

# Positive Futures

Getting Transition  
Right in Scotland



Health &  
Wellbeing



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# Foreword

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This report is the final one in my series of reports on transition. Throughout this series, my focus has been on how collectively we can maximise the talent brought by the 1800 or so individuals who leave the armed forces each year and come and live in Scotland. In the main, this talent pool adds significant value and helping the wider population understand what can be gained from serving the country has been one of the underlying challenges I have faced.

The first two reports in my series “Positive Futures” looked at employment, skills and learning and at housing. This one focuses on health & well-being. This is arguably the most challenging area in that one is drawn to the desire to help those who have made sacrifices for their country and yet we must not forget that they possess talent that will invariably help society both socially and practically, especially in the workplace.

This report follows on from my predecessor’s report, written in 2018, entitled “*Veterans’ Health and Wellbeing – A Distinctive Scottish Approach*”. His eighteen recommendations were fully accepted by the Scottish Government, and it is pleasing to see the enthusiasm and desire to implement them as soon as possible. Inevitably, the Covid crisis has refocused efforts, but as we come out of the pandemic, I look forward to that enthusiasm shown in 2019 being re-ignited.

This report focuses on health and wellbeing in transition. It is my strong belief that if we can set the right conditions through the transition process, Service leavers will be able to maximise their talent in a society that welcomes them and recognises that talent they bring. That process involves both the UK Government, who have a responsibility to prepare Service personnel and their families; and the Scottish Government, which has the responsibility for ensuring that those Service personnel and their families are properly received into our communities in Scotland. Taking into account the wide-ranging recommendations made in my predecessor’s report, my report here looks at the fundamentals that should help build that distinctive Scottish approach by getting transition right. It makes four outcomes-based recommendations that may absorb, where practical, some of the outstanding recommendations made by my predecessor.

These outcomes-focused recommendations aim to help policy-makers think about what it means to help Service personnel and their families be successfully absorbed into civilian society; it aims to help healthcare practitioners understand the needs of this cohort of people and thus address issues before they become crises.

Serving in our armed forces is a good thing: amongst other skills, it teaches the softer skills required to work well in teams and put the collective before the individual. It teaches respect and the need for hard work. Part of our job is to help those who may know nothing about the armed forces realise the benefits serving personnel bring to society when they leave.

I am grateful to all those my team and I have met over the past year who have given so generously of their time in shaping this report and recommendations.

**Charles Wallace**  
**Scottish Veterans Commissioner**



# Introduction: the strategic context

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A good transition from the armed forces to civilian life cannot be guaranteed. Despite a wealth of evidence demonstrating the importance of a seamless transition to veterans' futures, some Service personnel still leave with the odds stacked against them. In the absence of good preparation and advice they can flounder or fail to meet their potential.

Where health and wellbeing is concerned, too many still struggle to adapt and find it difficult to access and navigate health care in a less familiar civilian world that they may not have been a part of for some time. We know that can contribute to other problems, either soon after leaving or in later years and it can affect a whole family. Physical and mental health issues are the sharpest end of a spectrum of consequences that can include unemployment, housing issues and homelessness, which I have considered in earlier reports.

My predecessor, Eric Fraser CBE asked the question 'are we getting it right?' in relation to veterans' health and wellbeing in his 2017 think piece<sup>1</sup>. He concluded that a small minority of veterans faced considerable challenges engaging with health and social care services in Scotland. Following that, in his 2018 report *Veterans' Health and Wellbeing - A Distinctive Scottish Approach*<sup>2</sup> he made eighteen recommendations for improvement across health and mental healthcare services in Scotland, aimed at building 'A Distinctive Scottish Approach to Veterans' Health.' These recommendations were accepted in full by Scottish Ministers.

Before the Covid-19 pandemic delivered its profound shock to all our lives in 2020, a number of improvements were being made in response to those eighteen recommendations. Other action, stemming from the UK-wide 2018 *Strategy for Our Veterans*<sup>3</sup>, and from work which aimed to ensure the principles of the Armed Forces Covenant were adhered to, has had a complementary impact. Progress has been made and I have recognised this in my annual Progress Reports. However, in my most recent Progress Report of November 2021, I also highlighted the risk the ongoing Pandemic posed, both to action currently underway and the early signs of improvement but also to veterans' physical and mental health, with elective care hit hard, waiting lists growing and both primary and secondary health services slower to respond.

Although the Pandemic is not yet over, the situation is improving and we are hopefully now in the end phase. The focus of our governments is shifting to economic and social recovery and in the case of the NHS, to addressing the other harms to people's health and wellbeing that two years of the Pandemic has caused and the huge backlogs in healthcare we now see. The Scottish Government is now pursuing its Covid recovery strategy<sup>4</sup> and in the case of healthcare, its NHS Recovery Plan<sup>5</sup>. In that plan, Ministers have set out their key ambitions and actions to be developed and delivered over the next five years to address the backlog in care and meet ongoing healthcare needs. **It is my job to speak up for the needs of our veterans and ensure they are not overlooked in that recovery and that action commenced before March 2020 is not forgotten about or deprioritised.**

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1. Veterans Health & Wellbeing in Scotland: Are we getting it right? ([www.gov.scot](http://www.gov.scot))

2. Veterans' Health and Wellbeing ([www.gov.scot](http://www.gov.scot))

3. Strategy for our veterans - GOV.UK ([www.gov.uk](http://www.gov.uk))

4. Covid Recovery Strategy: for a fairer future - gov.scot ([www.gov.scot](http://www.gov.scot))

5. NHS Recovery Plan - gov.scot ([www.gov.scot](http://www.gov.scot))

# Positive Futures: Getting Transition Right in Scotland

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‘Transition’ is the term most commonly used to describe the period of change around reintegration into civilian life from the armed forces. The timeframe is fluid, so this and the language of ‘re-settlement’ can lead to confusion over expectations of where, when and how it happens and exactly where the responsibilities for it lie.

In my Positive Futures series of reports<sup>6</sup>, I consider transition as a journey, not a single process or a point in time and I see it as a shared responsibility. While the **individual** should clearly own their transition journey, after all they have the biggest stake in it, the **statutory sector**, and the MOD as their employer, have a responsibility to support them and their families. This enables informed choice and encourages aspiration and habits of independence. The **civilian community** also has a role in welcoming Service leavers, easing connections and offering support and a ‘leg-up’ where it is needed.

A smooth transition to a fulfilling civilian life is what I want to see for all Service personnel and their families and getting it right is important, not just for the individuals themselves but for the future of our armed forces and to Scottish society in general. A successful transition from military to civilian life is essential to the long-term independence, financial security, health, happiness and social integration of the transitioning individual and where relevant, their family.

## A New Transition Model

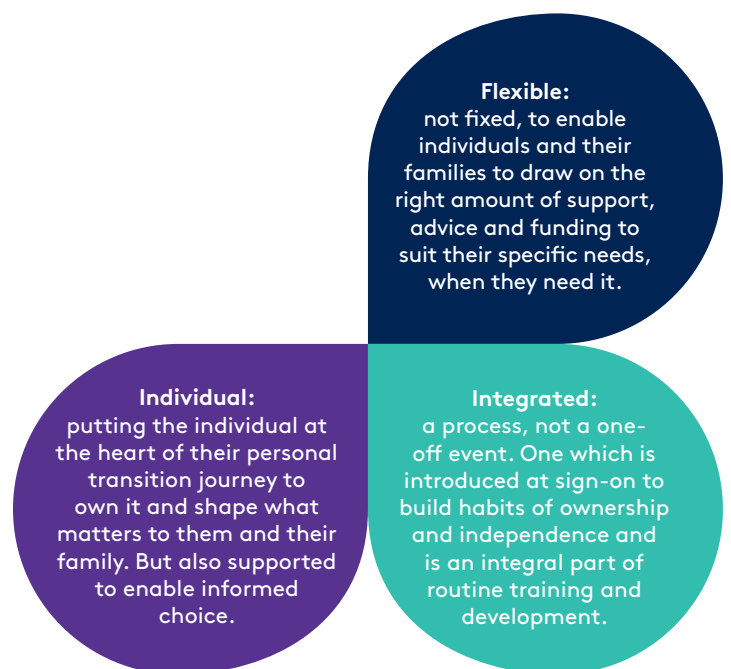
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Transition impacts on many aspects of life. My first thematic report looked at Employment, Skills and Learning. The second looked at Housing and Making a Home in Civilian Society, and this third and final report looks at Health and Wellbeing. I have examined those themes from a transition aspect only, rather than from the perspective of those who may have left the armed forces many years ago.

Health and wellbeing is a key aspect of transition and the **flexible, integrated, individual transition model** I recommended in my previous Positive Futures reports. That model is just as relevant to health and wellbeing as it is to employment, skills and learning or housing.

I consider there to be three key tenets around which a good transition model (and therefore a good transition) should be designed or framed. It should be **flexible** not fixed – accounting for the differing needs of the individuals involved and allowing them and their families to draw on the right amount of support and advice to suit those needs; it should be **integrated** – a process that starts at sign-on, not a one off event and is an integral part of an individual’s military career; and it should be **focused on the individual** – person-centred, not system driven, making clear the responsibility and ownership on that individual that sits alongside the provision of support.

From a transition perspective, in relation to health and wellbeing, a smooth transition of responsibilities from MOD to the NHS in Scotland is what I would expect and, in terms of the individual’s experience, I would hope for a ‘warm handover’. Yet, five years after my predecessor first looked at this and despite many studies, investment and government action plans, a successful and sustainable transition to civilian life is still not the experience for all, even in the case of health and wellbeing, where the stakes can be highest.



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6. Positive Futures: Getting Transition Right in Scotland | ([scottishveteranscommissioner.org](https://scottishveteranscommissioner.org))

## Why Health and Wellbeing matters so much when transitioning

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Those who join the armed forces are, in the main, young fit individuals. The majority will leave the military still fit and healthy and take with them experience, knowledge and a skills-set that enables aspiration and choice so that they can secure the most positive future for themselves and their families. Good health and wellbeing affects life choices and has a major impact on the quality of people's lives and their healthy life expectancy. A safe, healthy and happy future is what we want for all our Services leavers.

