



Mental Healthcare in UK Armed Forces

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21 June 2012

**Veterans' Administration and Department of Defense
Suicide Prevention Conference**

Why might an understanding of UK Armed Forces mental healthcare be useful at this conference?

- US – UK differences in mental health
- Differences of Approach
- Different Healthcare systems



Scope

- Risk Strategies
- Mental Healthcare in UK Armed Forces
- Aspects of Veteran care
- Military Suicide – some aspects



Risk



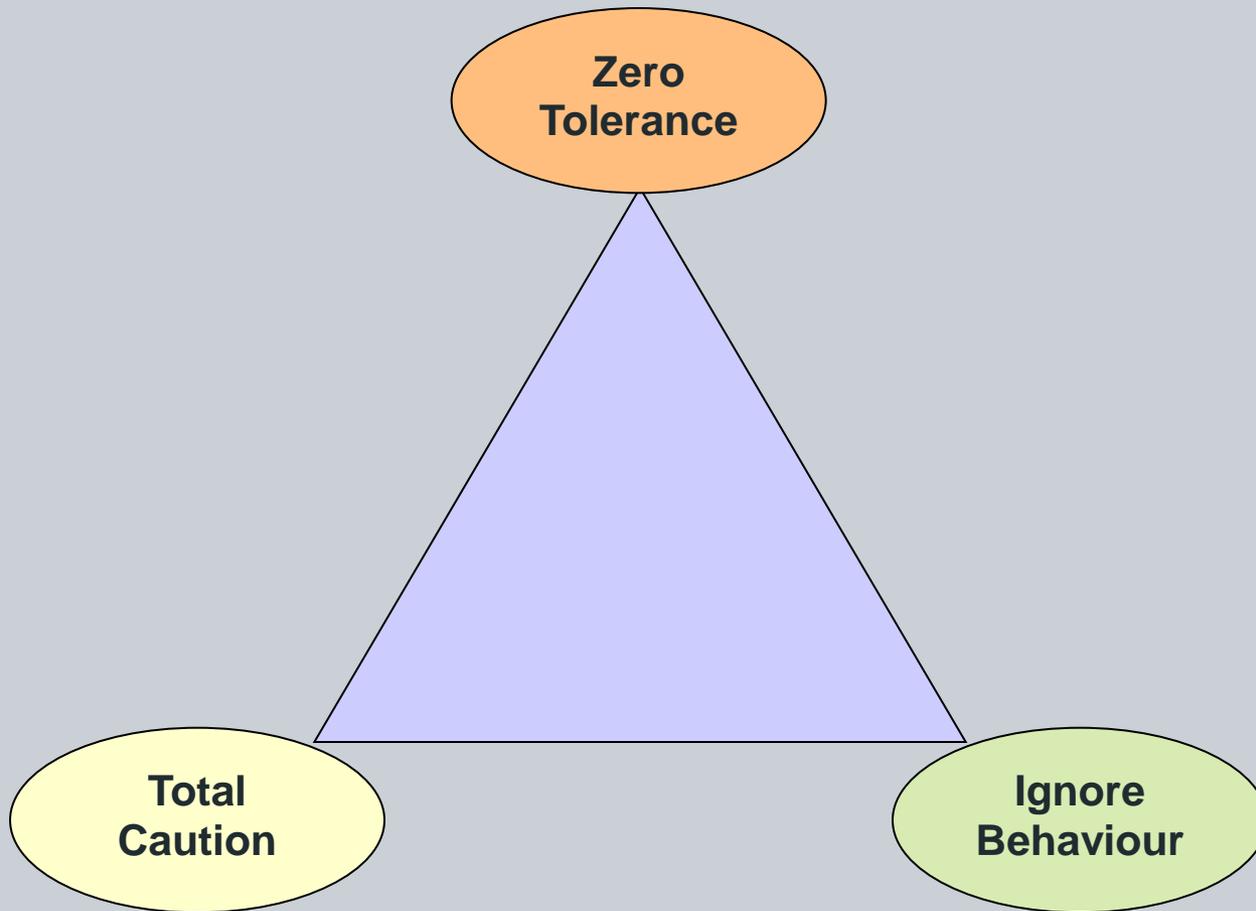
Rockefeller Center, New York, 1932



In 1948 – Was it Different ?



