



Scottish Veterans
Care Network



Veterans Mental Health and Wellbeing Action Plan

2022-2027

Scottish Veterans Care Network
NHS National Services Scotland



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Scottish Veterans Care Network

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Foreword / Message from the Scottish Veterans Commissioner

I am delighted to support the publication of this plan of action. It will be the foundation stone of the integrated, person-centred veterans care pathway envisaged by my predecessor Eric Fraser CBE and recommended in his 2018 report and recommendations to the Scottish Government: *‘Veterans Health & Wellbeing: A Distinctive Scottish approach’*.

It is a ‘blueprint’ for better designed and planned mental health and wellbeing services Scotland-wide, which can be delivered in a way that suits veterans’ needs. It is heartening to see Eric’s vision come to fruition and I hope we can move to early implementation so that no more veterans suffer due to gaps in service provision or lack of awareness of the help that does exist and how to access it.

While they served, veterans may well have been involved in operations which are integral to our safety, security and well-being. Their work often placing them in dangerous situations which can have a significant impact on both their physical and psychological health. I want all veterans who need it to be able to access the right help at the right time and to benefit from mental health and wellbeing services that are timely, high quality and right for them as individuals.

The plan and the care pathway being recommended to Ministers has been co-produced by people who know and understand what it is to serve in the Armed Forces and people who know about health and mental health care and service design and implementation. Through the Scottish Veterans Care Network (SVCN), they have joined forces to address the long-standing need to ensure that our veterans can access consistently high quality services no matter where they live. That surely gives us the best chance of success and my sincere thanks go to all those who have given their time, energy and enthusiasm to shaping these plans.

CHARLES WALLACE
SCOTTISH VETERANS COMMISSIONER



Scottish Veterans Commissioner’s Office
13 October 2021



Introduction

The aim of this Mental Health and Wellbeing Action Plan is to ensure that all veterans in Scotland can lead a healthy, positive life and reach their full potential. Supporting people to keep well in the community is the Mental Health and Wellbeing Action Plan's top priority. A significant number of veterans stay well through strong community networks and access to wellbeing services. For a smaller number of veterans, access to high quality mental health services, tailored to meet their bespoke needs, is important for their mental health and wellbeing. Support for the wider veterans' community, particularly close family members, is also crucial to ensure that they are appropriately equipped to assist veterans. This Mental Health and Wellbeing Action Plan (hereafter to be referred to as the Action Plan) is ambitious, intending to encompass the broad spectrum of wellbeing and mental health, as well as ensuring support all veterans.

The Action Plan sets out key actions for achieving this aim. It upholds the Community Covenant pledge¹ that outlines that:

“together we acknowledge and understand those who serve or who have served in the Armed Forces and their families, should be treated with fairness and respect in the communities, economy and society they serve with their lives.”

The Community Covenant pledge was first established in 2011. It is soon expected to be enshrined in law, so that organisations can be legally held to account if a veteran has been disadvantaged as a result of their military service. This highlights the need for, and commitment to, high quality and timely access to support and treatment for veterans and their families.

This Action Plan has been developed by the Scottish Veterans Care Network (SVCN) at the direction of Scottish Ministers, following their acceptance of the recommendations in the Scottish Veterans Commissioners, *Veterans Health & Well-being Paper* that²:

The Scottish Government and NHS(S), through the network on veterans' health should produce a Mental Health Action Plan for the long-term delivery of services and support. Systemic issues of funding, collaboration, leadership, planning, governance and training of staff will be key.

The SVCN is a collaborative National Strategic Network that works across geographical and organisational boundaries to support a 'Once for Scotland' approach to the planning, design and delivery of an integrated, holistic, person-centred care pathway across the health and social care system. It is chaired by Pauline Howie, Chief Executive, Scottish Ambulance Service, on behalf of the NHS Board Chief Executives. The SVCN provides national strategic leadership and advice to NHS Boards, Integrated Joint Boards (IJBs), Health and Social Care Partnerships, Local Authorities and other partners in relation to the delivery of services, using the most up to date evidence base and in line with strategic local, regional and national NHS, IJB and Local Authority priorities. The SVCN is based within National Services Division, NHS National Services Scotland.

More information on the SVCN can be found on our website: [Scottish Veterans Care Network – Joining forces to support our veterans.](#)

This Action Plan has been developed through extensive engagement and collaboration that includes:

- Over 80 veterans and members of the veterans' community contributing through focus groups and surveys.
- Members of SVCN Health and Wellbeing Working Group providing extensive expertise and guidance.
- IJB and NHS colleagues providing information on the range of mental health and wellbeing services in their area.
- Third Sector veterans' mental health and wellbeing services providing data on the range of services they provide, as well as valuable expertise and advice through Veterans Scotland and Cobseo (The Confederation of Service Charities)'s Contact Group.
- The Ministry of Defence (MoD) providing insight in terms of existing pathways, what works well and what could be improved.
- NHS Armed Forces and Veterans Champions providing local intelligence and guidance, particularly around the feasibility of implementation in their NHS Board.
- National NHS Boards providing details of national programmes and projects so as to coordinate effort and expertise.
- The SVCN Programme Team reviewing literature and analysing a wide range of data from many sources.
- Colleagues from across the UK have provided advice and learning from their experiences in Scotland, England, Northern Ireland and Wales.
- The SVCN Programme Team engaging with Scottish and UK initiatives and Groups to enable cross-fertilisation of ideas and ensure that Scotland is included in UK wide developments where appropriate.

The SVCN wishes to thank everyone for their time, expertise and passion to develop this Action Plan. A full methodology and consultation process is included in Appendix A.

There is a rich landscape of mental health and wellbeing services provided to veterans in Scotland, across both the NHS and the Third Sector. The successful implementation of this Action Plan will require close collaboration between NHS Boards, Health and Social Care Partnerships, Third Sector, the MoD, Local Government and, of course, the veteran community themselves.

This Action Plan sets out the requirement for:

- **Access to Veteran Specific Mental Health and Wellbeing Services for all veterans**, regardless of where they live and their circumstances. Service design and implementation will need to be flexible depending on population size and rurality. In some areas, a new and distinct veterans' mental health and wellbeing service will be required. Some areas with pre-established veterans' mental health service may need small developments. In other more rural areas, there will be a need to think creatively about wellbeing resources available, pathways into mental health services and use of digital resources and technology to access specialists where appropriate.

¹ UK Government (2017) [Armed Forces Covenants in Scotland](#), Ministry of Defence: London

² Fraser, E (2018), [Veterans' Health & Wellbeing: A Distinctive Scottish Approach](#), The Scottish Veterans Commissioner: Edinburgh

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- **Veteran Peer Support Workers** are key to delivery of the Action Plan. They are veterans with experience of life in the Armed Forces and with skills on how to navigate civilian life. Veteran Peer Support Workers provide an important bridge between the veteran and health and wellbeing professionals, enabling greater understanding of the military context. Veterans' engagement with mental health and wellbeing services is poor compared to other sectors of the Scottish population³. The role of Peer Support Workers has been evidenced to be crucial in reducing stigma, building relationships and supporting veterans to seek and access further help if required⁴.
 - National coordination and support for veterans and their families is central to the Action Plan, with the **identification, development and promotion of a central phone number and resource hub**.
 - **SVCN support for public and Third Sector providers who support veterans**, particularly around the implementation of the Action Plan, is key to supporting services to meet quality standards, data collection and analysis, workforce education and development and linking in with broader UK and Scottish initiatives and campaigns.

“Joining forces to support our Veterans.”

³ Williamson, V., Greenberg, N. & Stevelink, S.A.M. (2019) [Perceived stigma and barriers to care in UK Armed Forces personnel and veterans with and without probable mental disorders](#). *BMC Psychol* 7 (1), 75.

⁴ Weir, B., Cunningham, M., Abraham, L. & Allanson-Oddy, C. (2019) [Military veteran engagement with mental health and well-being services: a qualitative study of the role of the peer support worker](#), *Journal of Mental Health*, 28, 6, pp. 647-653



Strategic and Policy Context

This Action Plan is set in the context of significant change in public services, as Scotland seeks to recover and renew from the Covid-19 pandemic. This is particularly acute in relation to the delivery infrastructure that supports health and social care. Through a range of policies, Scottish Government is taking forward work to increase capacity in community services and mental health services, improve digital inclusion and increase access to digital consultations and online self-help and therapies^{5,6,7}.

Scottish Government is developing plans for the scope, design and delivery for a National Care Service. The proposal include better integration of health, social care and wellbeing services into a National Care Service, including mental health and alcohol and drug services. The consultation document also set out proposals to change Integrated Joint Boards to Community Health and Social Care Boards, and for these Boards to act as the delivery arm of the National Care Service⁸. The scope and design of the National Care Service and the extent to which veterans' mental health and wellbeing services are encompassed within this, as well as the development of Community Health and Care Boards, will be crucial to how services are configured and commissioned going forward.

Mental health and wellbeing and the lives of the Armed Forces and veterans community span multiple policy areas within Scottish and Westminster Governments. Policies and strategies differ on emphasis and focus, however there are common themes between them:

- A focus on supporting people at a population level to stay well within their communities
- Delivering local services where feasible
- Ensuring easy and timely access to advice, support and services
- Improving the quality of service delivery, including scaling up digital options
- Improving information and intelligence data to inform service need and design, whether on the number and location of veterans or the quality of services

Evidence suggests that wider social determinants of health, such as income and housing, all play a part in keeping well. There is therefore a need for policies across the Scottish Government and UK Governments to recognise the distinct needs of veterans. Housing to 2040 recognises the need to implement and embed homelessness prevention pathways for certain at-risk groups, including veterans⁹. The Programme for Government 2021-22 sets out commitments to increase employment opportunities for veterans and increase the funding available within the Scottish Veterans Fund¹⁰.

A table in Appendix B sets out the health and social care and veterans related policies and associated themes.

⁵ Scottish Government (2021) [NHS recovery plan](#), Scottish Government: Edinburgh.

⁶ Scottish Government (2021) [A changing nation: how Scotland will thrive in a digital world](#) Scottish Government: Edinburgh.

⁷ Scottish Government (2021) [Coronavirus \(COVID-19\): mental health - transition and recovery plan](#), Scottish Government: Edinburgh.

⁸ Scottish Government (2021) [A National Care Service for Scotland - Scottish Government - Citizen Space](#), Scottish Government: Edinburgh.

⁹ Scottish Government (2021) [Housing to 2040](#), Scottish Government: Edinburgh.

¹⁰ Scottish Government (2021) [A Fairer, Greener Scotland: Programme for Government 2021-22](#), Scottish Government: Edinburgh.



UK and International Comparisons

Through the All Wales Veterans Service, **Wales** has a specialised, priority service for individuals who have served in the Armed Forces at any time in their lives and who are experiencing mental health difficulties related specifically to their military service. Each Local Health Board has an experienced clinician as a Veteran Therapist (VT) with an interest or experience of military mental health problems. The VT accepts referrals from health care staff, GPs, veteran charities and self-referrals from ex-service personnel. The network is coordinated via a central point in Cardiff offering staff support and is the single point of referral for veterans.

England has Op COURAGE which provides a range of support and treatment, including emergency care and treatment as well as psychological therapies and facilitates links with charities and local organisations who can support veterans' wider health and wellbeing needs, such as housing, relationships, finances, employment, drug and alcohol misuse and social support.

Op COURAGE includes the Treatment and Liaison Services (TILS) for mild to moderate veteran mental health difficulties and the High Intensity Service (HIS) for complex needs. These services are coordinated and funded centrally through NHS England. They work in partnership with a range of providers who all agree to work under the governance structure and name of Op COURAGE.

There are no mainstream veteran specific services and moreover, within the unique historical, political and social context of **Northern Ireland**, many veterans are reluctant to reveal their service history, due to security concerns. Additional statutory provision of veteran specific mental health services and welfare support, funded by the MoD, is limited to services provided by The Ulster Defence Regiment and Royal Irish (HS) Aftercare Service and is subject to strict eligibility criteria and currently available to veterans of The Ulster Defence Regiment and The Royal Irish Regiment (Home Service) and those NI based veterans discharged as wounded, injured and sick.

In large part, NI veteran specific mental health services are delivered by the charitable sector through 5 key mental health delivery partners; the single organisation which leads on co-ordinating this delivery and in developing new capacity to deliver services, is the NI Veterans' Support Office (NIVSO). NIVSO offers a single point of contact for veterans; works closely with the NI Veterans' Commissioner who leads on assurance of services and advocacy on behalf of veterans and extensively with a host of charitable, community and voluntary sector delivery organisations as well as with the statutory sector and in particular Veterans' Champions within each of the 11 Local Authorities, coordinating this activity through its facilitation of the NI Veterans' Mental Health Forum and more widely, the NI Veterans' Support Committee.

Dedicated veterans' mental health services are offered in a variety of countries world-wide^{11,12,13}. Despite the different healthcare context in which these services operate, all have common themes:

- A focus on the bespoke needs of veterans.
- Support for people to transition from the military.
- Ensuring veterans and family members have access to a multidisciplinary and multi-professional team.
- Enhancing partnership and collaboration between the military, healthcare services, voluntary sector, local government and veterans and their families.
- Support for veterans' families.