It is important to acknowledge that life in the armed forces can be dangerous, often placing individuals in situations which can have a significant impact on both their physical and mental health. It can be demanding physically, mentally and on occasions morally, and those who suffer injuries of any kind must be properly cared for not only during their Service but during transition and in accessing healthcare services thereafter.

While the majority leave the Services in good health it is crucial we get healthcare right for those with the most profound needs - what my predecessor called 'those with severe and enduring conditions due to their Service'.

He went on to say:

**"The treatment and care for these veterans should be based on the best possible mainstream and specialist services, both in the statutory and third sectors, that is available no matter their circumstances or where they live. These veterans can be confident that this support – across the health and social care sector – is available whenever required and for the rest of their lives."**

Nearly four years on, this proposal is still just as valid, and one I wholeheartedly endorse.

As well as ensuring we get care right for the small number of veterans known to suffer from severe and enduring physical and psychological conditions attributed to their Service, it is important that we get health and mental health care right for all veterans and that it's easy to access and navigate. There are many veterans who may not suffer severe conditions but who nonetheless leave the Services with health conditions more prevalent than in the civilian population including, hearing loss, musculoskeletal conditions, and alcohol and smoking related diseases. As a society we need to make sure that the general wellbeing of our Service leavers and veterans is also considered as they make the journey from being a member of the armed forces back to being a civilian. There is a preventative aspect around wellbeing and sustaining good physical and mental health that must be prioritised.



## Driving change: for more positive outcomes

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The situation for Service leavers and veterans has improved over the past decade driven by the Armed Forces Covenant, the long-term Strategy for Our Veterans, and policy imperatives UK-wide and within Scotland. Most healthcare for Service leavers and veterans will continue to be offered through statutory provision via NHS services. This includes some dedicated healthcare services designed to support veterans, like prosthetics clinics and the network of Veterans First Point (V1P) centres. The third sector also plays an important role in both physical and mental healthcare provision and in activity aimed at promoting and sustaining the wellbeing of veterans and their families.





## The Armed Forces Covenant

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The Scottish Government set out its commitment to the Covenant, its future priorities and an ambition to make Scotland the destination of choice for Service leavers in its *'Renewing our Commitments'* strategy of 2016<sup>7</sup>. Furthermore, all Scottish Health Boards have signed the Covenant. The Scottish Government has since reported annually to Holyrood on improvements to the support and services on offer in Scotland, including those relating to health and wellbeing. Its latest report *Support for Veterans and the Armed Forces Community 2021*<sup>8</sup> can be found on its website.

Much has been said about the effectiveness of the Armed Forces Covenant and what the nation's 'promise' to look after those who have served and their families really means for veterans on the ground. The Covenant is an agreement between the armed forces community, the nation and the government. It encapsulates the moral obligation to those who serve, have served, their families and the bereaved. It says that:

**"Those who serve in the Armed Forces, whether regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved."**

First enshrined in legislation in 2011 with aspects strengthened in the Armed Forces Act 2021, the fact that the Covenant is a driver of change is clearly evidenced in annual reports presented to the House of Commons. It is hard to argue against its underpinning principles but as it applies to healthcare and NHS priority treatment, ten years on there is still a good deal of misunderstanding – amongst patients and professionals – of what that 'promise' actually means.

**"veterans should receive priority treatment for ongoing health problems that are a direct result of their military service unless there is an emergency case or another case that demands higher clinical priority."**

This concept sits rather awkwardly alongside the founding principles of the NHS which state that it is available to **all equally** and access and therefore, priority is based on clinical need. It was never intended that 'priority treatment' should be interpreted as 'preferential treatment' over civilians but interpretation continues to confuse. It is for this reason that government officials and veterans' organisations are currently reviewing the 'priority treatment' terminology, with the aim of improving understanding.

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7. Renewing Our Commitments - gov.scot ([www.gov.scot](http://www.gov.scot))

8. Veterans and Armed Forces community: Scottish Government support 2021 - gov.scot ([www.gov.scot](http://www.gov.scot))

## The Strategy for our Veterans

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A second key vehicle of change is the November 2018 UK-wide *The Strategy for Our Veterans* which focuses effort on six strategic outcomes, one being 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.’**

The ten year strategy was consulted on widely and in January 2020 the UK Government published its initial action plan *Strategy for our Veterans – UK Government Consultation Response* to move towards achieving those strategic outcomes<sup>9</sup>. That initial response was refreshed in January 2022 by its *Veterans’ Strategy Action Plan 2022-2024*<sup>10</sup>. The Scottish Government published its action plan *Taking the Strategy Forward In Scotland*<sup>11</sup> in 2020, reaffirming its commitment to ensuring that 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. I understand it intends to refresh this action plan during the next few months.

There is no doubt that the Armed Forces Covenant and long-term Strategy for our Veterans are driving positive change and I hope my own findings and recommendations and those of my predecessor have had a part to play and served to maintain a constant focus on what needs to be better. However, I am concerned that the fallout from the Covid-19 Pandemic will see an increase in demand for certain healthcare, with more people suffering from harms associated with the Pandemic. Also, the likelihood of a slower, less responsive health service which will see people, including veterans, waiting much longer to see health professionals and to receive the care or treatment they need.

**Specifically, in its action plan – Taking the Strategy Forward In Scotland – the Scottish Government stated that, along with partners it would:**

1. Continue to work to ensure that all veterans and armed forces families do not experience disadvantage when accessing health services in Scotland.
2. Continue to focus on mental health as a priority area.
3. Encourage veterans to declare as ex-services when accessing support.
4. Implement the recommendations of the Scottish Veterans Commissioner’s 2018 Health and Wellbeing report in full to create the conditions for the ‘Distinctive Scottish Approach to Healthcare’ which it calls for.

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9. Strategy for our Veterans – UK Government Consultation Response ([publishing.service.gov.uk](https://publishing.service.gov.uk))

10. Veterans’ Strategy Action Plan: 2022 to 2024 – GOV.UK ([www.gov.uk](https://www.gov.uk))

11. Support for veterans: strategy – gov.scot ([www.gov.scot](https://www.gov.scot))

## Aim and scope

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My predecessor's 2018 report highlighted problems which stood in the way of veterans receiving the very best medical treatment and care that Scotland has to offer. He made eighteen recommendations to the Scottish Government to address the shortcomings he found, all of which were accepted in full by Scottish Ministers.

Along with all SVC recommendations to government, I have monitored and reported regularly on progress in meeting the eighteen recommendations from that relatively recent report. In my most recent Progress Report of November 2021 I assessed twelve of those eighteen original recommendations as fully or partially implemented and one recommendation (relating to the Invictus Games) as superseded. For the remainder, there is still work to be done. I am pleased to see that work is now being led by the Armed Forces Personnel and Veterans Health Joint Group, Chaired by the Scottish Government's Chief Medical Officer. That will be important to drive forward the progress needed Scotland-wide.

Eric Fraser also made a recommendation on access to medical records in his 2015 Transition in Scotland report, which is being pursued through Programme Cortisone. The recommendation said:

### **Recommendation 13:**

The Scottish Government and NHS Scotland should retain the current procedures whereby GPs in Scotland retrieve Service Leavers' medical records but also keep them under review.

I would suggest that the recommendation is now pursued through my broader outcomes-focussed recommendation 2 in this report.



Meeting some veterans after their Venture Trust wilderness journey, which supports ex-Service men and women experiencing difficulties with transition

## Aim

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Empowering all veterans and their families to adapt successfully to civilian life and make informed choices to go on to lead healthy, fulfilling lives and realise their full potential is my ultimate aim. I also believe huge potential benefits of positive transition exist for the economy, labour market, our communities and for the military itself. Good health and wellbeing is crucial to veterans playing a full and active part in the civilian world. To support veterans in that, I want to see it made easier to access and navigate mainstream healthcare services and for them to be sign-posted to all veterans' specific support services that may exist (many of which are provided by the third sector).

## Scope

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**This report looks at health and wellbeing from a transition perspective.** It looks at the challenges faced by those who are transitioning from the armed forces now and not at those who may develop poor health in their older years.

The needs of older veterans who may have left the Services years ago are of course very important, and by not focussing on them, I do not in any way wish to diminish their experiences. However, this series of reports focuses on transition and the challenges faced by those leaving the armed forces today. Challenges faced by older veterans have been considered in earlier reports and recommendations and may be explored further in future work.

It is estimated that of the current veterans population of around 250,000 living in Scotland, around 100,000 are presently of working age, with up to another 1,800 individuals a year (plus their partners and families) joining those numbers. Although in the longer term overall numbers of veterans are projected to decline, the age profile is clearly changing. Nowadays every Service leaver is of working age, and on transitioning will require access to health and social care services wherever they settle.

**In this report I have looked at the following distinctive aspects of health, mental health and wellbeing relevant to those transitioning and settling in Scotland now:**

- **Preparation:** to leave, are we are getting it right?
- **Demand:** for healthcare, are we meeting it?
- **Mental health and wellbeing**

In looking at these areas I also wanted to ask the question - are we creating a '*Distinctive Scottish Approach to Veterans Health*'? - as recommended in 2018.

This report makes suggestions and broad outcomes-based recommendations to the Scottish Government and others, for improvements aimed at benefitting the individual and their family during and after transition as they become veterans living and working in communities across Scotland.

In making my recommendations, I have sought to take account of the broader conditions with which we are faced at this point in time, where we:

- have had healthcare systems in crisis mode for the past two years, coping with the Covid-19 pandemic and all its associated harms
- now have health and social care models shifting as a result, in order to recover, renew and move forward.

A good deal of uncertainty remains and no one underestimates the challenges ahead.



# Summary of Recommendations: an outcomes focus

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My four recommendations for Ministers are summarised below. They are intended to identify contemporary barriers to progress and consider what still needs to be done if we are to secure improvements and realise my vision of:

**'A Scotland where all veterans and their families are able to access timely, high quality support wherever and whenever it is needed; and to realise their full potential in civilian life in Scotland.'**

In forming these new recommendations I had regard to extant SVC recommendations on transition and health and wellbeing. I wanted to build on progress and avoid duplication. These outcomes-focussed recommendations are more broadly drawn than in the SVC reports prior to my time as Commissioner in order to maintain a strategic focus on 'what' is required and to encourage collaboration on the specifics of 'how' to deliver the improvements needed.

