

Healios changes the lives of those affected by disabling illnesses

# Help for families in the Armed Forces Community

## *Final Project Report*

August 2017

# Content

**Summary of results**

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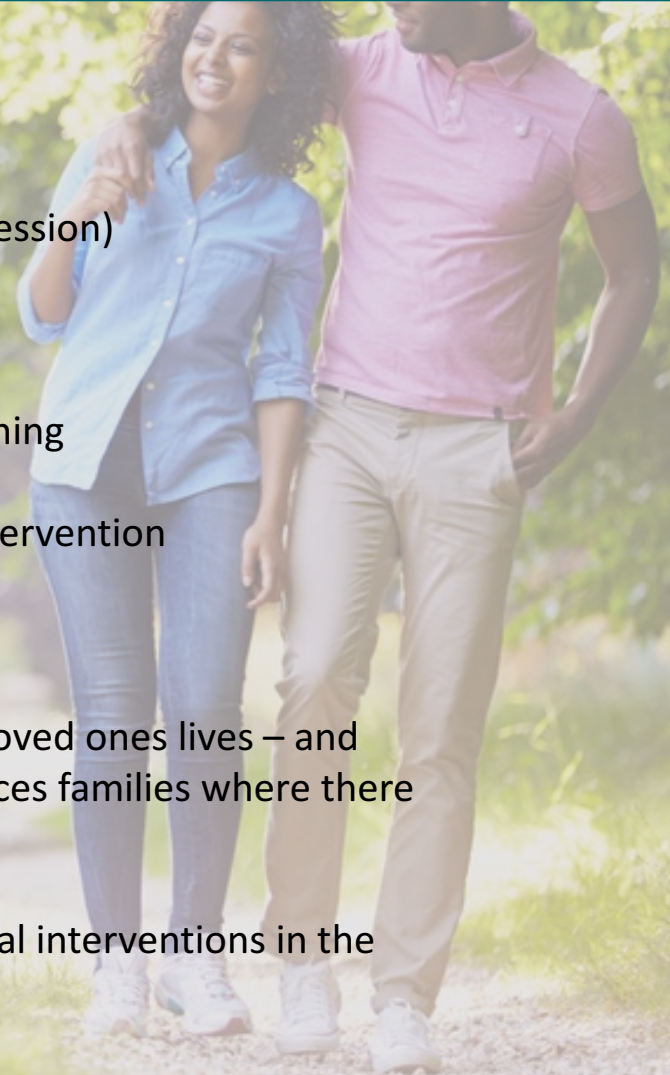
**Family case studies**



## Summary of results:

### *Digital delivery of services has huge benefit for families within the Armed Forces*

- Project has met all outcome measures:
  - **Significant reduction** in overall distress (anxiety and depression)
  - **Significant reduction** in carer burden
  - **Significant improvement** in carer work and social functioning
- Improvements show **sustainable effect after 3 months** post-intervention
- **High satisfaction** with Healios online delivery service
- In many cases carers are reporting significant changes in their loved ones lives – and benefits to the whole family (this is particularly relevant for forces families where there are extended periods of separation)
  - Demonstrates the power of carers when trained on clinical interventions in the outcomes of their loved-ones
- Very positive feedback on the service and the impact Healios is having on their everyday lives



# What was the need for this project

## Mental Health Prevalence

Substantial incidences of common mental health disorders in the Armed Forces community:

- 20% experience Depression, Anxiety or Adjustment Disorder
- 4-7% diagnosed with PTSD
- 65% engage in 'higher risk' drinking

## Burden of Caring

Mental health has a strong detrimental impact on carers (family members)

- Higher levels of burden and distress
- Time and economic pressures
- Little help and support – some emotional support available
- Stigma associated with mental health

## Economic Impact

Mental health can have a significant economic impact, particularly for those transitioning into civilian life. In 2012:

- 74% of all episodes of care in the Armed Forces were assessed as having a mental health disorder
- Failed transition of military personnel cost the state an excess of £113 million irrespective of the additional costs to the individual and charity sectors

## Growing Need

There is a growing need for mental health support in the Armed Forces

- 20,000 UK Armed Forces personnel leave the military each year
- In 2013, Combat Stress reported a 57% increase in Afghanistan Veterans seeking help from the charity
- 79% of veterans in a Family Intervention study expressed an interest in greater family involvement with their treatment

Project is a collaboration between 3 organisations that was funded by Forces in Mind Trust



*Voluntary independent Mental Health Charity, which provides county-wide services. The Charity last year supported over 3000 service user visits to their peer support groups and delivered some 500 counselling sessions.*



*Healios is the UK's leading family intervention and behavioural change digital healthcare technology company working to empower patients and families affected by mental and physical illnesses.*



*The Army Families Federation (AFF) is an independent voice of Army families and works hard to improve the quality of life for Army families around the world - on any aspect that is affected by the Army lifestyle.*

**Project role:** Project oversight to ensure all aspects delivered on time and to the required quality. Support provided in recruitment of carers.

**Project role:** Project leadership and management alongside delivering the intervention component of the project comprising of 600 sessions to 50 families across 7 mental illnesses

**Project role:** Provide Insight into Army life, terminology and the challenges of transitioning back to civilian life. Support in recruitment of carers.





## Armed Forces Project Background

## Project scope, aim, and details

### Project aim

To support and empower 50 families of people with mental health difficulties in the Armed Forces community, through a psycho-education and skills training online support service provided by Healios.

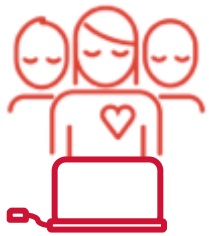
### Other details

- Deliver 600 sessions by recruiting 50 families who will each receive up to 12 sessions
- The mental health difficulties in the study include adjustment disorder, mood disorders (including anxiety and depression), PTSD, and psychosis (including schizophrenia and bipolar)
- Outcome assessments to be performed at 4 stages: Baseline, after 8 sessions, after 12 sessions and 3-months after last session
- Enrolment of carers started **Monday 10<sup>th</sup> November 2014**



## ARMED FORCES PROJECT: A UNIQUE AND PERSONALISED EXPERIENCE FOR THE ENTIRE FAMILY

A clinician-led online service of evidence-based psychological interventions integrated with digital tools to engage the entire family for best long-term outcomes

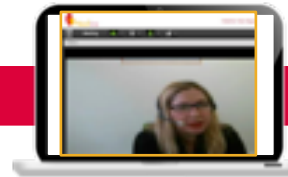


### *Access and convenience*



- Online booking
- Email/text session reminders
- Accessible online and via multi-device

### *Clinician-led interactive experience*



- Live Healios clinician video streaming
- Interactive multimedia learning experience
- My Skills area for assessing session material
- Session summaries made available

### *Between session support*



- Automatic NHS treatment team notifications\*
- Out of hours support line
- Clinician messaging
- Online outcome assessments

***Family members of someone with mental illness in the Armed Forces***



The project was supported by Healios' highly experienced clinical governance team with an extensive mental health background in NHS



**LARS HANSSEN, MD**  
Medical Director

- **Consultant psychiatrist** with 20 years of experience
- Leads an NHS **Early Intervention in Psychosis (EIP)** team
- Published over **100 articles** on mental illness
- Participated in mental health programs for ITV, Channel Four, BBC radio and television
- A **long-term dedication** to the well-being of the whole family



**ANGHARAD RUDKIN, PhD**  
C&YP Service Leader

- **Child Clinical Psychologist** with 14 years experience working with children and their families within CAMHS services across the UK and independently
- Experienced supervisor and trainer with service development roles having included **Joint Acting Team Lead for a Primary MHT (CAMHS)**
- **Clinical Tutor and Child Module Coordinator** on the Doctorate in Clinical Psychology course at **Southampton University**



**KATIE ASHCROFT, PhD**  
Adult Service Leader

- Previously **Consultant Clinical Psychologist in an NHS EIP team**
- Nearly 20 years experience in mental illness
- Expertise in Cognitive Behaviour Therapy, mindfulness and Family Work for Psychosis
- Trained and supervised Early Intervention Service staff in family work across the Southern Health NHS Trust



**ALISON JOYCE**  
Clinician Team Manager

- Mental Health Practitioner with a range of experience in mental health and relationship interventions spanning 18 years
- Worked in an **NHS EIP team** focusing on the delivery of Behavioural Family Therapy and previously shift leader on a Psychiatric Intensive Care Ward
- Personal experience of caring for family member with psychosis and the impact of trauma

**A team of highly trained clinicians, all with an extensive background in the NHS, deliver clinical sessions**

## Project Outcomes

### **Outcome 1**

The Healios intervention will lead to a significant decrease in family-reported burden.

### **Outcome 2**

The Healios intervention will lead to a significant decrease in family-reported distress.

### **Outcome 3**

The Healios intervention will lead to a significant improvement in family work and social functioning.

### **Outcome 4**

Families report on their perceptions of how much time they spend caring, the type of care they deliver, and their own activity and confidence levels will be examined.

## Multiple agencies have been engaged with the project

### Referrals

Help for Heroes	✓
Band of Brothers/Sisters	✓
Hidden Wounds	✓
Combat Stress	✓
Gazette Herald	✓
Ripple Pond	✓
AFF	✓

### Other agency collaborations & engagement

- AFF Hubs
- The Warrior Programme
- SSAFA
- DMWS
- Veterans in Action
- South West Veterans
- Armed Forces Network
- Blind Veterans
- BLESMA
- Wiltshire Council
- Carers Support Wiltshire
- Army Welfare Services
- Royal British Legion
- Timebank Project (Carers Together & Shoulder to Shoulder)

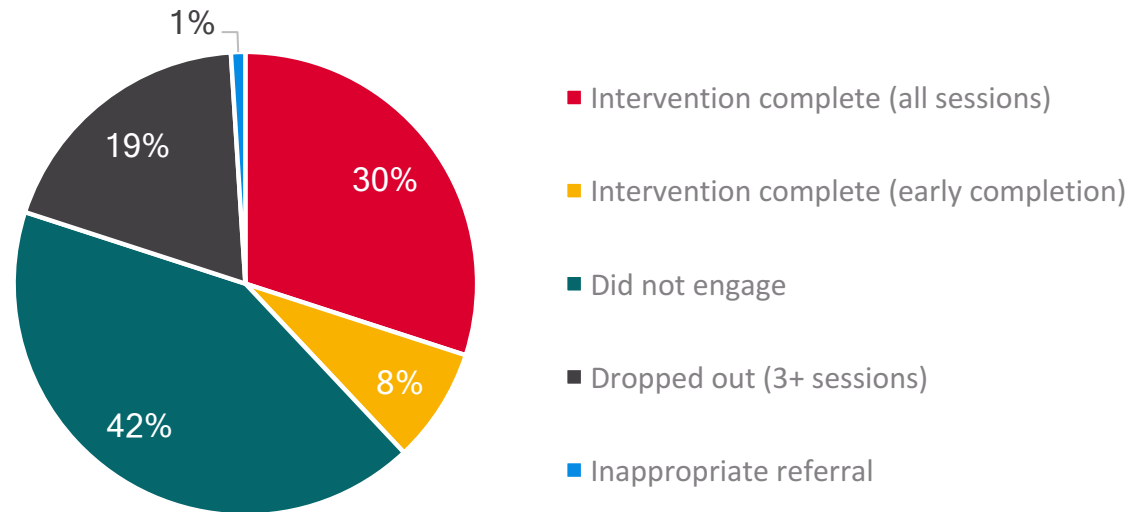


Session status: Usage of the 600 session pool



Session Pool	Number
<u>Sessions Delivered</u>	<u>601</u>
<u>Sessions Available</u>	<u>0</u>
<u>Total Sessions</u>	<u>601</u>