¹¹ Veteran Affairs Canada (2021) [OSI Clinics](#) - Veterans Affairs Canada.

¹² US Department of Veteran Affairs (2021) [Veterans Health Administration \(va.gov\)](#)

¹³ Department of Veteran Affairs (2020) [Australian Government Veteran Mental Health and Wellbeing Strategy and National Action Plan 2020-2023](#), Department of Veterans' Affairs: Brisbane.



Mental Health and Wellbeing Needs of Veterans in Scotland

The Scottish Veterans Commissioner's Veterans Health & Wellbeing Paper and the UK Government's Strategy for our Veterans highlighted the need for better data collection, recording and sharing regarding veterans, between and within organisations such as the NHS, MoD and wider stakeholders¹⁴. The reports stated that improved identification of veterans is needed to have a greater understanding of their needs, trends and geographical distribution in order to inform policy and plan service development.

Scottish Veterans Population: Numbers and Locations

According to the *Annual Population Survey*, **220,000 veterans live in Scotland**, making up approximately 4% of the population¹⁵. When a veteran's wider family are taken into consideration, this figure rises significantly; the veteran community is an important proportion of the Scottish population.

Limitations with existing data means it is difficult to estimate the numbers and location of veterans in Scotland. Population maps derived from previous Annual Population Surveys, War Pensions data or Occupational Pensions data do not provide an accurate picture. Whilst the SVCN recognise this, there is a need to estimate populations of veterans by NHS Boards to inform service planning. In order to achieve this, efforts to triangulate relevant data sources can be found in Appendix F.

Scotland's Census 2022 will include a question on previous military service. It is hoped that the Census will provide a far more accurate picture of the geographical spread of veterans in Scotland and the SVCN will use this data and work with National Records of Scotland (NRS) to provide a more accurate map of veterans' population distribution across Scotland.

Scottish Veterans Population: Demographics

Of the 220,000 veterans, 91,000 are between 16 and 64 and 129,000 are over 64¹⁵. Veterans are located across Scotland, with previous studies indicating that a high proportion of veterans are located around Armed Forces bases in rural areas. This is particularly relevant for personnel with longer service histories. However, it is also understood that, upon leaving the Armed Forces, many other veterans, particularly Early Service Leavers, will return to areas in which they were recruited. A significant level of this demographic are recruited from areas of social deprivation. This provides explanation as to why in 2018, 26% of veterans who engaged with a veterans' mental health service were from the most deprived Scottish Index of Multiple Deprivation (SIMD) quintile¹⁶.

¹⁴ UK Government (2018) [The Strategy for our Veterans](#), Ministry of Defence: London.

¹⁵ UK Government (2019) [Annual Population Survey: UK Armed Forces Veterans Residing in Great Britain 2017 Britain](#), Ministry of Defence: Bristol.

¹⁶ Irvine Fitzpatrick, L., McArdle, M. & Gall, E. (2020) [An Evaluation of Veterans First Point Scotland: Scotland's Specialist Mental Health Service for Veterans](#), Veterans First Point.

The majority of veterans adjust to civilian life very well, with almost two-thirds of veterans reporting no long-term health conditions¹⁵. Evidence suggests that strong social networks, meaningful activity such as employment or volunteering and broader social determinants of health such as income and housing, all play a part in keeping well. The Scottish Veterans Health Study highlights that veterans who have long service histories are less likely to suffer a range of health related conditions when compared to health outcomes of the general population¹⁷.

When considering rates of welfare issues, including homelessness, unemployment, alcohol use, physical health and debt, in the veteran population as a whole, there are no significant differences found between the veteran population and those who have never served in the Armed Forces. There is, however, a significant group of service leavers more at risk of poor mental and physical health, due to specific demographic and occupational risk factors. These are outlined below.

Transitioning Military Personnel: Health and Wellbeing

The MoD reported 1,578 medical discharges across the UK in 2020. It is estimated that 34% of these were on mental health grounds¹⁸. As a proportion of the veterans' population in Scotland, this equates to approximately 50 veterans per year declaring a mental health difficulty at point of discharge. There are however many reasons that individuals may not declare difficulties at discharge, including issues around discrimination and 'internal stigma'¹⁹. In addition, it is estimated that many veterans may suffer from 'delayed onset' PTSD, adjustment disorder, depression or other forms of mental health condition. Emerging evidence confirms the existence of delayed-onset PTSD²⁰. The figures and extent of the problem across the veterans' lifetime therefore remains unclear.

¹⁷ Bergman, B. P. (2015) [*The Scottish veterans health study: a retrospective cohort study of 57,000 military veterans and 173,000 matched non-veterans*](#), PhD thesis, University of Glasgow.

¹⁸ Rhead, R., Fear, N., Greenberg, N., Goodwin, L., McManus, D., (2020) [*The mental health and treatment needs of UK ex-military personnel*](#), Kings College London & University of Liverpool.

¹⁹ Langston V, Greenberg N, Fear N et al (2010) Stigma and mental health in the Royal Navy: A mixed methods paper. *Journal of Mental Health*, 19. pp.8-16.

²⁰ Goodwin, L., Jones, M., Rona, R. J., Sundin, J., Wessely, S., & Fear, N. T. (2012). [*Prevalence of Delayed-Onset Posttraumatic Stress Disorder in Military Personnel: Is There Evidence for This Disorder? Results of a Prospective UK Cohort Study*](#). *Journal of Nervous and Mental Disease*, 200(5), pp.429-437.

Veterans Reporting to Mental Health and Wellbeing Services – Risk Factors

<p>Age</p> <p>Across the UK as a whole, research suggests that veterans who are younger are more likely to report both a common mental health problem and probable PTSD, compared to those who were older¹⁸. Young male veterans were also highlighted as an at-risk group to suicide. Veterans are not at increased risk of suicide overall, however, a new Scottish study suggests that the highest risk of suicide for both men and women veterans in Scotland is in middle age, approximately 20 years after leaving service²¹.</p>	<p>LGBTQI+:</p> <p>Prior to 12 January 2000, service personnel who identified as LGBTQI+ were forced to hide their sexuality or face the risk of dishonorable discharge. The challenges faced by this demographic as a result of this policy include a lack of recognition of service and, in many cases, criminal convictions²². Due to the unique challenges that this cohort has faced, there must be appropriate support for any long-term mental health difficulties that arise.</p>
<p>Employment</p> <p>Veterans who are unemployed or unable to work due to long-term illness or disability are more likely to experience difficulties with their mental health¹⁸.</p>	<p>Marital Status</p> <p>Veterans who are single or divorced are more likely to report probably PTSD and are most at risk of developing a mental health condition¹⁸.</p>
<p>Women</p> <p>Older female veterans were highlighted as an at-risk group to suicide¹⁷. Among women, mental health (CMD and PTSD) prevalence was very similar for veterans and non-veterans, but female veterans were more likely to report hazardous alcohol misuse than non-veterans²³.</p>	<p>Ethnic Minorities</p> <p>The intake of Black and Minority Ethnic service personnel increased by 110% between March 2019 and March 2020 in the UK²⁴. Mental health and wellbeing services should therefore be cognisant of this growing cultural diversity in the future design and development of services.</p>
<p>Early Service Leavers</p> <p>Show high rates of heavy drinking, were highlighted as an at-risk group to suicide²¹ or have self-harmed in the past compared to longer serving ex-service personnel²⁵.</p>	<p>Deployment</p> <p>Deployed reservists were found to be at higher risk for mental health problems, compared to deployed Regulars and non-deployed Reservists^{26 27 28}. Evidence suggests those at highest risk are those who have been aero-medically evacuated²⁹.</p>

²¹ Bergman, B. P., Mackay, D. F., and Pell, J. P. (2021) [Suicide among Scottish military veterans: follow-up and trends. Occupational and environmental medicine](#), *Occupational and Environmental Medicine*, 2021-0 pp.1-6.

²² Fighting with Pride (2021) <https://www.fightingwithpride.org.uk/>

²³ Godier-McBard, L., Gillin, N., and Fossey, M. (2021) [We Also Served – The Health and Wellbeing of Female Veterans in the UK](#), Cobseo & Veterans and Families Institute for Military Social Research.

²⁴ UK Government (2020) [UK armed forces biannual diversity statistics: April 2020](#) Ministry of Defence

²⁵ Woodhead, C., Rona, R.J., Iversen, A. et al. (2011) [Mental health and health service use among post-national service veterans: results from the 2007 Adult Psychiatric Morbidity Survey of England](#), *Psychological Medicine*, 41 (2) pp. 363-372.

²⁶ Iversen, A.C., van Staden, L., Hughes, J.H. et al. (2009), [The prevalence of common mental disorders and PTSD in the UK military: using data from a clinical interview-based study](#). *BMC Psychiatry* 9, 68.

²⁷ Fear, N.T., Jones, M., Murphy, D., et al. (2010) [What are the consequences of deployment to Iraq and Afghanistan on the mental health of the UK armed forces? A cohort study](#). *Lancet*. 22;375 (9728) pp.1783-97.

²⁸ Harvey, S. B., Hatch, S. L., Jones M, et al. (2011), [Coming home: Social Functioning and the Mental Health of UK Reservists on Return From Deployment to Iraq or Afghanistan](#). *Annals of Epidemiology* 21 9, pp.666-672.

²⁹ Forbes, H.J., Jones, N., Woodhead, C. et al. (2012), [What are the effects of having an illness or injury whilst deployed on post deployment mental health? A population based record linkage study of UK Army personnel who have served in Iraq or Afghanistan](#). *BMC Psychiatry* 12, 178.

What this means for Veterans Mental Health and Wellbeing Services

The data above provides a clear rationale for highlighting veterans as a priority group and developing specific, tailored veteran mental health and wellbeing services.

Based on current referral rates reported in the SVCN Service Mapping, we can estimate that across Scotland there will be approximately between **1,750 - 2000 veterans** approaching a service for mental health and wellbeing support every year. The support needs of those veterans include a range of psychological and wellbeing factors and most veterans will require multiple episodes of support. In addition, veterans are more likely to wait until they reach a point of crisis before seeking professional support¹⁸.

Work is ongoing to support enhanced data collection to identify veterans through primary care services in order to have a more comprehensive estimate of veterans who require support. The SVCN is also working with MoD data and information departments to gather a more detailed picture of Scottish veterans needs at point of transition. This additional data will help with the planning of future services.

The profile of veterans currently presenting to mental health and wellbeing services in Scotland include the following characteristics:

Childhood Trauma

Veterans who presented to Scottish Veterans Mental Health and Wellbeing services have higher levels of multiple trauma histories in addition to their military experience.

In-house evaluations indicate that the norms of childhood trauma are significantly higher in veteran clinical samples than other clinical groups³⁰;

Veteran clinical samples are more likely to have suffered childhood adversity, with significantly higher levels of physical and emotional abuse.

Those who suffer childhood trauma are more likely to experience subsequent adult traumas (Bernstein et al, 1994), many of which may have occurred during deployment in the military.

Moral Injury

The veteran population is significantly susceptible to experiencing both adult traumas and potentially morally injurious events (PMIE's).

Defined as acts of omission or commission that transgress deeply held moral beliefs, PMIE's can cause significant psychological distress³¹.

Veterans who encounter mental health difficulties in relation to morally injurious events may experience additional barriers to seeking help due feelings of guilt, shame and concerns about the limits of confidentiality^{32,33}.

Once the veteran does engage in services, there are often concerns regarding development of trusting relationships. This, therefore, requires a specific and thoughtful approach to both individual treatment and service design for this population group.

³⁰ Bernstein, D. P., Fink, L., Handelsman, L., et al. (1994) [Initial reliability and validity of a new retrospective measure of child abuse and neglect](#). *American Journal of Psychiatry*. 151(8) pp.1132–1136.

³¹ Litz, B. T., Stein, N., Delaney, E., (2009) [Moral injury and moral repair in war Veterans: A preliminary model and intervention strategy](#) *Clinical Psychology Review*, 29(8) pp.695–706.

³² Frankfurt, S., and Frazier, P., (2016) [A review of research on moral injury in combat Veterans](#), *Military Psychology*, 28(5), pp.318–330.

³³ Williamson, V., Murphy, D., Stevelink, S. et al. (2021): [Delivering treatment to morally injured UK military personnel and Veterans: The clinician experience](#), *Military Psychology*, 33(2), pp.115-123.

