Call to Mind: Northern Ireland

Findings from the Review of Veterans' and their Families' Mental and Related Health Needs in Northern Ireland

May 2017

A report prepared by Community Innovations Enterprise on behalf of the Forces in Mind Trust

CONTENTS

List of Abbreviations

AFLF	Armed Forces Liaison Forum
CAMHS	Child and Adolescent Mental Health Services
CAJ	Committee on the Administration of Justice
CIE	Community Innovations Enterprise
CNA	Comprehensive Needs Assessment
DCMH	Departments of Community Mental Health
DHSSPS	Department of Health, Social Services and Public Safety (since May 2016 as DoH, but still referenced within the report as DHSSPS where relevant to the date of the information being presented)
DoH	Department of Health (previously known as DHSSPS prior to May 2016)
FiMT	Forces in Mind Trust
FTC	Family Trauma Centre
GP	General Practitioner
HSC	Health and Social Care Service
HSCB	Health and Social Care Board
LCG	Local Commissioning Group
MOD	Ministry of Defence
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
NIVSC	Northern Ireland Veterans' Support Committee
PTSD	Post Traumatic Stress Disorder
RFCA NI	Reserve Forces and Cadets Association for Northern Ireland
VSS	Victims and Survivors Service
UDR	Ulster Defence Regiment
UK	United Kingdom

Preface

This report provides the findings from a review of the mental and related health needs of veterans in Northern Ireland. The review predominantly focused on statutory and clinical mental and related health provision for veterans.

Forces in Mind Trust commissioned Community Innovations Enterprise to undertake this review in Northern Ireland following the completion of similar work in England, Wales and Scotland. With the completion of this report for Northern Ireland we have the first comprehensive review of meeting the mental and related health needs for veterans and family members for the whole of the UK.

The Call to Mind: Northern Ireland report outlines the progress that has been made in improving mental health services overall in Northern Ireland. All the stakeholders who engaged in this review clearly value the progress that has been made and are committed to delivering services to a high standard and ensuring the particular needs of veterans are met.

The key messages and opportunities for further development, outlined in the report, have come from a desktop review of strategies and policy documents and the views of stakeholders working directly with veterans. The report highlights the need for robust data and information, and increased awareness about the needs of veterans in Northern Ireland; the importance of reducing stigma; better information for veterans and their families to enable them to access the most appropriate services; and the development of more community-based mental health provision including development of the Mental Trauma Service as a national trauma focused network.

The Call to Mind: Northern Ireland report makes an essential contribution to the wider body of work that can assist policy makers, service planners and providers in Northern Ireland to continue to build on their achievements, and meet the mental and related health needs of veterans.

Professor The Lord Patel of Bradford OBE
Community Innovations Enterprise

Hans Pung
Chairman, Forces in Mind Trust

Forces in Mind Trust

Forces in Mind Trust (FiMT) was founded in 2012 to improve the transition of military personnel, and their families, at the end of a period of service in the Armed Forces back into the civilian world. That world comprises many facets: employment; housing; health and wellbeing; social networks; and a sense of identity and worth, each of which contributing to a 'successful' transition. Recognising early on that ex-Service personnel suffering mental health or wellbeing issues are particularly vulnerable to failed transition, FiMT, established through an endowment from the Big Lottery Fund, committed itself to gaining a better understanding of the causes and effects of such issues on transition.

In addition to mental health, FiMT has also commissioned research into supported housing, employment and the whole transition process itself. Grants have been awarded to programmes as diverse as mentoring ex-offenders through to adventure challenge projects for wounded, injured and sick ex-Service personnel in partnership with The Royal Foundation. Full details can be found on FiMT's website www.fim-trust.org.

Looking ahead, FiMT will continue to initiate research and award grants to programmes that provide robust evidential output to help inform policy makers and service deliverers with the aim of improving transition for UK veterans and families. Applications are welcome from any organisation engaged in such activity subject to fulfilling the eligibility criteria. Applications can be found on FiMT's website, or for related enquiries, by visiting http://www.fim-trust.org/contact-form/.

Community Innovations Enterprise

Community Innovations Enterprise (CIE) was founded in March 2011 and provides a range of research, consultancy and project management programmes in the fields of mental health, drug and alcohol use, offender health and service user involvement.