The ten year UK-wide *'The Strategy for Our Veterans'* focuses effort on six strategic outcomes. These are long-term outcomes across six key themes, one being Health and Wellbeing:

**'All veterans enjoy a state of positive physical and mental health and wellbeing, enabling them to contribute to the wider aspects of society.'**

I think the strategic outcome above offers a useful description of where we should be by 2028 at the very latest.

The Scottish Government agreed a set of actions in its January 2020 response to *The Strategy for our Veterans: Taking the Strategy Forward in Scotland*<sup>12</sup>, I have had regard to the ongoing action and thought strategically about what that adds up to and what more needs to be done.

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12. <https://www.gov.scot/publications/strategy-veterans-taking-strategy-forward-scotland/>



## Recommendations

1. Those transitioning from the military and planning to settle in Scotland should be informed and well prepared to look after their own health and wellbeing, make informed choices and live in good health in the civilian community.

### That means:

- Enabling Service leavers to start preparation and planning for their future healthcare needs as early as possible with information provided in briefings and on websites and apps accessible from early in a Service person's career
- Ensuring information provided is relevant to a Service leaver's intended place of settlement and that it is also accessible to families
- Ensuring Service leavers understand the Covenant 'promise' and have immediate access to high quality NHS health care and support wherever they choose to settle
- Service leavers and their families using health and social care services have positive experiences of those services, and have their dignity respected

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2. Those transitioning from the military and planning to settle in Scotland experience an efficient and timely handover from Defence Medical Services to NHS Scotland healthcare, with primary healthcare systems afforded early access to their full health records.

### That means:

- Agreed protocols should support efficient, early transfer of electronic medical records and the positive experience of health care we want all veterans and their families to have
  - The transfer of medical records (from Defence Medical Services to the NHS) as part of Programme Cortisone, should be accelerated to test and complete the work to align IT systems supporting electronic transfer of medical records upon transition. The programme should be properly linked into NHS Scotland IT systems
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## Recommendations (continued)

3. Service leavers should experience high quality, person-centred healthcare as part of a smooth transition back to civilian life. To support ease of access they should be identified as they transition and first engage with the NHS in Scotland.

### That means:

- All veterans should organise their own healthcare responsibly by registering with a local GP practice as soon as possible and telling their GP that they have served
- Developing and testing a 'veteran-aware' GP accreditation scheme for Scotland that would support GP practices through awareness raising of veterans' needs, common conditions and veteran specific support services, as well as staff training. It would be sensible to align this with the scheme currently being rolled out in England
- Building on a GP Accreditation scheme to then develop a 'veteran-aware' hospital accreditation scheme for Scotland.

4. All Service leavers should be enabled to look after their own wellbeing and supported to stay well within their communities. Where it is needed, they should have timely and equal access to consistently high-quality mental healthcare and support services that are delivered as close to their home as possible.

### That means:

- Early implementation of the Veterans Mental Health and Wellbeing Action Plan to secure the long-term delivery of dedicated mental healthcare services to veterans and their families to end the struggle they can have to get the support and services they need
- Working to tackle and reduce stigma surrounding mental ill health amongst Service leavers and veterans to ensure that it no longer stands in the way of veterans and their families seeking and accessing help
- Ensuring new care pathways support choice of digital or community-based access and for those with complex needs, there is a clear escalation pathway to more intensive treatments which are made available timeously to those in need
- Assisting veterans and their families to sustain good health by providing support to address the wider detriments of mental health (housing issues, unemployment etc.) and raising awareness of the various means open to them of keeping well and sustaining good mental health



## Preparation to leave: are we getting it right?

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**Most serving personnel prepare well for their employment, skills development and housing needs on discharge but unless someone has a serious health condition leading to medical discharge, many Service leavers will not consider their health needs as part of their preparation for civilian life. As most will leave in good health – often in better health than their civilian counterparts - this is understandable.**

What is also understandable is the unrealistic expectations some Service leavers and veterans have over entitlement to priority treatment, which stem from misunderstandings about 'the promise' in the Armed Forces Covenant. As I indicated in my introduction, while there may well be some limited aspects of NHS healthcare where veteran specific services are offered, by and large NHS care is based on clinical need, rather than an individual's background or occupation. Government officials are currently reviewing the 'priority treatment' terminology and it will be important to get that clarification soon so that clearer expectations can be set as to what a veteran and their family can expect from the NHS.

## Prepare all Service leavers well and set clearer expectations

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Just as with employment or housing information, as part of their preparation for leaving military Service, serving personnel need to be informed as to what they can expect from the NHS when they leave, wherever in the UK they plan to settle. They also need to be made aware that there are differences in the way the NHS operates across the UK and that health and social care services available in one part of the country may be offered differently in another. For example, provision of specialist mental healthcare and support for veterans in Scotland is different to that in England where it is now provided in a number of regions under the Op Courage banner.

It is important that Service leavers and their families know what to expect and how to access the services local to them. For too long the MOD have used the term 'the NHS' as a default shorthand, when in fact what they are often talking about is NHS provision in England. The NHS in Scotland is not the same – it is governed, managed and often delivered differently.

MOD publications, such as the Service Leavers Guide<sup>13</sup>, should include accurate information and links to the devolved health services in place across the UK. This is not always the case. One important example is how to register with a GP if you intend settling in Scotland. I found that in the most recent Service Leavers Guide, the first link provided [www.gov.scot](http://www.gov.scot) does not take the user to the information they need but rather to the home page of the Scottish Government's main website. The first link should be to NHS Inform [www.nhsinform.scot](http://www.nhsinform.scot), Scotland's dedicated health information website, where I found the information needed in a couple of 'clicks'. Furthermore, the guide doesn't mention specific veterans' services found in other parts of the UK such as Veterans First Point in Scotland. Nor does it make clear that some services under the heading 'In England...' are actually available UK-wide.

We need to do more to prepare Service leavers well, to start preparations early and offer relevant up-to-date information that's easy to find and to use. We also need to ensure there is clear signposting in place to additional Scotland specific support and advice, down to local level where relevant. **Two developments I think will help in that regard are:**

### The Through Life Approach to Transition:

Being developed by the MOD, which will move the preparation and awareness of future civilian challenges from the resettlement starting point (normally two years before discharge) to much earlier in a Service career. An important aspect to that is the long-anticipated development of a package of Life Skills training and support to Service personnel. Although the final delivery model for training modules has yet to be piloted and agreed by MOD, Life Skills training is already being delivered by the Army in Scotland. This aid to transition should include health and mental health topics as well as covering challenges like finding employment, a home and managing personal finances.

### Improvements to the Veterans' Gateway website and app:

Planned by the UK Government to make it more accessible and provide an improved user experience. The website, which first launched in 2017 in response to Lord Ashcroft's Veterans' Transition Review, was joined in 2020 by an app, to give veterans in need of help a 24 hour point of contact for support in the palm of their hands. Gateway should be a first point of contact for veterans and their families seeking support, connecting them with a range of local support organisations. I have tested Gateway in the past and not always found it led me to the support I know is available in Scotland. To work well, Gateway needs to ensure that veterans can easily find the right support local to them.

Much has been done both in Scotland and across the UK over the last ten years or so. However, continuity of care – in particular the smooth and seamless handover from Defence Medical Services to the NHS, including electronic transfer of records and cross-border arrangements – still needs to improve.

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13. Service leavers' guide - GOV.UK ([www.gov.uk](http://www.gov.uk))

## Handover of healthcare from Defence Medical Services/Defence Primary Healthcare (DMS/DPHC) to NHS Scotland

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For a young Service leaver, used to more or less a 'same day service' for illness or injury, with physiotherapy provided as a matter of course, the complexity of the NHS landscape, its waiting times and its terminology can be baffling. Add to this the fact they may have heard (usually from peers) that 'ex-services get priority treatment' when they leave, and it is easy to see why many fail to engage or get disillusioned with the system. This can be particularly acute in the area of mental healthcare, where demand often outweighs supply and the situation has been made worse by the Pandemic.

When a veteran accesses NHS healthcare, they should be confident that all information about their health, treatment received, and medication prescribed follows them promptly. For that to happen, an efficient and seamless handover from DMS to NHS Scotland is crucial, not only for those Service leavers who have been medically discharged, but for all Services leavers who may find themselves struggling with the complexities of a system they may simply not understand. The phrase I often hear used is a 'warm handover' and that is what I'd like to see for our Services leavers. A handover between healthcare systems that happens seamlessly and does not trouble the Service leaver with 'back of shop mechanics'.

The handover arrangements are for DMS and the NHS in Scotland to worry about and should be a smooth and straightforward enough process. Unfortunately, I have heard that in too many instances it is still not what happens. I suspect from what people have told me during my enquiries that protocols (supporting the transfer of patient care and of medical records from DMS to the NHS in Scotland) are either based on what happens in England, out-dated or do not exist at all.

My predecessor highlighted his concerns about this in his report on *Transition in Scotland* in 2015 and recommended that procedures - whereby GPs in Scotland are notified automatically that their new patient has been under the care of DMS/DPHC and of the protocols (including the consent aspect) for retrieving their medical records - should be kept under review. I have been monitoring this and while there does seem to have been progress since 2015, it is painfully slow. I am advised that Programme Cortisone aims to better align IT systems within DMS and the NHS in Scotland, to allow quicker electronic transfer of records and that cross-UK pilots were scheduled for late 2021 - some seven years after my predecessor first raised concerns and eight years after they were highlighted by Lord Ashcroft in his report on The Veterans' Transition Review of 2014<sup>14</sup>.

In December 2021 I wrote to Dr Peter Homa, Director General DMS, seeking clarification on what formal linkage process exists between DMS and NHS Boards in Scotland. I was keen to hear his views as to why it fails to work smoothly for every Service leaver settling in Scotland and to receive assurance that DMS were fully committed to addressing the problem once and for all. I have yet to hear back. Cross-nation meetings hosted by the Office for Veterans Affairs have been discussing health IT alignment between DMS and the NHS in Scotland, and Programme Cortisone pilots will test improvements, including the faster electronic transfer of medical records. This has to be a priority if Service leavers in Scotland do not continue to be disadvantaged.

