Scottish Veterans Care Network

Mental Health Action Plan - Thematic Analysis

Paper: SVCN CSG 2021-19

Veterans Focus Groups (May – July 2021)

From early in its development, the SVCN was clear that the voices of veterans needed to be at the heart of the development of the Mental Health Action Plan (MHAP) and inform all elements of our approach. There was no infrastructure for Veteran forums or for service user feedback on a national scale. Therefore, to ensure that the MHAP was co-produced and truly informed by veterans, the SVCN established processes for engagement.

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

- What is important in your life for staying mentally fit and well?
- During difficult periods what are your main sources of support?
- Do you feel able to approach others (professional or personal) for help and support during times of crisis? Is there anything that makes it more difficult to ask for help?
- Can you tell us about your transition from military healthcare to civilian services? What worked well? What could be improved?
- What do feel has made the most positive impact upon your mental health and wellbeing to date?
- What advice do you have for the Network in developing the Mental Health Action Plan?

Due to restrictions arising from the Covid-19 Pandemic, events were hosted online.
The Focus Groups were promoted through a wide range of partners; members of Veterans Scotland, NHS 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 Veteran Focus Groups were organised by region. Due to the significant population of NHS Greater Glasgow and Clyde, there was a separate Focus Group for veterans residing in this area.

The Veteran Focus Groups took place on:

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

A Focus Group for the wider veteran community was held on Monday 5 July, 11am-12noon. Any changes in the above question set are recorded below:

- What is important in your life for staying mentally fit and well?
- During difficult periods, what are the main sources of support your family access?
- Do you feel able to approach others (professional or personal) for help and support during times of crisis? Is there anything that makes it more difficult to ask for help?
- Can you tell us about their transition from military healthcare to civilian services? What worked well? What could be improved?
- What do feel has made the most positive impact upon their mental health and wellbeing to date?

A total of 78 veterans/members of the wider veterans community participated in the forums, either via virtual focus groups or by completing an online questionnaire. The prevalent themes from these focus groups, with evidential quotes, are listed below.

Accessibility - Awareness of services and knowing whom to contact

There is Veterans Assist online and the booklet "Welcome to Scotland" that lists all the contacts (downloadable). There is loads out there, as there are over 2000 organisations over UK supporting veterans. Finding it is simple, but if the veteran dislikes it then they will switch off and not engage. They are looking for someone that they can relate to, on their level.

Where do people go? There is so much choice and so many wonderful organisations doing wonderful things, but when I am ready to put hand up, where do I go? That is the big problem and the main thing … these wonderful things have grown organically so are a bit of a mess. There should be a single point of contact for the veteran, no matter their problem (housing, mental health, work, alcohol) that triages them and local things that can help you. You should feel like are being guided through it, instead of it happening by accident.

There is plenty of information available and it is often "information overload", which can be quite confusing due to the duplication. Need to bear in mind that all organisations have figures and targets to hit, but it should be person-centred quality of care, not quantity of care and they should be treated as a person

There is duplication in service by some organisations that confuses people.

You often find that GPs, link workers and social works are blown away with what is out there that they didn't know about. I tend to find more success with link workers in rural areas.

It wasn't an easy pathway. There is support out there, but you need to know the community to know where the support is. If you don't have that information and it's not readily available, then you can't find anything. Several years ago it was a locum GP that mentioned counselling but my regular GP never knew where to go.

This new network is something that we could need, one hub to hold all information. It should include the MOD and be veterans-led. NHS could be included as NHS Scotland (not health board) so that there is no postcode lottery, but have information on your county. The service needs to be top-led; otherwise, it doesn't get done.

Collaboration is a massive gap in joining the services together. I've only been out for a year but it's difficult.

It is impossibly difficult to work out what is available

A higher level needs to coordinate organisations and services. There is a lot of work taking place and probably a lot of duplication and effort. Charities should all be working together.

A single point of contact is needed so that if you have someone in area who knows the main players and support mechanisms, someone that you can meet regularly and knows the limitations of the area - that is what the person needs. This would be instead of telling the same story repeatedly to different people.

There needs to be some sort of structure/central database for people to be directed to after answering a few questions and directed to the correct place. This needs to be considered and structured so people can help themselves, instead of being led down a blind alley.

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.

I've heard of all these things like Veterans Gateway but I'm not sure what they do. Where is the first point of contact? Do you go through a Hub? If you do that, will you be signposted to the right place? If you didn't think something was right, would that be seen as airing a complaint and being an awkward person?

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. Getting people signposted to a route that can serve their needs like PTSD, family issues, money, but with an acknowledgement that there might be more.

I found it hard to see the appropriate people to help me initially. I didn't know who to ask for help until my GP made a referral to V1P where I received the initial help I needed but that took months to organise and by that point I'd already had what I know now was an episode linked to my PTSD.

Transition

The defence transition services have 2 people to cover the whole of Scotland. There should be a team of people including an MoD element, NHS specific role, Local Authority specific role, someone from education and housing to all work together and not in isolation of each other.