Risk Strategies



The Role of Mental Healthcare.....

- **High risk groups**
 - Early & Accessible care
 - Understanding of risks
- **Whole population mental well being**
 - Mental Hygiene
 - Stigma & other Barriers to Care
- **Monitoring**

- **Research / Access to means / Media reporting / Dealing with Effect (Families etc)**



Defence Health Strategy

“....providing a through life approach that recruits healthy people into the Armed Forces, maintains and builds on that health throughout their Service career while trying to minimise the inevitable risks associated with being a member of the Armed Forces and enabling a ‘seamless transition’ back into civilian life.”



Background - Past

- PTSD Group Action 2003
- Medical Quinquennial Review 2001 - 2004
- Overarching Review of Stress Management 2005
- Review of Defence Mental Health Services 2008

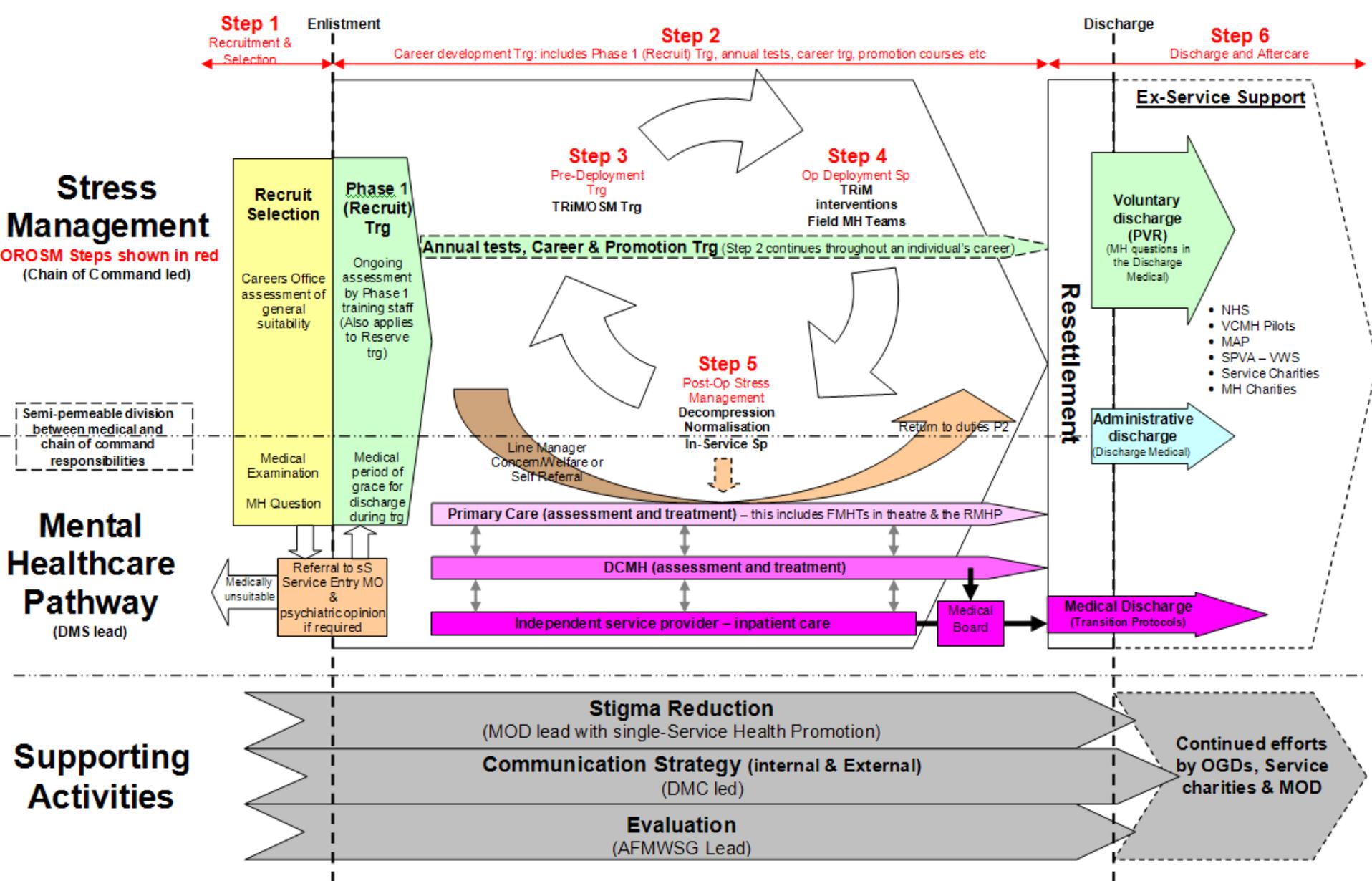
- Current / Future Efforts



Mental Health Framework

- 3 Main Areas:
- Chain of Command Activity
- Medical Care Pathways
- Supporting Activities