<p>Chronic Pain</p> <p>There is considerable overlap between psychological trauma and long-term physical problems, including pain management.</p> <p>Evidence has linked traumatic experiences, trauma-related disorders and mental disorders generally with chronic physical health conditions³⁴.</p>	<p>Poverty and Inequality</p> <p>Those who are seen by veterans' mental health services in Scotland tend to live in the most deprived Scottish Index of Multiple Deprivation (SIMD) quintile³⁸.</p> <p>In 2019, a quarter of those seen by veterans' mental health services were unemployed. This figure increased to approximately a third during the Covid-19 Pandemic.</p>
<p>Levels of Complex PTSD</p> <p>It is estimated that between 50-70% of veterans presenting for psychological therapy in England met the criteria for Complex PTSD, as defined in ICD-11³⁵.</p> <p>For this form of presentation, the <i>Matrix - A guide to delivering evidence-based psychological therapies in Scotland</i>³⁶ recommends longer phase-based treatments of at least 16-30 sessions. This is often not available within the current capacity of mainstream mental health provision.</p>	<p>Suicide</p> <p>A UK study found that overall suicide rates among the veteran population were no greater than that of civilian population.</p> <p>When specific groups of veterans are considered the suicide risk can be seen to be much higher.</p> <p>Recent evidence on suicide risk among veterans and military personnel suggests that suicide prevention strategies should include enhanced screening and treatment of veterans at risk of mental illness and improved access to evidence-based psychological treatments³⁷.</p>
<p>Homelessness</p> <p>Research on the housing needs of veterans suggests that they are not disproportionately likely to experience homelessness or rough sleeping^{38,39}. However, 35% of veterans that engaged with mental health services report a history of homelessness. Furthermore, rates of roofless homelessness have been found to be higher than the national average¹⁶. This means that homelessness is a particular concern for this cohort.</p>	

Based on the above, this Action Plan aims to improve accessibility to services for these ex-service personnel, promoting wellbeing and early prevention initiatives. The aspiration of the Action Plan is that more veterans would be approaching for help much sooner than currently observed.

³⁴ Boscarino, J.A. (2004) [Posttraumatic Stress Disorder and Physical Illness: Results from Clinical and Epidemiologic Studies](#),. *Annals of the New York Academy of Sciences*, 1032 pp.141-153.

³⁵ World Health Organisation, ICD-11 [International Classification of Diseases - 11th Revision](#)

³⁶ NHS Education Scotland (2021) [Matrix - A guide to delivering evidence-based psychological therapies in Scotland](#).

³⁷ Zortea, T. C., O'Connor, R. C., Platt, S., (2021) [Interventions to mitigate suicide risk among veterans and military personnel: A rapid review of the latest evidence](#). Academic Advisory Group, Scottish Government's National Suicide Prevention Leadership Group: Edinburgh.

³⁸ Poppy Scotland (2019) [Supporting the Armed Forces community with Housing in Scotland: A Best Practice Guide](#), Poppy Scotland.

³⁹ Wallace, C. (2021) [Positive Futures: Getting Transition Right in Scotland](#), Scottish Veterans Commissioner: Edinburgh



The Action Plan

This Action Plan is based around **3 key Principles**. This Section will set out:

- Each principle
- The rationale for this principle based on our engagement and literature review
- Detailed recommendations
- How the SVCN will work with partners to make this happen

High Quality Veterans Mental Health and Wellbeing Services



Principle 1

Veterans will have equal access to mental health and wellbeing services, regardless of where they live, that are:

- veteran specific and uphold the principles of the Armed Forces Covenant to ensure no veteran is disadvantaged by their military service.
- focused on keeping veterans and their families well by providing support for the wider determinants of mental health and wellbeing.
- as close to home as possible – this may require a blend of physical and virtual consultation or a range of digital therapies and treatments.
- high quality and provide evidence based psychological therapies.
- financially sustainable.



Our findings

Veterans Mental Health and Wellbeing Services

In order to develop a picture of existing service available to support veterans' mental health and wellbeing in Scotland, a range of sources were triangulated:

- Third Sector organisations, IJBs and NHS Boards who responded to the SVCN Service Provider Questionnaires.
- Member organisations of the Veterans Scotland Health & Wellbeing Group that provide a focus on either mental health or wellbeing.
- Organisations listed on the Veterans Assist website⁴⁰.
- Organisations listed on Veterans Gateway website⁴¹.

Appendix C sets out an overview of local services available in each NHS Board and national Third Sector services available to Scottish veterans.

There are a large number of health and wellbeing services in Scotland. These cover both statutory and Third Sector organisations. According to Veterans Scotland, there are currently over 30 of their member organisations providing health and wellbeing support to veterans⁴². These organisations cover a multitude of projects within their respective communities.

Veterans in the SVCN focus groups who had accessed services described areas of outstanding practice across the veterans' sector in Scotland. Veterans and the wider veterans' community also highlighted significant geographic variation in terms of service provision and a lack of clarity around whom to contact initially for help. The service mapping identified six NHS Boards: NHS Ayrshire and Arran, Borders, Fife, Lothian, Lanarkshire and Tayside, where veterans are able to access NHS community-based veteran specific mental health and wellbeing services. Third Sector organisations work in partnership with services in these NHS Boards and operate more widely across Scotland.

NHS Highland and Grampian had trialed community veterans' mental health services. These tests of concept did not continue due to a combination of factors including insecurity over funding, capacity and ability to reach rural and isolated communities in these areas. Since then, an Armed Forces and Veterans Project has been developed in NHS Highland to try to find alternative ways in which to raise awareness, reduce barriers and increase access to care. The aim of the project is to develop NHS Highland as a more Armed Forces and Veterans (AF&V) aware healthcare provider and employer, using an 'every contact counts' approach, attempting to raise awareness and understanding of the AF&V community in all NHS Highland staff, and promoting services available within NHS Highland to the AF&V community.

A national intensive treatment programme available for veterans throughout Scotland is provided by a Third Sector organisation. This was based in Ayrshire but plans are in place to relocate to Edinburgh, with a satellite in Glasgow. The organisation also have a range of local projects throughout Scotland. Positive patient outcomes have been evidence for both residential and community-based health and wellbeing services^{43,16}.

⁴⁰ Veterans Assist Scotland (2021) [Veterans Assist Scotland](#)

⁴¹ Veterans Gateway (2021) [Advice and support for veterans & ex-forces](#)

⁴² Veterans Scotland (2021) [Veterans Scotland Health & Wellbeing Group](#)

⁴³ Madigan, A., et al. (2020), [Exploring the Facilitation of Successfully Completing Treatment within a Residential Setting with Veterans Diagnosed with PTSD](#) *Journal of Veterans Studies*, 6(1), pp. 230–238

Scottish Government health and social care policy and UK policy in relation to veterans is that services should be located in the community and as close to home as possible^{44,45}. An evaluation of the residential model found comparative outcomes for community and residential services. Veterans report that reintegration and follow up care is more difficult following treatment away from home⁴³. It is therefore advised that community-based services should be considered in the first instance⁴⁵. Feedback from stakeholders suggests that residential services may better serve the needs of specific population groups.

All stakeholders raised concerns regarding lack of coordination between NHS community services and the broader Third Sector provision. This provision needs to be part of a clear and integrated care pathway to support aftercare and improved links to ongoing support within the community.

All of the public sector community veterans' mental health services raised concerns regarding funding security, highlighting that the current funding model, whereby they receive short-term grant funding, presents challenges in terms of recruiting and retaining staff. Veterans also felt this impacted on the consistency of their relationship with their therapist(s), and therefore on their ability to access and complete treatment.

Wellbeing Services Provided by Third Sector Partners

The Service Mapping (Appendix C) demonstrates that there are a wide range of wellbeing services in place to support veterans and their families delivered by Third Sector organisations. These provide a range of services from national phone lines; online support; various psychosocial interventions; employability and opportunities for social connecting; and capacity building. Crucially, they also provide support in relation to housing advice; welfare; education and employment advice; legal advice and peer support. Provision however, is not equitable across Scotland.

The Service Mapping demonstrates that some areas of Scotland have services that duplicate or overlap in their field of expertise. Some areas have niche provision that is not replicated elsewhere. Other areas have little or no specialist veterans' mental health and wellbeing services. This Action Plan provides all services with an opportunity to collaborate and think strategically regarding locations and effectiveness of services across Scotland

All stakeholders highlighted the benefits of having a local provider in every area that has open access to a range of help.

“Each area should have a clearly defined one stop shop for veterans”. (Service Provider)

“Consistency across the length and breadth of Scotland... Accessible and with clear pathways to expert support with warm handover to aftercare support.” (Service Provider)

⁴⁴ Scottish Government (2015) [National health and wellbeing outcomes](#), Scottish Government: Edinburgh

⁴⁵ Murrison, A., (2010) [Fighting Fit: a mental health plan for servicemen and veterans](#) Ministry of Defence: London

There was significant support from all stakeholders for a holistic veteran specific community mental health and wellbeing service. The model has been found to be a clinically effective and cost effective alternative to traditional mainstream delivery models¹⁶.

Through our focus groups and discussion with other UK nations, Peer Support Workers were highlighted as a crucial part of the model. Peer Support Workers provide an important bridge between the veteran and health and wellbeing professionals enabling greater understanding of the military context. They provide support for wider indicators of health and wellbeing, such as housing welfare, and employment. Their role has been found to increase engagement and responsiveness to treatment enabling a more targeted use of therapeutic resource⁴.

“Someone that has lived some of what you have lived... When you join the Armed Forces you join a certain band of likeminded people, a family. If you have a peer worker the experience goes a long way.” (Veteran, Focus Group)

Through stakeholder and veterans feedback, the SVCN recognises that not all veterans will wish to identify as a veteran or may seek support through mainstream or Third Sector services.

How Services have responded during the Covid-19 Pandemic

The Covid-19 pandemic has had a significant impact on veterans’ mental health, alcohol use and loneliness, particularly for those experiencing difficulties with family or social relationships. Veterans with anxiety-related disorders appear to be at higher risk of experiencing psychological distress during the pandemic⁴⁶.

Veterans’ organisations across the NHS and Third Sector in Scotland have responded by continuing to offer services throughout the pandemic in a versatile and coordinated fashion. Digital innovations during the crisis have illustrated that whilst this medium does not suit all, it remains a preferred treatment option for others and has been a vital resource to reduce loneliness and isolation. Future development of health and wellbeing support should continue to offer these innovations and increase choice and flexibility.

⁴⁶ Sharp, M. L., Serfioti, D., Jones, M., et al. (2021) [UK veterans’ mental health and well-being before and during the COVID-19 pandemic: a longitudinal cohort study](#), *British Medical Journal*, 11 (8)

What is needed

Each NHS Board area, in collaboration with the relevant Health and Social Care Partnerships, the Third Sector and Local Authorities, will have a dedicated, community based Veteran Mental Health and Wellbeing Service which will:

- Focus on keeping veterans and their families well by providing support for the wider determinants of mental health and wellbeing.
- Provide a range of trauma informed, high quality and evidence-based treatment, including evidence-based psychological therapies.
- Require a blend of physical and virtual consultation or a range of digital therapies and treatments.
- Flexibility within this model depending on size, rurality, and existing provision.
- Uphold the principles of the Armed Forces Covenant to ensure no veteran is disadvantaged by their military service.

The Veterans' Mental Health and Wellbeing Service will:

1.1 Act as a **community hub with a multidisciplinary team of partners**, to provide the following:

- **Peer Support Workers**
 - Veterans with experience of life in the Armed Forces and with skills on how to navigate civilian life.
 - Provide an important bridge between the veteran and health and wellbeing professionals, enabling greater understanding of the military context.
 - Provide and coordinate welfare support (housing, employment, benefits, pensions, activities to reduce loneliness and isolation etc...).
 - Support onward referral to other agencies.
- **Psychologists and Therapists** offering a range of evidence based psychological therapies specific to veterans' needs. These should be provided in line with the *Matrix - A guide to delivering evidence-based psychological therapies in Scotland*.
- **Psychiatry** input for pharmacological interventions, pharmacological advice and prescribing.
- Access to **Community Mental Health Nurses** to provide outreach and wider support.
- **Occupational Therapists** offering Individual Placement Support (IPS) to help veterans with significant mental health problems return to meaningful roles such as work, volunteering, education or training.
- **Local Authority and Third Sector services** providing wellbeing services, support networks to keep well and reduce isolation, financial and debt advice, pensions advice, housing support and advice and support for wider family members.

1.2 **Demonstrate that they are working towards the** Contact Group/ Royal College of Psychiatrists Quality Network for Veteran Mental Health Services - [Quality Standards for Veteran Mental Health Services](#).

1.3 Have **broad inclusion criteria**. This is particularly important for at risk groups. Services should not exclude people on the basis of:

- length of service
- whether their condition is service related
- experience of the criminal justice system
- alcohol and drug dependency
- physical trauma.