## Referral status

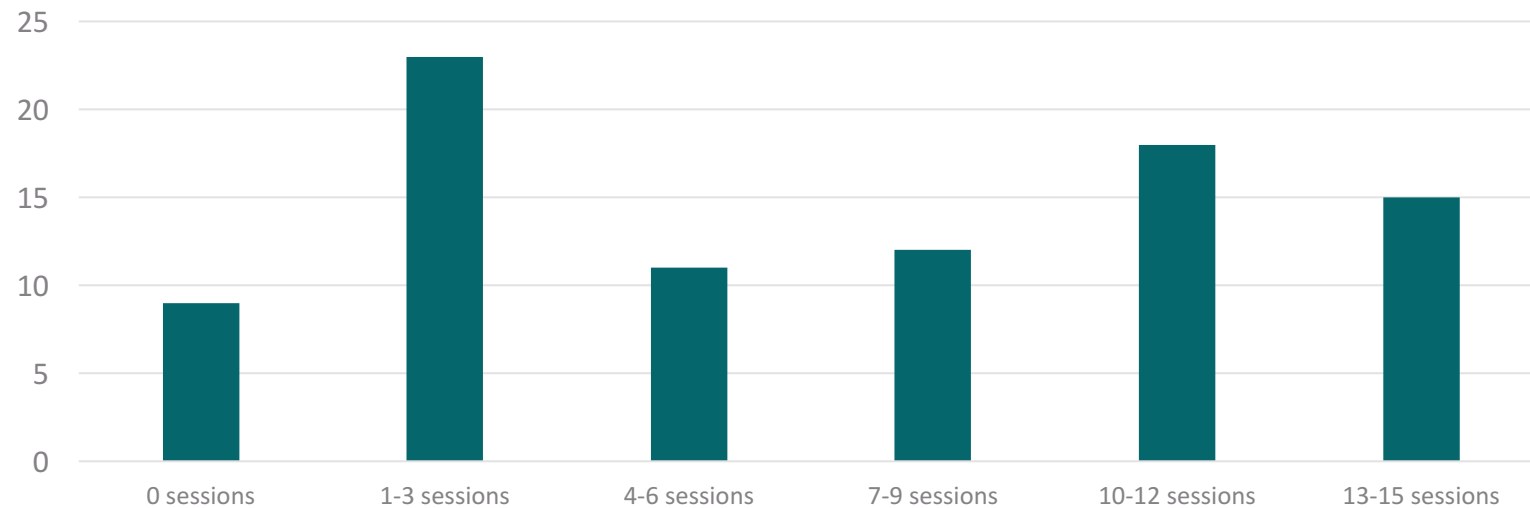


Referral Status	Number
Currently engaged	0
Intervention complete (full)	26
Intervention complete (early)	7
Did not engage	37*
Dropped out (3+ sessions)	17**
Inappropriate referral	1

\* This figure includes families deciding not to proceed due to external pressures

\*\* This figure includes those who could not continue as they were no longer in a caring role (e.g. ex-partners)

## Number of sessions received per family



Stage of Intervention	Number
0 sessions	9*
1-3 sessions	23
4-6 sessions	11
7-9 sessions	12
10-12 sessions	18
13-15 sessions	15

\* This figure represents those who did not engage from the start and/or did not complete baseline measures





Family/Carer Clinical Outcomes: baseline

# Demographics

	Carer	Patient
Number	81	
Male	4%	96%
Female	96%	4%
Age (mean)	41.6	40.9
Age (range)	26-68	25-74
Children under 18	62%	

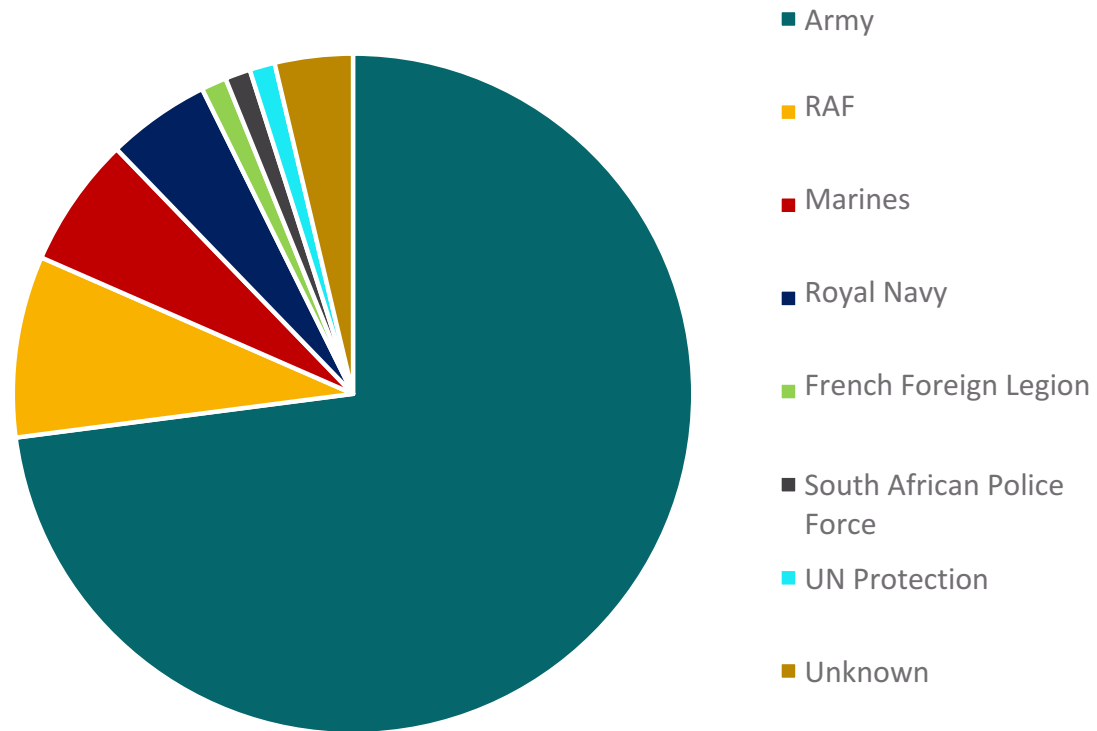
Diagnosis	
PTSD	87%
Anxiety + Depression	3%
Anxiety	1%
Schizophrenia	1%
Drug and Alcohol use	1%
No Diagnosis	7%

Relation with patient	
Parent	4%
Spouse/Partner	92%
Ex-partner	4%

# Demographics

Service	n	%
Army	59	73%
RAF	7	9%
Marines	5	6%
Royal Navy	4	5%
French Foreign Legion	1	1%
South African Police Force	1	1%
UN Protection	1	1%
Unknown	3	4%

## Service

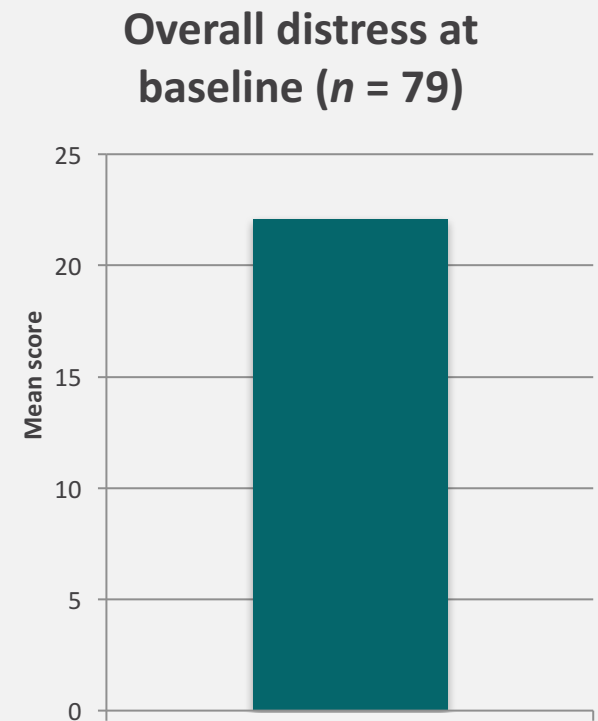
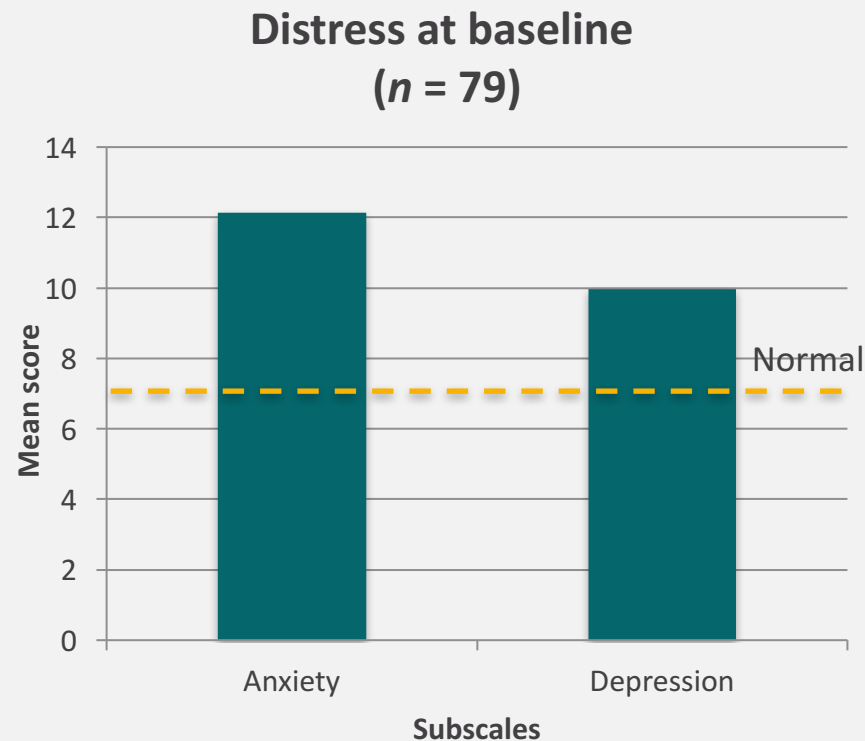