Executive Activities

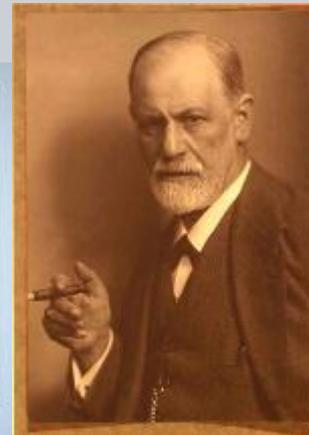
- Leadership / Training / Attention to Morale
- Pre-operational Stress Briefing
- Trauma Risk Management (TRiM)
- Decompression
- Post Operational Stress Management

- ? Screening



Mental Healthcare

- Primary Care
- Community Mental Healthcare
- Inpatient Care

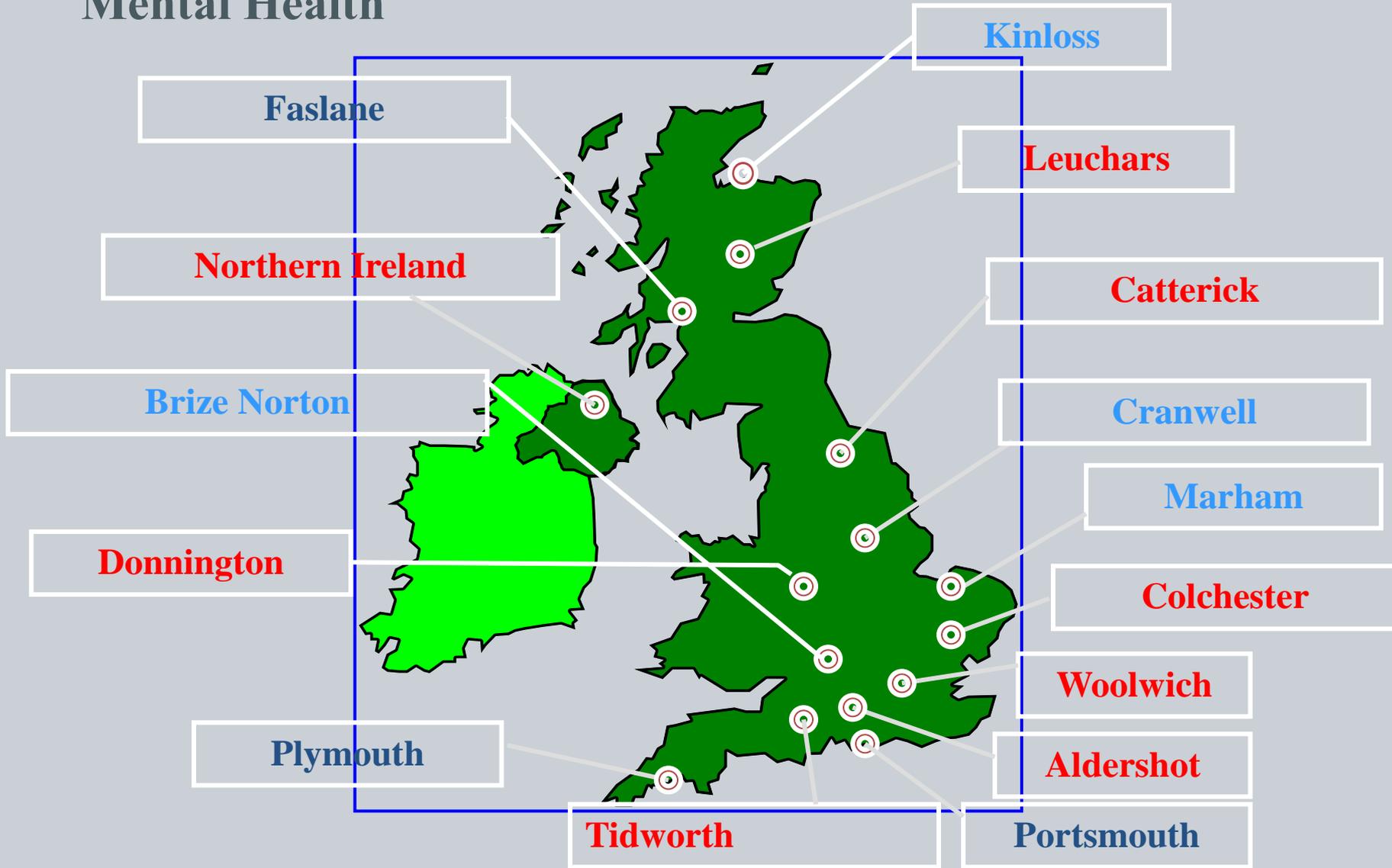


Community Mental Healthcare

- 250 personnel (Psychiatrists, Nurses, Psychologists, Social workers, Occupational Therapists & Administrative Staff)
- 15 UK DCMHs, 4 in Germany, 1 each in Cyprus & Gibraltar
- 5,500 referrals per year (= 2.7% population); Adjustment Disorders, Depression, Anxiety, Alcohol = main problems (PTSD – 249 cases in 2010 = 0.12% population – *note the difference to whole population surveys*)
- Low medical discharge rate (197 in 2011); some discharged administratively (for example Temperamental Unsuitability), but majority return to fitness