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14. Welcome to the Veterans' Transition Review website ([veteranstransition.co.uk](https://veteranstransition.co.uk))

## Recommendation 1

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Those transitioning from the military and planning to settle in Scotland should be informed and well prepared to look after their own health and wellbeing, make informed choices and live in good health in the civilian community.

### That means:

- Enabling Service leavers to start preparation and planning for their future healthcare needs as early as possible with information provided in briefings and on websites and Apps accessible from early in a Service person's career
- Ensuring information provided is relevant to a Service leaver's intended place of settlement and that it is also accessible to families
- Ensuring Service leavers have immediate access to high quality NHS health care and support wherever they choose to settle
- Service leavers and their families using health and social care services have positive experiences of those services, and have their dignity respected

## Recommendation 2

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Those transitioning from the military and planning to settle in Scotland experience an efficient and timely handover from Defence Medical Services to NHS Scotland healthcare, with primary healthcare systems afforded early access to their full health records.

### That means:

- Agreed protocols support efficient, early transfer of electronic medical records and the positive experience of health care we want all veterans and their families to have
- The transfer of medical records (from Defence Medical Services to the NHS) as part of Programme Cortisone, should be accelerated to test and complete the work to align IT systems supporting electronic transfer of medical records upon transition. The programme should be properly linked into NHS Scotland IT systems

# Demand for healthcare: are we meeting it?

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**Throughout military Service and at the start of the transition period, serving personnel have early access to a high standard of healthcare. Post Service, most are able to access the civilian healthcare they need and I seldom hear reports of veterans who face obvious disadvantage. Indeed, the combination of access to mainstream and specialist services means we have a robust package of support in place that meets the needs of the majority of veterans.**

Although the NHS in Scotland is the main organisation delivering healthcare to veterans and their families, the third sector also plays a valuable role; meaning the veterans community is well served by both statutory and charitable services. Despite this, a minority do still face challenges when engaging with health and social care services. Whether it's finding their way to the right information and the right physical or mental healthcare provision or because for geographic or resource reasons, services are limited or waiting times for treatment are too long. The continued disruptive impact of the Pandemic is making the situation worse for the general population and veterans too will be affected.

We know from research by a number of organisations and academic bodies over recent years, that there are specific groups of Service leavers who are more at risk of ill health. Early Service Leavers (ESLs)<sup>15</sup>, those who face a short notice period or lack clarity as to when they will be discharged, reservists and some female Service leavers<sup>16</sup> are particularly vulnerable.

My predecessor's 2018 report on Health & Wellbeing noted:

"There is a growing body of research that shows this group at particular risk of being adversely affected by a range of health conditions. The reasons for ESLs being at higher risk of poor health are varied and complex. It is a subject that is increasingly the focus of investigation and debate amongst the academic, Armed Forces and veterans' communities."

"...a number of academic reports found that reservists who had been deployed in a combat situation were at higher risk of developing PTSD compared to regular members of the military. The reasons for this are likely to be many, and will include issues such as the stresses of balancing other jobs and family commitments, less well established networks of support and comradeship within the military, and the disruption of transitioning between Service and civilian life."

On paper at least, the spectrum of support that exists should mean that no veteran experiences difficulties getting the healthcare they or their families need. However, just as I have seen when looking at employment, skills and learning and housing, there are some groups who are at particular risk of poor physical health or mental health outcomes. That may be due to a lack of planning or lack of experience of fending for themselves, or it may be down to poor early years experiences or traumatic events experienced during military Service. Poor health can often be one of, or the cause of, multiple problems and it is vital that veterans are able to access the healthcare they need, particularly during the vulnerable period as they transition back to civilian life.

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15. The Scottish veterans health study: a retrospective cohort study of 57,000 military veterans and 173,000 matched non-veterans - Enlighten: Theses ([gla.ac.uk](https://gla.ac.uk))

16. Research into the health and wellbeing of female veterans | NHS Employers



# Healthcare while Serving

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## Defence Medical Services:

During their time in the armed forces, all Service personnel receive medical treatment and healthcare provision through the MOD's Defence Medical Services. DMS's primary role is to:

**'Promote, protect and restore the health of the UK armed forces to ensure that they are ready and medically fit to go where they are required in the UK and throughout the world.'**

In Scotland, as part of DMS, Defence Primary Healthcare (DPHC) provides general practice and occupational health services and will be the part of DMS that most serving personnel will be familiar with.

In addition the three Single Services each provide cross-UK Service specific provision, through: the Royal Naval Medical Service (RNMS) which provides healthcare to ships, submarines and Royal Marine personnel; the Army Medical Service (AMS) which also runs the majority of field hospitals; and the RAF Medical Services (RAFMS), which as well as specialising in the unique aspects of the air environment, also specialises in the evacuation of casualties by air and runs the Centre for Aviation Medicine.

## Specialist services for those who leave with severe or enduring injuries:

Medical discharges in the UK regular armed forces involve a series of processes, which differ for each of the three Services in order to meet their specific employment requirements. Medical discharges take place when a medical board – consisting of a number of specialists (medical, occupational, psychological, personnel) comes to the conclusion that an individual is suffering from a medical condition that prevents their continued service in the armed forces. Medical discharges can be for a wide range of illnesses and conditions, often referred to in the military as wounded, injured or sick (WIS).

Although medical boards recommend medical discharges, they do not attribute the principal condition leading to the board, to the individual's time in Service. A medical board could take place many months or even years after an event or injury and it is not always clinically possible to link an earlier injury to a later problem which may lead to a discharge. Annual statistical information on medical discharges can be found on the Gov.UK website<sup>17</sup>.

As things currently stand, those with the greatest need are typically looked after extremely well. Care for those in need of more complex or intensive treatment typically starts with specialist support at Queen Elizabeth Hospital in Birmingham or the Defence Medical Rehabilitation Centre (DMRC) near Loughborough. The DMRC offers the highest priority care pathway to the rehabilitation of injured personnel and I have no doubt that the specialist care provided is first rate. This is only right and proper and I would expect nothing less.

I feel it is appropriate here to echo my predecessor's words from 2018 on the importance of protecting those specialist services when he laid down some guiding principles for a Scottish Approach to Veterans Health. He said:

- Individuals with severe and enduring conditions caused by military service are the most important and deserving group within the veterans community and are the focus of efforts and resources
- The treatment and care for these veterans is based on the best possible mainstream and specialist services, both in the statutory and third sectors, that is available no matter their circumstances or where they live
- These veterans can be confident that this support – across the health and social care sector – is available whenever required and for the rest of their lives

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17. Medical discharges among UK service personnel statistics: index - GOV.UK ([www.gov.uk](http://www.gov.uk))

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### Personnel Recovery Capability (Personnel Recovery Units and Personnel Recovery Centres):

The Defence Recovery Capability is a MOD led initiative and is managed in partnership with Help for Heroes and the Royal British Legion. Involving Personnel Recovery Units and Personnel Recovery Centres it ensures wounded, injured and sick Service personnel receive co-ordinated support and have access to all the key services and resources needed to help them either return to duty or make a smooth transition to an appropriately skilled civilian life.

I recently visited the Scotland and NI Personnel Recovery Centre to update my understanding of their provision and discuss current challenges in supporting those who cannot return to active duty and who are medically discharged. There I heard that ten years ago most Service personnel in recovery had sustained some sort of physical injury but today the vast majority (around 80%) were dealing with mental trauma. In a large number of cases, treatment found this to stem back to adverse early childhood experiences and did not necessarily relate to their time in Service.

For some, early intervention programmes aimed at refocussing the individual and providing a 'breathing space' for a few days or weeks were enough. Non-clinical intervention can prevent depression or anxiety developing into more severe mental ill health requiring clinical intervention, possibly leading to medical discharge.

Transition support for those medically discharged not only covers medical support but includes employment support - working closely with the Careers Transition Partnership for up to two years post discharge, and housing support - working with local authorities, housing associations and organisations like Housing Options Scotland.

Current challenges PRC staff spoke to me about include:

- Continuity of treatment which can still be problematic
- There is still a misunderstanding of the Armed Forces Covenant and priority treatment among Service leavers and healthcare professionals
- Transfer to secondary care from NHS England to the NHS in Scotland – while this usually works well there can sometimes still be problems
- Engagement with VIP is good, but the service does not exist in some parts of Scotland
- There is often a negative perception of the NHS amongst those serving

My visit reaffirmed my view that the support available for those most seriously injured or with severe illness is good. Of course for many, their medical issues will be of lesser severity or in fact may not present until months or years after leaving Service. For those, the NHS and some specialist services are there to provide support but I worry that there are still some who struggle to access healthcare or to get the right care at the right time and before their health deteriorates.

## Civilian health services and care pathways

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### Registering with a GP:

With GPs being the entry point for NHS services in Scotland it is vital that Service leavers register with a GP as soon as possible. It is also important for them to let their GP know that they have served in the UK armed forces, as there may well be veteran specific support or services available locally that could help them. Having 'veteran friendly' or accredited GP practices can really help GPs to understand veterans, and veterans to better understand the new system of healthcare they are now a part of.

The Scottish Government recognises this and I was heartened to see that one of the 2021-22 priorities of the Armed Forces Personnel and Veterans Health Joint Group is to work together with the Royal College of GPs and Veterans Scotland to develop a veteran aware GP Accreditation scheme in Scotland.

### Rights and responsibilities

When someone leaves the armed forces, their healthcare becomes a shared responsibility between that individual and the NHS. In the same way as every other civilian, veterans and their families access primary care through their GP. Secondary care is accessed through referral by their GP. Patients' rights and responsibilities when using the NHS in Scotland are protected under the Patient Rights (Scotland) Act 2011. What is expected of patients and what they can expect when accessing healthcare is set out in the Patients' Charter, which can be found on NHS Inform, Scotland's national health information service<sup>18</sup>.

Specific pages on health rights for veterans are also now included on NHS Inform, along with details about the Armed Forces Covenant, Priority care, and mental and physical health resources for veterans. NHS Inform also highlights the existence of armed forces and veterans' Health Board Champions who help raise awareness of the issues faced by the armed forces community, veterans and their families and can help where individuals encounter difficulties.