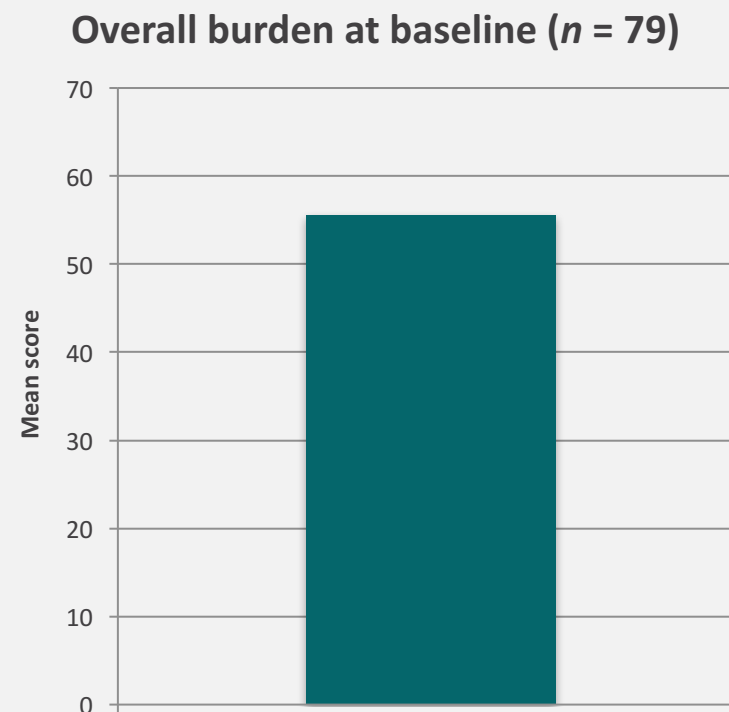
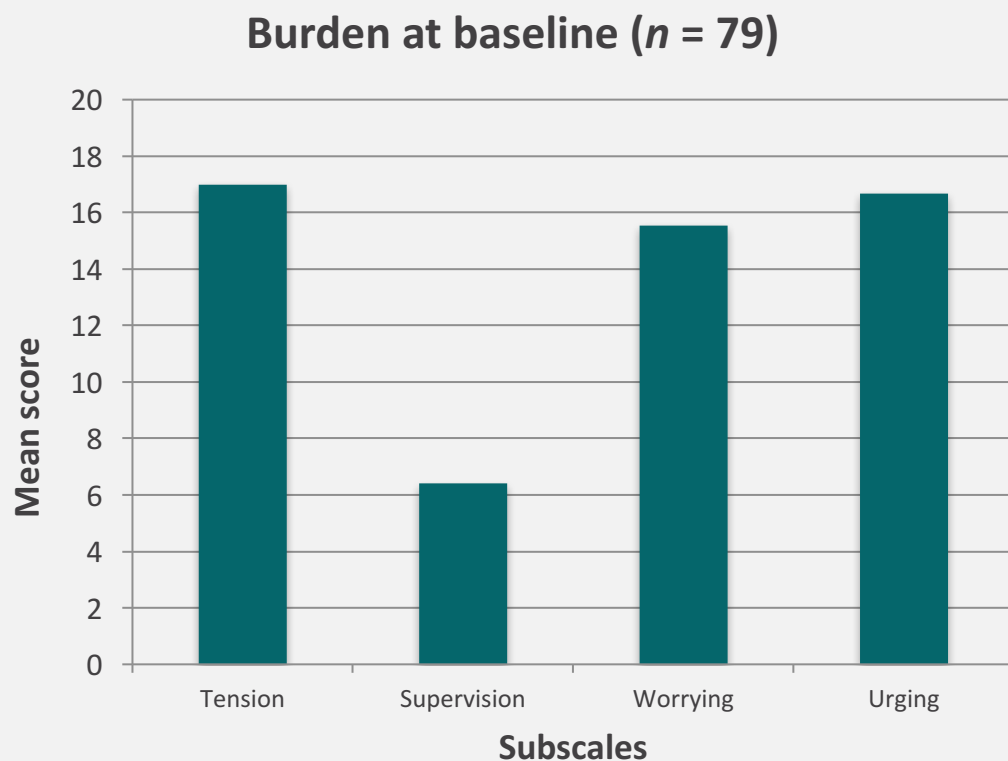
**DISTRESS:** Carers show on average a mild to moderate level of distress as measured with the anxiety and depression subscale of the HADS at baseline

Severity	Cut-off
Normal	0-7
Mild	8-10
Moderate	11-15
Severe	16-21

*(Snaith & Zigmond, 1994)*



**CARER BURDEN:** Carers show an average to moderate level of burden across the four subscales of the IEQ at baseline, with the greatest level of burden on the worrying subscale

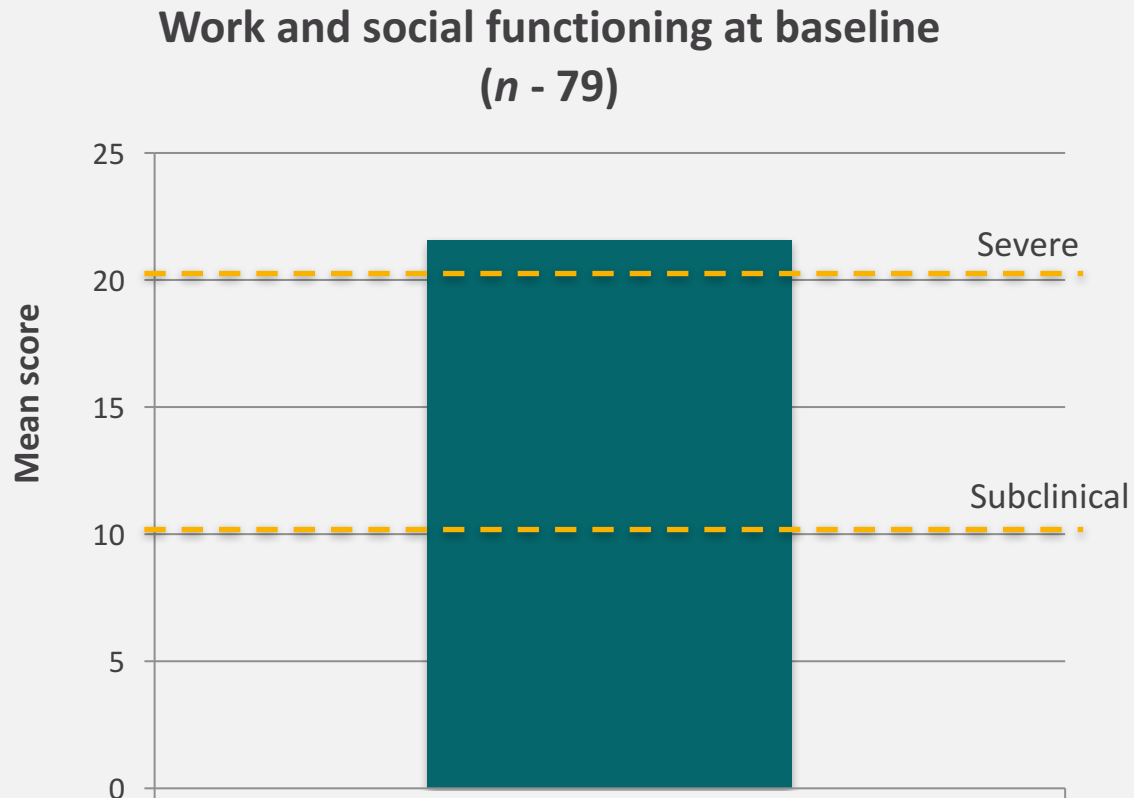


Burden is measured with the Involvement Evaluation Questionnaire (IEQ) which consists of 29 items across 4 domains; each domain has a varying number of items between 6-9. Max score for each item; Tension max score = 36, Supervision max score = 24; Worrying = max score = 24; Urging max score = 32

## WORK AND SOCIAL FUNCTIONING: Carers show on average a severe impairment on work and social functioning as measured with the WSAS at baseline

Impairment	Score
Subclinical	<10
Significant	10-20
Severe	>20

*(Mundt et al., 2002)*

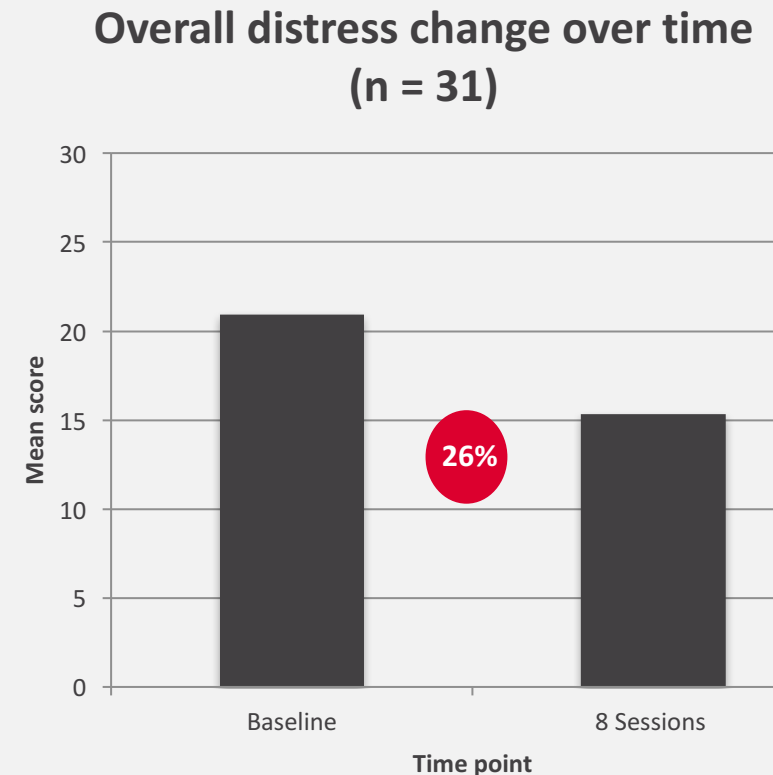
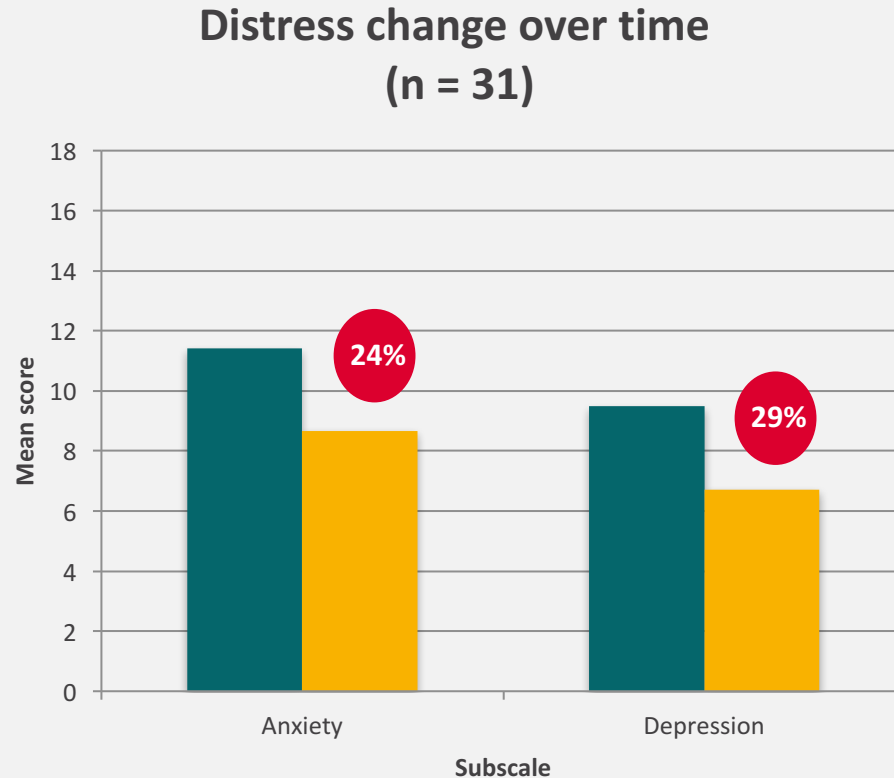