UK Departments of Community Mental Health





HQ Surgeon General, UK



www.DefenceImages.mod.uk



HQ Surgeon General, UK

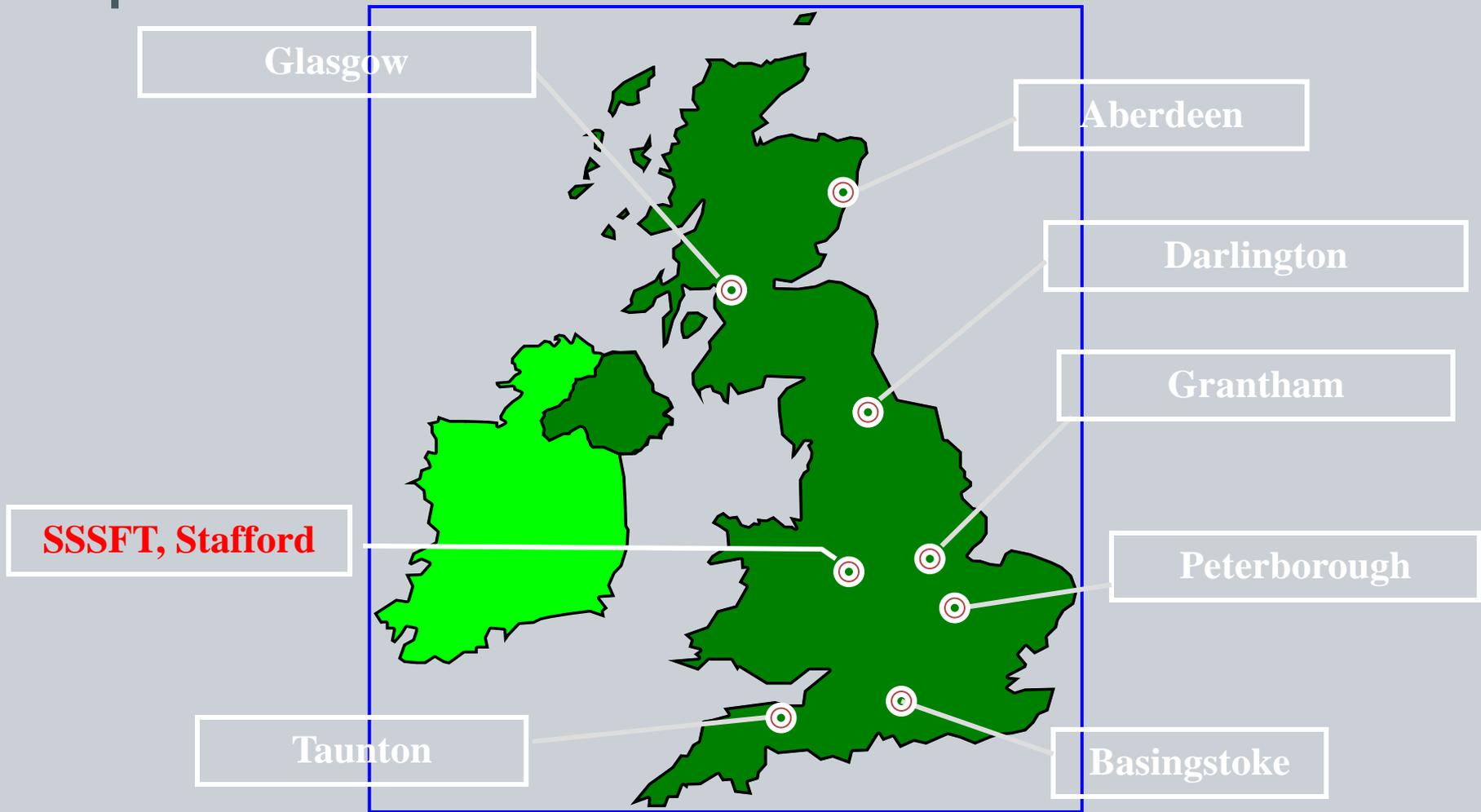


Inpatient Care

- **Military provision closed 2004**
- **NHS Consortium of 8 Trusts around the UK**
- **Importance of special contract – few patients with serious mental illness**
- **Liaison between DCMH & Hospital**
- **315 admissions in 2010; Average length of stay 14 days**



Inpatient Service Providers



What can a Referred Soldier / Sailor / Aviator expect?

- **Speed of Access – both Inpatient and Community services**