CIE has significant experience in assessing needs for different population groups across the health, social care and criminal justice sectors. The key outcome of this work has been to help commissioners and service providers to better understand the full range of health and social care needs of the population groups they serve including assessing the impact of service re-design and identifying gaps in provision and areas of good practice.

CIE aims to go beyond traditional approaches to assessment and consultation services by placing the communities or client groups in question at the heart of the chosen development. We support organisations to reach the full diversity of their clients and communities while at the same time increasing their capacity and capability to achieve meaningful service user and public involvement and promote social inclusion.

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Acknowledgments

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The authors would like to thank Forces in Mind Trust who provided the sponsorship for the project. We are very grateful to Ray Lock (Chief Executive) and Kirsteen Waller (Research and Support Manager) for their continued guidance and support.

We also acknowledge the support and cooperation of the NIVHWS research team at Ulster University, in particular Cherrie Armour (Associate Dean, Research & Impact Life & Health Sciences and Director of the NI Veterans Study, Ulster University).

Executive Summary

Introduction

Call to Mind: A Framework for Action. Findings from the review of veterans and family members mental and related health needs assessments (Forces in Mind Trust and Community Innovations Enterprise, June 2015) reviewed veterans and family members' mental and related health needs assessments in England.

Forces in Mind Trust subsequently commissioned Community Innovations Enterprise to undertake individual reviews for each of the devolved nations of Scotland, Wales and Northern Ireland with a view to producing a stand-alone report for each country and a UK-wide report.

Scope of the Northern Ireland Review

The Northern Ireland Review took place at the same time as other significant projects in Northern Ireland (NI) being undertaken by Ulster University, specifically:

1. Understanding, supporting and serving the Northern Ireland veterans community, comprising ex-Service personnel; and,

2. Mental Health Needs of the Hidden Veteran Community in Northern Ireland.

Together these two studies are known as the Northern Ireland Veterans Health and Wellbeing Study (NIVHWS).

The first report produced by the NIVHWS aligned to the project noted at item 1 above, and focused on the support and services available to veterans from both the voluntary and statutory (excluding the NHS) sectors in NI, and on communication across key stakeholders in the veteran support sector in NI. In order to ensure an appropriate level of co-ordination and to make sure that the Ulster University project and the Devolved Nations Review for Northern Ireland did not duplicate the same data collection and methods, it was agreed that this review would predominantly focus on statutory (NHS) and clinical mental and related health provision for veterans, while Ulster University would focus primarily on non-NHS and statutory services and voluntary sector provision. This review does, however, consider some wider related aspects such as the pathways between the statutory and voluntary sector.

For the purposes of this report the term 'veteran' is used to describe individuals who have served for at least one day in Her Majesty's Armed Forces, whether as a Regular or as a Reservist.[1] The term 'veterans community' describes veterans and their families, including adult and minor dependents. The term 'the Troubles' refers to the conflict in Northern Ireland between 1968 and 1998.

[1] The Armed Forces Covenant Ministry of Defence https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/49469/the_armed_forces_covenant.pdf

Methods

The review was undertaken in two stages. Firstly, a scoping study was undertaken between September and December 2015, which involved 13 interviews with stakeholders from across the statutory sector working with veterans and families in Northern Ireland.

As mentioned above, the scope of the review was changed in order to complement the project being undertaken by Ulster University. As a consequence of this and the issues identified in the scoping stage, the review for Northern Ireland took place during October 2016 - January 2017 with a primary focus on statutory service provision.

This review primarily consisted of a desktop review of key documents, specifically:

- Relevant national policies and strategies;
- Relevant national and local commissioning and strategic plans; and
- Existing research and evidence on veterans in Northern Ireland and on their mental and related health needs.

A select number of telephone interviews were also carried out with key stakeholders, including clinical staff within General Adult Community Psychiatric Services in Belfast and Queens University Belfast, The Ulster Defence Regiment and Royal Irish Regiment (Home Service) Aftercare Service, and the Commission for Victims and Survivors. Some practitioners in the voluntary sector were also interviewed in order to discuss the pathways between voluntary and statutory provision, including Combat Stress and Beyond the Battlefield.

Summary Outline of Report

This report covers the following areas:

- The implementation of the Armed Forces Covenant in Northern Ireland and the role of statutory NHS health care providers.

- Review of national and local planning of the needs of veterans, including Veterans Champions.

- Veterans' profile in Northern Ireland including geographical, age and gender profile.

