



Llywodraeth Cymru
Welsh Government

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Substance Misuse Treatment Framework (SMTF) Improving Access to Substance Misuse Treatment for Veterans

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1. Purpose

This guidance document provides some background information on substance misuse in veterans and outlines action that could be taken to improve their access to substance misuse treatment. It forms part of the Welsh Government Substance Misuse Treatment Framework and is aimed at Health Boards, Substance Misuse Area Planning Boards, substance misuse and mental health service providers and those working in primary care. It is intended to inform the development of local care pathways and will be of relevance to practitioners and those responsible for planning and managing services. This document may also be relevant to military personnel recovery units.

As part of the local needs analysis underpinning their commissioning strategies Area Planning Boards should review their existing local care pathways with a view to ensuring that access to substance misuse treatment for veterans is improved. This review will need to take into account local factors and service availability alongside the requirement to ensure priority treatment for veterans is in place in accordance with Welsh Government policy. A key issue will be the treatment of co-morbid mental health disorders and this will require robust joint working between services.

2. Background and context

2.1 Background

In 2011, Welsh Government set out its specific policies in relation to the armed forces community in Wales in the Welsh Government Package of Support for the Armed Forces Community in Wales¹. This set out their intention to address substance misuse amongst veterans in Wales.

The term veteran refers to:

Anyone who has served for at least one day in HM Armed Forces (Regular or Reserve), or Merchant Navy Seafarers and Fishermen who have served in a vessel at a time when it was operated to facilitate military operations by HM Armed Forces

This definition includes all those who have served at least one day, regardless of the manner and circumstances in which they left service².

The Package of Support sets out the specific provision made for the armed forces community in Wales across the range of public services in Wales, including health, housing and education. The Welsh Government's aim is to ensure that the disadvantages that the community faces in comparison to other citizens are redressed and that recognition is given to the sacrifices that they have made. Commitments in the Package of Support include:

- Establishment and continued funding for the All-Wales Veterans Health and Wellbeing Service

- Disregard of War pensions in the calculation of Council Tax, Housing Benefits and the Disabled Facilities Grant means testing process
- “priority status” for social housing for seriously injured and disabled service men and women, and recognition of “certificates of cessation” as proof of impending homelessness for those leaving the service.

The Package of Support published in June 2013, provides wider advice and signposting to services in Wales.

www.wales.gov.uk/topics/people-and-communities/safety/armedforces/packagesupport/?lang=en

2.2 Priority treatment

Welsh Health Circular (2008) 051 – made a commitment to prioritise improving the health and well-being of ex-service personnel and veterans in Wales³. This extended the provision of priority NHS treatment from war pensioners to all veterans who have a health problem as a result of their Armed Forces service. The concept of priority treatment is not for the veteran to be seen **more** quickly than those with greater clinical need but, for conditions related to military service, the veteran, at their first outpatient appointment would be scheduled for treatment sooner than others of similar clinical priority⁴. Priority treatment is also generally considered to apply to access to third sector services where these have been commissioned using Welsh Government funding based on clinical need. On this basis veterans with co-occurring post traumatic stress disorder (PTSD) and substance misuse would be entitled to priority treatment.

2.3 Estimated number of veterans in Wales with substance misuse problems

2.3.1 The role of Area Planning Boards

There is no routine source of information on military veterans in Wales, so the number resident in Wales is unknown. However, in order to secure a better understanding the Welsh Government funded a study looking at Veterans’ Health Needs Assessment which was published in 2011. The aim of this small study (558 veterans invited to participate with 207 (37.5%) interviewed) was to provide evidence to inform service provision for military veterans living in Wales by investigating the health, perceived needs and health services utilisation of three groups of veterans and by making comparisons between them and the general population. Amongst the issues asked about as part of the interview process was use of alcohol and illicit drugs.

Current estimates indicate that the numbers are falling and will continue to do so, suggesting that the current proportion of the Welsh population who would be classified as veterans is around seven per cent decreasing to five per cent by 2020⁵.