- **Nurse-led assessment**
- **MDT functioning – filter to psychiatrist / psychologist / nurse for: medication / diagnostic complexities / specific treatments / prognostic and occupational advice / direct liaison with unit etc)**
- **Fitness – Return Fit or Partially Fit or Discharge (the discharged are supported throughout by Mental Health Social Workers – 17 in all across UK DMHS)**



Other Provision

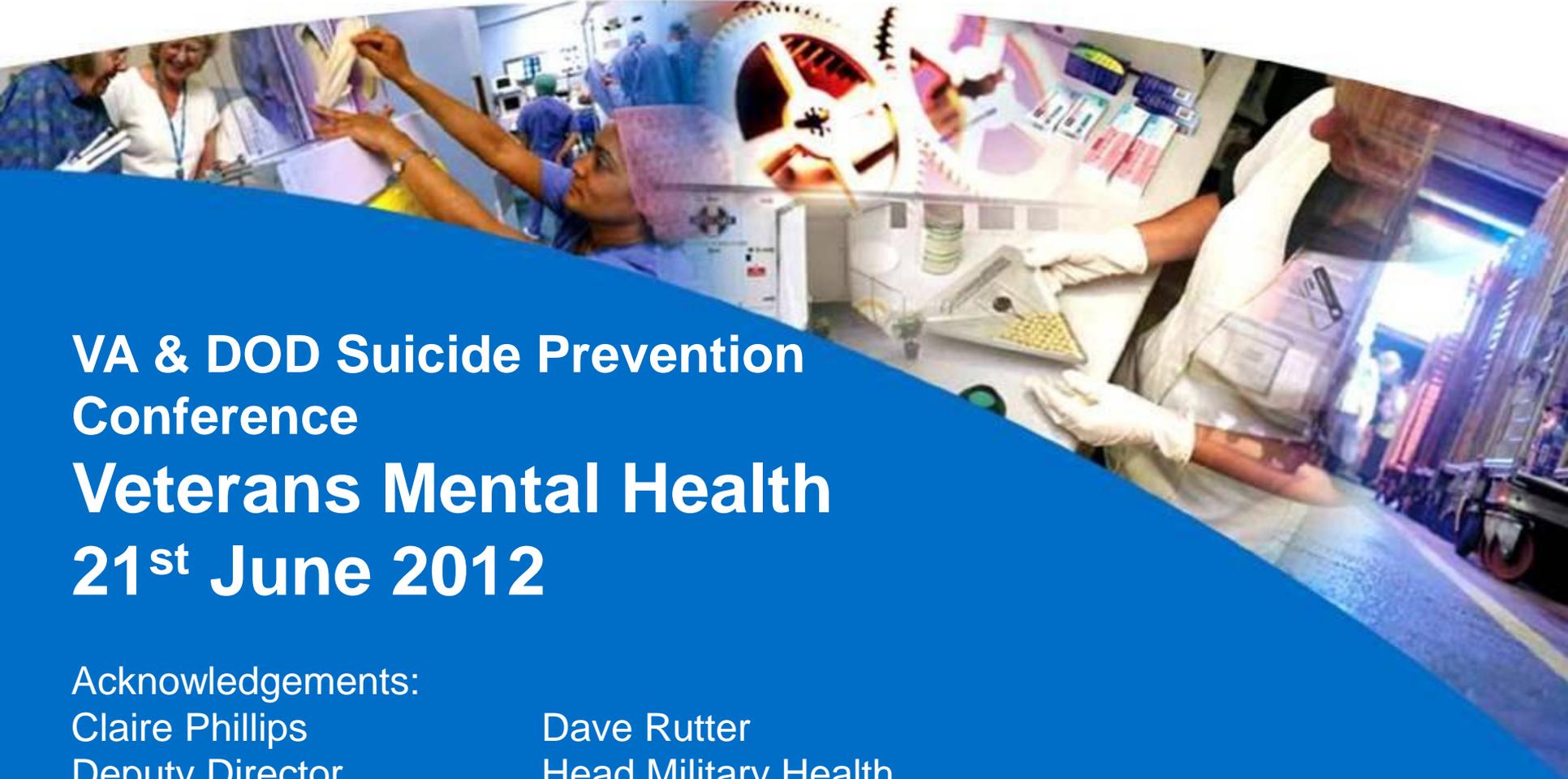
- **Mental healthcare on operations**
- **Role 4 provision and Army Recovery Capability**
- **Reserve Mental Health Programme**
- **Medical Assessment Programme**



