champions themselves. Veterans Scotland is aiming to produce a short guide that provides an outline of the role of the NHS Veterans Champion including primary and secondary care support, engagement with the veterans' community and obligations under the Covenant.
KEY ISSUE 4: Improving Quantitative and Qualitative Data on the Demographic Profile of Veterans to Target Resources
Efforts should be made to improve quantitative and qualitative data (e.g. geographical, age, gender) on the profile of veterans at a national and local level. It is essential to gather trend information on the profile of veterans to monitor any changing mental health, and related health and social care needs within the veterans' population to appropriately target resources and to develop current services and plan future provision.
KEY ISSUE 5: Local Planning for Older Veterans
The Integration Joint Boards responsible for the planning of local health and social care services need to be aware of, and plan for, the increasing number of elderly veterans in their areas in order to ensure that the health, mental health and social care needs of this increasing elderly population are not overlooked.

KEY ISSUE 6: Provision for Female Veterans and Spouses
There are very few women (veterans and spouses) currently using veterans' services within the statutory and voluntary sectors, so the mental health, and related health and social care needs of these women may well be overlooked. Therefore, any national or local needs assessments must consider the needs of female veterans and spouses as an under-represented group. Veterans' statutory and voluntary sector providers need to consider how the current service provision could be made more user-friendly for women and what types of service provision would be most appropriate for female veterans and spouses.
KEY ISSUE 7: Common Mental Health Problems and PTSD
PTSD is an important mental health issue that must be addressed. However, efforts should also be made to ensure that common mental health problems e.g. depression, are not overlooked or marginalised, either in terms of funding or treatment within services. Efforts should be made to promote better understanding about PTSD including improved assessment. Veterans should be encouraged to address their actual mental health, with equal measure, and related health and social care issues.
KEY ISSUE 8: Pre-Enlistment Factors
Pre-enlistment factors and length of time in service clearly have an impact on the mental health, and related health and social care needs of veterans. Awareness of these issues needs to be raised amongst statutory and voluntary sector service providers to make sure that pre-enlistment factors are not overlooked and are taken into account during referral and assessments procedures. This will ensure veterans are placed in the most appropriate services for their needs.
KEY ISSUE 9: Preventing Suicide and Alcohol Misuse
Local planning around the needs of veterans should include effective partnerships between veterans' statutory and voluntary sector mental health services, mainstream NHS and Local Authority services, wider substance misuse services and the Criminal Justice System to ensure that any vulnerable veterans do not fall through the gaps but are able to access appropriate help for any alcohol issues. This is also an area where further work needs to be done at a national and local level to increasing the understanding of the impact of alcohol on vulnerable Scottish veterans.

KEY ISSUE 10: Refreshing Health Boards' Understanding and Application of the Armed Forces Covenant and the Needs of Veterans

There has been little policy guidance to NHS Health Boards regarding the Covenant since 2010. In addition, several Health Board Champions have changed in recent years. These factors have resulted in the Covenant and all elements of the clinical pathway for veterans being delivered more effectively in some Health Boards areas than in others. In particular, communication and expectation management with veterans regarding the conditions that apply to Priority Treatment require critical review. Veterans Scotland has raised this issue with NHS Scotland and the Director General Health Scotland directed that a working group should be established to consider and address these issues and the group has recently convened. This group has a vital role in ensuring that veterans' policy is appropriately refreshed and that current inconsistencies are addressed.

KEY ISSUE 11: Ensuring the Standards and Quality of Veterans' Mental Health Services

There are clearly concerns about the quality of some voluntary sector services and whether they have the knowledge, expertise, experience and skills to provide appropriate and safe services to veterans with mental health and related problems. Veterans Scotland are leading on exploring the development of an assurance framework for this sector. This work should be supported and developed in partnership with NHS Boards and Integration Joint Boards that are responsible for the planning and funding of clinical provision within local services, as it is likely they will need to monitor these local services to make sure that they are working to an acceptable standard.

KEY ISSUE 12: Mainstream versus Specialist Mental Health Provision for Veterans

There is a range of views as to the best model for the mental health and related needs of veterans. However, it is important that Scotland does not develop a 'one size fits all' model. There are clearly benefits of both specialist and mainstream NHS models and Scotland should aim to develop a mixed economy of service provision, based on local needs, ease of access to services (e.g. geography) and so forth. This should be led at a local level by NHS Boards and Integration Joint Boards who are responsible for the planning of services in their local areas.