I learnt about CVs, but nothing about mental health and what you might need with what you have been through. There should be a team that visits Units, to engage with people and make them aware that if they have a situation this is where they need to go. It could involve veterans.

The MoD need to step up. The NHS could collaborate with the MoD

Be proactive, not reactive and capture people within the last 6 months of service.

The problem is that if it's not in the Joint Service publication, it's very difficult for the chain of command to know where to go or who to ask, because they don't know what they don't know.

Career transition tried to help, but such a small amount of time is given to you. When I left, I felt that you were left to yourself to try and find the help, which I did until things were too much.

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.

I was basically left up to my own means. No rehabilitation. Veterans should be eased into Civvy life as it is so different from that of living in the military environment. Also Veterans should be told the truth that jobs are hard to come-by and not all civvies look favourable on ex-military personnel. I was given a medical discharge and no assistance.

There was little or no transition period. Follow up care overlooked by a designated person responsible would help transitioning.

Coordination of services

My son had care in different Local Authorities and NHS Boards – Edinburgh, Lanarkshire, Glasgow and Birmingham. I didn't realise that all the information doesn't all gather up together. They don't seem to link up. I had to write to each location to send their information to the GP and use them as a central information hub.

It has to work across the country and not be a postcode lottery. We need them to be aware of what is happening in the veterans community and value it. There needs to be proper resource – not just statutory services but third sector groups. Veterans deserve it and deserve what is out there just now.

A central database/information system to share picture/story, so they do not need to tell the same thing repeatedly – enables a single point of contact to get to the crunch matter and contact appropriate colleague to sort

Nothing worked. They lost my medical records

A system that dips in and out of Veterans lives is just a "Sticking Plaster". For a short period it addresses an immediate need, but understanding the cause associated with need, the parameters of need associated with these conditions quickly shows that what is needed is a model of care and assistance that is both consistent, adaptable and holistic

Information and Education Hub

Done a lot of self-help since moving home and re-educating myself that it's not just about treatment; looking at diet, nutrition, hydration research between food and mood is also important. Cutting out processed food and the benefits of eating correctly, getting fresh air or going for small walk/being in garden is important, getting enough sleep. Grateful that I listened to podcasts that have helped and researched more because of this. Have benefited a lot in the last 6 months because of this.

An education piece would be helpful in getting veterans in front of the right people.

Mental health is not "one size fits all". You need to try different things and be willing to try to re-educate and help yourself.

In our circumstance, we didn't realise that we could challenge medical boards. There was more leverage to stay in the Armed Forces to get better care, so we persevered. It is not just one pathway route and it should be different for each family. People wouldn't know that if they didn't challenge anything.

When moving from Local Authority to Local Authority, I didn't realise that if you needed funding you could request to have it transferred to where we were living. Care should be relocated to your preferred area.

There is a plethora of various courses that are available to veterans, especially during times when there is no pandemic. However, the online activities and courses, which are available during the pandemic lockdown, has been plentiful too.

Specialist Veteran Service Delivery – Centrally coordinated network of services, with local specialist service provision in each area in Scotland

We should revert to one big pot of money instead of regional NHS areas. If it has not been used within annual budgets, it will be misappropriated somewhere else. Know that [Statutory Veterans Services] do not have much staff so that's an added pressure – funding withdrawn as less staff, so less clients. Think there should be a pot for Veterans mental health and wellbeing throughout Scotland, instead of regional, meaning that there is no parity because certain places do not have [Statutory Veterans Services].

Think there should be one central referral for initial triage and then push out regionally

Instead of everyone working on own little projects, we need a central point of contact to triage and identify what that person needs and then point into direction of the right organisation to help. Need the person who initially assess and then handoff to the correct place who can give them what they need. Get different charities organised and what they can provide and then organise into something that they can actually deliver.

Around the country, you can see the differences; it can be patchy. If you know [Statutory Specialist veteran providers] are there, then they are your best friends. If you go to Glasgow, for a large city, it is surprisingly patchy and there is no [Statutory Specialist veteran provider].

It is important that people who are in rural areas do not feel in anyway secluded and are part of the bigger veteran community.

Once people become more 'au fait' with technology it is far more valuable. The stress of travelling is a lot for people.

There are not enough people trained to help ex forces also more training for mental health people in hospital and in the community.

Be visible and have some staff who have military experience (to aid understanding of the cause of the conditions being seen)

Specialist Veteran Service Design – Key Quality Indicators

I did not understand that Veterans First Point was part-NHS. My GP put me on to them when they found out that I was veteran – they did not know initially. From moment of first contact, someone phoned that afternoon which was great for my mental health. When they phoned it was upbeat and no finger pointing. I felt like I was taken seriously and it good to speak to those who have served in other forces. It is a glue that binds us all together. This is a mutual bond, feel happier speaking to someone and telling them things, deal with unusual things and do/see things that the general population do not but no judgement with this.

If you need to use it [Statutory Veterans Service] then you should use it. It has become part of my life that is so necessary and is the best thing I could have done. Throughout lockdown it helped having someone on the end of the line to talk to. There are also regular group zoom meetings on a Friday afternoon, which are organised by the peer support workers.