Changes in the size and demographic profile of the ex-service community are forecast to continue in the coming years. The greatest decline has been in the number of veterans as the older generation of conscripted veterans from active warfare and National Service die⁶. Both the proportion of the Welsh population who are veterans and the actual numbers will continue to fall. A needs assessment

undertaken by Public Health Wales in 2011 used data from Compass Partnership to derive estimates of the veteran population in Wales set out in the table below^{5,6}. This shows how the actual numbers and the percentage of the Welsh population who would be classified as veterans is expected to fall over time.

Table 1. Estimated forecast veteran population in Wales by age group and gender, 2010-2020

Year	2010		2015		2020	
Age group	Males	Females	Males	Females	Males	Females
16-24	1,734	340	1,486	297	1,291	260
25-34	8,668	3,400	7,430	2,970	6,453	2,600
35-44	10,401	2,040	13,374	1,782	16,145	1,560
45-54	13,868	3,740	11,888	3,267	10,324	2,860
55-64	26,003	7,480	22,290	6,534	19,358	5,720
65-74	55,472	6,120	47,552	5,346	41,296	4,680
75-84	45,071	9,180	38,636	8,019	33,553	7,020
85+	6,934	2,040	5,944	1,782	5,162	1,560
Total	168,151	34,340	148,600	29,997	133,582	26,260
Total (% Wales population)	202,491(7)		178,597(6)		159,842(5)	

Source: Based on Public Health Wales (2011) and StatsWales 2013 – derived from data in Compass Partnership, 2005

It is possible that the planned reduction in serving personnel via compulsory redundancies over the next few years may increase the actual numbers of veterans living in Wales above current estimates but the impact of this will be short term. Studies suggest that reservists may be more likely than regular personnel to report common mental health problems and post traumatic stress disorder⁷. An increasing reliance on reservists could mean that the proportion of this group with substance misuse problems will rise. Given the overall reduction in the armed forces in the UK and subsequent fall in the numbers of veterans, any impact on actual numbers with problems is likely to be small.

2.4 Substance misuse in veterans

The size and nature of the substance misuse problem among veterans in Wales is unknown. However, recent studies can provide a picture.

2.5 Alcohol

The most prevalent substance misuse problem among veterans is likely to be alcohol misuse. The 2011 study of military veterans living in Wales, found that the rate of probable alcohol dependence in those studied was no higher than that in the general population⁸. However, research on health and social outcomes for

UK military veterans, published in 2009, concluded that the current generation of UK military personnel (serving and ex-serving) have higher rates of heavy drinking than the general population; but this difference may attenuate with age⁹. It is recognised that alcohol use and misuse play a significant role in offending behaviour amongst veterans¹⁰.

2.6 Drug misuse

The extent of drug misuse in the UK veteran population is unknown. The charity Combat Stress identify alcohol misuse as more typical than illicit drug misuse, although younger veterans presenting are more likely to have turned to both alcohol and illicit drugs while older veterans predominantly to alcohol alone¹¹.

The 2011 study of the health needs analysis of veterans living in Wales found that, (with the exception of the group recruited through Combat Stress), illicit drug use among the veterans surveyed, was comparable with or lower than rates in the general population⁸. Cannabis was the most frequently used substance. The proportion of the Combat Stress group dependent on cannabis (the report did not clarify how dependence was assessed) was comparable to the general population; among the other participants the proportion was lower. A greater proportion of the Combat Stress group were dependent on another drug or drugs (tranquilisers, amphetamines, cocaine, and heroin) than in the general population.

2.7 Mental health problems and other co-morbidities

Substance misuse may be complicated by co-occurring mental health problems. In veterans post traumatic stress disorder should be considered but other common mental health problems may also occur at higher levels. Studies suggest the most common mental health problems for ex-service personnel are depression and anxiety disorders⁹. Work with UK veterans has found that those who are single and from the lower ranks have an increased risk of mental ill health¹². Veterans with pre-enlistment or childhood adversity are also more likely to report mental health problems. There is likely to be considerable overlap between these two groups.