Family/Carer Clinical Outcomes: comparison of  
baseline and 8th sessions

Healios significantly reduces carer anxiety and depression levels as well as overall distress over 8 sessions – clinical depression reduces to normal levels

Baseline  
8 Sessions

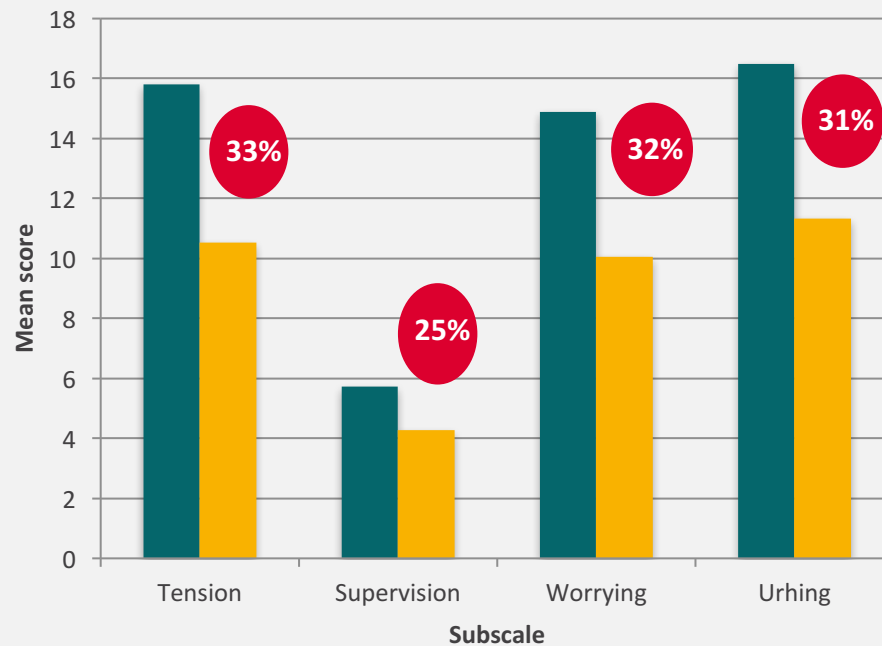




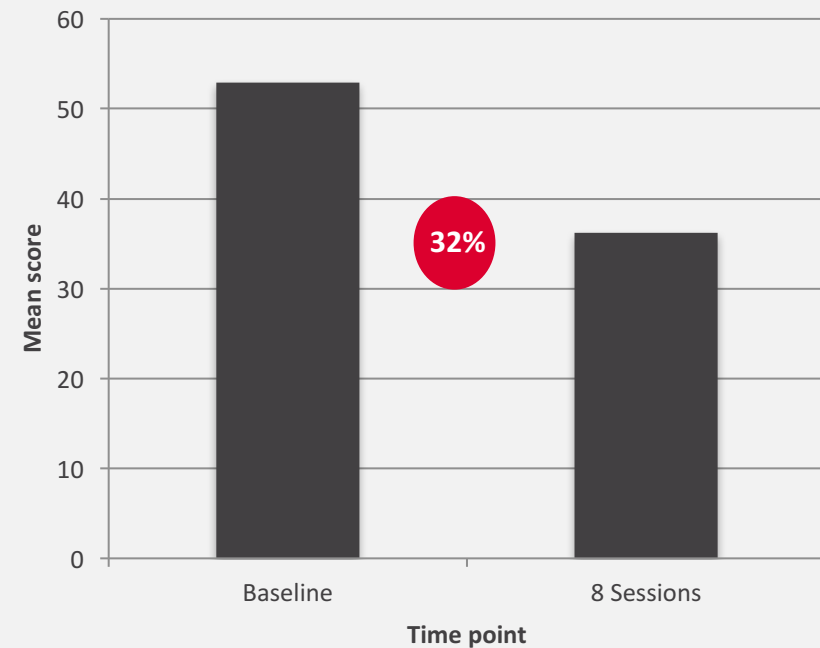
Healios significantly reduces carer burden across all four subscales, with overall burden reducing by 32% after 8 sessions

Baseline  
8 Sessions

**Burden change over time  
(n = 32)**

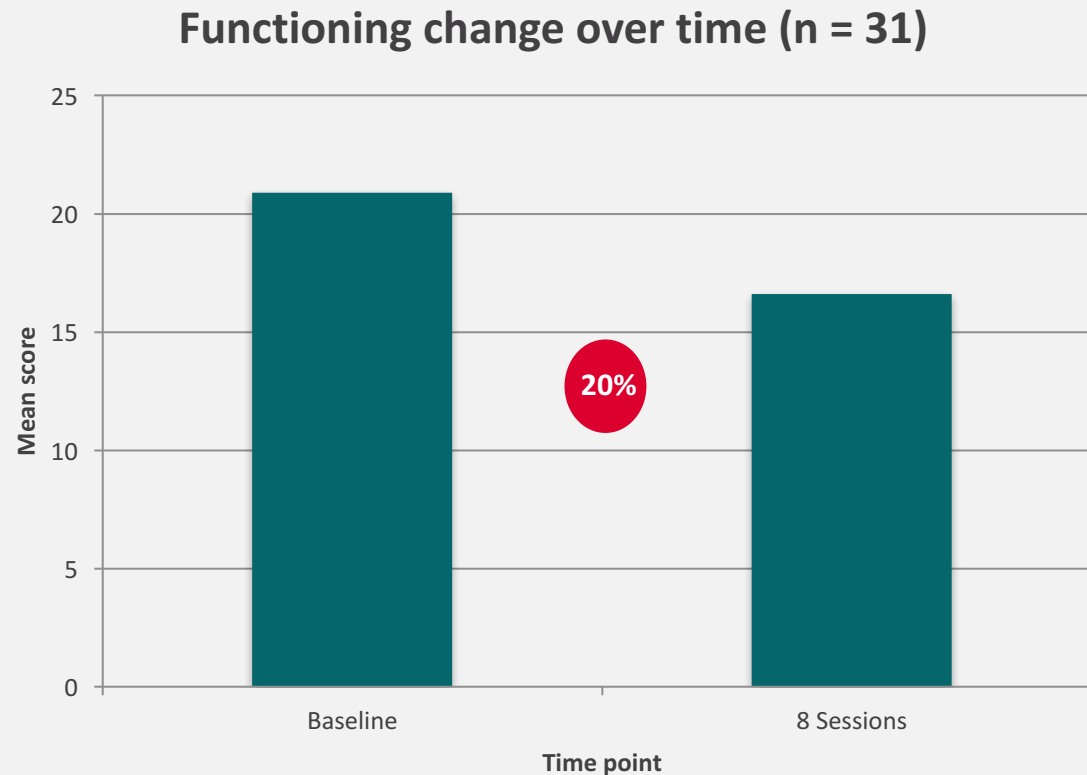


**Overall burden change over time  
(n = 32)**



Burden is measured with the Involvement Evaluation Questionnaire (IEQ) which consists of 29 items across 4 domains; each domain has a varying number of items between 6-9. Max score for each item; Tension max score = 36, Supervision max score = 24; Worrying = max score = 24; Urging max score = 32

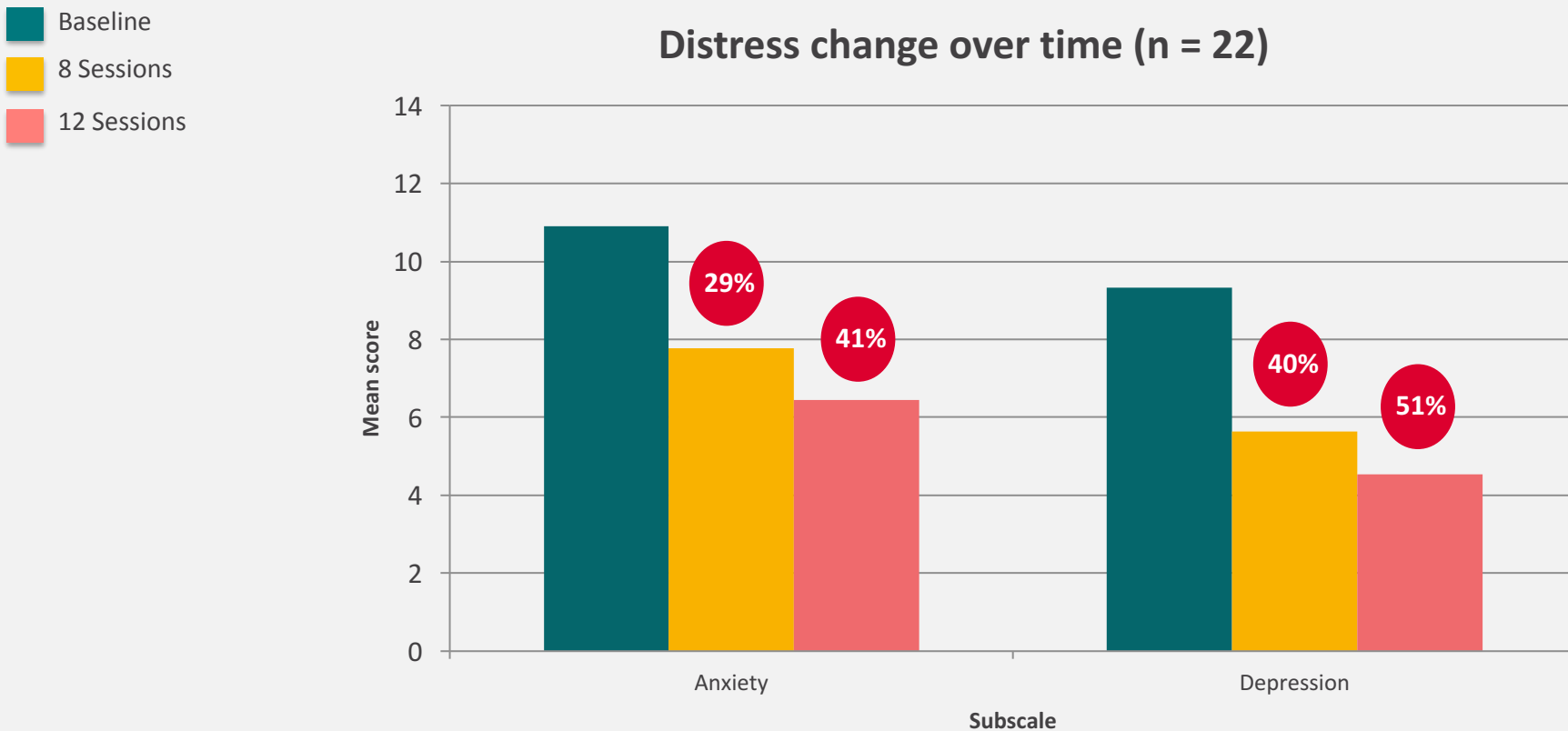
Healios significantly improves carer's work and social functioning after 8 sessions, with self-reported impairment reducing by 20%





