contact Military Mental Health Collaboration

The Contact Group

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(Independent Chair)

Scope of presentation

- *Role of Contact Group*
- *Sector strategic issues*

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Contact Group

- In present form since 2016
- A collaboration of UK's principal veterans' MH delivery organisations, NHS/MoD policy makers, and researchers
- Funded by the Royal Foundation
- Affiliated to COBSEO

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Remit

- **Improve**
  - **service impact**
  - **best practice**
  - **help-seeking**
  - **public knowledge**
- **Collaborate on care management**

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Objectives

- Increase UK capacity
- Agree + implement a model of care
- Develop practice guidelines for providers
- Credible + respected voice of AF MH
- Planning of future services
- Understand needs of veterans

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Executive Members

Big White Wall

Cobseo

Combat Stress

Help for Heroes

MOD

NHS England

Veterans First Point Scotland

Veterans Support Office Northern Ireland

Veterans' NHS Wales

Kings Centre for Military Health Research

Royal Foundation

The Royal British Legion

Royal College of Psychiatrists

Walking with the Wounded

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Associate Members

- New category of membership
- For organisations already working with veterans or in mental health
- Aim to promote best practice (accreditation?), publicise funding sources, and promulgate research findings
- Communications and consultation
- Register interest with Contact!

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Views to DSC and Vet Strategy consultation

- Responsibility for system oversight of VMH?
- Expectation of pan-UK consistency not met
- Sector willingness to liaise but few mechanisms
- Different models of MH care for VMH in 4 nations
- Charities cautious sharing operational data
- Inconsistent records + assessment
- Need for case management, particularly for handovers

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A changing profile in VMH

- Presenting younger
- Presenting sooner
- Deprivation factor
- Chaotic context
- Co-morbidity

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Increased % of young reporting MH

- 2,400,000 veterans in England, Scotland, + Wales
- Self-reported veteran all MH conditions
  - 26% aged 16-34 (15% in gen pop)
  - 14% aged 35-49 (12% in gen pop)
  - 7% aged 50-64 (7% in gen pop)
  - 2% aged 65-74 (3% in gen pop)
  - 2% aged 75-84 (2% in gen pop)

(source ONS 2017)

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and presenting sooner..

- Veterans presenting MH issues earlier
- Previous average 13.2 years
- Veterans of Iraq presenting av 4.8 yrs
- Afghanistan veterans presenting av 2.2 yrs
- May be influenced by MH awareness + cultural factors rather than combat effects

Van Hoorn et al. 2013; Murphy et al., 2015

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Link to areas of deprivation

- More likely to report need for MH help if living in deprived areas (rank order Scotland, England, Wales, NI)
- 41% of veterans living in most deprived areas

Combat Stress 2016 (samples 3120 and 1967)

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Co-morbidity and chaotic lives

- 92% exposed to multiple military-related psychological traumas
- 75% primary diagnosis PTSD
- high co-morbid presentations, 62% with depression, 69% with alcohol disorders; 52% having other underlying issues,
- Histories of isolation, social exclusion, withdrawal, unemployment, inadequate housing, multiple house moves, episodes in prison/criminal justice system, + multiple marriages/relationships.
- Many with behavioural disorders manifested by anger +outbursts

Combat Stress audits 2005-9

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Are we recruiting the mentally ill?

- Do we know enough about the mental health of military recruits at point of recruitment?
- What aspects of service exacerbate some MH conditions?
- Do we need to track military MH from recruitment through retirement?

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Other considerations

- Different sources of data - can we rely on ONS (+ others) with data from self-reporting?
- What is the right level of presentation to trigger support?
- What is reasonable level of provision for MH services?

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Two current strategic issues for Contact

- **Common assessment**
- **Case management**

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Common assessment

- Frameworks are needed to enable coordination:
  - @ Discharge between DMS and NHS
  - @ statutory/charity interfaces
  - Between the nations of the UK
  - Between clinicians and others sharing the care of individuals.