Deployment to Iraq or Afghanistan is associated with adverse mental outcomes among some groups, particularly those with pre-service vulnerabilities, those who experience a high level of combat and those who are reservists⁹.

Early Service leavers (those serving less than 4 years) are more likely to have adverse outcomes (e.g. suicide, mental health problems) and risk taking behaviours (e.g. heavy alcohol consumption, suicidal thoughts) than longer serving veterans⁹.

Traumatic brain injury should also be considered as an additional complication in the veteran population⁹.

The 2011 Wales veterans health needs analysis noted that a subgroup of veterans who had typically served in Northern Ireland and the Falkland Islands had very high levels of mental health problems and difficulties with social, occupational and interpersonal functioning⁸.

2.8 Post traumatic stress disorder

It is recognised that those with PTSD may misuse both alcohol and a range of drugs in an attempt to cope with their symptoms. National Institute for Health and Clinical Excellence (NICE) guidance on treatment of PTSD recognises that treatment of PTSD symptoms can help them reduce substance use¹¹. For PTSD sufferers where drug or alcohol dependence (i.e. withdrawal symptoms, tolerance) has developed, this will need to be treated before the patient can benefit from trauma-focused psychological treatments. In cases where the drug or alcohol dependence is severe, collaborative working with specialist substance misuse services will be required.

2.9 Evidence base for treatment

The evidence base for **substance misuse**¹² and **post traumatic stress disorder**¹¹ are well established. The evidence base for psychosocial treatment of common mental health disorders in the veteran population has also been described¹³. There is currently no established evidence base specific to the integrated treatment of substance misuse and co-occurring post traumatic stress disorder¹⁴. The British Association of Pharmacology has published **guidelines** on the pharmacological management of substance misuse and co-morbidity¹⁵. There is little evidence to suggest that the situation in Wales differs from the UK wide picture.

In terms of ensuring effective treatment pathways for veterans in Wales, Substance Misuse Area Planning Boards will need to lead on local collaborative planning, commissioning and delivery for services to ensure that the needs of veterans are met.

3. Access to and use of services

The Wales veterans study found that fewer than half of the participants meeting the diagnostic criteria for any mental disorder had seen a health professional within the past year⁸. The study authors reported that this is consistent with other studies and that the veterans surveyed did not believe that they needed help or know where to get it.

The majority of those questioned said their GP knew of their service career, a majority also believed that veterans had different needs from their GP than non veterans. The most frequently cited reason for this was the inability of the GP to relate to military experience, particularly combat.

A study from Healthcare Inspectorate Wales on *Healthcare and the armed forces in Wales*¹⁶ reported that GPs did not seem to understand the rigours of services life despite being aware of their patient's veteran's status. This survey also found '*that a large number of comments were made by veterans about not knowing where to go to get the most appropriate treatment and support*' (p.18). They did not know how to access NHS services and appeared to be confused about the nature and availability of services in the voluntary sector. Veterans expressed a preference for services provided by organisations or individuals that have an understanding of the military. Many veterans were unaware of the processes required to obtain their service medical records through their GP.

Despite being eligible for assistance none of the incarcerated veterans interviewed as part of the *Inquiry into former armed services personnel in prison* had asked for assistance from service charities¹⁰. This suggests that veterans may not be aware of the range of services available to them. Furthermore many of those interviewed did not regard themselves as veterans, preferring the term ex-service personnel.

‘More than just words/Mwy na geiriau...’ is the strategic framework developed to ensure that Welsh speakers can access services in Health and Social Services in the Welsh Language. We know that where Welsh is a first language, being able to use and receive services in this language should be a core component of care and not an optional extra. Effective communication is a key requirement of care services and the Welsh Language in Social Care framework recognises this need across all aspects of physical health and mental health care.

4. Improving access

A range of support services are available to veterans, some of which are not available to the general population resident in Wales. These are detailed in the Appendix 1.