- 1.4** Have **person centred care pathways**, that work in partnership, recognising that veterans are not a homogenous group. This should include:
- Self-referral and drop in facilities.
 - Face to face consultations.
 - Telephone or on line consultations.
 - Resilience and staying well programmes including activities to reduce loneliness and isolation.
 - Supported referral processes for accessing wider NHS and Third Sector health and wellbeing services that can best meet the veterans' needs. This should include services such as chronic pain management and alcohol and drugs services.
 - Web based therapies such as Computerised Cognitive Behavioural Therapy (cCBT). Services should link with the 'Connecting Scotland' to support access to mobile technologies for the most vulnerable and digitally excluded people in Scotland.
 - Access to wider outreach services, including access to CPN services for intensive home treatment for veterans following crises and inpatient stays.
 - Pathways to provide access to specialist psychological and psychiatry services where these are not able to be provided locally, such as within Island communities.
 - Access to physical health checks.
- 1.5** Offer **Individual Placement Support** (IPS), which aims to help veterans with significant mental health problems return to meaningful roles such as, work, volunteering, education or training. The principles of IPS:
- to get people into competitive employment
 - it is open to all those who want to work
 - tries to find jobs consistent with peoples' preferences
 - works quickly
 - brings employment specialists into clinical teams
 - employment specialists develop relationships with employers, Local Authority learning and employability teams
 - provides time unlimited, individualised support for the person and their employer
 - includes benefits counselling.
- 1.6** Offer space and **work in collaboration with the Third Sector, Health and Social Care Partnerships, Integrated Joint Boards, Local Government, Community Planning Partnerships** and others to signpost into and have pathways into a range of wellbeing support.
- 1.7** Act as a **safe, secure base for veterans**. Once they have engaged with the service, veterans should be made aware that they are members of that service and can re-engage as and whenever they may need to.
- 1.8** Ensure the service design works to **reduce health inequalities** for veterans who experience multiple disadvantage, including female veterans, LGBT+, ethnic minorities and families.
- 1.9** Have processes in place to **monitor service quality and drive quality improvement**, including collating data on nationally agreed measures (to be developed) which encompass clinical and wellbeing outcomes and effectiveness.

-
- 1.10** Ensure that veterans are supported and empowered to **co-produce the definition, design and delivery of their services**, using tools such as the Scottish Approach to Service Design.
- 1.11** Be afforded **financial security and sustainability** on a recurrent basis.
- 1.12** Ensure all staff working in the Community Hubs are **trauma informed** and receive appropriate training and development.
- 1.13** Continue and develop **residential intensive treatment services** for specific veteran groups. Suitability will be determined by the patient in consultation with the assessing community clinician for onward referral. This service should be reserved for specific patient groups:
- veterans in isolated rural communities who may find it difficult to engage in a community hub or through digital options.
 - veterans who are not clinically appropriate for community services.
 - where an interim break from home or work life would be beneficial to treatment outcomes.
- Due to the changing referral process and referral criteria it is difficult to quantify demand for this service. It is therefore recommended that a review is undertaken of the service after two years, to ensure it meets the veterans need. This will be conducted as part of the wider evaluation and impact assessment of the full Action Plan.
- 1.14** Develop **an integrated care pathway** which aids smooth transition from the community to the residential service and back into the community. This is key to ensuring joined up care and improved patient outcomes.

How we plan to make this happen

Implementation of the service model set out above will require extensive consultation with NHS Boards, Health and Social Care Partnerships, the Third Sector and wider partners. It is recognised that developing services that are multiagency and collaborative require significant time. There will be an element of updating and reporting to a range of partners and funders to ensure plans remain on track.

The SVCN propose that Regional Implementation Teams are established to support service development and improvement. These teams:

- will work in partnership with commissioning teams and services in NHS Boards, HSCPs and the Third Sector to develop local coordinated services based on the projected needs of the population, geography and current resourcing available.
- will work towards meeting the recommended Contact Group/ Royal College of Psychiatrists Quality Network for Veteran Mental Health Services Quality Standards for Veteran Mental Health Services.
- will have working knowledge of local NHS, Health and Social Care Partnerships, Local Authority and Third Sector services
- be comprised of:
 - Veteran Navigators - this is a new role. Veteran Navigators are veterans with experience of life in the Armed Forces and with skills and experience of working with NHS, IJB, Local Authority and Third Sector Services, as well as with veterans themselves. They will have a key role in ensuring that services are designed based on the veterans' needs.
 - Clinical Leads.
 - Project Managers.

Regional Implementation Teams will need to work with existing services and develop Veterans' Mental Health and Wellbeing Services that meet the needs of their populations, taking cognisance of geography and rurality. Pathways into specialist psychological and psychiatry services where these are not able to be provided locally, such as Island communities, will need to be developed with recommendations and learning from a range of remote delivery models.

National partners, National Special NHS Boards and the SVCN will provide national strategic leadership, coordination and support.

There will be flexibility according to local needs and the process will involve working with all partners to build on existing good practice. The timeline for this development will vary in different geographical areas.

To ensure that no veteran is disadvantaged during the development phase, the SVCN recommend that core funding for existing veterans' mental health services, where these are currently operational, will continue until the model outlined in Principle 1 is fully established.

Clear and timely pathways into the correct help



Principle 2

Veterans should be able to access the right help at the right time



Our findings

All stakeholders highlighted the need for timely access to wellbeing support and mental health treatment and improved pathways into services. There are a number of online hubs in operation across the UK that provide signposting and resources regarding veterans' health and wellbeing services. Veterans and their families told us that, despite these efforts, it remained confusing to know where to go for the appropriate credible help to meet their needs. There are a number of phone lines that are either referral points into specific services or are based UK wide and therefore have limited knowledge of Scottish service provision.

“The number of service charities are growing numerically, a number of them are doing niche work, but because there are so many of them, how do you know what is right for you? To me, having a mentoring type connection that could be made available quickly, with knowledge of what services are available and what might suit you.” (Veteran, Focus Group)

“People should not have to struggle so hard to get the support that they need so badly. Veterans need to know what is out there and have a big, clear picture of what it all looks like.” (Veteran, Focus Group)

Stakeholders that operate these methods of communication have fed back the difficulties in keeping these resources up to date, due to the rapidly changing landscape of services. This then exacerbates the difficulties experienced by veterans and their families in attempting to access the appropriate service at the right time. Ensuring veterans and wider family members can access crisis phone lines was another area for improvement highlighted through SVCN focus groups. There is a need to ensure that crisis lines that operate across the UK have access to all relevant information on Scottish services and sources of support.

There was good awareness of Armed Forces and Veterans Champions in each NHS Board, but many stakeholders reported that they would find it difficult to approach them if they felt people were being disadvantaged by their military services, due to their seniority. Where these were available, Peer Support Workers or Local Authority Navigators work well. The idea of someone to help navigate the different organisations and support them with referrals was suggested. It was championed by stakeholders and is something that works successfully in other health and social care delivery settings.

Veterans in the focus groups highlighted that they found the transition to civilian life particularly difficult. This is corroborated by stakeholders and in the literature, particularly for specific population groups⁴⁷.

“Be proactive, not reactive and capture people within the last 6 months of service.” (Veteran, Focus Group)

“There was a lack of understanding of military needs and how to assist the transition and a great lack of mental health assistance for those who were leaving, including family.” (Veteran, Focus Group)

⁴⁷ Bellamy, C., Schmutte, T. and Davidson, L. (2017) [An update on the growing evidence base for peer support, Mental Health and Social Inclusion](#), 21 (3) pp. 161-167.

Data from Police Scotland shows that between October 2018 and September 2019, someone taken into police custody self-disclosed as being a veteran 5,697 times (this could include veterans being arrested more than once in this time period)⁴⁸. Research suggests that a small number of providers work with veterans and their families in the criminal justice system. This suggests that this cohort may not have access to the same level of support as other veteran groups⁴⁹. There is a need to ensure that veterans within the criminal justice system are able to access appropriate support and treatment through, for example, Veterans Champions within the Police Scotland or support through the Scottish Prison Service.

⁴⁸ Police Scotland (2020) Management Information.

⁴⁹ Cable, G., Fleuty, K., Cooper, A. & Almond, M. (2020), [*Snapshot Criminal Justice System, A plain language summary of research and evidence*](#), Forces in Mind Trust.

What is needed

2.1 Building on current services and resources to develop a support service / phone line for the veteran community that:

- Provides crisis support out of hours for veterans and for family members.
- Offers the veteran and veterans family members a range of options as to where they go.
- Offers clinical triage.
- Refers to local Veterans Mental Health and Wellbeing Services and Third Sector Services.
- Is facilitated by people who have knowledge and training in veteran-specific issues and / or Peer Support Workers.

2.2 A Scottish Veteran Community Online Resource Hub which includes:

- Positive case study videos of serving personnel, veterans and their families which represent all cross-sectors within this community.
- Resilience resources for staying mentally and physically well.
- Service map of supports both on a national and local level.
- Resources and support groups for the wider veterans' community.

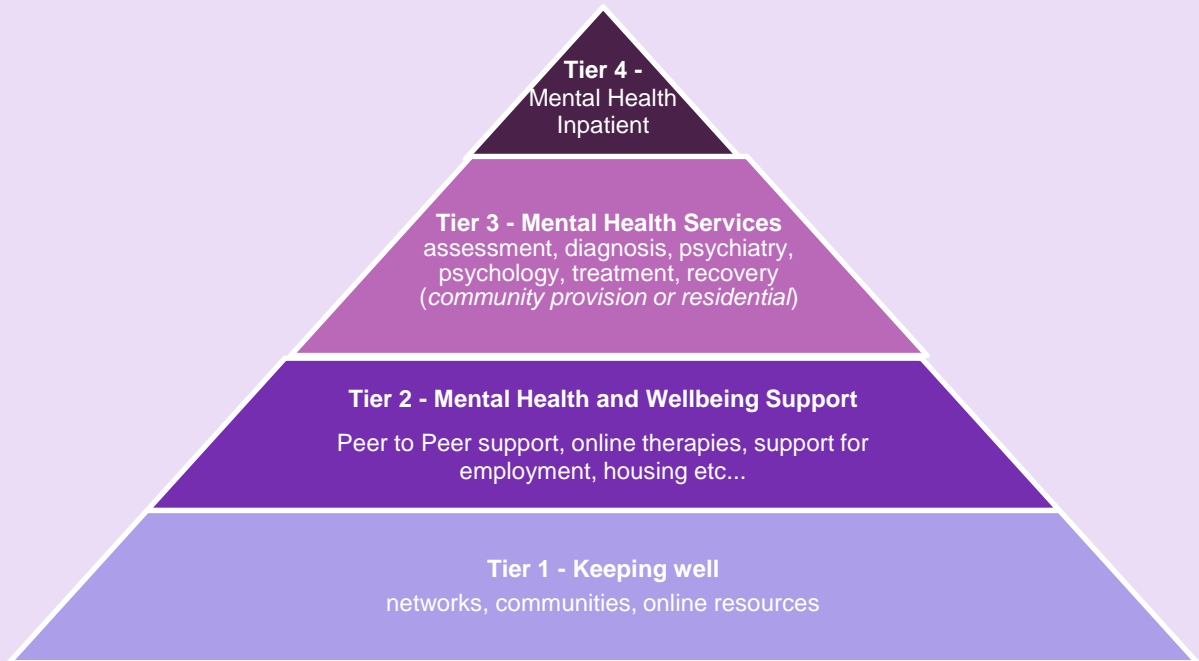
2.3 Develop a robust transition process, focusing on pre-discharge and early discharge. It will build on existing work by the MoD to:

- Improve pathways of transfer of care for wounded, injured and sick soldiers.
- Incorporate policies and principles to mitigate against the risk of suicide in high risk groups.
- Develop processes for Early Service Leavers with complex psychological needs.
- Improve information sharing protocols to support health and care for the growing reservist population.
- Improve processes for those who currently transition without a resettlement package in place.
- Consider how information is shared and support statutory services to access military records, where appropriate.

2.4 Have robust information systems (e.g Veterans Mental Health Information System) alongside information governance protocols, to support appropriate and proportionate information sharing with relevant partners along the patient pathway. This should include the Third Sector, MoD, GPs, Veterans' Mental Health and Wellbeing services and wider NHS and statutory services.

2.5 Support veteran awareness-raising initiatives, such as Veteran Friendly GP Practices and Veteran Aware Hospitals across Scotland.

- 2.6** Ensure all elements of the following **Tiers of Care are working in collaboration to facilitate integrated care pathways for Veterans.** See Appendix E for more detail.



- 2.7** Develop supported referral pathways:
- To ensure access into Veterans Community Mental Health and Wellbeing Services **from other services including primary care, social work, alcohol and drug services and Third Sector services.**
 - To ensure access into Veterans Community Mental Health and Wellbeing Services **for veterans leaving police custody and prison**, and work with providers to develop knowledge and confidence for working with these veterans.
 - From the Veterans Community Mental Health and Wellbeing Services **into wider NHS and Third Sector health and wellbeing services** such as chronic pain management and alcohol and drugs services. This includes scoping the development of veterans' trauma pathways.
- 2.8** Work with Local Authority and NHS Armed Forces and Veterans Champions to ascertain the **need for further Veteran Navigators** who can provide more one-to-one support to ensure that veterans and the wider veterans' community are able to access the full range of health, social and Third Sector services.

How we plan to make this happen

Pathways into local services need to be designed to maximise veterans' engagement, as set out in Principle 1.