### Veterans National Trauma/Treatment Pathway:

As per the recommendation in my predecessor's 2018 Health and Wellbeing report, the Scottish Government is exploring the development of a trauma/treatment pathway for veterans in exceptional cases where the 'normal' NHS routes or existing pathways have not been successful. The key principle of this holistic and integrated pathway would be to connect veterans with the appropriate clinician to support them at the right time. I understand plans are still at the scoping stage. I've been heartened to hear that there have been meetings between NHS clinicians and officials in Scotland, with those in England to share learning and best practice. I am following the development of this proposed pathway closely and see it as a further step to developing the 'distinctive Scottish approach' my predecessor envisaged.

Other ongoing work the Scottish Government is undertaking can be found in its December 2021 Report to Parliament *Support for the Veterans and Armed Forces Community*<sup>19</sup>.

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18. Health rights for veterans in Scotland - Health rights | NHS inform

19. Veterans and Armed Forces community: Scottish Government support 2021 - gov.scot (www.gov.scot)

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### Identifying, recording, and sharing information about veterans within the health and care sector:

Despite the immediate availability of NHS healthcare to those leaving the armed forces - highlighted in the Service Leavers Guide, in numerous leaflets and on websites - a veteran's experience of accessing the civilian healthcare system can often depend on their or their family's previous knowledge of civilian healthcare. For some, this is a lack of knowledge that can lead to delays in treatment, limiting access to specialist treatment available, frustration with the system, and may also deny health professionals the extra background information that can influence diagnoses and decisions about treatment.

Currently, a project team has been set up by the Scottish Government to work on a pilot project within NHS Fife. It is testing identification and clinical coding of veterans within a GP cluster. If expanded across Scotland this will provide a basis for identifying veterans within healthcare and, in turn, hopefully improve data on veterans in Scotland. Additionally, the inclusion of a veterans' question in the 2022 Census and the annual Scottish Household and Health Surveys will also improve health data on veterans. This should align well with the ongoing work on Veteran GP Accreditation which will seek to further embed good practice, raise awareness of veterans' issues, and promote learning across General Practices in Scotland.

## Recommendation 3

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Service leavers should experience high quality, person-centred healthcare as part of a smooth transition back to civilian life. To support ease of access they should be identified as they transition and first engage with the NHS in Scotland.

### That means:

- All veterans should organise their own healthcare responsibly by registering with a local GP practice as soon as possible and telling their GP that they have served
- Developing and testing a 'veteran-aware' GP accreditation scheme for Scotland that would support GP practices through awareness raising of veterans' needs, common conditions and veteran specific support services, as well as staff training. It would be sensible to align this with the scheme currently being rolled out in England
- Building on a GP Accreditation scheme to then develop a 'veteran-aware' hospital accreditation scheme for Scotland.

# Mental Health and Wellbeing

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Having good mental health, or being mentally healthy, is more than just the absence of illness; it's a state of overall wellbeing. It generally relates to an enjoyment of life, and having the ability to cope with and 'bounce back' from difficult life events. That 'bounce back' or resilience is also about an individual's capacity to adapt in the face of challenging circumstances, whilst maintaining stable mental wellbeing. It is something which is frequently tested during an individual's time in the armed forces. It is also tested again during their transition journey, when so many aspects of life change simultaneously. Traumatic physical injuries, particularly if sustained in combat, also impact and change lives and are known to be a major factor for poor mental health.

It is in the area of mental health that I most commonly hear about unmet need and the frustrations of veterans and their families trying to find support. That support or treatment may not always be available within reasonable travelling distance from where they live or there may be long waits to access it. During my enquiries I also heard about veterans having had treatment which failed to hit the mark, either because it was not the right treatment for them or because a course of treatment was limited to weekly or fortnightly sessions or in the number of sessions offered.

A review of mental health support for Scottish veterans published in 2016, *Call to Mind: Scotland*<sup>20</sup> concluded that despite Scotland having one of the most robust mental health and related health provision for veterans in the UK, and a thriving specialist statutory and voluntary sector, some gaps in provision remained. It noted:

**"a need for existing resources to be appropriately targeted and maximised in order to meet the needs of veterans, their families and their carers; ongoing collaboration of provision between specialist and mainstream services was needed; and there was a need for a more co-ordinated approach between the statutory and voluntary sectors."**

In the six years since that report, and despite some successes and improvements, I think it is fair to say that fundamental challenge remains. There are still gaps in provision, and due to the ongoing problems caused by the Pandemic, the situation has been exacerbated.



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<sup>20</sup>. [Call-to-Mind-Scotland-Final.pdf \(bbi.uk.com\)](https://bbi.uk.com)

## The prevalence of poor mental health

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Mental health issues are becoming more prevalent amongst the population in general and the Covid-19 pandemic has meant that mental ill health has been brought to the fore. In the latest Progress Report on its Mental Health Strategy 2017-27<sup>21</sup> the Scottish Government noted that

**“the mental health impacts of the Covid-19 Pandemic have been significant, with people across the country affected every day’.** It went on to say that **‘underlying inequalities have meant that those mental health impacts have not been felt equally’** and that **‘the Government continues to focus on mental health as an absolute priority, and it has never been so critical that we do so.’**”

Whether as a direct result of the Pandemic or not, I have heard from a number of organisations that the numbers of veterans seeking their help has increased over the past few years. The situation may have been exacerbated by demand related to the withdrawal of forces from Afghanistan in August 2021. A recent article published in the Lancet - *The effect of the withdrawal from Afghanistan on military personnel’s mental health*<sup>22</sup> noted that:

“Stories are already emerging in the media of the so-called ‘wasted years’ in Afghanistan. This language could lead some personnel to question their service and this can compound depression and PTSD.”

However, it also suggested that:

“the media take a more balanced view and emphasise the merits of the deployments and the lives saved and improved by those who served in Afghanistan. This messaging correctly highlights the positive outcomes of deployed military personnel’s actions and can mitigate concerns that might compound mental health conditions in those who served.”

Tragically, current events in Ukraine playing so vividly on our television screens and the ongoing humanitarian crisis in both countries have the potential to rouse negative thoughts and feelings amongst some veterans, especially those who have seen combat in recent conflicts or been involved in civilian humanitarian emergencies. There is no doubt that this is a complex picture, which, for some, can be compounded by other health or behavioural issues, including alcohol misuse.

Consistently, reports through FiMT’s Health programme have recommended a more holistic approach to support veterans and suggested that services could better work together, where individuals are likely to have both mental health and other health or alcohol misuse issues. Its October 2020 research report<sup>23</sup> highlighted the mental health and alcohol misuse issues which are more prevalent amongst ex-Service personnel who served in recent conflicts. This is important to understand and factor into the thinking so that better and more complete treatment options can be made available.

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21. Mental health strategy: third annual progress report – gov.scot ([www.gov.scot](http://www.gov.scot))

22. The effect of the withdrawal from Afghanistan on military personnel’s mental health – The Lancet Psychiatry

23. 20201012-KCL\_UoL-MH-Treatment-Needs-final-exec-summary-digital.pdf ([pcdn.co](http://pcdn.co))



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There are military and non-military charities and organisations who can help but as I have said, even before current events, demand often outweighed supply, and veterans, like others in society may not receive the care, treatment and support they need when they need it. Parity of geographical access remains a serious concern, particularly for those living in more rural areas. The complexity of different access routes in different parts of the country is also an issue. I do not think there can be any argument when I say that **access to veteran specific mental healthcare pathways should not be such a struggle.**

The situation is not unique to Scotland. In England, recognising that getting access to specialist mental health care was not as straightforward or accessible as it should be, in March 2021 NHS England launched Op Courage. An NHS mental health specialist service, it is designed to help serving personnel about to leave, reservists and veterans. Early signs are that it is proving its worth and in August 2021 further expansion was announced.

#### Op Courage Veterans Mental Health Service:

In England *Op Courage* is being rolled out across the country. NHS England is bringing its three bespoke veterans' mental health services under the *Op Courage* 'umbrella' to make it easier for serving personnel due to transition from the military, reservists, veterans and their families to navigate support and treatment services. There are a number of referral routes to services and the service makes an assessment to make sure individuals get the right care and support. That ranges from early intervention for someone displaying early signs of mental health problems through to intensive clinical care and treatment for an individual in crisis, to therapeutic treatment for more advanced mental health conditions and psychological trauma. In several regions of England, *Op Courage* is making access to the right care easier and removing barriers that can stand in the way of veterans and those transitioning seeking the help they need.

## A Veterans Mental Health and Wellbeing Action Plan for Scotland

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My predecessor recognised problems with provision and the poor experiences of some veterans in Scotland in his 2018 report leading him to call for a **Veterans Mental Health Action Plan** to secure long-term delivery of dedicated services and support to veterans. He further recommended that the work to devise that plan and to influence its delivery should be **led by a new Network for Veterans' Health**. He suggested that the Network could be based on the National Managed Clinical Networks approach, operated in Scotland to design pathways of care to ensure patients and families have equal access to the highest standards of care regardless of where they live in Scotland.

Both recommendations were accepted by the Scottish Government and **in November 2020 the Scottish Veterans Care Network (SVCN) was launched**. Co-ordinated by NHS-National Services Scotland (NHS-NSS) the SVCN led the work to co-produce a Veterans Mental Health Action Plan. It brought together 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. This approach has meant the right people have joined forces to address the long-standing issue of how to ensure our veterans and their families can access consistently high-quality services no matter where in Scotland they live.

The SVCN published its *Veterans Mental Health and Wellbeing Action Plan 2022-2027*<sup>24</sup> in December 2021. Based around three key principles, the Action Plan sets out the rationale for each principle, its detailed recommendations and how the SVCN plans to work with key partners to implement it. I am confident it can be the blueprint for better designed and planned mental health and wellbeing services Scotland-wide, to be delivered in a way that suits veterans' needs. When implemented, it will also set in place the first, and arguably the most critical element, of the 'Distinctive Scottish Approach to Veterans Health' my predecessor recommended.

In a Holyrood debate on Veterans (Mental Health and Wellbeing) on 1 March 2022, the Scottish Government endorsed the Action Plan proposal that veterans should be able to access services easily and at the right time, and that people who provide services to veterans should understand their needs. Saying it would continue the work of the SVCN, putting veterans at the heart of the implementation process, Ministers announced their intention to establish a veteran-led implementation board. To be chaired by Mr Charles Winstanley, the board will lead on delivery of the Action Plan and report directly to Ministers. Charles Winstanley is a veteran himself, who has led delivery of services in the NHS and the third sector, as well as having experience of mental health research.