- Mental health and related health needs, specifically Post Traumatic Stress Disorder (PTSD), suicide risks, pre-enlistment factors and substance misuse (alcohol and drugs).

- Mental health provision, including

    - access to information and reducing stigma
    - GP provision

- pathways between statutory and voluntary sector provision
- clinical interventions within voluntary sector services
- victims and survivors/trauma network

- The needs of families of veterans, including the needs of children and young people.

Conclusions and Summary of Key Messages

Veterans in Northern Ireland with mental health needs have access to a range of pharmacological and some therapy-based treatments from statutory health and mental health services. Progress has been made in improving mental health services overall in Northern Ireland and clearly many of the professionals within these services are committed to delivering services to a high standard and ensuring the particular needs of veterans are met. Any consideration of these services in Northern Ireland, however, must be done in the context of Northern Ireland's complex history, the current political landscape and the impact of the equality legislation.

From the evidence gathered and the feedback received from stakeholders, there are some key messages for consideration as outlined below:

- **Problem identification** – There is a lack of robust monitoring data across the statutory sector on the prevalence and incidence of mental health problems amongst veterans and family members in Northern Ireland. This is due to a variety of factors including reluctance amongst veterans to be identified as having served in the armed forces and the lack of strategic planning guidance for mental health providers and GPs on identifying mental health problems in the veteran community. There is also a lack of data relating to the individual outcomes for the general population with diagnosed mental health conditions receiving therapy-based treatments, which further limits understanding about the needs of veterans. Consideration needs to be made about how to improve the identification and monitoring for veterans and family members with mental health problems.

- **Help seeking amongst veterans** - The problems faced by veterans living in Northern Ireland are potentially more complicated and sensitive than those faced by veterans in England, Scotland and Wales due to personal security concerns, making it difficult for them to seek help openly for mental health issues. This can result in mental and related health issues being left untreated as veterans and their families feel unable to come forward and ask for help and support.

- **Increasing awareness of veterans' needs amongst GPs** – Although amongst many GPs there is good understanding of the mental needs of victims of trauma as a result of the Troubles, they **lacked awareness of the specific needs of veterans**. Communication strategies to raise awareness among GPs and other primary and community care practitioners of the impact of conflict-related trauma should also include the needs of veterans.

- **Early intervention and reducing stigma** – Mental health promotion approaches that can be used to help reduce stigma, should be promoted within the veterans' community to help break down barriers to service access and ensure early intervention for mental health problems. This should be included as part of the broader strategy in Northern Ireland to raise awareness of mental health problems, ensuring access to a range of information about mental health issues and service providers.

- **The Armed Forces Covenant and equalities legislation** - The complex history of Northern Ireland and perceived conflicts between the Armed Forces Covenant and current equalities legislation, has made it difficult for service providers to signpost and provide information specifically targeted at veterans on how to access appropriate services. Veterans' mental health needs could be addressed as part of the broader approach to recognising and addressing health inequalities. This would help ensure more effective assessment of mental health needs in the veterans community.

- **Community-Based Mental Health Provision** – Some of the more specialist residential treatments for veterans in Northern Ireland require them to travel large distances. As an alternative, shorter, community-based therapeutic and support programmes for veterans in Northern Ireland should be developed that could be tailored to the needs of individuals.

- **Mental Trauma Service** – There have been delays in the establishment of the Mental Trauma Service, which will be a national trauma focused network. This development provides a tangible and robust means for addressing the needs of veterans with specific trauma related mental health problems.

- **Female Veterans** - There is a risk that the mental and related health and social care needs of female veterans could be overlooked. Statutory mental and related health providers may need to consider, with voluntary sector colleagues, how the current service provision could be made more user-friendly for women and what types of service provision would be most appropriate to meet the specific needs of female veterans.

- **Needs of Families** – The impact of the Troubles on all families, young people, and children is recognised. There is also increasing understanding about the intergenerational impacts of trauma. This needs to be considered in the context of veterans' families, particularly in regards to issues such as adolescent and young adult suicide, and alcohol and drug abuse.

1. Introduction

1.1 Background

Call to Mind: A Framework for Action. Findings from the review of veterans and family members mental and related health needs assessments published by Forces in Mind Trust (FiMT) and Community Innovations Enterprise (CIE), June 2015 – (henceforth *Call to Mind: England*) reviewed veterans' and family members' mental and related health needs assessments in England. The review was commissioned by FiMT, in collaboration with NHS England. The scope of the review was restricted to England as one of its primary aims was to inform commissioning for NHS England and Clinical Commissioning Groups.