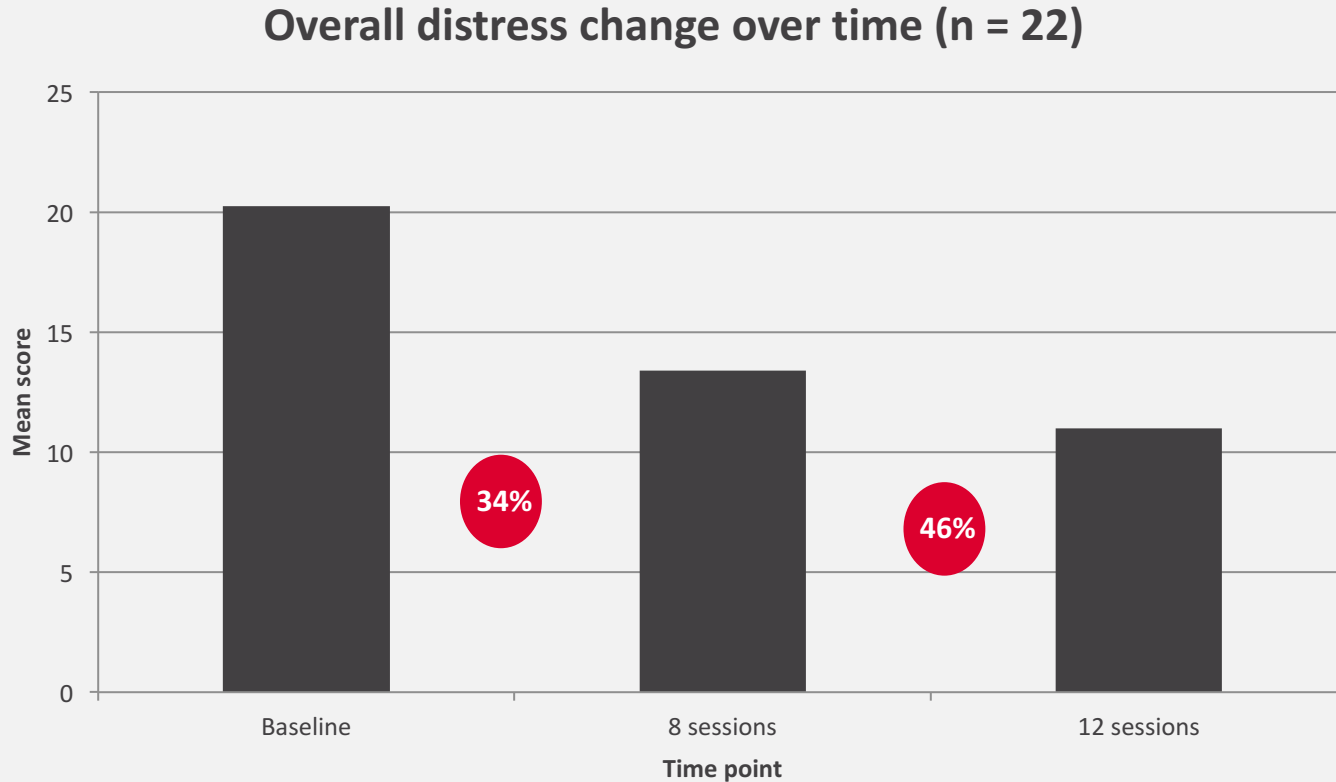
Family/Carer Clinical Outcomes: comparison of  
baseline, 8<sup>th</sup> session and 12<sup>th</sup> session

Anxiety and depression significantly decline over time compared to baseline.  
Both anxiety and depression reduce to normal levels



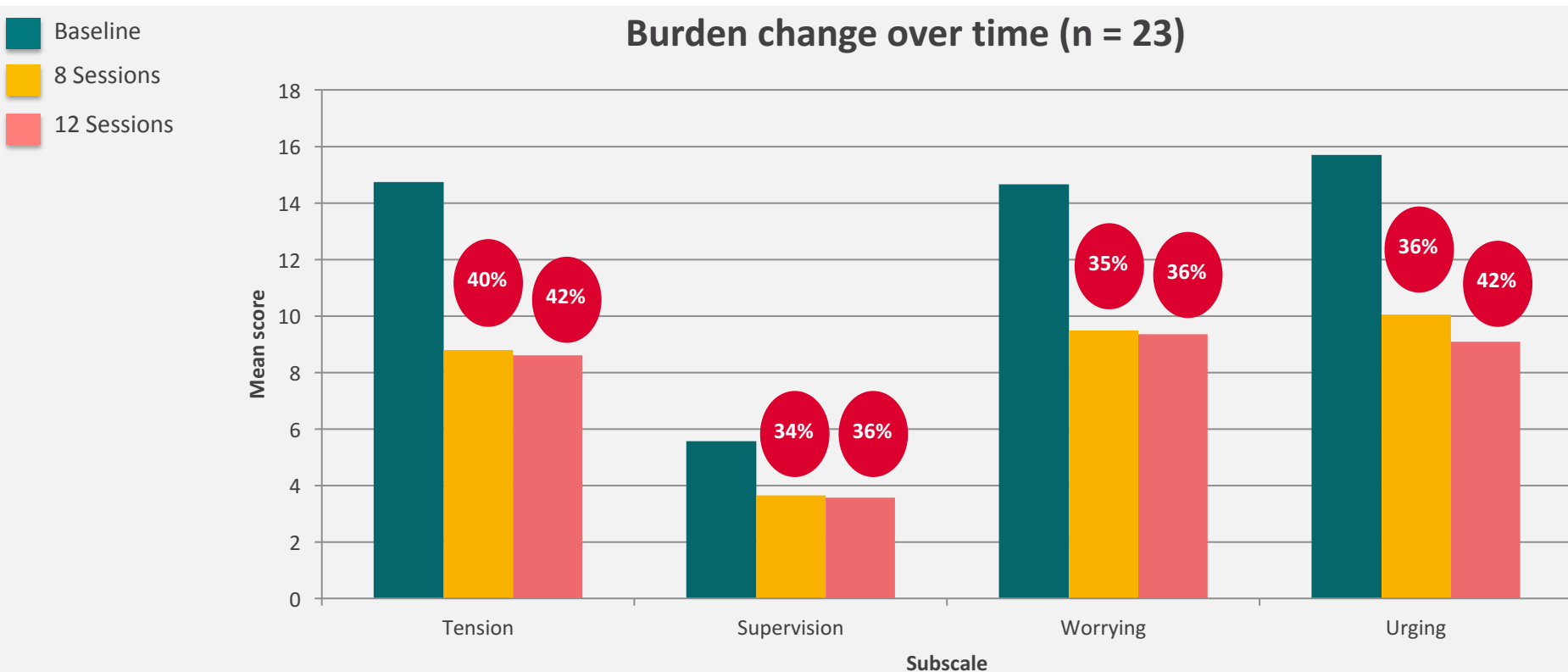
Distress measured using the Hospital Anxiety and Depression Scale (HADS) which is a 14 item scale rated on a 4pt Likert scale. Overall distress score range 0-42.

Overall distress significantly declines over time compared to baseline, demonstrating improved family mental wellbeing