At a local level each health board has an Armed forces and veterans Champion. Their role is to advocate for veterans and service personnel and ensure that their needs are reflected in local service plans¹. In order to ensure that local substance misuse services are available, Area Planning Boards may choose to involve the health board champions in their efforts to improve access for veterans but at the very least they should ensure that champions are aware that work on this issue is taking place within the Health Board area.

The Welsh Government has recently issued guidance to health boards on setting up armed forces forums and veterans’ clinical mental health networks have also been established. These may also have a role in improving access to substance misuse treatment for veterans. Guidance is also under development on improving the health and well being of prisoners in Wales who are veterans with a service related injury.

4.1 Primary care

In 2011 the Welsh Government Minister for Health and Social Services issued a letter to GPs and practice nurses to aid the identification of veterans with service-related conditions by including, as a minimum, in referrals for diagnosis or treatment one of two Read codes indicating that the patient had served in the armed forces⁴. The effectiveness of this as a means of identifying need relies on the GP asking about military service and the veteran disclosing this.

To improve identification of veterans in primary care the following actions should be considered;

- Ensure that GPs and other staff working in primary care know how veteran status is defined
- Encourage primary care staff to ask about veteran status when registering new patients

- Ensure that GPs and primary care staff are aware of and using, the correct Read codes for veterans
- Consider developing a poster for GP practices and Service social areas such as local British Legion and Soldiers, Sailors, Airman and Families Association (SSAFA) clubs – *Have you served? If so inform your GP.*

To improve awareness of the needs of veterans;

- Ensure that GPs and other primary care staff are aware of WHC (2008) 51 (Priority treatment and healthcare for veterans) and EH/0128/11 (Military veterans and service related conditions: Training on priority treatment and post traumatic stress disorder)
- GPs with a special interest in substance misuse should be encouraged to use the Wales Deanery online **continuing professional development** package on the health and wellbeing of veterans and their families¹⁷.

To meet the specific needs of veterans the following should be considered;

- Encourage GPs and other primary care staff to undertake alcohol ‘brief interventions’ training
- GPs and other appropriate primary care staff could use the **Alcohol Use Disorders Identification Test** (AUDIT) to decide whether to offer brief intervention or make a referral to specialist services¹⁸
- Ensure primary care staff are aware of the All Wales Veterans Health and Wellbeing Service (AWVHWS) and know how to contact their local veterans therapist www.veteranswales.co.uk
- Ensure that GPs and primary care staff are aware of voluntary sector services available to veterans and if referring on to specialist services make this explicit
- Make GPs and primary care staff aware of the Wales Mental Health in Primary Care (WaMHinPC) **briefing note** on the mental health of ex service personnel¹⁹
- Ensure that primary care staff know how to obtain medical records from military service^a.

4.2 Substance misuse services

The Welsh Government is reviewing its **service framework** on meeting the needs of people with a co-occurring substance misuse and mental health problems²⁰ and will re-launch an updated version of the guidance in early 2014. This will apply to the treatment of veterans with a co-occurring substance misuse and mental health problems. This recognises that despite availability of effective treatments, most individuals who have co-occurring mental health and substance use problems are not receiving effective treatment. The guidance emphasises that efforts to improve the care provided to persons who have co-occurring disorders should focus on protocols that increase the delivery of effective treatment and ensure a seamless pathway.

a. GPs seeking advice on how to request medical records can contact records departments on the following: RAF 01400 261201 ext 6711; ext 8161/8159 (officers); ext 8163/8168/8170 (Other ranks); Navy; 02392 768201; Army; 0845 600 9663

Substance misuse service planners and commissioners should ensure that the full range of evidence based interventions are in place so that veterans have access to the range of interventions for alcohol and drug dependence.

Some practice examples from Wales are included at Appendix 2.

Substance misuse services need to be aware of the specific needs of veterans and take into account the possibility of co-morbid mental health problems, particularly common mental health problems and PTSD. The existence of traumatic brain injury should also be considered. Where co-morbidity is an issue there will need to be collaborative planning and delivery of services. Veterans who have co-morbid PTSD and who are physically dependent on alcohol or drugs are likely to require treatment for this, including detoxification, before receiving treatment for PTSD. Where this requires treatment by different service providers efforts need to be made to ensure that treatment is experienced as a continuous episode by the veteran.