Call to Mind: England highlighted the positive impacts that serving in the Armed Forces could have on health, particularly among recruits from deprived areas (at least while serving), and also the importance of not over exaggerating the prevalence of problems such as severe mental illness, imprisonment and homelessness among the veteran population. However, it also highlighted that there are increasing concerns about meeting veterans' mental and related health needs when these problems do occur, and identified some significant gaps e.g. in assessment processes to identify and meet these needs and the referral pathways for appropriate treatment. *Call to Mind: England* identified priorities for action to be taken forward in addressing these gaps to better meet the mental and related health needs of veterans and family members.

FiMT subsequently commissioned CIE to undertake individual reviews for each of the devolved nations of Scotland, Wales and Northern Ireland with a view to producing a stand-alone report for each country and a UK-wide report.

1.2 Scope of the Northern Ireland Review

The Northern Ireland Review took place at the same time as other significant projects in Northern Ireland (NI) being undertaken by Ulster University, specifically:

1. Understanding, supporting and serving the Northern Ireland veterans community, comprising ex-Service personnel; and,

2. Mental Health Needs of the Hidden Veteran Community in Northern Ireland.

Together these two studies are known as the Northern Ireland Veterans Health and Wellbeing Study (NIVHWS).

The first report produced by the NIVHWS aligned to the project noted at item 1 above, focused on the support and services available to veterans from both the voluntary and statutory (excluding the NHS) sectors in NI, and on communication across key stakeholders in the veteran support sector in NI.

In order to ensure an appropriate level of co-ordination and to make sure that the Ulster University project and the Devolved Nations Review for Northern Ireland did not duplicate the same data collection and methods, it was agreed that this review would predominantly focus on statutory (NHS) and clinical mental and related health provision for veterans, while Ulster University would focus primarily on non-NHS and statutory services and voluntary sector provision. This review does, however, consider some wider related aspects such as the pathways between the statutory and voluntary sector.

1.3 Methods

The review was undertaken in two stages. Firstly, a scoping study was undertaken between September and December 2015, which involved 13 interviews with stakeholders from across the statutory sector working with veterans and families in Northern Ireland.

The scope and methods of the second stage of the review were changed in order to complement the research being undertaken by Ulster University. As a consequence of this and the issues identified in the scoping stage, the review for Northern Ireland took place during October 2016 - January 2017 with a primary focus on statutory service provision.

The revisions to stage two excluded interviews with veterans and family members and primarily consisted of a desktop review of key documents, specifically:

- Relevant national policies and strategies;
- Relevant national and local commissioning and strategic plans; and,
- Existing research and evidence on veterans in Northern Ireland and on their mental and related health needs.

Seven telephone interviews were also carried out with key stakeholders, including clinical staff within General Adult Community Psychiatric Services in Belfast and Queens University Belfast, The Ulster Defence Regiment and Royal Irish Regiment (Home Service) Aftercare Service, and the Commission for Victims and Survivors. Some practitioners in the voluntary sector were also interviewed in order to discuss the pathways between voluntary and statutory provision, including Combat Stress and Beyond the Battlefield.

Contemporaneous notes of all interviews were taken and used, alongside findings from the desktop review to identify common themes and issues. The limited number of respondent's means that it has not been possible to state whether quotations used come from particular sectors, as this would compromise confidentiality. It should also be noted that the views expressed in quotations are those of respondents and are used to provide additional insights to issues identified in the desktop review. The report makes clear if an issue was only raised by a single respondent.

1.4 Outline of Report

This report will cover the following areas:

Section 2 – The Armed Forces Covenant and the role of healthcare

Section 3 – Context: Northern Ireland's health structures and systems

Section 4 – Planning for the mental and related health needs of veterans

Section 5 – Assessment of Needs: Summary of the veterans community profile in Northern Ireland

Section 6 – Assessment of Needs: Mental and related health needs

Section 7 – Mental health provision and support for veterans in Northern Ireland

Section 8 – The Needs of veterans' families

Section 9 – Conclusions and summary of key messages

For the purposes of this report the term 'veteran' is used to describe individuals who have served for at least one day in Her Majesty's Armed Forces, whether as a Regular or as a Reservist.[2]

The term 'veterans community' describes veterans and their families, including adult and minor dependents.