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Common assessment

- Potential barriers:
  - Concern by organisations that results used to advantage/discredit providers
  - Risk management by clinicians who:
    - May have legitimate concerns over quality of previous diagnosis/formulation by a different clinician
    - May want to manage personal risk by repeating an assessment
    - Have a different view on causes/treatments of MH issues
  - GDPR and patient confidentiality
  - No definitive research shows that common assessment is helpful

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Common assessment

- Some actions to achieve better continuity of care:
  - DMS standardised their assessments and formats
  - A single methodology for some AF Covenant pilots
  - In England a single main commissioner for NHS veteran mental health services
  - Essex have successfully trial of *Universal Passport* for patient records

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Total case management

- Veteran MH conditions often joined by issues of addiction, money, housing, family, + employment
- Causal relationship arguably limits value of isolated clinical treatment
- Yet few organisations provide clinical support + holistic case management
- Need to support carers (often women) whose own MH strained by role

Case management

	Clinical/therapy only	Case managed
NHSE IAPT	***Yes***	***No***
Combat Stress	***Yes***	***Limited****
RBL	***No***	***Yes***
WWTW (Head Start)	***Yes***	***No***
H4H Hidden Wounds	***Yes***	***Yes***
V1P Scotland	***Yes***	***Yes***
Veterans' NHS Wales	***Yes***	***Yes***
NHSE TILS	***Yes***	***Yes***

**Parts of pathways eg addictions nurses + CPNs*

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Pan-UK veterans case management

- Half day workshop
- All clinical conditions
- Edinburgh Castle
- Am 14th June
- Free, names to me!

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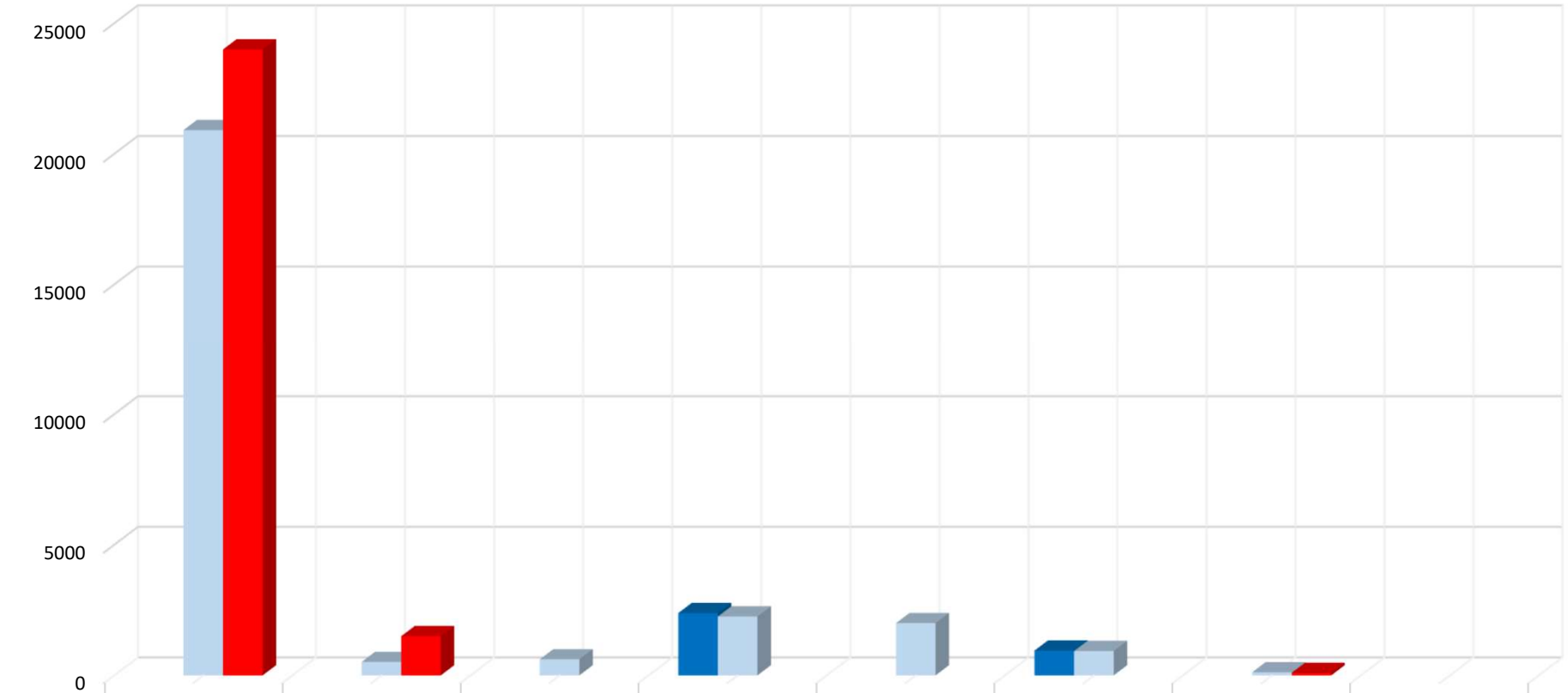
Veterans MH referrals

- Largest UK provider of MH clinical interventions is Combat Stress, followed by NHS/TILS
- Largest provider of therapy is NHS/IAPT