There is also a need for a national point of access that can assist with coordination; ensuring people can access the right service for them. The SVCN, as a collaborative Strategic Network, is ideally placed to bring together partners for the delivery of these recommendations.

The SVCN will establish a working group with all relevant partners, including the veterans' community, those serving in the Armed Forces, MoD, GPs and veterans services, to develop a full transition policy that meets the needs of veterans.

The SVCN will work in collaboration with all existing partners to ensure that all relevant information to direct veterans to the appropriate help in Scotland is shared and updated regularly.

The SVCN will work with the Scottish Government's Armed Forces and Veterans Implementation Group who are leading on the rollout of Veteran Friendly GP Practices.

The SVCN will work with the Scottish Health in Custody Network, Police Scotland and the Scottish Prison Service, and Community Justice partners to support the development of pathways from justice settings.

Improved support to those that support our veterans



Principle 3

NHS Boards, Health and Social Care Partnerships, Local Authorities and the Third Sector should be appropriately supported to meet the needs of veterans and develop and deliver Veterans Mental Health and Wellbeing Support and Services.



Our findings

Our questionnaires and engagement to date shows that staff working throughout the veterans' sector have demonstrated professionalism and flexibility to support veterans throughout the Covid-19 pandemic and the situation in Afghanistan over the Summer. However, professionals and the veterans' community have highlighted the need for greater coordination, consultancy, support and education. The veteran community also highlighted the need for an assurance of standards of care in the sector.

“Collaboration is a massive gap in joining the services together. I’ve only been out for a year but it’s difficult.” (Veteran Focus Group)

The veteran community are also members of the civilian population and may approach specialist or mainstream services for help. The SVCN was told that there was a need and a desire for a wider education support across the health and care sector.

“There are not enough people trained to help ex Forces also more training for mental health people in hospital and in the community”. (Veteran Focus Group)

Discussions with other nations, as well a range of literature and service evaluation reports suggest that there is a need for a more strategic and coordinated approach². When delivering a coordinated network of veterans' services such as this, it is more effective if there is a central function to support improvements as well as to provide advice and guidance.

Stigma is also a significant issue facing veterans. This is highlighted by the veterans' community and supported by academic literature. It can take veterans longer to present to services for help and by the time that they do they are often in far greater crisis⁵⁰. As one veteran said in a focus group:

“I did not admit there was a problem until woke up in an ambulance”.
(Veteran Focus Group)

⁵⁰ Williamson, V., Greenberg, N. and Stevelink, S.A.M. (2019) [Perceived stigma and barriers to care in UK Armed Forces personnel and veterans with and without probable mental disorders](#). *BMC Psychology* 7 (75).

What is needed

In order to adequately support delivery partners there needs to be a range of support mechanisms in place. The Scottish Veterans Care Network and national partners should:

- 3.1 Work with the Regional Implementation Teams **to support the implementation of the Mental Health and Wellbeing Action Plan**, monitor progress and report to the SVCN Core Steering Group, Oversight Board and Scottish Government.
- 3.2 Support NHS Boards, Health and Social Care Partnerships, Local Authorities and the Third Sector to **develop services as outlined in line with Principle 1**.
- 3.3 Develop **quality outcome indicators** to support Veterans Mental Health and Wellbeing Services in demonstrating outcomes and improvement.
- 3.4 **Improve awareness, knowledge and understanding of veterans' needs** by working in partnership with NHS Education for Scotland to develop specific training in veteran informed care.
- 3.5 Develop **an anti-stigma campaign** to encourage veterans to seek support if required.
- 3.6 Work with national campaigns such as 'See Me' and work on suicide prevention through the Suicide Prevention National Leadership Group to ensure that veterans at risk of suicide are considered in Scottish Government's New Suicide Prevention Strategy for Scotland.
- 3.7 Deliver a programme of refreshed **veteran specific suicide prevention training** to appropriate partners. This work will be aligned with Scottish Government's *Suicide Prevention Action Plan - Every Life Matters*.
- 3.8 Learn from, build on, and support the scale up of **innovative practice, research and service evaluations** across NHS, Health and Social Care Partnerships, Local Authorities and the Third Sector within the UK to inform service developments.
- 3.9 Develop the role of the **Veteran Peer Support Workers**, looking at career pathways and recognising their military service as a skill and qualification.
- 3.10 Raise awareness of issues within the veteran community to **inform policy and strategy**.
- 3.11 Develop an area of the **Scottish Veterans Online Resource Hub** area for professionals which includes:
 - Positive case study videos of serving personnel and the veterans community which represent all cross-sectors within this community.
 - Links to academic resources for people working with the veteran community.
 - Access to training materials to inform staff working with veterans of veterans' needs.
 - Template job descriptions for the range of healthcare professionals and Peer Support Workers involved in Veterans Health and Wellbeing Services.

-
- 3.12 Develop a **Clinical Forum for healthcare professionals** to seek advice on complex cases.
 - 3.13 Collate **existing data and intelligence on the veterans' community in Scotland** to better understand the needs of the veterans' community, including its size and characteristics as well as monitoring the changing profile of females presenting to services. This includes working with National Records of Scotland on Census data and Veterans Mental Health and Wellbeing Services to collect anonymised data on incidence.
 - 3.14 Consider the needs of the wider veterans' community, particularly **immediate family members**, in order to make recommendations on the most appropriate model of service delivery for those requiring additional mental health and wellbeing support.
 - 3.15 Ensure **ongoing funding** is secured for the delivery of the Mental Health and Wellbeing Action Plan in order to oversee implementation of these Recommendations.
 - 3.16 Work with all partners to **develop a digitally delivered group program** that allows veterans and their families to come together for support, psychoeducation and emotional regulation programs.

How we plan to make this happen

As a National Strategic Network, the SVCN has the governance structures established to take the majority of these actions forward, in partnership with NHS Boards, Health and Social Care Partnerships and the Third Sector across Scotland. This Action Plan incorporates a large range of developments across the Health and Social Care landscape in Scotland. This is the reason we have incorporated a system to aid development, ensure quality and coordination across the sector.

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Glossary

The following definitions are used:

Armed Forces Covenant is a promise by the nation that those who serve and have served, and their families, should be treated fairly. The Covenant was enshrined in law in the 2011 Armed Forces Act and ensures that members of the Armed Forces community are not disadvantaged as a result of their service when accessing public and commercial services. Special consideration is also appropriate in some cases, especially for those who have given most, such as the injured and bereaved.

Health is defined by the World Health Organisation as '*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*'⁵¹.

NHS Armed Forces and Veterans Champions are senior members of staff who hold overall responsibility for making sure that the priority treatment guidelines are understood and applied in their NHS Board. NHS Armed Forces and Veterans Champions are in place in each NHS Board.

Match Care a comprehensive mental health assessment with the veterans at the centre will determine which intervention they should receive. Interventions are offered at the right level for their individual needs.

Potentially Morally Injurious Events (PIME's) are defined as acts of omission or commission that transgress deeply held moral beliefs, PMIE's can cause significant psychological distress.

Regional Implementation Teams will support service development and improvement. These teams:

- will work in partnership with commissioning teams and services in NHS Boards, HSCPs and the Third Sector to develop local coordinated services based on the projected needs of the population, geography and current resourcing available.
- will have working knowledge of local NHS, Health and Social Care Partnerships, Local Authority and Third Sector services.
- be comprised of Veteran Navigators, Clinical Leads and Project Managers.

Stepped Care the least intrusive, most effective and (usually) most available intervention is provided first; if the person does not benefit from the intervention initially offered, or declines an intervention with a good reason, they should be offered an appropriate intervention from the next step.

Veterans are defined as '*anyone who has served at least one day in Her Majesty's Armed forces, (Regular or Reserve)*'. There is no service time restriction and all veterans should be considered within scope of the service regardless of whether their condition is Service related. Veterans in this document will be used to describe all former Armed Services personnel. This definition was updated in 2015 to include Merchant Navy veterans whom have supported HM Forces on operations.⁵²

Veterans Community

The Veterans Community is defined for the purposes of this report as any veterans that have served in HM Forces whether regular or reservists and the immediate families of those aforementioned. This includes the immediate family of those service personnel that have died, regardless of whether this death had any connection to service.

⁵¹ WHO (1948) [Constitution of the World Health Organisation](#)

⁵² UK Government (2015), [The Armed Forces Covenant Annual Report 2015](#), Ministry of Defence; Bristol

Veteran Navigator

Veteran Navigators - this is a new role. Veteran Navigators are veterans with experience of life in the Armed Forces and with skills and experience of working with NHS, IJB, Local Authority and Third Sector Services, as well as with veterans themselves. They will have a key role in ensuring that services are designed based on the veteran's needs.

Veteran Peer Support Workers are veterans with experience of life in the Armed Forces and with skills on how to navigate civilian life. They provide an important bridge between the veteran and health and wellbeing professionals enabling greater understanding of the military context.

Veterans Health and Wellbeing Service is a dedicated, community based service which is focused on keeping veterans and their families well by providing support for the wider determinants of mental health and wellbeing. It will provide a range of trauma informed, high quality, evidence based treatment, including psychological therapies. This may require a blend of physical and virtual consultation or a range of digital therapies and treatments. There will need to be flexibility within this model depending on size, rurality, and existing provision.

Wellbeing is defined by the National Institute for Health and Care Excellence (NICE) as '*the subjective state of being healthy, happy, contented, comfortable and satisfied with one's quality of life. Mental well-being relates to a person's emotional and psychological well-being. This includes self-esteem and the ability to socialise and cope in the face of adversity*'⁵³.

⁵³ National Institute for Health and Care Excellence (2017), [Healthy workplaces: improving employee mental and physical health and wellbeing](#)

Appendix A – Methodology and Consultation

The Mental Health and Wellbeing Action Plan has been developed through triangulation of a number of elements which are set out below.

Service Mapping

In order to ascertain existing service provision and activity in relation to veterans' mental health and wellbeing services in Scotland, a number of questionnaires were developed for completion by a range of partners. Where appropriate, engagement took place with NHS Information Governance professionals to confirm compliance with Privacy Impact and Statistical Disclosure Control Protocol Approval. Questionnaires were developed by the SVCN Programme Team, tested by key partners and disseminated.

The aim of the questionnaires is set out below:

Service Provider Questionnaire distributed through Veterans Scotland	IJB /HSCP and NHS Board Questionnaire distributed via the NHS Veterans Champions and IJB Chief Officers.	MoD Questionnaire Completed by Defence Medical Services	NHS Special Boards Distributed through the NHS Board Veterans Champions copied to NHS Board Medical Directors
purpose of each service provider/organisation	geographical variation across Scotland for Veteran health care	what are the transitioning arrangements for serving personnel moving to NHS care and what could improve the process	understand national activity undertaken in relation to front line service provision (eg SAS, NHS 24).
current service delivery	what has changed in relation to service delivery and access to services in the context of the Covid-19 pandemic.	area of good practice in terms of veteran transition	understanding of wider support services e.g.: education and workforce.
geographical coverage	pathways and access issues in each area	gaps and barriers for transitioning soldiers	
client groups	identified need perceived by the IJBs.		
commissioning models and identification of associated funding streams			
a consideration of the needs of hard to reach groups			

The organisations included in Appendix C were accumulated from the following sources:

- All organisations that responded to the SVCN Service Mapping Questionnaire
- Member organisations of the Veterans Scotland Health & Wellbeing Pillar that provide a focus on either mental health or wellbeing
- Veterans Assist
- Veterans Gateway

Data was analysed using Power-Bi and manual analysis through Excel. Analysis was sense checked by the Health and Wellbeing Facet Working Group.

Engagement with Veterans

The Charter of Patient Rights and Responsibilities sets out what people are entitled to when they use NHS services and receive NHS care in Scotland⁵⁴. It gives people the right to be involved in decisions about their own care and treatment, and to be meaningfully involved in designing and developing local health and care services.

From early on, the SVCN Programme Team was clear that the voice of veterans needed to be at the heart of the development of the Action Plan and inform all elements of our approach. There was no infrastructure for veteran forums or for veteran service user feedback on a national scale. Therefore, to ensure that the MHWAP was co-produced and truly informed by veterans, the SVCN established processes for engagement.

Focus groups are facilitated discussions between a small number of people who share experience or knowledge as a specific community or demographic. They are effectively an interview of multiple people all at the same time, which can enrich the discussion surrounding each question that is asked⁵⁵. The SVCN used the approach set out by Community Engagement at Healthcare Improvement Scotland to inform the development of the focus groups.

Semi-structured, open-ended questions were developed in consultation with the SVCN Health and Wellbeing Facet Working Group and Veterans Scotland.

Due to the restrictions arising as a result of the Covid-19 Pandemic, events were hosted on MS Teams. In order to enable participation, attendance was limited to 10 people per Focus Group. The Focus Groups were promoted through a wide range of partners; members of Veterans Scotland, the NHS Armed Forces and Veterans Champions, NSS Veterans Forum and members of the Health and Wellbeing Facet Working Group.