The term 'the Troubles' refers to the conflict in Northern Ireland between 1968 and 1998.

[2] The Armed Forces Covenant Ministry of Defence https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/49469/the_armed_forces_covenant.pdf

2. The Armed Forces Covenant and the Role of Healthcare

2.1 Background

Support for veterans' health and social care has been championed by the UK Government and is reflected in developments such as the Armed Forces Covenant and Armed Forces Act (2011). The UK Armed Forces Covenant (2015) sets out the following goals in regards to health care[3]:

- members of the Armed Forces community should enjoy the same standard of, and access to, health care as received by any other UK citizen in the area where they live;
- personnel injured on operations should be treated in conditions which recognise the specific needs of Service personnel;
- family members should retain their relative position on any NHS waiting list if moved around the UK due to the Service person being posted;
- veterans should receive priority treatment (subject to the clinical needs of others) in respect of NHS secondary health care relating to a condition resulting from their service in the Armed Forces; and
- veterans should be able to access mental health professionals who have an understanding of Armed Forces culture.

2.2 Implementation of the Armed Forces Covenant in Northern Ireland

Any consideration of the implementation of the Armed Forces Covenant in Northern Ireland must be done in the context of Northern Ireland's recent complex history, the current political landscape, and the equality legislation within Section 75 of the Northern Ireland Act 1998.

In Northern Ireland, the Armed Forces Covenant has not been fully implemented.[4] For example, veterans do not have access to priority treatment within health services, although a protocol has been established to ensure that serving personnel, veterans and their families' health needs are promoted (see section 2.3 - *Northern Ireland's Commitment to Veterans' Health Care).*

[3] The Armed Forces Covenant Annual Report 2015 Ministry of Defence
[4] House of Commons Northern Ireland Affairs Committee (17 July 2013) Implementation of the Armed Forces Covenant in Northern Ireland First Report of Session 2013-14 HC51

It was stated by a number of respondents that unlike the other UK devolved nations, measures and provisions specifically aimed at veterans could not be promoted or developed due to Section 75 of the Northern Ireland Act 1998. Section 75 requires public authorities to comply with two statutory duties[5]:

- *Equality of Opportunity* duty - requires public authorities in carrying out their functions relating to Northern Ireland to have due regard to the need to promote equality of opportunity between the nine equality categories of persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation; men and women generally; persons with a disability and persons without; and persons with dependants and persons without.

- *Good Relations* duty - requires that public authorities in carrying out their functions relating to Northern Ireland have regard to the desirability of promoting good relations between persons of different religious belief, political opinion and racial group.

The aim of Section 75 was to change the practices of government and public authorities so that equality of opportunity and good relations were central to policy making and service delivery. The Section 75 statutory duties aim to encourage public authorities to address inequalities and to demonstrate measurable positive impacts on the lives of people experiencing inequalities.[6] As a number of respondents commented:

> *"Northern Ireland looks at everyone as an equal individual citizen, not as special groups."*

> *"Veterans, victims and participants – they are all treated equally in Northern Ireland, there is no hierarchy of treatment."*

Some respondents raised concerns, however, that the strict interpretation of the equality legislation prevented the adoption of the kind of measures introduced to support veterans elsewhere in the UK and to raise veterans' awareness of the services that they could have access to both in the statutory and voluntary sector.

Moreover, several respondents also thought that some professionals and some veterans misunderstood the Covenant:

> *"They think that they [veterans] are entitled to priority treatment and that means jumping the waiting list. There's long waiting lists for hospital treatment and they think it's discrimination because they can't jump the queue. They don't understand that the Covenant is about equal treatment and not about getting to the head of the queue."*

[5] Section 75 of the Northern Ireland Act 1998 A Guide for Public Authorities (April 2010) Equality Commission for Northern Ireland
[6] http://www.equalityni.org/S75duties

The Committee on the Administration of Justice (CAJ) produced a briefing note in April 2017[7] that considered a number of issues from a human rights perspective, including the Covenant, and concluded:

> ***"Military Covenant:*** *as in our evidence to Westminster on housing and health care issues we would urge a rights-based approach removing any barriers particular to service personnel to ensure equality of opportunity in access to services. This is different to any proposals to afford preferential treatment in housing and health waiting lists; this would dismantle the founding principles of the NHS and NIHE that decisions be on the basis of objective need."*