Veteran MH referrals



	NHS England/IAPT	NHS England/TILS	Veterans' NHS Wales	Combat Stress	H4H	Veterans 1st Point	Walking with the Wounded (Headstart)	
2016/17				2,386		950		
2017/18	20,910	514	614	2,254	2,000	933	119	
2018/19	24,000	1,500					93	

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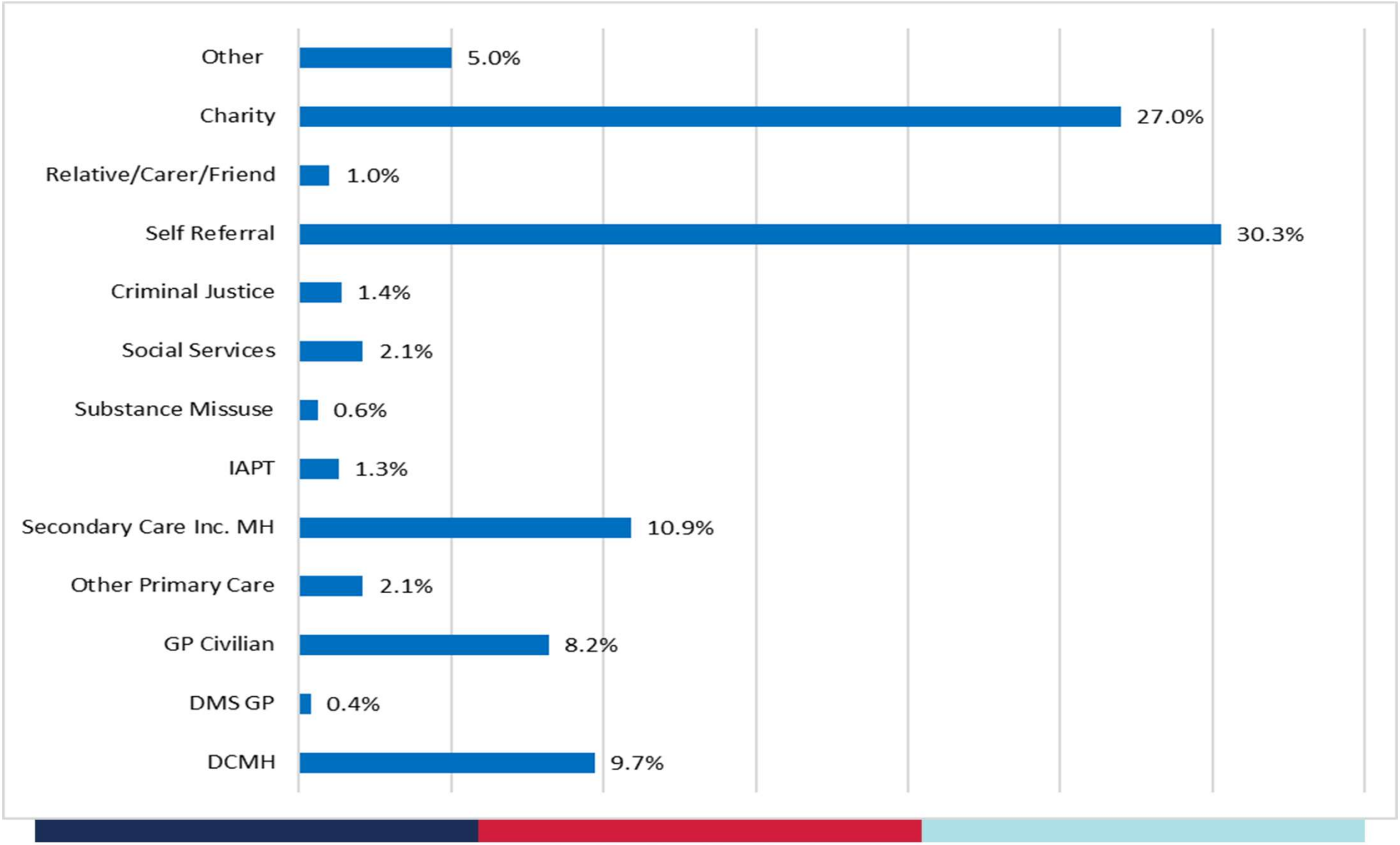
NHSE TILS Referrals by Reporting Group (as at 03/01/2019)