In order to pick up regional and local themes, the Veterans Focus Groups were organised by region. Due to the significant population of NHS Greater Glasgow and Clyde, the decision was taken to have a separate Focus Group for veterans residing in this area.

The Veteran Focus Groups took place on:

- Monday 31 May 2021 - North of Scotland (Highland, Grampian, Tayside, Islands)
- Monday 7 June 2021 - West of Scotland (D&G, Ayrshire, Lanarkshire)
- Monday 14 June 2021 - Greater Glasgow & Clyde
- Monday 21 June 2021 - South East (Lothian, Borders, Fife, Forth Valley)
- Thursday 15 July 2021 – Scotland (mop-up session)

A Focus Group for the wider veteran community was held on Monday 5 July 2021.

For those who couldn't attend or preferred to submit thoughts in writing, a questionnaire was developed through MS Forms.

Over 80 veterans/members of the wider veteran's community participated in the forums or answered the questionnaires.

⁵⁴ Scottish Government (2019) [The Charter of Patient Rights and Responsibilities: Revised 2019](#), Scottish Government: Edinburgh

⁵⁵ Healthcare Improvement Scotland (2020) [Focus groups](#) Healthcare Improvement Scotland

The transcripts from the forums were analysed and thematic analysis undertaken by the SVCN Programme Team⁵⁶.

Limitations

The SVCN recognise that the digital platform for engagement only enabled people with access to technology to engage. As with all Focus Groups, there is a danger that only the most motivated groups, strongest opinions or loudest voices are heard or considered. Without a full range of perspectives, decisions may be unfairly balanced in favour of certain groups – or may unwittingly create barriers for others.

On advice from our NHS Caldicott Guardian, the decision was made not to record the Focus Groups due to the fact that Focus Group members could disclose personal health information as part of the discussion. Notes were therefore taken by the facilitators. This may introduce some bias in terms of what was noted.

Narrative Literature Review

To inform the development of the recommendations, the SVCN Programme Team analysed peer reviewed qualitative data, as well as grey literature such as policies, clinical guidelines and organisation evaluations.

The results of the search strategies were further augmented by combining the reference lists of the selected articles⁵⁷. This allowed the SVCN team to theme the literature into key areas to provide academic credibility to the Actions / recommendations.

Analysis of published quantitative data

Work has been undertaken to examine existing data sources to ascertain the potential level of need / demand for veterans' mental health and wellbeing services. This is very approximate due to lack of robust data sources.

Expertise and advice from professionals and experts

- Members of SVCN Health and Wellbeing Working Group have provided extensive expertise and guidance.
- Colleagues from across the UK have provided advice and learning from their experiences in England, Wales and Northern Ireland.
- The SVCN Programme Team has engaged with Scottish and UK initiatives and Groups to enable cross-fertilisation of ideas and ensure that Scotland is included in UK wide developments where appropriate. These include:
 - Contact Research Sub Group
 - Contact Group/Royal College of Psychiatrists Quality Network for Veteran Mental Health Services - Quality Standards for Veteran Mental Health Services
 - UK Armed Forces Clinical Forum
 - UK Veterans Mental Health Information System – Scoping Project

⁵⁶ Scottish Veterans Care Network (2021), *Veteran Focus Group Thematic Analysis*, to be published

⁵⁷ Coughlan, M., Ryan, F., & Cronin, P. (2013). *Doing a literature review in nursing, health and social care*, SAGE: London

Consultation and Engagement Event

Once the draft Recommendations had been developed, these were road tested as part of a Consultation and Engagement Event to discuss and agree the desirability, feasibility and practicality of the recommendations. This event was held on Thursday 26th August 2021 via MS Teams and was attended by 49 people, a mixture of veterans, NHS clinicians and managers, Third Sector and Social Work from across Scotland, with significant representation from remote and rural areas. People who were unable to attend were able to provide feedback using MS Forms and email. We recognise however that the time frame and time period (school summer holidays) was not conducive to people having the time to engage and / or feedback.

Consultation and Engagement with national groups

To build consensus for the recommendations, the SVCN consulted with a range of national groups:

- Contact Group
- COSLA
- Heads of Psychology
- IJB Chief Officers
- Mental Health Nurse Leads Group
- Ministry of Defence
- NHS Armed Forces and Veterans Champions
- NHS Board Chief Executives
- Scottish Executive Nurse Directors
- Veterans Commissioners Office

Appendix B – Strategic and Policy Context

Scotland				UK		
Document Theme	NHS Recovery Plan 2021-2026 (August 2021)	Coronavirus (COVID-19): mental health - transition and recovery plan (October 2020)	Scottish Veterans Commissioners, Veterans Health & Well-being (April 2018)	The Strategy for Our Veterans – Taking the strategy forward in Scotland ⁵⁸ (January 2020)	Mental Health Strategy 2017-2027 ⁵⁹ (March 2017)	The Strategy for our Veterans (November 2018).
Supporting people's mental health and wellbeing	Improved population health public cooperation. mental health.	Promoting and supporting the conditions for good mental health and wellbeing at population level.	The Scottish Government, NHS(S) and partners should identify veterans as a distinct group in their work to tackle health inequalities. In doing so, they should produce proposals for preventing or mitigating inequalities as they apply to this group, with the ultimate aim of improving health outcomes for all.	Continue to focus on mental health as a priority area.	Prevention and early intervention; Equally high aspirations for service users. Recognising service users as equal partners in their own healthcare and emphasising expectations of good health and a good life. No one should suffer disadvantage as a result of military service.	Health and wellbeing all Veterans enjoy a state of positive physical and mental health and wellbeing, enabling them to contribute to wider aspects of society.
Easy access to advice, support and services	Focus on the whole system the pandemic has demonstrated the crucial interdependencies between the different parts of the health and social care system, and with other parts of society. We will make sure our approach recognises the important connections between	Providing accessible signposting to help, advice and support.	The Scottish Government and NHS(S), through the network on veterans' health should produce a Mental Health Action Plan for the long-term delivery of services and support. Systemic issues of funding, collaboration, leadership, planning, governance and training of staff will be key.		Access to treatment, and joined up accessible services.	The co-ordination of Veterans' provision delivers consistent aims and principles over time and throughout the UK, ensuring Veterans, their families and the bereaved are treated fairly compared to the general population.

⁵⁸ Scottish Government (2020) [The Strategy for Our Veterans – Taking the Strategy Forward in Scotland](#) Scottish Government: Edinburgh

⁵⁹ Scottish Government (2017) [Mental Health Strategy 2017-2027](#), Scottish Government: Edinburgh

	services and helps them work together.					
Improving information and intelligence to inform service need and design				There is a need, particularly among health providers, to understand better the number, location and needs of our veterans with improved evidence and data.	Rights, information use, and planning. Equal status in the measurement of health outcomes.	Enhanced collection, use and analysis of data across the public, private and charitable sectors to build an evidence base to effectively identify and address the needs of Veterans.
High quality services	Quality, values & experience we will ensure that as we resume services, the highest standards of quality in care are maintained.	Ensuring safe, effective treatment and care of people living with mental illness.	The Scottish Government, NHS(S), Health Boards and local Councils should make a commitment to veterans with the most severe and enduring physical (and mental) conditions that they can access the highest quality health and social care services for life and as their needs change. Health and Social Care Partnerships and Integrated Joint Boards will be instrumental in planning the delivery of these services and the national network should assume responsibility for oversight of this work as an early priority.	We are committed to ensuring all Armed Forces personnel and veterans who serve and live in Scotland are able to access the best possible care and support, including safe, effective and person-centred healthcare.	Equal access to the most effective and safest care and treatment: Equal efforts to improve the quality of care. Armed Forces veterans, including those who have experienced trauma, may benefit from particular models such as peer support, combined with mainstream treatment.	

Appendix C – NHS and Third Sector Mental Health and Wellbeing Services

The information in this Appendix has been gathered from the following sources:

- All organisations that responded to the SVCN Service Mapping Questionnaire.
- Member organisations of the Veterans Scotland Health & Wellbeing Group that provide a focus on either mental health or wellbeing
- Veterans Assist
- Veterans Gateway

The SVCN recognises that, due to the ongoing impact of the Covid-19 Pandemic, some of these services may have adapted or stopped. The SVCN will be confirming what services are available in which area through consultation with NHS Boards and Health and Social Care Partnerships.

Established NHS or Third Sector Services providing Mental Health and Wellbeing Services	
NHS Board	Description of Service
Ayrshire and Arran	<p>Veterans First Point (Ayrshire and Arran) can help with any issues that veterans or their family may have. These include: Housing; Careers; Drugs and Alcohol; Family matters; Relationships; Mental health; Physical health; Finances; Social support. Can signpost to specialist organisations and provide access to evidence-based psychological treatments. Can also help access community-based resources and facilities. Weekly Drop-ins normally run however these have been suspended due to Covid. Working on a virtual drop in for the future.</p> <p>Combat Stress is able to use bases in Ayr to provide clinics. This is used flexibly dependent on referrals.</p> <p>Cyrenians (Live Life): A Community-based veteran specific health and wellbeing service, providing support to help everyone better understand the way they feel, communicate and interact better. Allowing them to grow personally and as a family unit.</p>
Borders	<p>Veterans First Point (Borders) provide ex-forces personnel, families and carers with services and support to address whatever issues may be of concern. Service provides information and signposting, understanding and listening, support and social networking and health and wellbeing. Currently unable to make and face to face appointments due to Covid-19 restrictions (including drop-in sessions and breakfast club).</p> <p>FirstLight Trust support all those who served in the Emergency Services and Armed Forces and their families. Have café hub in Hawick for veterans and families to attend and offer support for services such as housing, finances, medical treatment, drug and alcohol problems and employment.</p> <p>Cyrenians (Live Life): A Community-based veteran specific health and wellbeing service, providing support to help everyone better understand the way they feel, communicate and interact better. Allowing them to grow personally and as a family unit.</p>

Dumfries & Galloway	<p>Veterans Garden - Dumfries: Providing a safe place for serving and local Veterans and their families to meet, catch up and provide mutual support.</p> <p>Combat Stress is able to use bases in Annadale East and Eskdale to provide clinics. These are used flexibly dependent on referrals.</p>
Fife	<p>Veterans First Point (Fife): V1P Services provide evidence based psychological therapies, mental health assessment and psychology, veteran 1:1 psychological therapy; online wellbeing interventions as part of the wider wellbeing programme. The Fife service links with the local Community Mental Health Teams. These services also provide a range of wellbeing services, primarily provided by Veteran Peer Support Workers. These include, but are not limited to: housing advice; employment support; financial and pensions advice; support for social isolation and increasing meaningful activity; support with wider health and social care services; support and information for newly transitioned veterans and signposting information.</p> <p>Cyrenians (Live Life): A Community-based veteran specific health and wellbeing service, providing support to help everyone better understand the way they feel, communicate and interact better. Allowing them to grow personally and as a family unit.</p> <p>Combat Stress is able to use bases in Pipelands Medical Practice, St Andrews, Skeith Health Centre, Anstruther and Nethertown Medical Clinic, Dunfermline to provide clinics. These are used flexibly dependent on referrals.</p>
Forth Valley	<p>Combat Stress: is able to use bases in Stirling Council, the PEAK and Forth Valley College to provide clinics. These are used flexibly dependent on referrals.</p> <p>Stand Easy Productions (via Life Life Project): Stand Easy uses theatre and theatre skills as a means of assisting the process of recovery for wounded, injured and sick military personnel, both serving and Veteran. Projects affirm skills the participants bring with them from their military service: teamwork, discipline, a sense of humour, communication skills, courage and a support and respect for each other's role. It builds on these skills and raise self-awareness, confidence, motivation and self-esteem in the participants</p>
Grampian	<p>Veterans Support Grampian: A veterans' support group based in Aberdeen. Guiding and supporting Veterans from the whole of the UK through good times and bad, by offering advice, signposting and peer support.</p> <p>Combat Stress is able to use bases in Aberdeen Health Village to provide clinics. This is used flexibly dependent on referrals.</p> <p>Networks of Wellbeing (NoW): Wellbeing service that provides veterans and their families or carers with activities to help build self-confidence and resilience. NoW offers counselling, mindfulness and relaxation services (free) and provides help to access training for jog leaders, walk leaders, bike ride leaders, mental health first aid and bike maintenance</p>
Greater Glasgow & Clyde	<p>Glasgow Helping Heroes: A collaboration between SSAFA and Glasgow City Council that provide a one point of contact Gateway Model, which improves social access to a range of services including financial, housing and employability advice and capacity for service personnel, veterans, their families and carers.</p> <p>Community Veterans Support (Coming Home Centre) is a drop in centre for Armed Forces Veterans and Serving Military Personnel in the community. The Charity works with veterans at the point of needing assistance with issues surrounding mental and physical health, homelessness, housing, pensions, benefits support, employment and training, bike maintenance workshops, adventurous activities, vans for furniture uplift, removal or recycling, friendship and camaraderie.</p>