To date, the Northern Ireland Executive has not been represented on the Covenant Reference Group, which oversees the implementation of the Covenant Fund and is responsible for distributing the funding (although it had an open invitation to participate in the Group[8]). The Ministry of Defence reported in 2016 that a representative would be attending future meetings of the Covenant Reference Group, but at the time of writing this report this did not include a member of the Northern Ireland Executive.[9]

Respondents also raised issues around the delivery of the **Community Covenant.**[10] The Community Covenant was designed to be signed by local authorities who have levers over the provision of education, health and housing, but there have been difficulties in implementing it in Northern Ireland because local authorities do not have the same powers as local authorities in other parts of the UK. In Northern Ireland, local councils have no responsibility for education, health or housing. Their functions include waste and recycling services, leisure and community services, building control and local economic and cultural development. They are not planning authorities, but are consulted on some planning applications.

Therefore, while every local council in Great Britain signed the Community Covenant, the uptake in Northern Ireland was initially very slow. It was considered important that Councils in Northern Ireland do sign up as they do have responsibility for some community services, and economic and cultural development, which can have an impact on the health and wellbeing of veterans e.g. access to green space, economic circumstances and community safety. The Community Covenant has now been introduced in a number of Council areas in a manner that addresses the political sensitivities, and at the time of writing this report three of Northern Ireland's eleven councils have agreed to sign the Community Covenant - Armagh City; Banbridge & Craigavon Council; Ards & North Down Council; and Mid and East Antrim Borough Council.[11]

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[7] The Irish language, Ulster Scots, the Military Covenant and the definition of a victim of the conflict (S462) CAJ Discussion Note, April 2017, Committee on the Administration of Justice (CAJ)
[8] The Armed Forces Covenant Annual Report 2015 Ministry of Defence
[9] The Armed Forces Covenant Annual Report 2016 Ministry of Defence
[10] The Armed Forces Covenant Annual Report 2015 Ministry of Defence
[11] https://www.gov.uk/government/publications/armed-forces-community-covenant/armed-forces-community-covenant (Updated 19 January 2017)

The UK Government remains committed to supporting the Covenant in Northern Ireland and in October 2016 the Parliamentary Under-Secretary of State for Northern Ireland (Kris Hopkins) stated[12]:

> *"The armed forces covenant is making a real difference in Northern Ireland. Bids for funding from the armed forces covenant fund have been more successful in Northern Ireland than in any other part of the UK. Grants that have been made include £450,000 for Combat Stress to help veterans with mental health support, and £600,000 for the Somme Nursing Home in Belfast to enable it to add more bed spaces for veterans requiring nursing care."*

2.3 Northern Ireland's Commitment to Veterans' Health Care

The then Department of Health, Social Services and Public Safety (DHSSPS) (known as Department of Health since May 2016) published a protocol, *Delivering Healthcare to the Armed Forces - A Protocol for Ensuring Equitable Access to Health and Social Care Services (2009).* This Protocol established that health services in Northern Ireland must be responsive to the needs of different populations including those serving in the Armed Forces, their families and veterans. It set up a framework of assurance to make sure that serving members of the Armed Forces, their families and veterans suffer no disadvantage in accessing health and social care services, so they have equality of access to these services in common with everyone living in Northern Ireland.[13]

Some respondents commented that statutory mental health services and professionals were very aware of the Protocol, but they thought that GPs were less so.

The Protocol is supported by the **Armed Forces Liaison Forum (AFLF)**. The AFLF is chaired by the Department of Health and provides a forum for the military and charities representing the Services to assess the effectiveness of the arrangements for identifying and meeting the health and social care needs of Armed Forces personnel, their families and veterans, and to raise any concerns that they may have about the provision of services directly with Health and Social Care commissioners and providers. The AFLF includes representatives from the Armed Forces, SSAFA, ABF The Soldiers' Charity, The Royal British Legion, the Ministry of Defence and Combat Stress. Other organisations that will be joining AFLF include Blesma, The Limbless Veterans charity, due to their expertise on prosthetics.