I am pleased to say, the importance and key principles of the Veterans Mental Health and Wellbeing Action Plan received cross-party consensus at Holyrood on 1 March. Although delivery presents a complex and multi-layered challenge, I have every reason to be optimistic that the leadership Charles Winstanley will bring and the expertise and commitment of the SVCN will combine to make the principles in the plan a reality. This will ultimately lead to better health outcomes.

The structure that emerges needs to create the Scotland-wide, one-door approach my predecessor envisaged. I recognise that the timelines for development of new pathways to the right help will vary across the country depending on existing circumstances and practice and that a good deal of hard work lies ahead. **We are at a cross-roads now, with a clear plan as to how we ensure that we can get mental health support right for veterans and their families wherever they live. What I would like to see now is an equally clear timeline for delivery.** We should be careful not to lose the momentum built up over the last few years and the time, energy and enthusiasm partners have demonstrated in coming together to co-produce the Action Plan.

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<sup>24</sup>. Mental Health and Wellbeing Action Plan - Veterans Network ([veteranscarenetwork.scot](https://veteranscarenetwork.scot))

## Access to the right help, at the right time, and in the right place

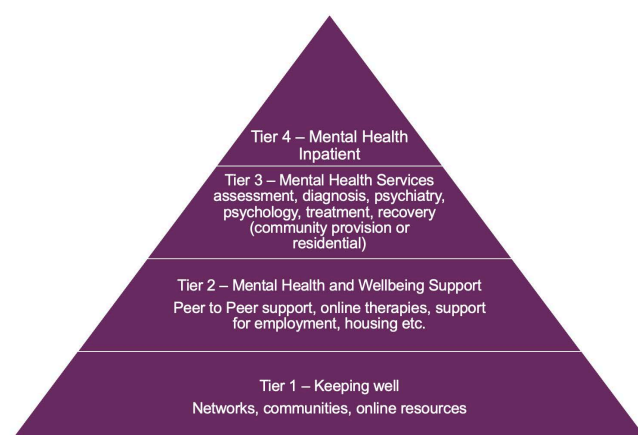
The SVCN estimates that across Scotland, around 1,900 veterans a year will approach a service for mental health support or treatment for the first time<sup>25</sup>. Their needs span a broad range of psychological and wellbeing factors. The most prevalent mental health conditions for veterans are common mental health disorders like anxiety, stress, panic and mood disorders<sup>26</sup>.

Research<sup>27</sup> shows that veterans are more likely to wait until they reach crisis point before seeking professional help and this is something I have heard from the third sector support organisations I spoke to in the course of this work. Delays in access must be addressed, whether due to stigma or a reluctance to seek help, poor information about the services that exist or inequality in provision. The Action Plan aspires to ensure that more veterans approach for help much sooner than is currently the case and certainly before their health deteriorates.

Accessibility to services which promote wellbeing or prevent deterioration of veterans' and their families' mental wellbeing are a crucial element of a matrix of provision we need to ensure is in place across Scotland. I think the Tiers of Care diagram used by the SVCN in their Action Plan illustrates this well.

The diagram shows 'keeping well' as the baseline tier of a range of NHS and third sector mental health and wellbeing services which need to work in collaboration to facilitate integrated care pathways and allow for timely escalation of care where that proves necessary. The least intrusive and usually most affordable and available interventions of Tier 1 should be promoted and included in information offered to Service leavers and veterans to equip them to best support themselves and stay well. This will be particularly important at the time of preparation to leave the armed forces and during transition. Of course, that should not preclude the offer of interventions further up the pyramid and that may be where an individual needs to start their support journey or treatment. Better co-ordination and clear, supported referral pathways should ensure veterans and their families have equal access to the right help, at the right time and in the right place.

### Tiers of Care Diagram<sup>28</sup> Veterans Mental Health Action Plan, Dec 2021



<sup>25</sup>. <https://www.veteranscarenetwork.scot>

<sup>26</sup>. Call-to-Mind-Scotland-Final.pdf (bbi.uk.com)

<sup>27</sup>. 20201012-KCL\_UoL-MH-Treatment-Needs-final-report-digital.pdf (liftingoursights.org.uk)

<sup>28</sup>. Diagram adapted from tiered care model from Scottish Borders Mental Health Services Integrated Care Pathway (adult) [http://www.nhsborders.scot.nhs.uk/media/663225/mentalhealthpathway\\_doc\\_19-2-.pdf](http://www.nhsborders.scot.nhs.uk/media/663225/mentalhealthpathway_doc_19-2-.pdf)

## Significant psychological distress

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At the upper level of the 'Tiers of Care' pyramid lie services to support more serious mental health conditions requiring specialist interventions and treatment and in the most complex cases, longer phase-based treatments or periods of residential care. While it is important to have the baseline of preventative services to help people to stay well, it is inevitable that for some veterans more intensive care will be needed. We have known for a long time that veterans can experience the full range of mental health conditions that affect their civilian counterparts but we also now know that the veteran population is also susceptible to experiencing adult traumas and potentially morally injurious events requiring clinical intervention.

## Moral Injury

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Events during most conflicts have shown how there is often a moral dimension to what we ask our Servicemen and women to do. Moral injury can be defined as '*psychological distress which results from actions, or lack of actions, which violate an individual's moral or ethical code*'<sup>29</sup>. It is not unique to the armed forces, but in a military context, can occur when an individual is adhering to the rules of engagement, or is following orders which result in challenging situations, such as witnessing human suffering or having a role in the deaths of civilians. The concept is not new, and while not classified as a mental health condition, it can lead to mental health issues and can exist alongside other conditions such as PTSD.

I recently spoke to representatives of Veterans Chaplaincy Scotland about this subject. They suggested there needs to be a better holistic approach and that too often mental health services are expected to pick up the pieces of those who may actually be suffering from moral injury rather than a mental health condition. They were at pains to stress that moral injury is not a 'religious thing' (their words) but there is a real need for mental health professionals to collaborate and communicate both with civilian ministries and other organisations.

A recent report (October 2020) by Kings College London looked at the *Experiences of Moral Injury in UK military veterans*<sup>30</sup>. A first step in improving knowledge and awareness of UK veterans' needs, hopefully this report will help inform clinical practice to ensure that appropriate support, guidance and treatment is available in the future.

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<sup>29</sup>. Moral injury: violating your ethical code can damage mental health – new research (kcmhr.org)

<sup>30</sup>. 20200826-Experiences-of-Moral-Injury-report-2020-v2b-1.pdf (pcdn.co)

## Post-Traumatic Stress Disorder (PTSD)

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High levels of Post-Traumatic Stress Disorder (PTSD) and Complex PTSD (associated with repeated trauma) in the veteran population are commonly reported across the media, however there have been many studies over the past 10 years which show that rates of PTSD in military personnel are not dissimilar to those found in the wider population. The PTSD rate in a sample of veterans and still serving personnel in 2014-16 was 6%, compared to a rate of 4.4% within the civilian population. Where the rates do start to diverge significantly, and increased levels of PTSD are found, is in veterans who have been in a combat role compared to veterans in a service support role, during their last deployment<sup>31</sup>.

Difficulties also remain around self-reporting and in some cases, a lack of medical diagnosis. A report in 2020 on *The mental health and treatment needs of UK ex-military personnel*<sup>32</sup> makes for interesting and somewhat sobering reading. It notes that:

**“Overall, veterans who served in the UK military since commencement of operations in Afghanistan (2002- 2014) and Iraq (2003-2011) are more likely to exhibit probable common mental health disorders (CMD), PTSD and to misuse alcohol than non-veterans of the same age and gender.”**

Whatever the exact rates of CMD, PTSD or complex PTSD are, it is important that all Service leavers and veterans should not face disadvantage as a result of their Service and are able to access the right level of mental health support and mental health services for their needs.



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31. <https://kcmhr.org/key-facts/>

32. 20201012-KCL\_UoL-MH-Treatment-Needs-final-report-digital.pdf (pcdn.co)

## Suicide

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In this report, it would be wrong of me to not mention suicide and suicide rates amongst veterans. It is important to note that detailed academic research shows that overall suicide rates amongst veterans are no greater than that of the broader civilian population. This includes a study by Dr Beverly Bergman OBE *Suicide among Scottish Military Veterans: Follow-up and Trends*<sup>33</sup>. The study of 78,000 veterans found that:

**“Suicide is no more common in veterans than in people who have never served...”**

and

**“The highest risk for both men and women [veterans] is in middle age, around 20 years post Service.”**

This echoes findings published in a 2021 briefing note from King’s Centre for Military Health Research<sup>34</sup>.

These academic studies do not mean that some who left the military after more recent conflicts are not at risk and recent, albeit anecdotal, evidence seems to point to a rise in suicides amongst those who served in Afghanistan in particular. I was therefore interested to see the UK Government announce in 2020 that for the first time, numbers of ex-service personnel who take their own lives will be recorded officially, alongside a 10 year look back to examine veteran deaths through suicide. I understand the Scottish Government is speaking to UK Government about their approach and engaging with National Records of Scotland, MOD and others to explore the next steps, i.e. when and how will veterans suicide figures be reported in Scotland.

During the Holyrood debate on Veterans Mental Health and Wellbeing on 1 March 2022 I was also pleased to hear Scottish Ministers commit to engaging organisations representing veterans’ interests as they develop Scotland’s new suicide prevention strategy. It will be important to ensure that veterans are at the heart of that new strategy and action plan when it publishes later this year and aim:

**“...to do better at understanding and addressing issues that are faced by groups who are at heightened risk of suicide, including veterans. We must listen more to the voices of lived experience...”**

Whatever the numbers are, whether recorded officially or not, whether someone has served in the military recently or many years ago, every veteran’s suicide is an individual tragedy – as of course is each and every suicide of whatever nature. As a society and a country we must do whatever it takes to help ensure those who are at risk have all the support necessary to prevent them taking this devastating step.