To meet the specific needs of veterans the following should be considered;

- Substance misuse providers need to be familiar with [NICE guidance on managing PTSD](#)¹¹
- A clearly documented process for managing veterans with PTSD (or other co-morbid mental disorder) and substance misuse should be agreed with other relevant service providers. This should clarify responsibilities and accountability (including unambiguous clinical responsibility) and should aim to ensure that treatment is experienced as a continuous process
- Ensure that assessment tools used by services include a question asking about military service
- Substance misuse service providers should be aware of the All Wales Veterans Health and Wellbeing Service (AWVHWS) and know how to contact their local veterans therapist
- Substance misuse service providers need to be aware of the voluntary sector services available to veterans and know how to contact or refer on to them (see appendix I). They need to build good working relationships with these agencies in order to be able to quickly draw on relevant expertise when military veterans access their services.

4.3 Mental health services including All Wales Veterans' Health and Wellbeing Service

A clearly documented process for managing veterans with PTSD (or other co-morbid mental disorder) and substance misuse should be agreed with other relevant service providers. This should clarify responsibilities and accountability (including unambiguous clinical responsibility) and should aim to ensure that treatment is experienced as a continuous process. Mental health services should be able to offer the full range of treatments for PTSD, including psychological therapies.

4.4 Health Boards

Health Boards will need to consider the role of armed forces champions and armed forces forums in improving access to substance misuse treatment for veterans.

4.5 Area Planning Boards

Area Planning Boards (APBs) for substance misuse will need to review their existing care pathways to ensure that the needs of veterans are being fully met within the context of Welsh Government commitments to the health and well being of this group. APBs will also need to ensure that appropriate liaison has taken place with Health Board armed forces champions in order that work on access to substance misuse services is coordinated and publicised effectively.

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Resources for Veterans

Veteran Specific Services

Veterans have access to a number of UK based veterans charities. These organisations are specifically for veterans (and their families) and are not available to the general population. These organisations offer a range of services including assistance with financial hardship; specialist accommodation, education and counselling.

The Royal British Legion

The Royal British Legion provides financial, social and emotional support to millions who have served or are currently serving in the Armed Forces, and their dependants. The Legion helps in many different ways – from grant making to pensions and benefits advice; from counselling and job retraining to pilgrimages: from home and hospital visits to the provision of full nursing care.

Website: www.britishlegion.org.uk/about-us/who-we-are/legion-in-wales

Soldiers, Sailors, Airman and Families Association (SSAFA)

SSAFA provides support for the serving men and women in today's Armed Forces and for those who have served – even if it was only for a single day.

Website: www.ssafa.org.uk

Forces helpline: 0300 731 4880

Combat Stress

Combat Stress offers short stay remedial treatment at three specialist short-stay Treatment Centres in Shropshire, Surrey and Ayrshire. These provide a range of treatments including psychiatric support and occupational therapy to help veterans rebuild their lives and provide a break for the families of traumatised veterans. They also have a Welfare Service comprising of 12 regional Welfare Officers covering the whole of the British Isles and Ireland to support the veterans in their own homes.

24 hour Helpline: 0800 138 1619

Change Step (CAIS)

Change Step – as part of well-established drug and alcohol charity CAIS – is a peer mentoring and advice service in North Wales for military veterans and others with post traumatic stress disorder or probable substance misuse issues, and is delivered by veterans for veterans. See also common referral pathway on page 23.