	<p>Scottish Veteran Residences: high quality accommodation with dedicated support at residences in Edinburgh, Dundee and Glasgow. Services are available to anyone who has served in HM Forces, Reserve Forces or Merchant Marine, regardless of age or length of services.</p> <p>Erskine: a community-based health and wellbeing service providing support and meaningful activities for socially isolated veterans to veterans in Scotland, through four care homes and a Veterans Village.</p> <p>Defence Gardens Scheme: a wellbeing support service. Works in partnership with veterans' charities, military units, community mental health service providers and gardening projects to develop, deliver and evaluate nature-based therapy. The network is developing regionally on a 'Hub and Spoke' model of community-based mental health care.</p> <p>Cyrenians (Live Life): A Community-based veteran specific health and wellbeing service, providing support to help everyone better understand the way they feel, communicate and interact better. Allowing them to grow personally and as a family unit.</p> <p>Combat Stress is able to use the Toryglen Community Base and Glasgow Trauma Centre Base on Rothesay to provide clinics. These are used flexibly dependent on referrals.</p>
Highland	<p>Armed Forces and Veterans Project: The aim of the project is to develop NHS Highland as a more Armed Forces and Veterans (AF&V) aware healthcare provider and employer, using an 'every contact counts' approach, attempting to raise awareness and understanding of the AF&V community in all NHS Highland staff, and promoting services available within NHS Highland to the AF&V community.</p> <p>Erskine: in the process of setting up a veterans' activity centre at Leancoil Hospital, Forres</p> <p>Combat Stress is able to use Moray Resource Centre and Local Authority premises in Inverness to provide clinics. These are used flexibly dependent on referrals.</p>
Lanarkshire	<p>Veterans First Point (Lanarkshire): Are currently running digital access points and smaller face-to-face access points through booked slots only. The team works in partnership with NHS Lanarkshire, the Scottish Association for Mental Health (SAMH) and The Lanarkshire Association for Mental Health (LAMH). The staff team have attended V1P Scotland induction training and have developed community-based services within Lanarkshire for Veterans seeking assistance, support and advice. Service provides information and signposting, understanding and listening, support and social networking and health and wellbeing.</p> <p>Combat Stress is able to use bases in Paisley TA Centre, Veterans Community in Motherwell, the Beacons Substance Misuse Use Service in Blantyre, Lanark, Camglen and East Kilbride to provide clinics. These are used flexibly dependent on referrals.</p> <p>Cyrenians (Live Life): A Community-based veteran specific health and wellbeing service, providing support to help everyone better understand the way they feel, communicate and interact better. Allowing them to grow personally and as a family unit.</p>
Lothian	<p>Veterans First Point (Lothian) provides Peer Support Worker led caseload management of welfare issues, mental health assessment and treatment with both Psychiatry and Psychology, Self-referral through afternoon drop-in, phone and email (also accept referrals through GPs)</p>

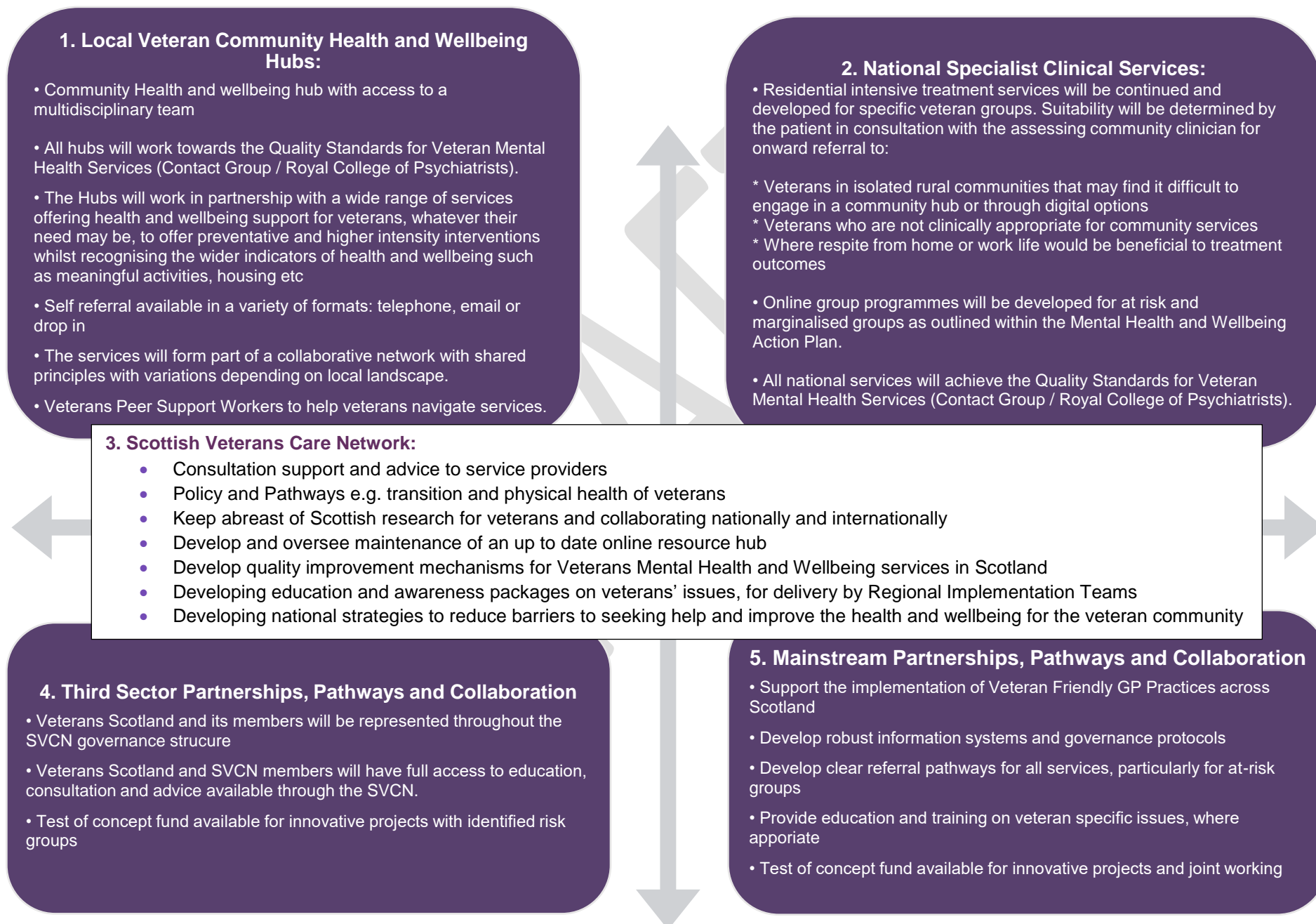
	<p>and other agencies), Peer Support Worker led activities including city walks, music groups, team sports, etc and In-house clinics from Citizen's Advice Bureau, Armed Services Advice Project (ASAP), Veterans UK and Edinburgh Housing Advice Project (EHAP).</p> <p>Lothian Veterans Centre (Dalkeith): Primarily designed as a Drop-In centre, with no appointments necessary. Advising and supporting former members of the UK Armed Forces, reservists and their families, throughout Edinburgh and the Lothians, who experience any form of disadvantage post-service</p> <p>Combat Stress is able to use bases in Poppy Scotland Edinburgh, New Haig House, Edinburgh, Midlothian Community Hospital, Dalkeith, provide clinics. These are used flexibly dependent on referrals.</p> <p>Scottish Veterans Residences (Whiteford House, Edinburgh): high quality accommodation with dedicated support at residences in Edinburgh, Dundee and Glasgow. Services are available to anyone who has served in HM Forces, Reserve Forces or Merchant Marine, regardless of age or length of services.</p> <p>Erskine: provides support to veterans in Scotland, through four care homes and a Veterans Village.</p> <p>The Veterans Community Café seeks to serve and support veterans – former and retired members of the UK armed forces, police, fire services, Merchant Navy or other emergency services and their families. Works in partnership with Support in Mind Scotland and holds a Veterans Community Café.</p> <p>Cyrenians (Live Life): A Community-based veteran specific health and wellbeing service, providing support to help everyone better understand the way they feel, communicate and interact better. Allowing them to grow personally and as a family unit.</p>
Orkney	<p>Veterans Support: A veterans support group based in Orkney. Guiding and supporting Veterans from the whole of the UK through good times and bad, By offering advice, signposting and peer support.</p>
Shetland	<p>No veteran specific supports identified locally.</p>
Tayside	<p>Veterans First Point Tayside works alongside Dundee Health & Social Care Partnership and NHS Tayside. V1P Tayside have resumed on-site face-to-face appointments, as well as NHS Near Me and telephone appointments running in conjunction with the onsite appointments. Drop In sessions continue to be held virtually. The team continues to accept new referrals (can also self-refer).</p> <p>Scottish Veteran Residencies (Rosendale): accommodation with dedicated support at residences in Edinburgh, Dundee and Glasgow. Services are available to anyone who has served in HM Forces, Reserve Forces or Merchant Marine, regardless of age or length of services.</p> <p>Stand Easy Productions (part of Live Life project): Stand Easy uses theatre and theatre skills as a means of assisting the process of recovery for wounded, injured and sick military personnel, both serving and Veteran. Projects affirm skills the participants bring with them from their military service: teamwork, discipline, a sense of humour, communication skills, courage and a support and respect for each other's role. It builds on these skills and raise self-awareness, confidence, motivation and self-esteem in the participants</p>
Western Isles	<p>Western Isles Veterans: A group for ex-serving members of HM Forces living or from the Western Isles, providing an opportunity to share memories, communicate and provide mutual support.</p>

	National Access Points for the Veteran Community More information on these providers can be found at veteransassist.org and veterangateway.com
Organisation Main location	Description of service
A Veterans Best Friend Fife	Providing mental health assistance dogs using rescue dogs. Training and partnering rescue dogs to provide companionship and therapeutic support, assisting veterans with mental health needs. The team also provide emotional and practical support to service users and their families. Also provide a hub and aim to provide a breakfast café.
Blesma Chelmsford (London)	Providing a referral service to other organisations for mental health services, which includes working with Wellbeing Solutions Management.
Brave Hound Lennoxton, East Dunbartonshire	Provide support dogs to veterans who have a clinical diagnosis of a mental health condition such as Post Traumatic Stress Disorder, depression and anxiety. Bravehound is committed to the long-term welfare of each Bravehound dog and the veteran that they have been partnered with over the dog's lifetime.
Combat Stress	Treating veterans' symptoms and improving their quality of life to help veterans tackle their past and take on the future. Veterans with complex mental health conditions need a specialist team made up of different mental health professionals to help them and we provide this. Combat Stress clinicians work closely with each other and the veteran to develop a treatment plan that best suits their needs. Combat Stress directly employ our clinical staff to provide highly specialised treatment to UK veterans at centres in England, Scotland and Northern Ireland. There is treatment available online, in the community, through outpatient appointments and also on a residential basis when required.
Cruse Scotland Lothian	Supporting bereaved adults, children and young people across Scotland, including veterans. Provide bereavement counselling, listening services, information, advice and training.
Fares4Free Glasgow	Fares4Free can have support on the way to a veteran or family anywhere in Scotland within an hour of a call from one of many partner organisations. By using a mix of friendly drivers and therapeutic activities, veterans and their families can reach the most essential services. The organisation aims to help all passengers engage repeatedly with essential support.
Horseback UK Aboyne, Grampian	To empower serving and former military personnel suffering from both physical and mental life changing injuries. Using horsemanship and outdoor activities, they deliver personal development programs that encourage their participants to acquire new coping strategies, life skills and build lasting resilience.
Icarus Dumfries & Galloway	A Veteran-to-Veteran Mental Health treatment charity that provides therapy and help with Trauma, PTSD and related conditions such as anger management, alcohol and drug problems. Icarus can also assist with personal administration matters, employment and general support and advice regarding life issues.
Outpost Highland	Outpost Charity provides support to Military Personnel, Veterans and their families throughout the UK. Two key focuses for support are: <ul style="list-style-type: none"> Provision of necessities: The provision of items such as food, clothing, utilities, white goods etc for Armed Forces Community member who are experiencing financial hardship. Veterans Camp: A free, 5-day, all-inclusive activity retreat for Veterans to help improve social inclusion, mental health and wellbeing and physical health. In addition, Outpost also signpost and make referrals as necessary to ensure a smooth transition to further support.