Now and the Future

- **Strategic Defence & Security Review**
- **Armed Forces Mental Health Strategy**
- **Murrison Report – “Fighting Fit”**





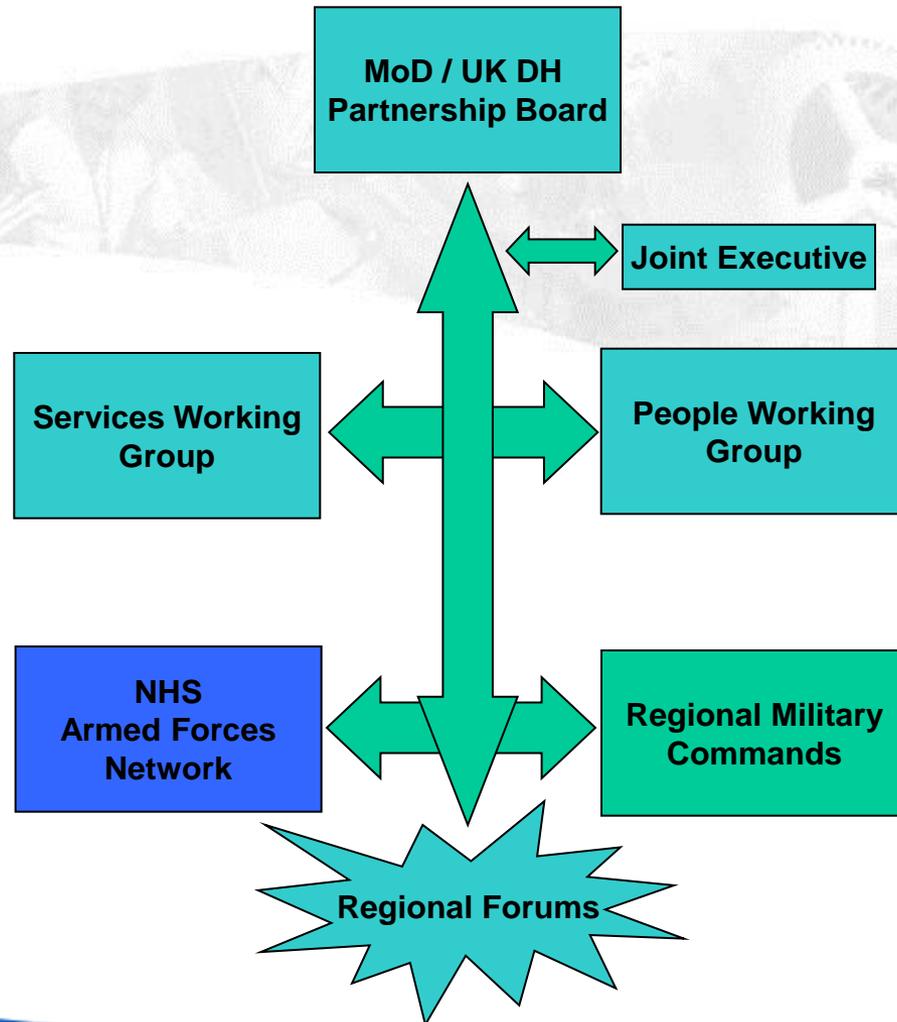
VA & DOD Suicide Prevention
Conference
Veterans Mental Health
21st June 2012