KEY ISSUE 13: Partnerships and Collaboration

Effective multi-agency partnerships are essential for meeting the needs of veterans with the most complex needs e.g. those with mental health problems and alcohol problems, and those involved with the Criminal Justice System. So, there is a need for a more strategic and coordinated approach to planning for the needs of veterans in all areas (which would include case management). This partnership approach will need to be promoted by NHS Boards and Integration Joint Boards who are responsible for the planning of services in their local areas. It is vital that they encourage greater partnership working between statutory and voluntary organisations, local communities and service users by involving them in service planning, which can increase ownership and sustainability, and improve outcomes.

KEY ISSUE 14: Veterans Access to Information

Professionals and veterans find it difficult, confusing and complicated to navigate websites to find the information they want or need. Therefore, there is a need to improve access to information, which can help to improve access to services. It would not be necessary to develop new systems and structures but rather to improve co-ordination and signposting between providers and services across statutory and voluntary sector boundaries and to remove any unhelpful barriers to information delivery.

KEY ISSUE 15: Families and Carers

Families and carers can play a significant role in supporting veterans to address their mental health, and related health and social care needs. They can also have mental health needs of their own that require appropriate support. However, there is a gap in terms of research evidence on the emotional and support needs of families and carers themselves. This should be considered within any national or local needs assessments carried out on veterans' needs. Veterans' statutory and voluntary services should also consider the support needs of families and carers, including helping them to better understand the needs of veterans returning home.

KEY ISSUE 16: Safeguarding Children

Veterans' services working with families and children are part of a local community and have a role to play in promoting, supporting and safeguarding the wellbeing of children. By being aware of, and understanding the local systems and provision around safeguarding children, they can ensure that families and children have access to any help they need, when they need it.

Annex A: Health And Social Care Integration Strategic Plans

NHS Ayrshire and Arran

1. **East Ayrshire** Health & Social Care Partnership Strategic Plan 2015 -18[101]
2. **North Ayrshire** Health & Social Care Partnership Strategic Plan 2015 -18[102]
3. **South Ayrshire** Health & Social Care Partnership Full Strategic Plan 2015-18[103]

NHS Borders

4. **Scottish Borders** Health & Social Care Partnership Changing health & social care for you Draft Strategic Plan 2016-19[104]

NHS Dumfries and Galloway

5. **Dumfries and Galloway Partnership** Strategic Plan Consultation Document 2016 – 2019[105]

NHS Fife

6. **Fife –** Health and Social Integration in Fife Full Draft Strategic Plan for Fife (2016-2019)[106]

NHS Forth Valley

7. **Clackmannanshire and Stirling** Draft Strategic Plan 2016 – 2019 Health and Social Care Partnership[107]
8. **Falkirk** Integrated Strategic Plan: 2016-2019[108]

NHS Grampian

9. **Aberdeen City** Health & Social Care Partnership A caring partnership Strategic Plan 2016-2019[109]
10. **Aberdeenshire –** Draft Aberdeenshire Health and Social Care Partnership Strategic Plan 2015[110]
11. **Moray** Strategic Plan 2016-2019[111]

[101] https://www.east-ayrshire.gov.uk/Resources/PDF/H/HSC-Strategic-Plan-FINAL.pdf
[102] http://www.north-ayrshire.gov.uk/Documents/SocialServices/hscp-strategic-plan.pdf
[103] http://www.south-ayrshire.gov.uk/documents/south%20ayrshire%20health%20and%20social%20care%20full%20strategic%20plan.pdf
[104] http://www.scotborders.gov.uk/downloads/file/9708/integration_strategic_plan_2016-19-draft
[105] http://integr3te.org.uk/wp-content/uploads/2015/06/Strategic-Plan.pdf
[106] http://www.fifevoluntaryaction.org.uk/downloads/Draft_Strategic_Plan_Consultation.pdf
[107] http://nhsforthvalley.com/wp-content/uploads/2015/11/Draft-Strategic-Plan.pdf
[108] http://nhsforthvalley.com/wp-content/uploads/2015/11/Draft-Falkirk-Integrated-Strategic-Plan.pdf
[109] http://www.aberdeencityhscp.scot/siteassets/web-nhs-joint-draft-strategic-plan.pdf
[110] http://www.nhsgrampian.org/grampianfoi/files/Health_social_care_strategic_draft_plan_Final.pdf
[111] http://www.moray.gov.uk/downloads/file102054.pdf