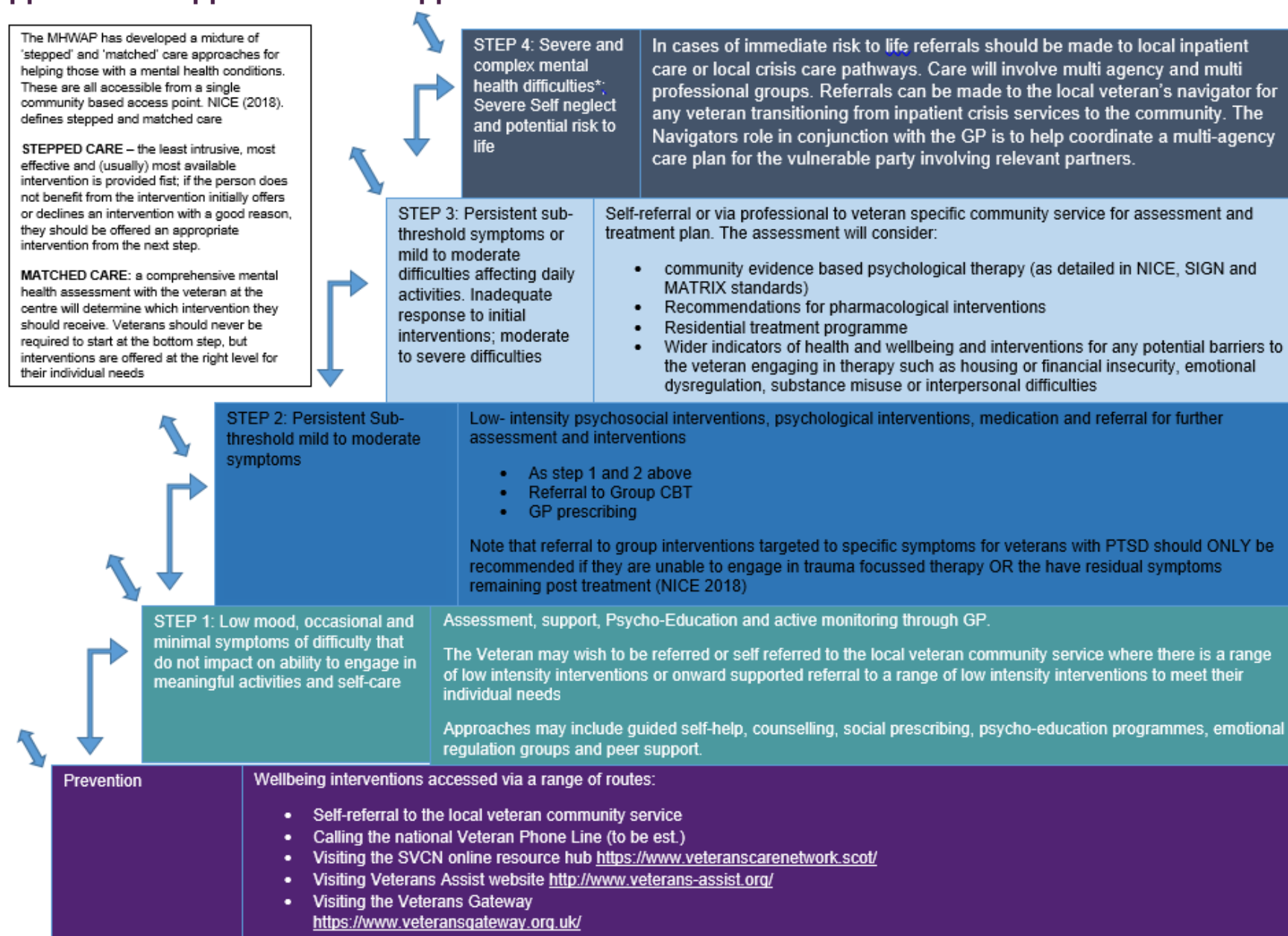
Poppy Scotland Edinburgh	Work with a number of specialist partners to provide veterans with mental health support including V1P, Combat Stress and Stand Easy.
PTSD Resolution England (Sussex)	PTSD Resolution enables UK armed forces' veterans, reservists and family members to connect with Human Givens psychotherapists for help with their mental health, including military trauma and PTSD. The charity acts as a referral service that can allocate a client to one of a network of over 200 therapists located all over the UK. They specialise in delivering mental health therapy to the community of forces veterans. Treatment is free, prompt, local and effective. They also help clients who have alcohol, drug and other addiction problems, or who are in prison.
RAF Association Leicester	Helping to sustain a resilient and empowered RAF community, including serving personnel, RAF veterans and their families. Working to reduce loneliness and isolation by helping all generations to remain active, thriving and valued members of their local communities. Relieving key elements of everyday life which can cause pressure, by increasing resilience and wellbeing, while enabling strong relationships with family and friends.
Rock2Recovery England (Devon)	Rock2Recovery seeks out distressed veterans proactively, as well as affected family members, within their communities, through many lines of communication including social media and word of mouth. Provide one to one coaching that is specific to the requirements of the individual. Coaching is flexible and whatever works for that person. Everyone is initially advised and directed to clinical and medical support to ensure the best health care for them is established.
The Royal Marines Charity Exmouth (Devon)	Offer a range of assistance aimed at serving and former Royal Marines and their dependents. This includes mental health support, respite breaks, grants to help with financial difficulty and getting about inside and outside the home. Also provide specialist advice on benefits and deliver across 6 main pillars of support. Work closely and alongside other trusted charities and organisations, including the NHS, to ensure the best possible outcomes for beneficiaries.
Sacro Edinburgh	Sacro's Veterans Mentoring Service is a service for military veterans who are currently in or are at risk of becoming involved in the criminal justice system. The service will work closely with the veteran 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.
Samaritans Lothian	Samaritans 24/7 is a 365 day-per-year listening service, with face-to-face interaction available and outreach services (C-19 permitting), which is confidential and non-judgmental.
SMART Recovery Manchester	SMART (Self Management and Recovery Training) is a programme that provides training and tools for people who want to change their problematic behaviour, including addiction to drugs, alcohol, cigarettes, gambling, food, shopping, Internet and others. Guided by trained facilitators, participants come to help themselves and help each other using a variety of cognitive behaviour therapy (CBT) and motivational tools and techniques.
Thistle Foundation Lothian	Through a Self-Management Programme, Thistle support Veterans who have been severely impacted by long term conditions across Scotland, particularly those struggling with primary and secondary mental health conditions; to gain confidence, an increased sense of coping and live a life free of isolation and loneliness.
Venture Trust Lothian	Using Scotland's outdoors and working in communities to deliver intensive personal development for people (including veterans), at any stage in their life, struggling with issues such as involvement in the criminal justice system, long-term unemployment, recovery from addiction, homelessness or risk of homelessness, isolation, and a history of trauma or harm.
Walking With The Wounded Gateshead (Tyne & Wear)	A military charity for ex-military in the UK, supporting a pathway for disadvantaged veterans to re-integrate back into society and sustain their independence. At the heart of this journey is employment. Recognising the inherent skills of our armed service personnel and complementing these qualities, as well as provide support to transfer their skills into the civilian workplace.

	Assisting vulnerable veterans who have been physically, mentally or socially disadvantaged by their service and assisting them in sustaining their independence through new sustainable careers outside of the military. This includes providing support to homeless veterans and veterans in the Criminal Justice System.
Veterans Welfare Scotland Glasgow	provide assistance for leaving the services, bereavement, changes in disablement, changes affecting income or finances, changes affecting housing which are all things that SG seem interested in
Veterans With Dogs Exeter	Trains and provides assistance dogs exclusively for current and former members of the British Armed Forces diagnosed with a mental health condition. The goal to improve quality of life and help lead independent lives by training assistance dogs in task-specific skills relevant to mental health.

Appendix D - Summary of Five Points of Support for Veterans in Scotland



Appendix E – Approaches to Stepped and Matched Care



Appendix F – Estimated Regional Populations of Veterans in Scotland

War Pensioners: Residence in Scotland

Sources: Service Personnel and Veterans Agency 2011
Extracted data on 14,000 recipients of War Pensions resident in Scotland
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Scottish Government GI Science & Analysis Team October 2011
Job: 5147cm

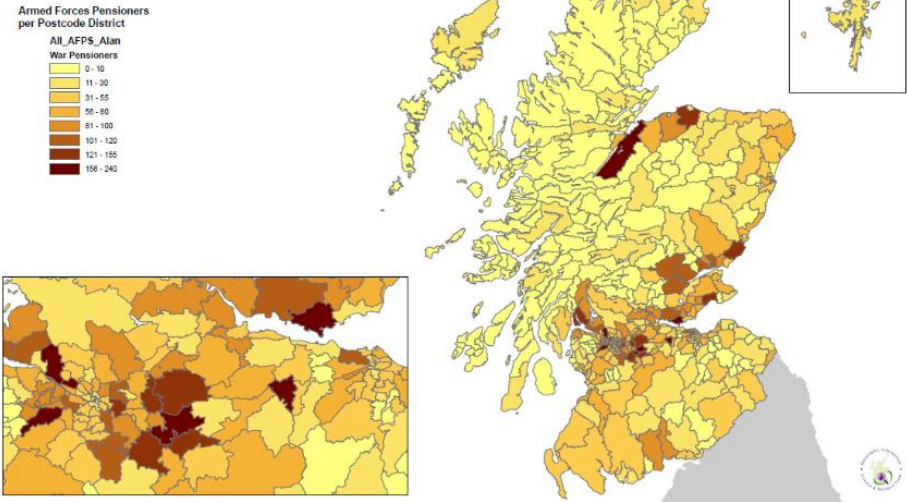


Figure 1: War Pensioners residing in Scotland (2011)

Military Veterans: Residence in Scotland

Sources: Scottish Government 2011 - based on 55,000 veterans aged 25-65
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Scottish Government GI Science & Analysis Team 12 September 2011
Job: 5147cm

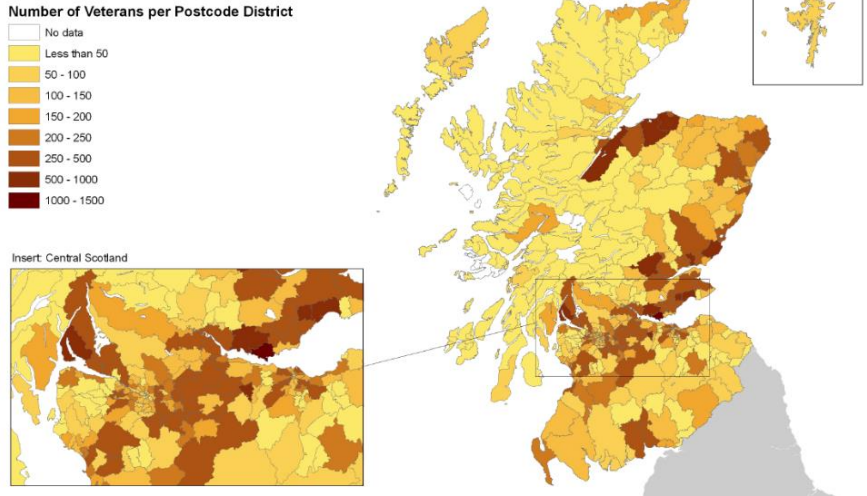


Figure 2: Estimated numbers of veterans residing in Scotland (2011)

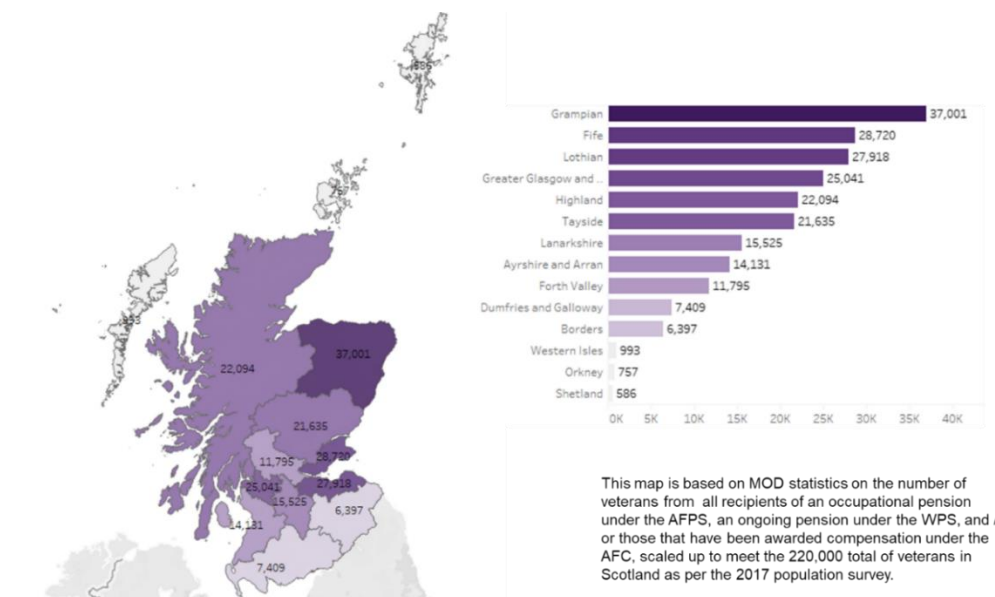


Figure 3: Estimated numbers of veterans per NHS Board (2017)

The map above is an illustrative estimation based on MoD statistics on the number of veterans who receive occupational pensions.

As these figures did not include those who do not yet receive pensions, it has been scaled up to the 220,000 veterans detailed in the Annual Population Survey. This is believed to provide a more accurate estimate of the distribution and numbers of veterans currently living in Scotland.



If you would like to find out more about the Network, please contact the team on:
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