Acknowledgements:

Claire Phillips
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Dave Rutter
Head Military Health

MoD / UK DH Partnership Model



1. Partnership Board: cross government & administrations
2. Working Groups – People & Services (incl. DAs)
3. Joint Executive team
4. NHS Armed Forces Network (England & DAs)
5. Regional Armed Forces Forums (England & DAs)

Key Principles

The Armed Forces Covenant :

- No disadvantage in the provision and continuity of public services
- Minimise the social and economic costs of military life
- Positive measures to enable equality of outcome
- Special treatment for the injured & bereaved as a proper return for sacrifice



Health Priority Areas

Key priorities for the NHS in England:

- Veterans' mental health
- Transition of service leavers to health & social care (joint responsibility with MoD)
- Veterans' prosthetic provision currently under review (report expected end June 2011)
- Connectivity including transfer of records and exchange of information
- Support to NHS Reservists



Veterans & Families Mental Health NHS England Progress

1. 2010: The Royal British Legion and Combat Stress Strategic Partnership: work with the Department of Health
2. Oct 2010: The Dr Murrison MP review into mental health services for serving personnel and veterans: “Fighting Fit”
3. 2010: Completion of the six Community Mental Health Pilots
4. 2010/11: Establishment of additional NHS veterans and families services: e.g. Vulnerable Veterans & Adult Dependents Service at Catterick co-located with MoD Mental Health team (DCMH)
5. Jan 2011: Start implementation of the “Fighting Fit” recommendations
 - Feb 2011: Welsh Assembly Government Committee report into PTSD refers to FF recommendations

Veterans & Families Mental Health NHS England Progress

6. Feb 2011: Mental Health Strategy: “No Health without Mental Health” including commitment on veterans
7. Mar 2011: Combat Stress 24hr mental health helpline (operated by Rethink) for veterans and families launched:
8. May 2011: The Armed Forces Covenant announcement including Health recommendations for AF community:
 - Same standard of & access to healthcare
 - Maintenance of NHS waiting list place when moved
 - Care of those injured in service
 - Access to MH professionals with Armed Forces awareness



Veterans & Families Mental Health NHS England Progress



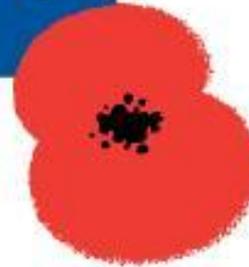
9. From Jun 2011: NHS Veterans Mental Health Capability: An uplift in the number of mental health professionals conducting veterans outreach, assessment and referral work in partnership with leading charities:
10. Sept 2011: Trial of the Big White Wall online early intervention service for serving personnel, veterans and families (including RBL bereavement advice) – www.bigwhitewall.com

Veterans & Families Mental Health NHS Services Next Steps



11. Aug 2011: National Veterans Mental Health Clinical Network in partnership with the MoD & leading charities – open to professionals from the Devolved Administrations
12. 2012: A Veterans Information Service (VIS) to be deployed 12 months after a person leaves the Armed Forces
13. 2012: Annual Armed Forces Covenant report to Parliament – subject to Armed Forces Bill

Working with Partners



and many others....

What Factors Influence Military Suicide Rates?