Telephone: 0845 06 121 12 Email: ask@change-step.co.uk

www.cais.co.uk/?page_id=64

All Wales Veterans' Health and Wellbeing Service for Ex-Service Personnel

Established by Welsh Government in April 2010, the **service** is delivered by the NHS in Wales. Veterans therapists have been appointed by each health board (with the exception of Powys where the service is delivered by neighbouring health boards). These will accept referrals from health staff, GP's, veteran charities and self-referrals from ex-service personnel with a service related problem. The service cannot respond to emergency referrals. Following the assessment the veteran may be offered treatment by the veteran's therapist or referred on to other NHS teams or departments for further treatment. Veteran's therapists will also refer on to veteran charities.

www.veteranswales.co.uk

Service Personnel and Veterans Agency – Veterans UK

The **Service Personnel and Veterans Agency – Veterans UK** provide pensions, welfare and support services to members of the Armed Forces and veterans. Veterans UK is a single contact point where veterans can access customer information and advice on welfare support, pensions, compensation payments, records of service and medal entitlement.

Free Helpline: 0800 169 2277

Army Families Federation (AFF)

The AFF is the independent voice of Army families and works hard to improve the quality of life for Army families around the world on any aspect that is affected by the Army lifestyle.

Website: www.aff.org.uk

Email: wales@affgb.org.uk

Contact: Deirdre Shannon

Telephone number: 0752 749 2868

Navy Families Federation (NFF)

The NFF was established in 2003 to give Royal Naval and Royal Marines' families an independent voice. The impact of separation and mobility on Naval Service families may present challenges that are not commonly experienced by a civilian population.

Website: www.nff.org.uk

Email: admin@nff.org.uk

Telephone number: 023 9265 4374

Royal Air Force (RAF) Families Federation

The RAF Families Federation represents the views and concerns of RAF personnel and their family members on the issues that affect them as part of a RAF family. Whether you are in uniform yourself or a spouse, a partner, a parent, a child or a sibling of a member of the RAF, they are here to act on your behalf.

Website: www.raf-ff.org.uk

Telephone number: 01780 781650

Veterans and Armed Forces Champions

Champions for veterans and armed services have been established in every health board in Wales to advocate for veterans and service personnel and ensure that their needs are reflected in local service plans. These Champions are non executive board members.

Further advice and sign posting of services can be found in the Package of Support.

The Package of Support published June 2013, provides wider advice and signposting to services in Wales.

www.wales.gov.uk/topics/people-and-communities/safety/armedforces/packagesupport/?lang=en

Practice Examples

Cardiff and Vale

Veterans with a primary alcohol problem may be referred directly to the specialist drug and alcohol services – usually the Cardiff Addiction Unit at Cardiff Royal Infirmary.

Veterans referred to the Veterans Health and Wellbeing Service are initially offered telephone triage and may be signposted to other services.

Those assessed by the Veterans Health and Wellbeing Service will complete a psychiatric interview, this includes questions about drug use and alcohol dependency.

Where the primary problem is alcohol and/or drugs the veteran will be referred to the Cardiff Addictions Unit for specialist assessment and treatment. This can include motivational interviewing, complimentary therapies and community or inpatient detox. The Veterans Service will be apprised of any care plan developed by the Addictions Unit.

When treatment has been completed by the Addictions Unit the veteran will be reassessed by the Veterans Service for possible treatment of service related mental health problems.