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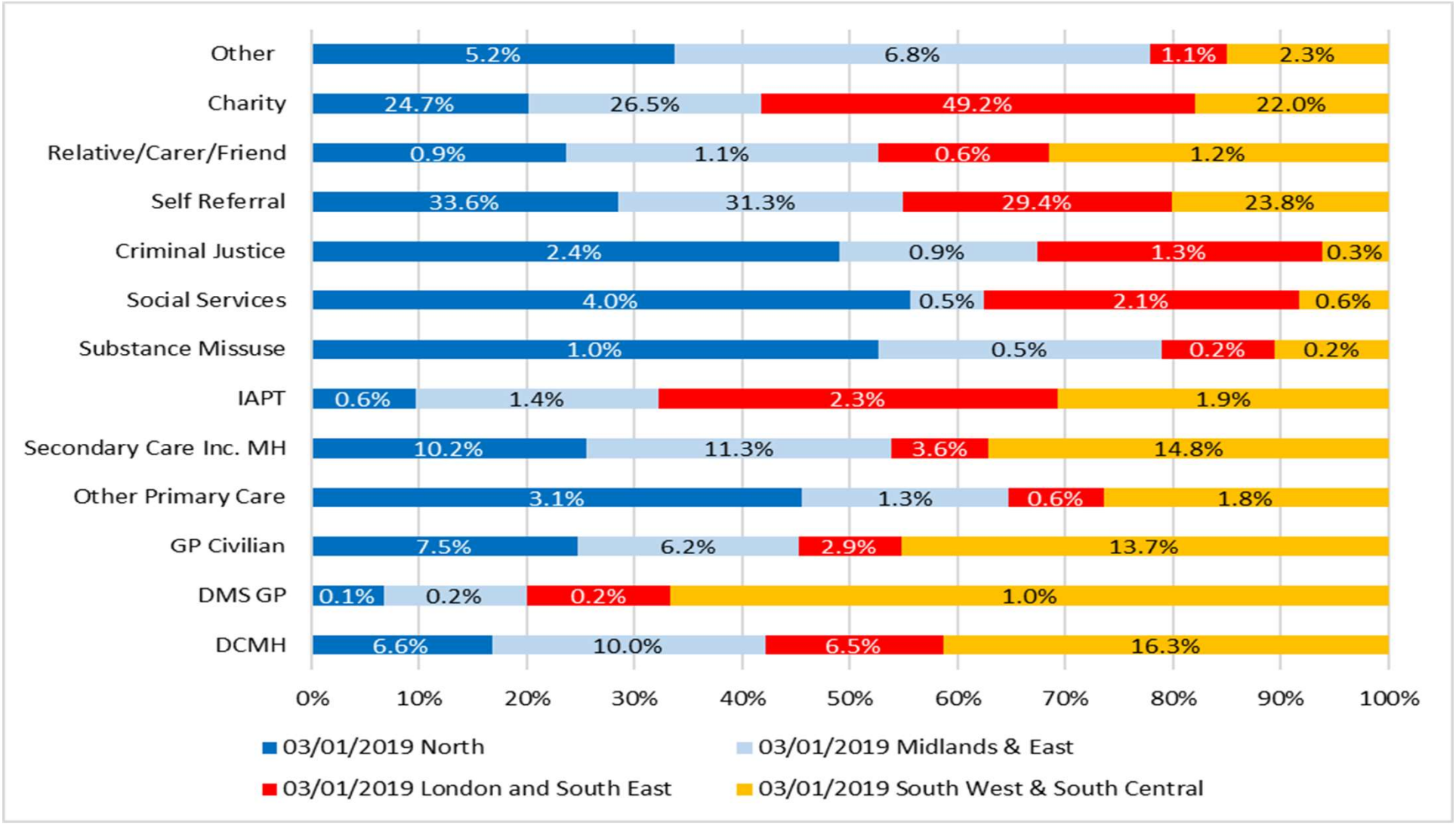
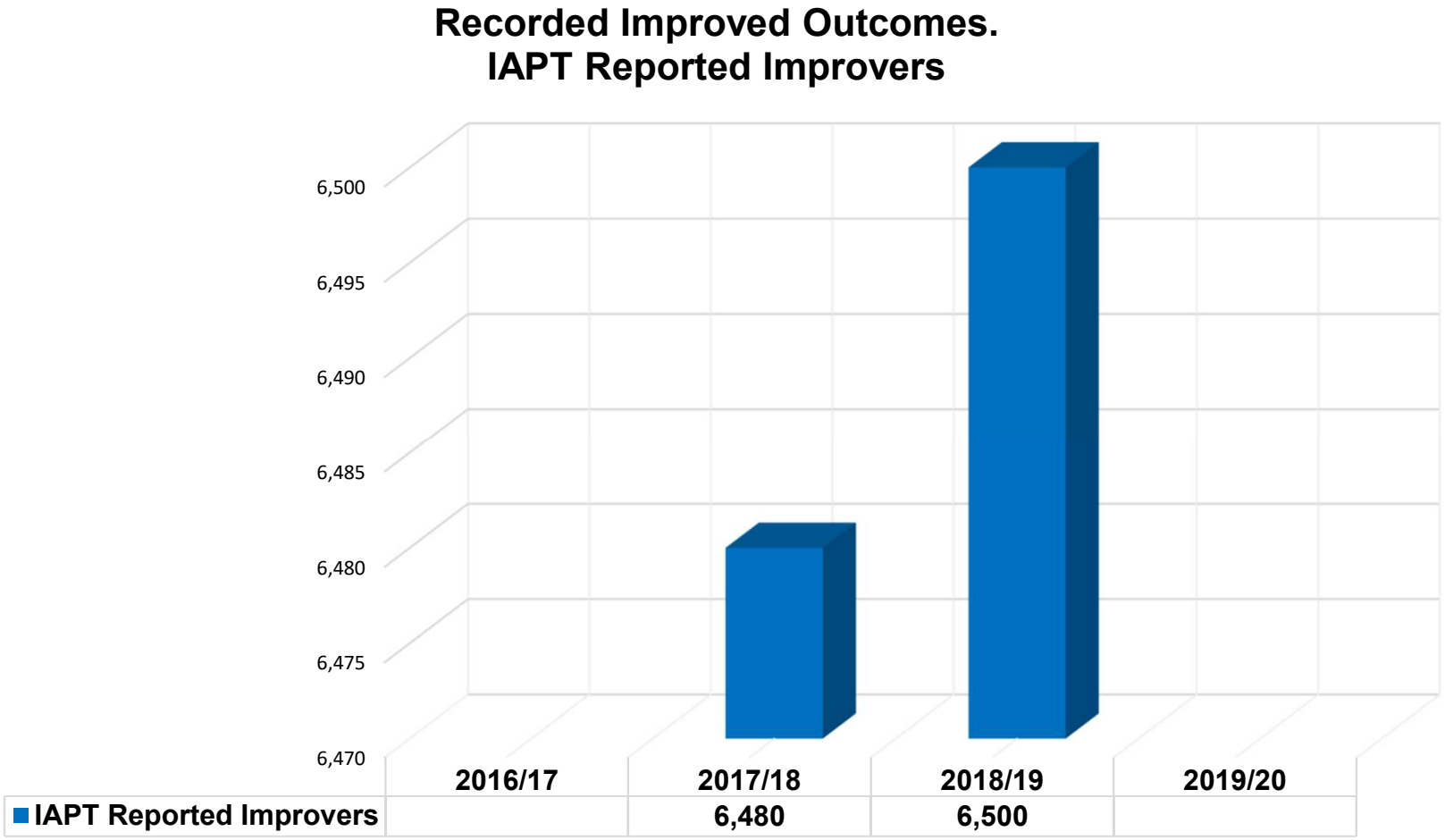
TILS Referrals by Source NHSE as at 03/01/2019