NHS Greater Glasgow and Clyde

12. **East Dunbartonshire** Council Integrated Health and Social Care Business and Improvement Plan 2015-2018[112]
13. **East Renfrewshire** Health and Social Care Partnership Strategic Planning Conversation Document 2015[113]
14. **Glasgow City** Integration Joint Board Strategic Plan 2016 - 2019[114]
15. **Inverclyde –** Strategic Plan Consultation running until 2nd March
16. **Renfrewshire –** Strategic Plan Consultation Draft[115]
17. **West Dunbartonshire –** Strategic Plan still under development

NHS Highland

18. **Argyll & Bute** Health and Social Care Partnership Strategic Plan 2016/17 – 2018/19[116]
19. **Highland –** Strategic Plan still underdevelopment

NHS Lanarkshire

20. **North Lanarkshire –** Healthier Independent Lives Integrating Health & Social Care in North Lanarkshire Draft Strategic Plan 2016-2026[117]
21. **South Lanarkshire** Health and Social Care Partnership Draft Strategic Commissioning Plan 2016-19[118]

NHS Lothian

22. **Edinburgh** Health and Social Care Partnership Draft Strategic Plan 2016 – 19[119]
23. **East Lothian** Health & Social Care Partnership Strategic Plan for Health and Social Care 2016 - 2019 A Second Draft[120]
24. **Midlothian** Health and Social Care Joint Integration Board Strategic Plan 2016-19[121]
25. **West Lothian** Integration Joint Board Strategic Plan 2016-26[122]

NHS Orkney

26. **Orkney Islands** Bringing Health and Social Care together to improve outcomes for the people of Orkney Strategic Commissioning Plan 2016 - 2019[123]

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[112] http://www.eastdunbarton.gov.uk/council/integrated-health-and-social-care
[113] https://getinvolved.eastrenfrewshire.gov.uk/chcp/health-and-social-care-integration/supporting_documents/Strategic%20Planning%20Conversation%20Document.pdf
[114] https://www.glasgow.gov.uk/CHttpHandler.ashx?id=30934&p=0
[115] http://www.renfrewshire.gov.uk/wps/wcm/connect/bb295597-9a54-498c-8c5f-b537071dbba6/RHSCPStrategicPlan.pdf?MOD=AJPERES
[116] http://www.healthytogetherargyllandbute.org.uk/images/upload/files/strategic-plan_pdf_403.pdf
[117] http://www.north-ayrshire.gov.uk/Documents/SocialServices/hscp-strategic-plan.pdf
[118] http://www.nhslanarkshire.org.uk/About/HSCP/Documents/Strategic%20Commissioning%20Plans/SLHSCP%20Draft%20Strategic%20Commissioning%20Plan.pdf
[119] https://consultationhub.edinburgh.gov.uk/hsc/edinburgh-health-and-social-care-partnership-draft/supporting_documents/EHSCP%20Draft%20Strategic%20Plan_v8b.pdf
[120] https://eastlothianconsultations.co.uk/policy-partnerships/strategic-plan-for-health-and-social-care-a-second/supporting_documents/Strategic%20plan%203rd%20consultation.pdf
[121] http://www.midlothian.gov.uk/downloads/file/6012/strategic_plan
[122] http://www.westlothianchcp.org.uk/media/10225/West-Lothian-IJB-Draft-Strategic-Plan-2016-26/pdf/West-Lothian-IJB-Strategic-Plan-2016-26-Draft-Consultation.pdf
[123] http://www.orkney.gov.uk/Files/OHAC/Appendix_1_Draft_Strategic_Commissioning_Plan.pdf

NHS Shetland

27. Shetland Islands – NHS Shetland and Shetland Islands Council Draft Joint Strategic (Commissioning) Plan 2015-16 (version 5 – August 2015)[124]

NHS Tayside

28. Angus Health and Social Care Partnership Draft Strategic Plan 2016-2019[125]

29. Dundee City – Strategic Plan still under development

30. Perth and Kinross Health and Social Care Draft Joint Strategic Commissioning Plan 2016 - 2019[126]

NHS Western Isles

31. Western Isles Health and Social Care Partnership Draft Strategic Plan 2016-19[127]

[124] http://www.shetland.gov.uk/Health_Social_Care_Integration/documents/StrategicCommissioningPlan201516Version5.pdf

[125] http://www.angus.gov.uk/downloads/file/2041/angus_health_and_social_care_partnership_strategic_plan_2016-2019

[126] http://www.pkc.gov.uk/CHttpHandler.ashx?id=33797&p=0

[127] http://www.cne-siar.gov.uk/wihscp/Documents/Strategic%20Plan.pdf