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<sup>33</sup>. Suicide among Scottish military veterans: follow-up and trends - PubMed (nih.gov)

<sup>34</sup>. <https://kcmhr.org/key-facts/>

(The main data source for this briefing is the KCMHR cohort study. Findings are supplemented with data from a range of other KCMHR research projects, research from Defence Statistics (Health) and US military health research, as well as open sources. The publications produced by KCMHR, can be found at [www.kcl.ac.uk/research/archive/kcmhr/index1.html](http://www.kcl.ac.uk/research/archive/kcmhr/index1.html))



## The role of the third sector: services and support offered

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The third sector has a huge role to play in providing support to Service leavers and veterans. One of the challenges for Service leavers is not that support does not exist, but that they do not always know about it, or know how to access it. I spoke about this in my 2019 paper *Positive Futures – Getting Transition Right in Scotland*<sup>35</sup> where I emphasised the importance of collaboration and communication between the third sector and statutory services. I was pleased to see that a number of military and non-military charities and organisations who provide specialist mental health and wellbeing support for veterans are now listed on NHS Inform's Health Rights for Veterans pages. They are:

- Combat Stress
- Veterans First Point
- SAMH
- Samaritans
- Legion Scotland
- Breathing Space
- Support in Mind Scotland
- Bravehound
- Horseback UK

Veterans need to be aware (or made aware) of these organisations and civilian practitioners – in particular GPs – need to know that specific third sector mental health support exists for Service leavers and veterans. A better understanding may prevent those with poor mental health from slipping through the net or spending months waiting for mainstream care when there are third sector services who could help.

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<sup>35</sup>. [Positive-Futures-SVC-2019-ONLINE.pdf](#)  
([scottishveteranscommissioner.org](http://scottishveteranscommissioner.org))



# The importance of Mental Wellbeing

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**‘Wellbeing is the subjective state of being healthy, happy, contented, comfortable and satisfied with one’s quality of life.’ (NICE 2017)**

Wellbeing is a phrase we hear a lot these days, on TV and radio, in the press, in pod casts and in public policy making. It has been particularly prevalent since the Pandemic hit our lives in 2020. For many, the uncertainty or lack of control over the situation has led to increased levels of stress, for some that’s led to anxiety or depression and poor mental health. Keeping well, and sustaining positive wellbeing is shown as the baseline of the ‘Tiers of Care’ pyramid on page 27.

Of course, wellbeing is a much broader concept than moment-to-moment happiness. It also includes other things, such as: how satisfied people are with their life as a whole; their sense of purpose; how in control they feel; their self-esteem and their ability to socialise and cope in the face of adversity. It also includes being able to develop potential, work productively and creatively, build strong and positive relationships with others and contribute to the community. These are all things we want for our veterans and their families.

The Scottish Government recognises that wellbeing cannot be created and sustained by the NHS alone. In its 2018 document *Scotland’s public health priorities*<sup>36</sup> it said:

**“But it’s not primarily in our hospitals or our GP surgeries that health is first created. It is in our homes and our communities, in the places we live and through the lives we lead”**

Keeping well, sustaining positive health and wellbeing is something we all have a stake in. For the majority, serving in the military has a positive effect on their wellbeing. However, the type, intensity and duration of Service, along with transition back to civilian life, may have a negative effect on the wellbeing of some veterans and their families. While they are serving, both physical and mental healthcare are the MOD’s responsibility and accessing care or treatment is straightforward. However, when an individual leaves, and it becomes their responsibility, it can be challenging to maintain good health and wellbeing or to know what to do or where to go if they begin to struggle.

Sometimes when transitioning back into the civilian world a Service leaver will experience feelings of anger or irritability, have trouble sleeping or feel that they do not belong in their new community. If not addressed early, these can slowly but surely turn into feelings of isolation and hopelessness which can be compounded by social factors like difficulties in finding a home or a job or dealing with the breakdown in relationships or debt. That can then lead to the development of common mental health disorders like anxiety, stress and depression and possibly greater use of alcohol or drugs as a crutch to get by.

Research findings<sup>37</sup> show that the risk of a poor transition leading to poor wellbeing and the development of mental health issues is greater for younger veterans who may only have served for a short period or those who have suffered childhood trauma. The risk is higher too for those who may have to leave early or who may be returning to complex family situations that can have a negative impact on their mental health and general wellbeing.

It is easy to identify serving personnel who have a physical injury that requires treatment. It is less easy to recognise someone who may have a mental health problem or is at risk of developing one. We need to promote wellbeing, to talk more about the importance of keeping well and the many ways of doing that to our Service leavers and their families. We also need to improve accessibility to a matrix of services and support that can help keep them well and where it is needed, provide access to local services and treatment which is timely and delivered in a way that best suits the individual.

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<sup>36</sup>. Scotland’s public health priorities - gov.scot ([www.gov.scot](http://www.gov.scot))

<sup>37</sup>. Long-Term Mental Health Outcomes of Military Service: National Linkage Study of 57,000 Veterans and 173,000 Matched Nonveterans - PubMed ([nih.gov](http://nih.gov))



## Importance of building a sense of belonging and what can help

Resilience resources like peer support or on-line therapies and telephone helplines will always be needed to help support Service leavers and veterans who may be struggling with lower level mental health issues or social issues which are contributing to health issues. Supporting them to stay well before they get to that stage is also important and more could be done to help the 'well' to stay well.

The importance of feeling part of a community and building a sense of belonging, encouraging Service leavers and their families to engage with their new lifestyle may well aid their overall health and wellbeing. Wellbeing services are provided by many third sector organisations right across Scotland. However, provision differs widely depending on where you live and many veterans may be reluctant to access it due to stigma or because they do not always see it as being 'for them'.

Traditionally the Royal British Legion Scotland and veterans breakfast clubs can provide the camaraderie that veterans miss in their civilian communities and they still have an important role to play, particularly amongst older veterans. However, I have heard from working age veterans, who are the focus of this report, that this is not what they want, so I would throw the question out there – what is now filling the gap? During my time as Veterans Commissioner I have seen some great examples of organisations welcoming Service leavers into civilian communities and working to fill that gap. I have had the privilege of visiting some of these, including:

- Active Stirling's veterans sports programme
- Dumfries Veterans Garden
- Stand Easy Theatre company
- Scottish Men's Sheds Association

Using a range of different activities these groups aim to welcome veterans and their families into their communities. They can help them engage with civilians who have similar interests and show veterans that even though they have left the camaraderie of military life, there are other communities they can become a part of. This sense of belonging is difficult to explain, or to measure, and yet it can have a real and powerful impact on an individual's overall wellbeing.



The Active Stirling Veterans Curling Club, part of its wider Veterans Sports Programme

## Spiritual wellbeing

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Spiritual wellbeing is often a misunderstood concept. It does not refer to any particular religious or spiritual practice but to the human need for meaning, purpose and connection to something greater than ourselves. Many of the behaviours associated with overall wellness are key components of spiritual wellness. Examples include volunteering, being positive and optimistic, contributing to society, connecting with others, feeling a sense of belonging and practicing self-care.

Good physical and mental health, a sense of belonging and camaraderie and spiritual wellbeing are all parts of the jigsaw that contribute to someone's overall wellbeing and this is as true for a veteran as for any other member of society. Ultimately we want all our Service leavers to stay well and enjoy life not only as veterans but as civilians.

## Recommendation 4

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All Service leavers should be enabled to look after their own wellbeing, and supported to stay well within their communities. Where it is needed, they should have timely and equal access to consistently high-quality mental health care and support services that are delivered as close to their home as possible.

### That means:

- Early implementation of the Veterans Mental Health and Wellbeing Action Plan to secure the long-term delivery of dedicated mental healthcare services to veterans and their families to end the struggle they can have to get the support and services they need
- Working to tackle and reduce stigma surrounding mental ill health amongst Service leavers and veterans to ensure that it no longer stands in the way of veterans and their families seeking and accessing help
- Ensuring new care pathways support choice of digital or community-based access and for those with complex needs, there is a clear escalation pathway to more intensive treatments which are made available timeously to those in need
- Assisting veterans and their families to sustain good health by providing support to address the wider detriments of mental health (housing issues, unemployment etc.) and raising awareness of the various means open to them of keeping well and sustaining good mental health and wellbeing.



# Are we creating the ‘Distinctive Scottish Approach to Veterans’ Health’?

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In 2018 the then Scottish Veterans Commissioner offered a vision of veterans’ health and wellbeing in Scotland that he called ‘A distinctive Scottish approach to veterans health’. Although this report has been focused on the health and wellbeing of those transitioning rather than all veterans, in this final section I wanted to pause and reflect on whether four years later that ‘distinctive Scottish approach’ is being established and what progress there has been in building it. The first recommendation in my predecessor’s 2018 report said:

**“The Scottish Government and NHS(S) should commit to establishing a distinctive Scottish Approach to Veterans’ Health at a strategic level, accept or adapt the guiding principles of this approach and work with their partners to embed it at an operational level ”.**

He proposed a set of guiding principles for the Scottish Government and the NHS in Scotland to help develop this approach and gave some suggestions for how they could ‘*make this happen*’ including:<sup>38</sup>

- Protecting Specialist Services
- Improving Collaboration and Partnership
- Securing Funding
- Integrating health and social care
- Providing strategic leadership planning and governance
- Establishing a Veterans Care Network.

The Scottish Government accepted all recommendations from that report in full and has been progressing those specifically aimed at creating the conditions for, and driving progress towards, the ‘distinctive Scottish approach to veterans health’.

I have assessed that the first four recommendations of that report have now been delivered, and that action has taken place to:

- Build the distinctive Scottish approach
- Reinvigorate senior participation in cross-border networks to improve information sharing and increase involvement in collaborative working and cross-border initiatives
- Strengthen leadership and governance through the Armed Forces and Veterans Health Joint Group
- Establish a National Managed Clinical Network to have oversight of the delivery of the distinctive Scottish approach to veterans’ health

I am pleased to report that a further recommendation was also recently met when the SVCN collaborative delivered its first and probably its most challenging task in developing the blueprint for a Veterans Mental Health and Wellbeing Action Plan for the long-term delivery of services and support to veterans and their families.