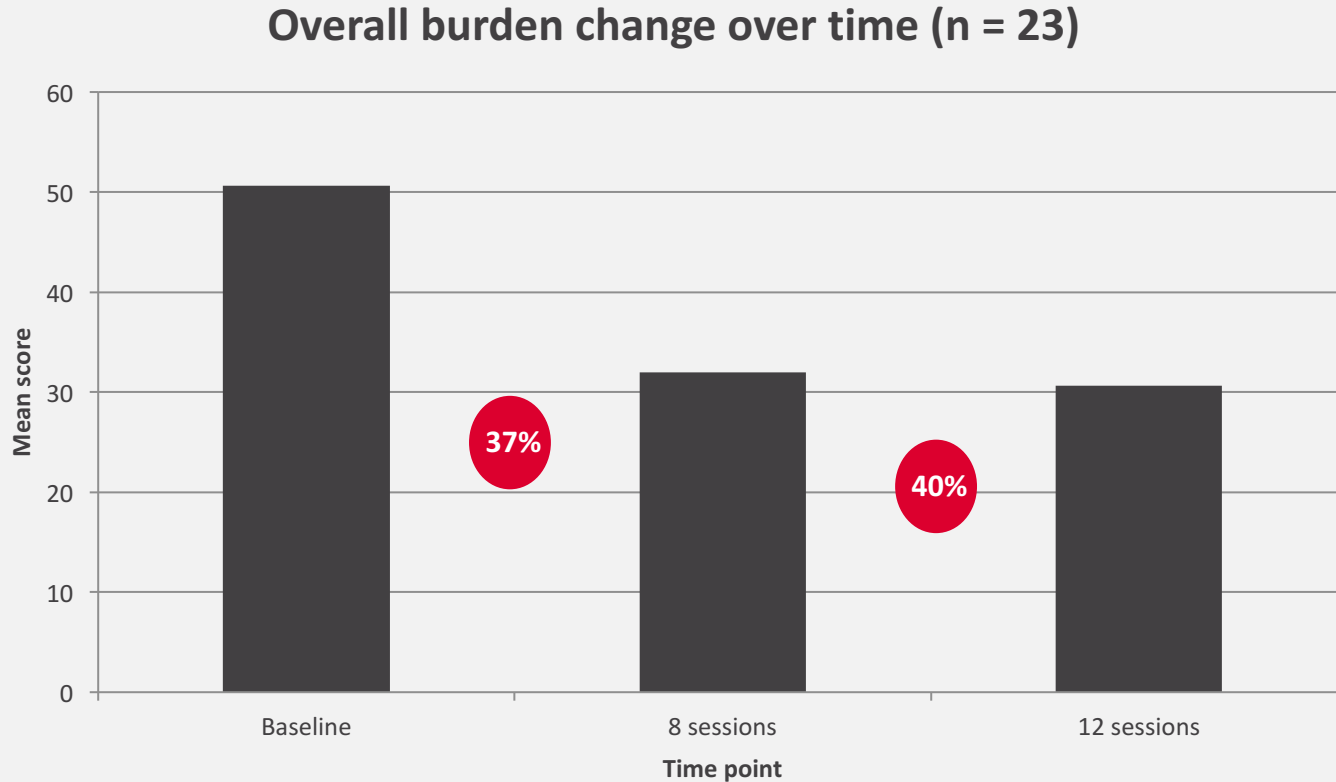


# Carer burden significantly declines over time across all subscales compared to baseline



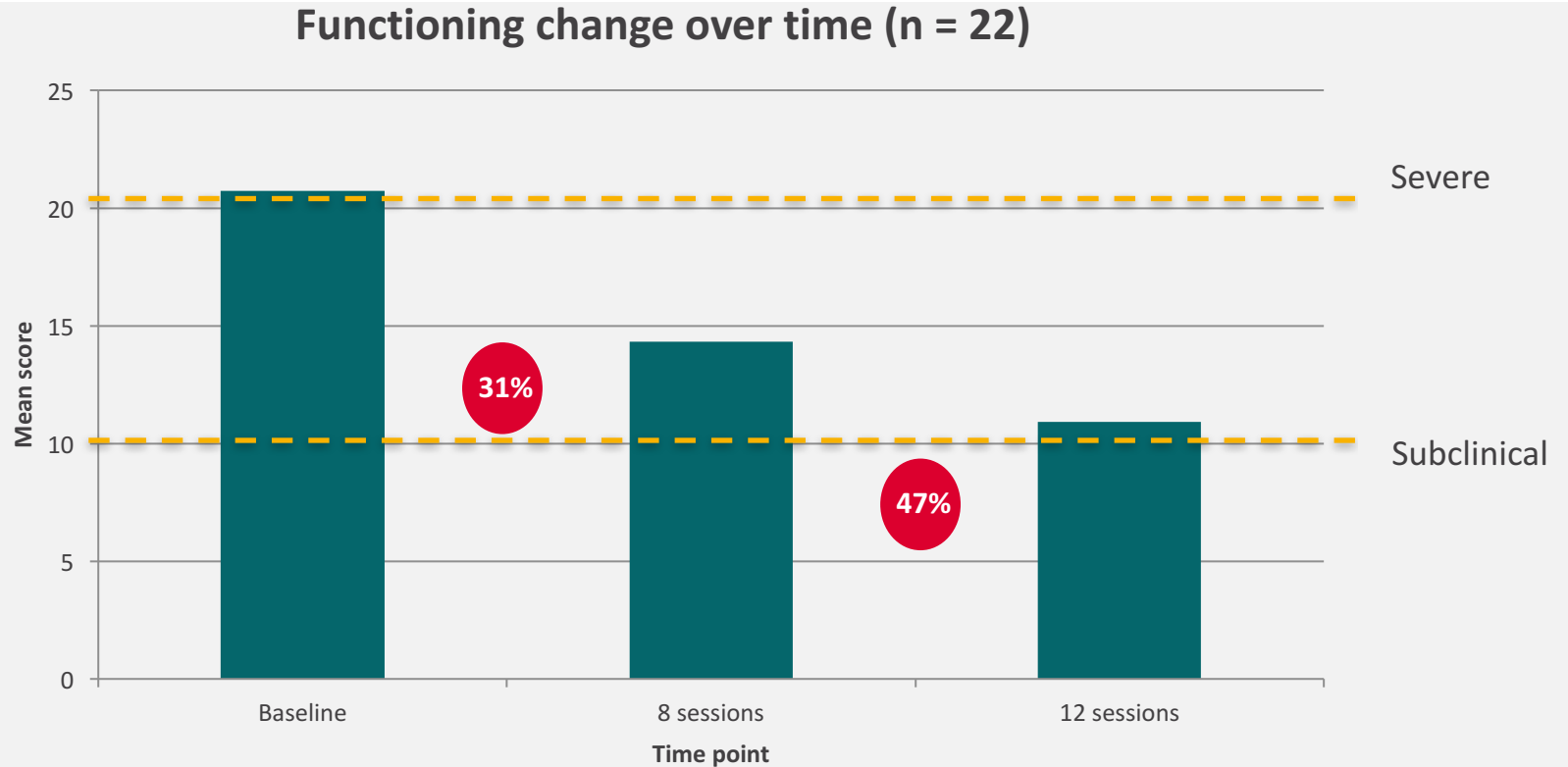
Burden is measured with the Involvement Evaluation Questionnaire (IEQ) which consists of 29 items across 4 domains; each domain has a varying number of items between 6-9. Max score for each item; Tension max score = 36, Supervision max score = 24; Worrying = max score = 24; Urging max score = 32

## Overall carer burden significantly declines over time compared to baseline



Burden is measured with the Involvement Evaluation Questionnaire (IEQ) which consists of 29 items across 4 domains; each domain has a varying number of items between 6-9. Max score for each item; Tension max score = 36, Supervision max score = 24; Worrying = max score = 24; Urging max score = 32

Impact on carer's work and social functioning significantly improves over time, reducing from severe to close to normal levels





Client satisfaction at end of intervention

# Healios delivers exceptional customer experience and satisfaction ratings whilst providing increased patient access & choice

85%

of clients are **Very Satisfied** and 15% are **Mostly Satisfied**

85%

of clients rate Healios service quality as **Excellent** and 15% as **Good**

89%

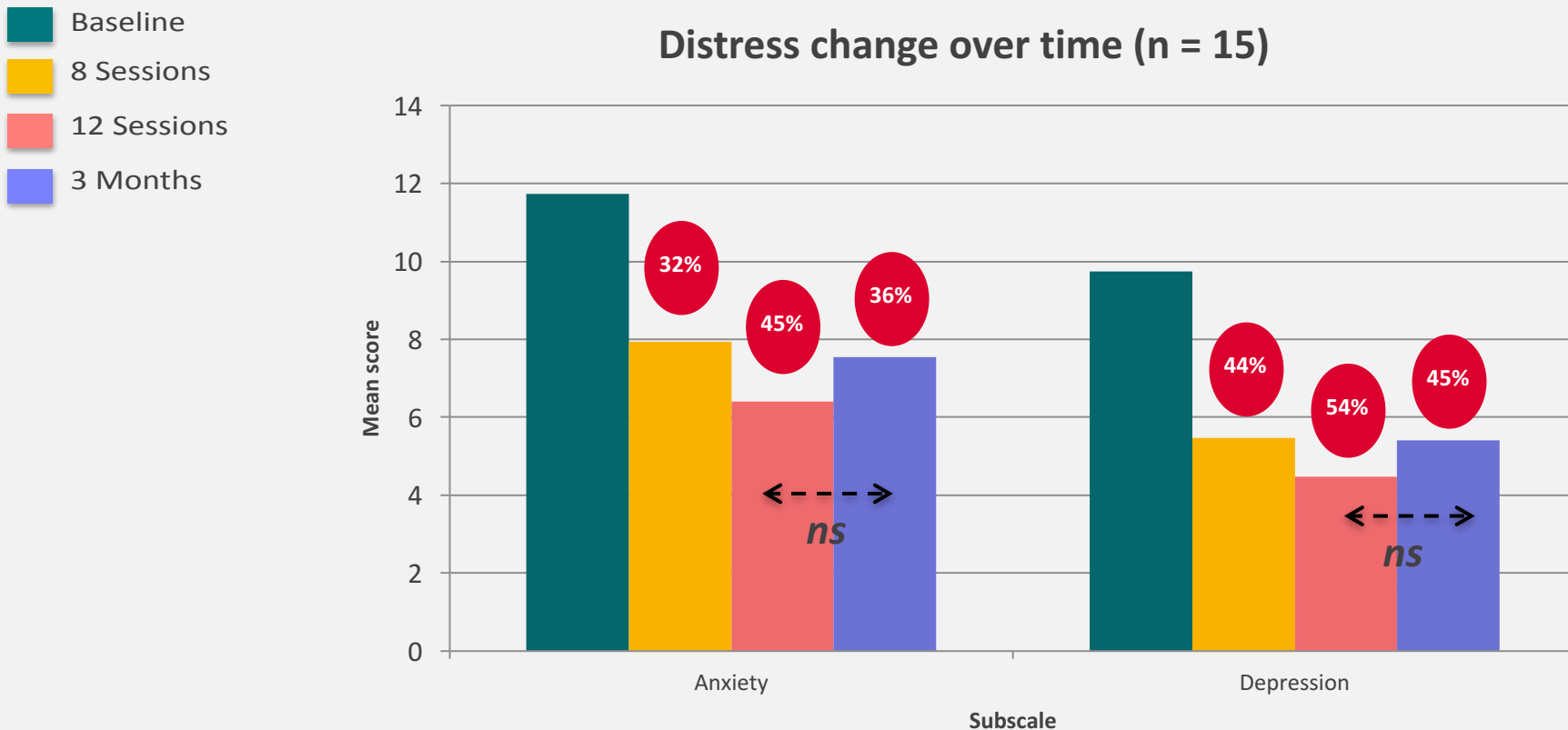
of clients would **Definitely** recommend Healios service