[Statutory provision] was important for me. Some might think about using a charity but don't want to take it because of stigma. This wouldn't stop me, but others might think they don't

have a lot of money so don't want to infringe funds – they might feel more willing if there are NHS services available.

Integrate services into the NHS, from first point of contact GP. Also need to address those on street, with charities engaged for those that are more difficult to reach so they can go somewhere and get help.

I would like to think that it could be integrated into the NHS and that a veterans service could somehow be incorporated into their medical documents in order that the NHS be alerted when treatment of needed.

Working with partners for wider indicators of health and wellbeing

I like the principal idea of [Statutory Veterans Service]. However, I think that having it just providing psychological treatment is not quite enough. There should be a mixture of charities. Charities have lots of different skills and overlap – I have done outdoor activities with [one Veterans organisation] … activities that are exceptionally well run and very good… The wellbeing side of things make them just as important as psychological. From there, you could signpost to different charities once you have found the niche of service user.

Timely Access

I did not admit there was problem until I woke up in an ambulance. You need someone to say "you are with me" and take them and aid them.

After 16 years in service, being kept busy and coming out into civvy life, things happen slower. This can often be frustrating.

Often people are in treatment for a short period of time and there are waiting lists. When they leave they need to go back and that can be an issue and can put people off. Sometimes it can make them feel weak when they are not. Some people need support at different stages and then to be told they need to go on a waiting list. That doesn't help either.

I have had no psychologist since Dec 2020 and no support worker as she has gone onto another position within the NHS. This means that my treatment has been delayed by 8 months now!

Make sure that the need is met more quickly. Records from the Armed Forces and the support from the NHS on leaving.

Consistency

One of the lead clinicians has left and I worry I will have to start again. I have been told I have full notes so hopefully the new person reads up before I see them. It would be good that once you have engaged; there is continuity and no break so that someone can follow you through the whole journey.

The [NHS] clinical psychologist left just as I was about to start treatment and we've not had a clinician in place since November. We are also losing a peer support worker too. The setup of NHS recruitment means you can't advertise the vacancy until the person has left post, but if you have continuous requirements then the chain is broken. That will be replicated throughout the different regions.

Peer support by lived experience

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. You have to have someone that wants to do the job that has empathy and understands the hidden injuries.

It may be worthwhile taking on veterans into the NHS and training them to be the link between 'civvy street' and the peer support workers. The peer support workers would then link to services. Ensuring there is continuity.

The veteran community can help itself and has not learned as much as it could do. Some think that they are first to settle into where they are; from English regiment in Scotland the guys in Edinburgh still think they're the first rifleman to settle in Scotland which isn't true. Friendly faces are important. You do not need to be experts in mental wellbeing to know how you can support each other.

Having the funding and framework of specifically trained and empathetic people – like peer workers - that can redirect the person to the services they require. Although I'm not sure of the numbers you would need.

When I hit rock bottom, did went through the NHS twice. In my eyes, I thought that when I was talking to the nurse, she was scared about what I was going to say and she didn't know what to say. This wasn't her fault, but it would be a good idea to have veterans that work within the hospital. Having a veteran situated within NHS areas that the NHS can call into hospital or can send to would be helpful. It takes a lot of balls for a military person to walk in and say they are in tatters and need help. If a veteran comes to a doctor, they have made that leap/jump to be seen. It may be the only time they will build up the courage to admit something wrong and have a problem. Veterans want someone to relate to, who has been shot at or stood on a mine or has military experience.

A reliable Mental Health Service with fewer wait times and with people who understand the military mentality.

Approaching professionals not trained in Veterans Medicine is extremely risky and mostly negative

This should be a service for veterans ran by veterans and not people with budgets and political agendas on their mind.

Diversity, equality and inclusion

Support as a family unit required. It's sad to say that some need more support than others; their needs are different and sometimes you feel like you are letting the other children down as the veteran's son needs additional support.

A veterans' carer group where you can relate to experiences would be good. I link up with other carer groups but one for veterans could be valuable. It could involve the whole family; they could go for a chat or have an information board.

I know a few widows where their husbands have taken their own lives – when you hear their stories you think there should have been more help for these people. If you lose your partner you still have to cope and carry on, the strategy might not be that different but it is the acknowledgement of the experience that is different.

As a female veteran, there was huge discrimination and access in support. A lot of events and get-togethers aimed at community were aimed at male veterans. This was hard as sometimes I was the only female and my experience was very different.

Recap of Themes:

- Accessibility
  - Awareness of services
  - Knowing whom to contact
- Transition
- Coordination of services
  - Information and Education Hub
- Specialist Veteran Service Delivery
  - Centrally coordinated network of services
  - Local specialist service provision in each area in Scotland
- Specialist Veteran Service Design
  - Key Quality Indicators
  - Working with partners for wider indicators of health and wellbeing
- Timely Access
- Consistency
- Peer support
  - Lived Experience
- Equality, Diversity and Inclusion