North Wales

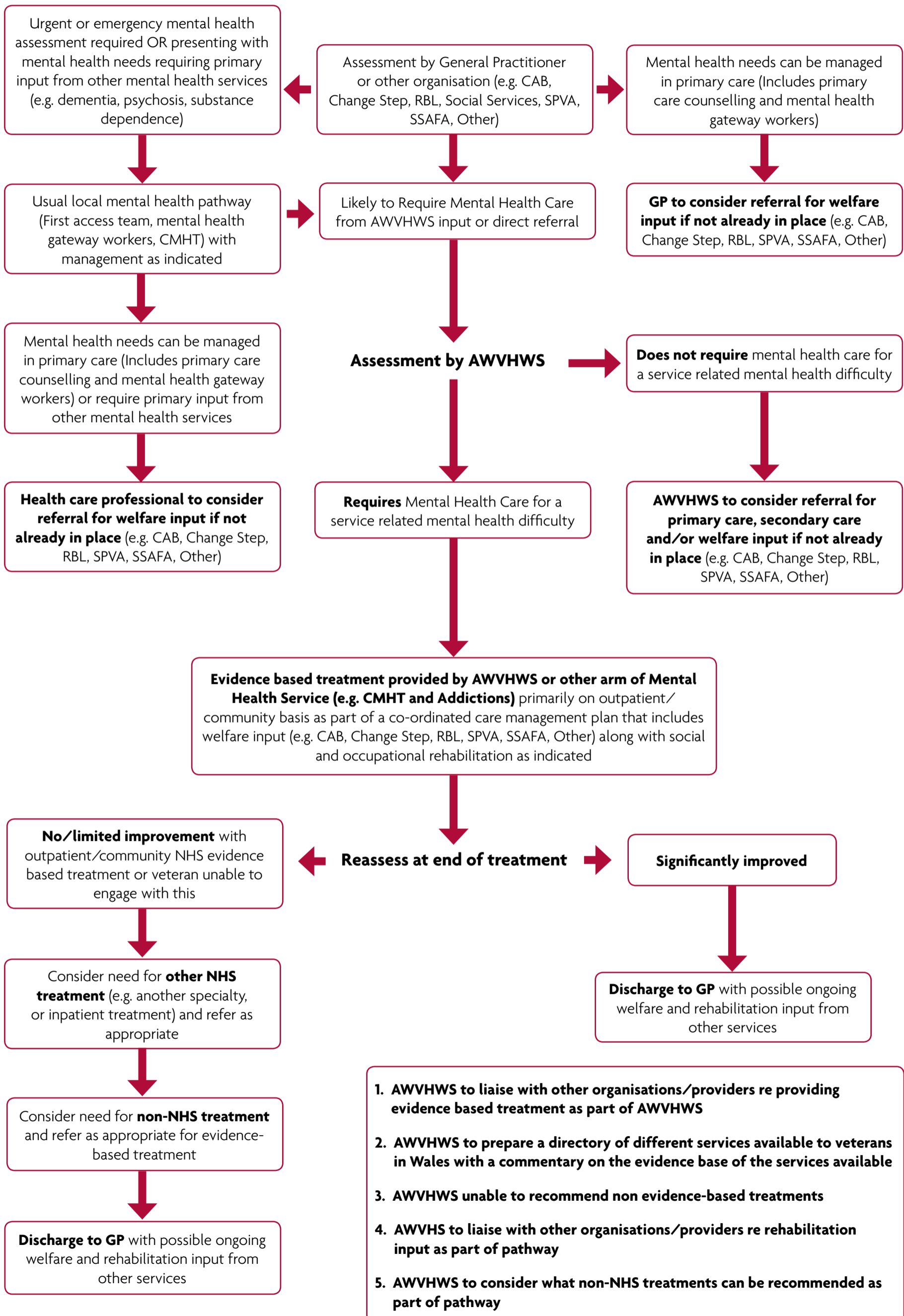
The pathway for veterans in North Wales (see page 23) currently includes the **All Wales Veteran Health and Wellbeing Service, CAIS** (Change Step), **Royal British Legion and Combat Stress**. The four organisations meet each month to discuss new clients and caseloads to ensure appropriate and optimum level and type of delivery of service for military veterans depending on need.

This collaboration is by not restricted to the four agencies identified and the need for referral and signposting of people on to a much broader range of services and military charities, dependent on identified need is acknowledged. Subsequently Change Step work collaboratively with a range of statutory, charitable and other relevant organisations to secure an accessible and comprehensive service to guide individuals towards the most appropriate information, support and service.

The current pathway is simple but it is envisaged that over time it will become more intricate and convoluted. In so far as the RBL, AWWHWS and Change Step all offer an entirely complementary and non-overlapping provision of services, this should work to the ultimate benefit of the veterans themselves. It is noted too that the RBL works very much in tandem with the excellent residential service provided by Combat Stress.

All Wales Veterans Health and Wellbeing Service pathway

Veteran with Mental Health Difficulty



Change Step – Common Referral Pathway