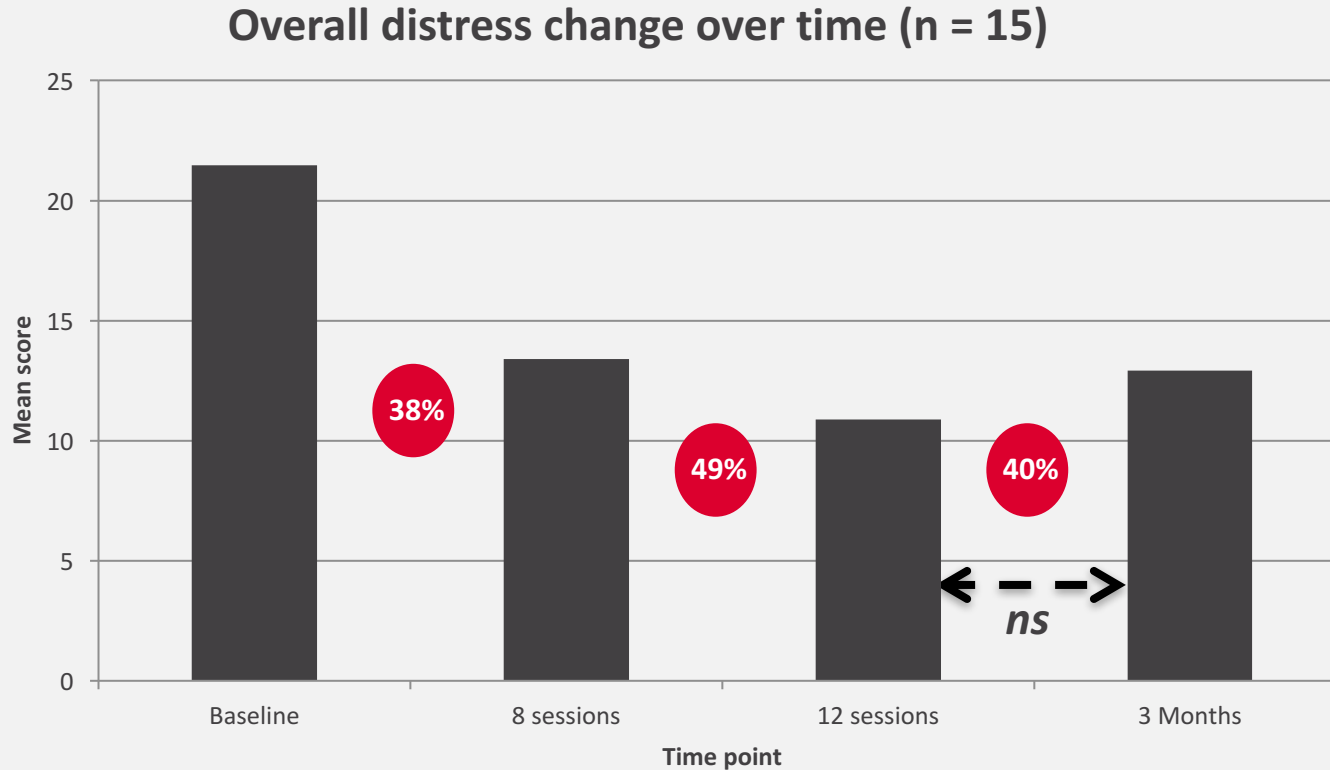


Family/Carer Clinical Outcomes: comparison of  
baseline, 8<sup>th</sup> sessions, 12<sup>th</sup> sessions and 3 months  
follow up

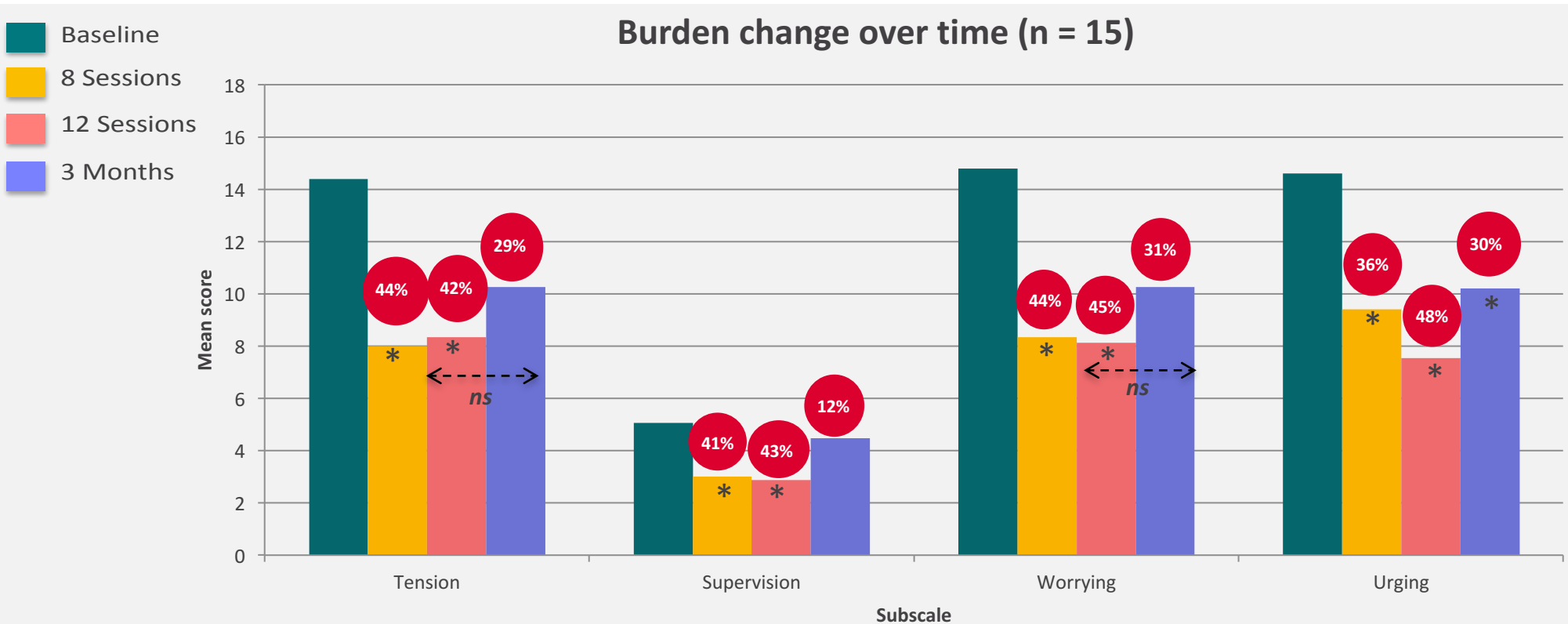
Anxiety and depression significantly decline over time compared to baseline. Both anxiety and depression are maintained at normal levels at 3 months follow up



Overall distress declines over time compared to baseline.  
The change is maintained at 3 months follow up



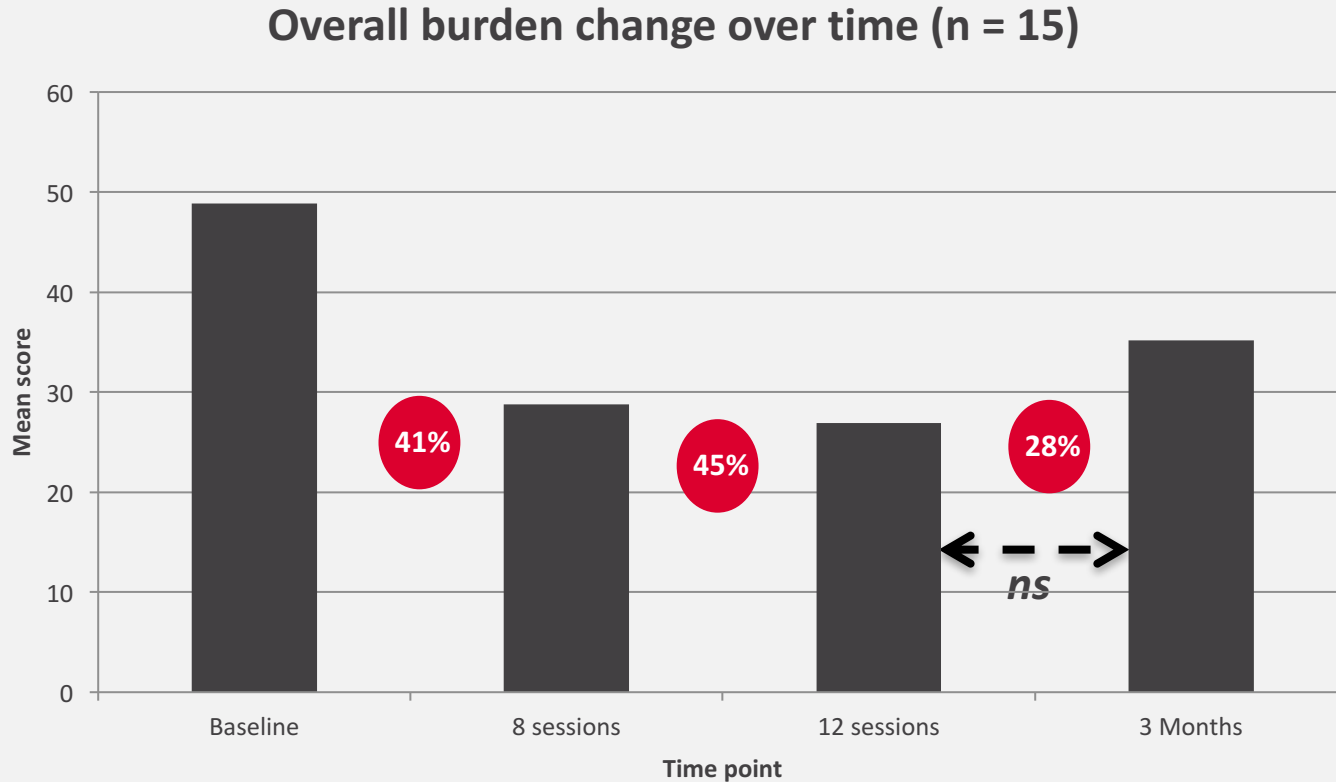
Carer burden reduces over time across all subscales compared to baseline, with effect maintained for 2 subscales at 3 months with no significant difference



\* Significant difference from baseline (p < 0.05)

Burden is measured with the Involvement Evaluation Questionnaire (IEQ) which consists of 29 items across 4 domains; each domain has a varying number of items between 6-9. Max score for each item; Tension max score = 36, Supervision max score = 24; Worrying = max score = 24; Urging max score = 32