Outcomes



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The Scottish experience *(1 of 2)*

(sample 692 veterans across Scotland)

- 55% aged 35-55
- 30% aged 45-55
- 86% ex-regular
- 78% deployed on combat

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The Scottish experience *(2 of 2)*

(sample 692 veterans across the country

- Rank on discharge – 52% Pte, 33% JNCO, 14% SNCO, 1% ex-officers
- Majority elected to end service
- 29% live in most impoverished areas
- 48% seeking work
- Importance of holistic support

Proposed Research Projects

NHS England suggestions

- Projected need for each of the major MH disease categories
- What is the difference between need and the demand and why?
- Is there a gap (and how large) for veterans that need support above current Tier 3 services?
- Can we get beyond the “average” veteran to identify those more likely to be in need (type of unit, early leavers, reservists, gender, sexual orientation etc)

Veterans' NHS Wales suggestion

- MDMA* assisted psychotherapy for treatment-resistant PTSD

**Methylenedioxymethamphetamine*

Combat Stress suggestions

- How best to support veterans to access complete treatment (engagement)
- How best to support multi-agency working
- Map out the needs of help seeking veterans & identify groups of specific need e.g. ESL, in contact CJS, adult survivors CSA, co-morbid physical health problems/disability, social deprivation (homeless, unemployed)

Walking with the Wounded suggestion

- Does military service promote resilience and promote psychological wellbeing?

Conclusion

Work with the Contact Group

- Involve us in your strategic issues
- Help improve the quality of shared data
- Apply to be an Associate Member
- Come to the Case Management Workshop 14 June
- Talk to us about Research