Once delivered, this action plan will enable all veterans and their families living in Scotland to benefit from mental health and wellbeing services that are timely, high quality and right for them as individuals. **It really matters that this ambitious plan is seen through to fruition Scotland-wide. Adequate resourcing and early implementation is vital so that no more veterans suffer due to gaps in service provision or a lack of awareness of the help that exists and how to access it.**

I expect the SVCN to continue its work, not only seeing the Mental Health and Wellbeing Action Plan through to implementation, but to turn now to the remaining recommendations which when delivered will realise my predecessors vision and the Distinctive Scottish Approach to veterans health become a reality.

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<sup>38</sup>. Veterans’ Health and Wellbeing ([www.gov.scot](http://www.gov.scot))

# Conclusion

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This third thematic report in the Positive Futures series concludes my work to look at specific aspects of transition and particularly, how we can ensure that every veteran has the chance to transition well. Its four recommendations add to a total of fourteen other outcomes-focussed recommendations I have made to government in respect of transition.

It is still the case that the majority of Service leavers transition well, but with a bit more of a push we can be satisfied that every Service leaver is well prepared and has the best possible chance of a positive and fulfilling future back in civilian society. The challenge for both the UK and Scottish Governments, working together, is to set the right conditions for a seamless transition, where individual needs and aspirations are supported flexibly and consistently. If we can get that right, then it is not only the individual Service leaver and their family who benefit but the Scottish labour market and economy, our communities and society.

In setting this course three years ago, I wanted to bring the thinking up-to-date, taking account of both the existing processes and support in place and changes afoot, as well as broader economic, demographic and societal changes and changes to the armed forces themselves. All of which have a bearing and paint quite a complex picture. Not least among them, world events – the Pandemic which has had such a profound impact on all our lives and now the situation in Ukraine, which will have further far reaching consequences for us all.

Against that backdrop I hope I have brought some fresh thinking, ideas, and in some areas challenge, to the way things have traditionally been done. **Always, I have been guided by the simple mantra that we should be getting transition right for every Service person and their families who choose to settle in Scotland after serving their country.**



# Stakeholder Insights



# Armed Forces Personnel and Veterans Joint Health Group

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Scottish Government  
Riaghaltas na h-Alba  
gov.scot

Professor Jason Leitch,  
National Clinical Director of the  
Scottish Government

A number of years ago I was approached to take on the role of the Scottish Government's Armed Forces and veteran's champion in the health directorate. I was delighted to do so. It's been a fascinating few years as I've learned about the broad work underway and met with those affected by their service and the work going on across sectors to assist.

I now Chair the Implementation Group, part of the Armed Forces Personnel and Veterans Joint Health Group. The Joint Group, which is Chaired by the Chief Medical Officer, Gregor Smith, drives progress towards delivery of commitments relating to the health of the Armed Forces and veterans community here in Scotland.

We are a 'committee' which I think it's fair to say has two uniquely non-committee functions; it's fun and it gets stuff done. We've worked together across the NHS, the third sector, the Commissioner's office and with those with lived experience on subjects as broad as access, hearing aids, employability, medical records and, of course, mental health. We've made progress but there is more to do. With the help of the Veteran's Commissioner's reports we have a clear set of priorities and we will endeavour to continue to push the rock up the hill.

Change is not straightforward. A mentor of mine taught me that 'every system is perfectly designed to get the results it gets'. If you want change, you have to change the system. Everyone I have met in this field is keen to do exactly that. The Scottish Government can convene and help but the real work happens in the frontline services.

The Scottish Government is fully committed to ensuring that all Armed Forces personnel who serve in Scotland, veterans who live in Scotland and their families are able to access the best possible care and support, including safe, effective and person-centred healthcare. It is through collaboration and connecting with the subject matter experts that we can achieve this. We engage with colleagues on a 4 nation basis. While the Armed Forces Covenant is reserved, the application of health is devolved, all of which adds to the complexity, it is also truly helpful in shaping learning.

The Group's broad membership harnesses a range of experts who work together on priority areas and recommendations driving progress towards our commitments of meeting the health needs of Armed Forces personnel and veterans in Scotland. We are aware that many of the recommendations are interlinked and addressing some of the inequalities that veterans face sits at the heart of the Joint Group's varied priorities. I am hopeful for the future and I look forward to playing a small role in helping.

# Scottish Veterans Care Network

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**Dr Lucy Abraham,  
Clinical Lead for the Scottish  
Veterans Care Network**

I first began working with the veterans population in 2011, when I took up the position of Service Lead at Veterans First Point (VIP) in Lothian. The service, designed and staffed by an alliance of clinicians and veterans, provides a one-stop-shop for the ex-Forces community,.

VIP has since expanded to six locations across Scotland and I am immensely proud of the recognition it has received for high standards of care for veterans and for positive patient outcomes in mental health. At the heart of its success is a fantastic team of veteran peer support workers and deep-rooted partnership working.



Scottish Veterans  
Care Network

So when I was appointed Clinical Lead of The Scottish Veterans Care Network (SVCN) in 2020, we positioned extensive collaboration and input from those with lived experience at the centre of the network's ethos.

## **There are some excellent services available in Scotland, but no single organisation can meet all the needs of the veteran community alone.**

Joining forces with organisations spanning the health and veterans sectors is a win-win – our veterans can access a higher quality of care and the reach and effectiveness of valuable services are maximised.

One of the first priorities of the SVCN was to develop a Veterans Mental Health and Wellbeing Action Plan, published in December 2021. It was designed and developed in collaboration with a large range of stakeholders and, crucially, the contribution of over eighty veterans. Its aim is to ensure that all veterans in Scotland can lead a healthy, positive life and reach their full potential, with access to Veteran Specific Mental Health and Wellbeing Services regardless of where they live and their circumstances.

Veteran Peer Support Workers are key to delivery of the Action Plan. They 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 population. 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 required.

In addition to implementing the Plan, the Network continues to work towards other priorities, such as educating the health care workforce to better support veterans, and collating data and intelligence to develop a more accurate picture of the healthcare geography and requirements of veterans in Scotland. None of this would be possible without the commitment of our stakeholders and veterans who shape our various working groups.

It is a privilege to work alongside so many passionate and dedicated individuals, and I look forward to their continued invaluable contribution as we drive forward the Network's ultimate aim of delivering of an integrated, holistic, person-centred care pathway for veterans across Scotland's health and social care system.

# Veterans First Point – Peer Support Model

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**David Cruickshanks,  
Peer Support Worker at Veterans First Point  
(Tayside)**

Peer support is a bit of a buzz phrase at the moment, but what does it actually mean? One definition is ‘walking a mile in someone’s shoes’; it’s sitting alongside that person giving them time to think, and being ready to listen when they’re ready to talk.

Having an understanding of veterans’ culture that is sometimes alien to civilians is intrinsic to good peer support. As is supporting individuals to make their own choices and helping them regain self-belief and confidence.

At Veterans First Point (Tayside), the Peer Support model has enabled us to work in a different way from some traditional NHS services. Team meetings are often led by the Peer Support Workers who are veterans, encouraging a culture of openness where everyone is invited to contribute and ideas can flourish.

**At our core, we treat each veteran as an individual and understand that it can be difficult for a proud and self-reliant veteran to ask for help.**

Registration with the service is a fairly involved process but we try to smooth things with a ‘brew’ and frequent breaks. As well as connecting veterans to employment, benefits, pension, housing and addiction services, we have introduced an Interpersonal Counselling (IPC) model to help address those issues that may be preventing them from leading an active and fulfilling life.

This has three benefits:

1. Veterans are not left in limbo while they wait for a possible mental health assessment;
2. Trust is built between veterans and Peer Support Workers;
3. Psychometric questionnaires taken by Peer Support Workers can record a veteran’s mental health situation before, during and after IPC and this gives valuable information to our clinicians.

We know that the majority of veterans who register with Veterans First Point Tayside do so many years after leaving military service, with problems that have occurred and persisted over time. Others experience difficulties at transition, not knowing what challenges they’ll face in civilian life, or where to go to get advice and support.

In my own transition in the mid-eighties, some things were addressed such as employment and re-skilling, but I was given no information on finance, housing or mental health. A better understanding of what to expect may have helped me problem solve a lot of the issues I experienced and perhaps that knowledge would have allowed me to make better decisions.

Greater education in finance, housing and mental health before Service leavers step out of the main gate for the last time would be really helpful to address this, along with work to end the stigma around mental health so those who need it don’t delay seeking support.

Working with Peer Support Workers isn’t a stop gap on the way to therapy. It is a timely intervention by professionals with lived experience. The earlier we get to people, the easier they are to treat, and the impact on valuable health resources is reduced.

# Combat Stress

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**Jane Menzies,**  
**Head of Operations**  
**Scotland at Combat Stress**

Combat Stress provides intensive care and treatment for veterans with complex mental health issues, with an approach predicated on the principles of inclusion, collaboration, and the provision of high-quality care.

We recognise that we cannot achieve the best outcomes for veterans in isolation, so our role has grown to be beyond that of just a provider, but as an enabler, supporting and building capacity across the health and social care sector.

We have focused on establishing accessible and locally embedded services across Scotland; thus, ensuring that the specific care needs for veterans are not provided in parallel to local services, but rather fully integrated within them.

Integration reduces the risk of an unintended separation from the wider population. It is well documented that a person's inclusion and sense of belonging in their own community is a significant determinant of their future health and wellbeing. Therefore, this approach supports a locally-delivered, whole-person response while increasing the preparedness and knowledge of local partners.

As an organisation we provide widespread training and support to staff in other organisations, for example those working in the Scottish Prison Service, the wider community justice system, housing associations and support services, and those specialising in substance use. Nationally, we lead on the delivery of veteran mental health knowledge and skills training, plus governance support, to other providers through a number of initiatives, including the Armed Forces Covenant Fund Trust, Strategic Pathways and Veterans' Places, Pathways and People programmes.

Our approach to care and treatment is both holistic and multi-dimensional; meaningfully addressing the issues important to the veteran and increasingly the likelihood of positive and sustained recovery.

The veteran experience underpins all of our work, and is the standard to which we hold ourselves accountable. We continually aim to have the veteran voice central to discussions nationally, locally, in our quality improvement activity, and of course as partners in their own care.

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# Positive Futures

Getting Transition  
Right in Scotland

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