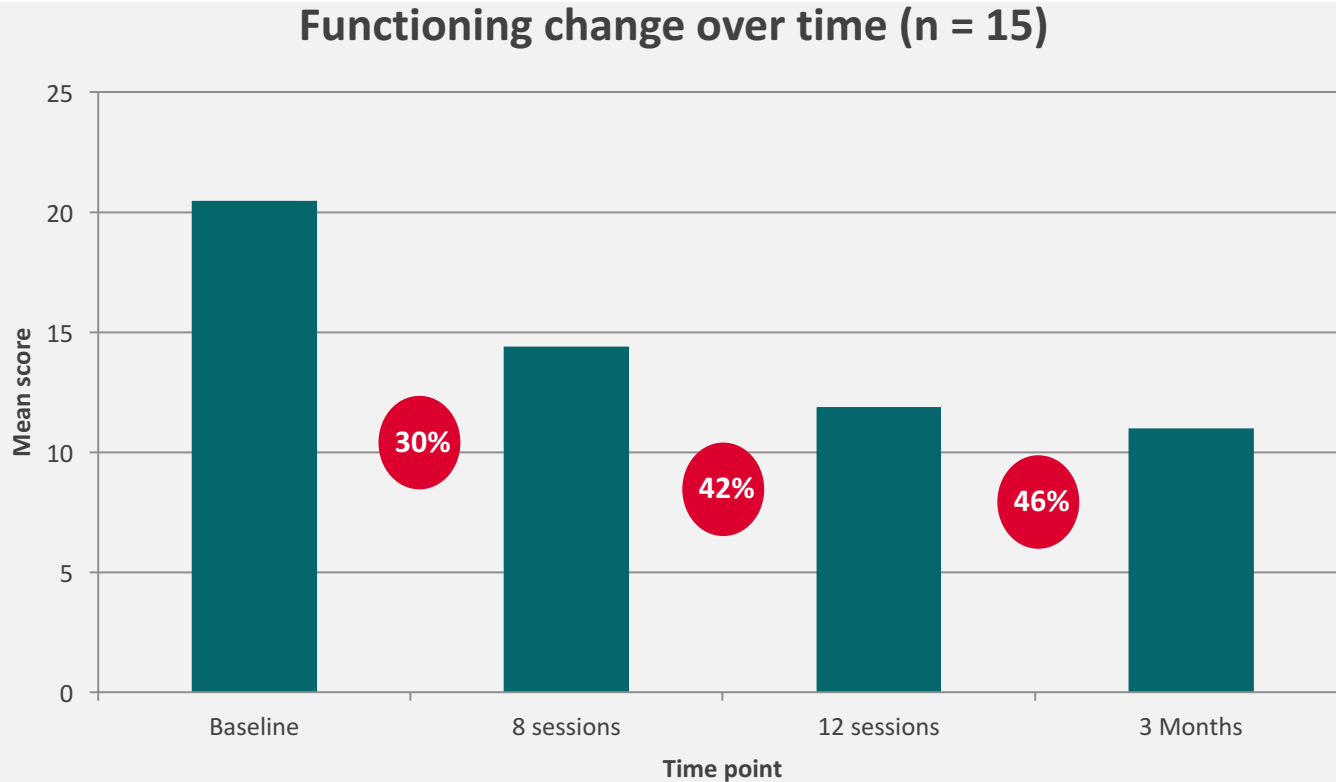
Overall burden significantly declines over time, with effect maintained at 3 months with no significant difference



Burden is measured with the Involvement Evaluation Questionnaire (IEQ) which consists of 29 items across 4 domains; each domain has a varying number of items between 6-9. Max score for each item; Tension max score = 36, Supervision max score = 24; Worrying = max score = 24; Urging max score = 32



Impact on work and social functioning steadily improves over time. The change continues in the 3 months after the end of intervention



A photograph of a young couple with long dark hair, smiling and looking down at a laptop screen. The woman is on the left, wearing a grey cardigan over a white top, and the man is on the right, wearing a light blue button-down shirt. They are positioned in front of a light-colored, textured wall. A semi-transparent red banner is overlaid on the bottom left of the image.

## Family case studies

# Improving Relationships and Supporting Employment

*through empowering the carer with new skills*

## Background facts

**Illness:**  
PTSD

**Description:**  
Husband, medically discharged from Army. Struggling to cope at work after treatment ended

**Symptoms:**  
Flashbacks, angry outbursts, depression, paranoia, hyper-vigilance, panic attacks

**Service offered:**  
Carer psycho-education and support

## Issue

Couple had little understanding of each other or how to manage the PTSD symptoms; and were treading on eggshells. Wife on sick leave from work with high anxiety and concentration difficulties. She was living with her parents after a violent episode. She felt overwhelmed, exhausted and fearful about their future. She felt she had tried everything.

## Our work

- Work on communication helped wife recognise her need to accept his diagnosis and difficulties. Provided enhanced skills to change her approach rather than seeking to change him.
- Provided background information on PTSD and a range of grounding techniques which she shared with her husband to promote shared understanding and symptom management.
- Developed collaborative problem-solving and decision making approaches.

## Healios impact

- Wife returned home and back at work
- Husband more relaxed and doesn't feel picked on or judged
- Couple have developed open, honest and effective communications and have worked on identifying shared goals which they are now beginning to achieve
- Wife feels more confident that they can tackle any obstacles that arise



*"It was a revelation to me when I realised that I need to change the way I think rather than the way he does. I have a better understanding of his illness and I can see big changes in him. He is more relaxed – he doesn't feel picked on or judged. It's so much better now ... normal!"*

*Wife*

# Strengthening Families ...Reducing carer distress

*by empowering the family with new skills*

## Background facts

### Illness:

PTSD

### Description:

Husband diagnosed 2 years ago, working and accessing services

### Symptoms:

Withdrawn, isolated and distant

### Service offered:

Carer psycho-education and support

## Issue

Family life was tense and they had not had fun as a family for several years. There was a huge distance between the couple and they couldn't get their closeness back. Husband was struggling with his symptoms but he did not talk about them with her. His wife was scared he was going to take his own life.

## Our work

- We gave the carer new communication skills to help her motivate her husband to share more about himself
- We helped her understand her husband's difficulties and how these were interacting with their family life.
- We supported her to problem solve the issues with him



## Healios impact on the patient and family

- PTSD is no longer the couple's primary focus. They are now working together as a team and recently had a great family day out together
- Wife is now more confident to ask for the support she needs from other services
- Husband is coming to the end of his treatment

“Our life has changed immensely. We have now got a relationship where before we had no relationship”

*Wife*

# Improving Family Relationships

*through empowering the family with new skills*

## Background facts

**Illness:**  
PTSD

**Description:**  
Husband diagnosed 20 years ago, also has depression and brain damage

**Symptoms:**  
Memory loss, anger, depression, flashbacks, insomnia

**Service offered:**  
Carer psycho-education and support

## Issue

Conflict was having a strong effect on family relationships. The children did not interact with their dad and the carer reported constant arguments between all of them.

## Our work

- We spoke to the carer about modelling good communication skills to the family. This was quickly embraced by them all.
- Problem solving helped the family work together as a team. The husband grew in confidence to take more responsibility for decisions in the home, instead of leaving it to his wife.

## Healios impact on the patient and family

- Husband and wife now spend 15 minutes together each morning to discuss their concerns
- The whole family is working together to communicate better and express how they feel



*“Doing this has really validated my belief in our family. It’s helped to empower my husband and bring our fragmented family together.”*

*Wife*



# Improving Confidence

*through empowering the family with new skills*

## Background facts

**Illness:**  
PTSD

**Description:**  
Husband: unemployed withdrawn and with low confidence.

**Symptoms:**  
Flashbacks and anger

**Service offered:**  
Carer psycho-education and training

## Issue

Couple have been married for 5 years. Wife reported communication difficulties, arguments and lack of support for each other. Although unemployed, husband had limited engagement with her or household responsibilities and showed low motivation for returning to employment.

## Our work

- We gave the carer new communication and problem-solving skills to strengthen their relationship and tackle issues and goals as a team.
- We supported her to gain improved understanding of PTSD through us and from her husband.
- We helped her develop emotional coping skills to improve her own well-being.

## Healios impact on the patient and family

- Wife is now less reactive and manages her emotions in a more positive way.
- Couple are now working together as a team. Their relationship is calmer and they have fewer arguments.
- They worked together to plan and successfully achieve his recent trip abroad to speak at an international event about his experiences



“My husband is more confident and I am more relaxed, less guarded”

*Wife*



# Rebuilding Lives

*by empowering the family with new skills*

## Background facts

**Illness:**  
PTSD

**Description:**  
Husband diagnosed 6 months ago. Already completed 6-week programme with Combat Stress

**Symptoms:**  
Hyper-vigilance, Panic attacks, negative and suicidal thoughts, claustrophobia

**Service offered:**  
Carer psycho-education and support

## Issue

Couple had lost the ability to communicate openly to avoid putting pressure on each other. Wife felt exhausted from working full time and taking on all the household responsibilities and feeling they had drifted apart. Husband felt rejected if she took any time for her own activities or friends. Couple had very little joint social/leisure activities due to husband's negative beliefs about being able to cope.

## Our work

- We gave the carer new communication skills and encouraged her to share these with her husband
- Developed collaborative and flexible goal setting and achievement strategies, particularly focused on small steps and regular reviews to capture positives
- Beginning to work on building strategies to reduce symptom impact

## Healios impact on the patient and family

- Wife was open about her difficulties and couple are now using the new communication skills to identify issues
- Couple working well as a team to agree goals and allocate responsibilities. They make and review specific plans regularly
- Husband feeling more confident and wife has spent a weekend away with her friend



“We are both so happy, things have changed for the better already. I can’t believe it. Doing this work is changing our lives. I can’t thank you enough”

*Wife*

# Improving Outcomes

*through empowering the family with new skills*

## Background facts

**Illness:**  
PTSD

**Description:**  
Husband diagnosed  
1 year ago

**Symptoms:**  
Angry outbursts,  
physical flashbacks,  
hyper-vigilance

**Service offered:**  
Carer psycho-  
education and support

## Issue

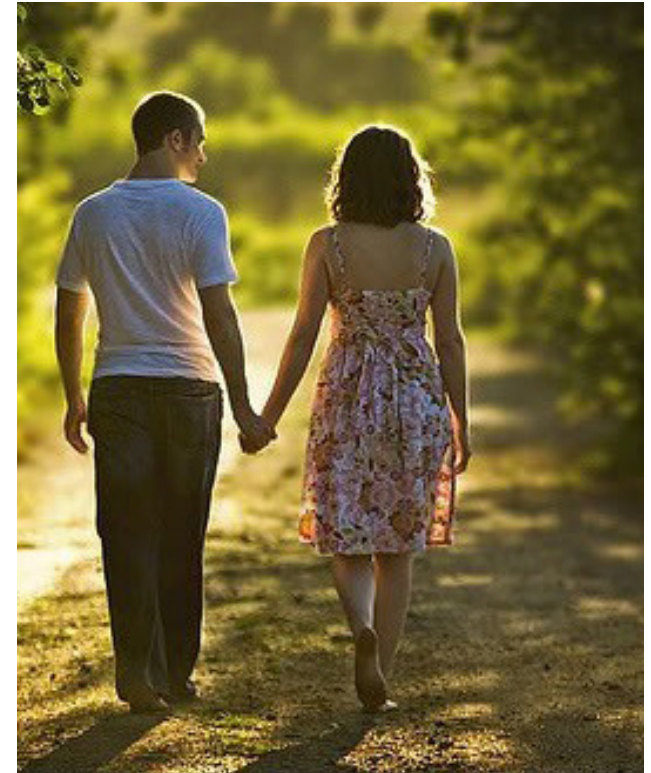
Carer expressed the concerns around communication with her husband. They could not go out to public places and her husband would have angry outbursts.

## Our work

- We gave the carer new communication skills to offer alternative approaches to communicate with her husband
- Tailored education helped the carer to understand her husband's hyper-vigilance to threat
- Trained carer on new skills to interact with him positively

## Healios impact on the patient and family

- Carer is able to empathise with him through a better understanding of her husband's symptoms
- Husband's anger is reduced as the carer is reacting to his outbursts differently



*"Before it was like a kettle that would blow. Now I can catch it before it blows. It's brought me back down to earth and saved our relationship in a way."*

*Wife*



**Richard Andrews**

Founder, Chairman and CEO

Healios

[richard.andrews@healios.org.uk](mailto:richard.andrews@healios.org.uk)

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