Factors that potentially drive the suicide rate up in AF

- Recruitment from socio-economically deprived areas
- Selection of people with higher risk-taking profiles (type of people who join the AF)
- Possible concentration of stigma in AF personnel compared to civilian population
- Higher alcohol consumption rates
- Higher “strain” rates



Factors potentially driving down the AF suicide rate

- Selection of healthy recruits; exclusion of recruits with history of MH disorder
- Discharge of trainees proving unsuitable during training
- Discharge of personnel with chronic health problems (including MH problems)
- Discharge of personnel with patterns of ill-disciplined behavior
- Good Leadership / Morale / Cohesion
- Zero tolerance for drug misuse
- Routine occupational health assessments (Routine Medicals)

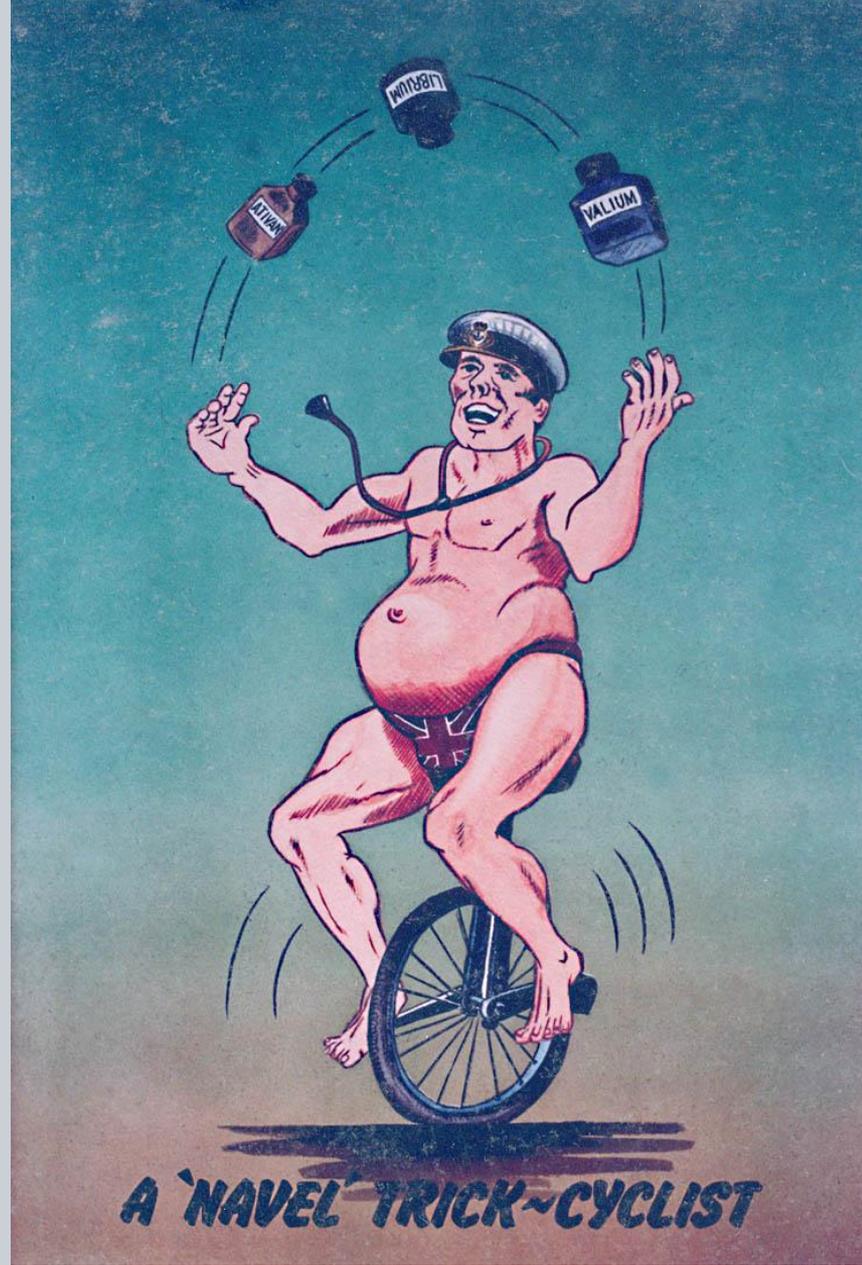


SUMMARY

- **Risk Strategies**
- **Mental Healthcare in UK Armed Forces**
- **Aspects of Veteran care**
- **Military Suicide – some aspects**



Questions ?



HQ Surgeon General, UK