Some respondents spoke positively of the AFLF and stated that they did recognise the needs of veterans alongside those who were still serving; while others, were less positive about their work on veterans, for example as one interviewee noted the AFLF was *"limited and they needed more powers to achieve anything".*

[12] https://hansard.parliament.uk/Commons/2016-10-26/debates/D7EF674C-4282-4682-8C09-579E7DBB8985/NorthernIreland

[13] The Armed Forces Covenant Annual Report 2015 Ministry of Defence

The Ulster Defence Regiment and Royal Irish Regiment (Home Service) Aftercare Service is funded by the Ministry of Defence to support veterans in the delivery of psychological therapies, physiotherapy and welfare casework, according to their needs. The Aftercare Service is open to those who served in the Royal Irish Regiment Home Service Battalions or in the UDR and their dependants, within certain eligibility constraints. Since 2012, the Service has also been tasked to be the Aftercare Service for all Wounded, Injured and Sick (WIS) veterans being discharged from the Services for medical reasons and resident in Ireland, regardless of cap-badge. This bespoke provision does not exist for former members of any other Armed Forces unit and is unique to Northern Ireland.

3. Context: Northern Ireland's Health Structures and Systems

3.1 Background

Health and social care are devolved issues in the UK. In Northern Ireland, the National Health Service (NHS) is referred to as the Health and Social Care (HSC) service. It is free at the point of delivery and provides social care services such as home care services, family and children's services, day care services and social work services.

Northern Ireland's model of integrated governance for health and social care sets it apart from other nations within the UK. In England, Scotland and Wales, the provision of social care is the responsibility of local authorities, but in Northern Ireland, health and social care have been part of the same structure since 1974. Effective integration of service delivery has been achieved through the division of care into nine 'programmes of care':

- acute services
- maternity and child health
- family and child care
- elderly care
- **mental health**
- learning disability
- physical and sensory disability
- health promotion and disease prevention
- primary health and adult community

Interview respondents reported that due to the integrated Health and Social Care service, the relationship between health and local authority services was very good and integration *"was a reality":*

> *"The relationship between health services and local authorities is good, much better than in England. It is an integrated system."*
>
> *"The integration of services is good and works well."*

Since devolution there have also been diverging policies for health care across the UK. For example, in Scotland, the division of purchasing from providing health care was abolished in 2004 and 2009 respectively, and competition between providers is discouraged. In contrast, in Northern Ireland the purchaser/provider split has been retained, but without encouraging provider competition.[14] GPs play a leading role in primary care and operate as independent contractors funded by the DoH through a combination of capitation and fee for service.[15]

3.2 The Department of Health

The Department of Health (DoH) is a devolved Northern Irish government department in the Northern Ireland Executive. The minister with overall responsibility for the department is the Minister of Health. Prior to 9 May 2016, the DoH was known as the Department of Health, Social Services and Public Safety (DHSSPS).

The DoH is working to improve the health and social wellbeing of the people of Northern Ireland by leading a major programme of cross-government action to improve the health and wellbeing of the population and reduce health inequalities.

This includes:

- interventions involving health promotion and education to encourage people to adopt activities, behaviours and attitudes which lead to better health and wellbeing; and

- ensuring the provision of appropriate health and social care services, both in clinical settings such as hospitals and GPs' surgeries, and in the community through nursing, social work and other professional services.

The DoH is responsible for the following:

- **Health and Social Care** - including policy and legislation for hospitals, family practitioner services and community health and personal social services.

- **Public Health** - policy, legislation and administrative action to promote and protect the health and wellbeing of the population.

- **Public Safety** - policy and legislation for fire and rescue services.

[14] The four health systems of the United Kingdom: how do they compare? (April 2014) Gwyn Devan, Marina Karanikolos, Jo Exley, Ellen Nolte, Sheelah Connelly and Nicholas Mays. The Health Foundation and Nuffield Trust

[15] Transforming Health and Social Care in Northern Ireland – Services and Governance (24th June 2016) Dr Janice Thompson Northern Ireland Assembly Research and Information Service Briefing Paper (Paper 40/16) (NIAR 149-16)

3.3 The Health and Social Care Board (HSCB)

The Health and Social Care (Reform) Act (Northern Ireland) 2009 established the **Health and Social Care Board (HSCB) and five Health and Social Care Trusts**, which are responsible for the delivery of primary, secondary and community health care. The HSCB sits between the DoH and Trusts and is responsible for commissioning services, managing resources and performance improvement. The HSCB is also directly responsible for managing contracts for family health services provided by GPs, dentists, opticians and community pharmacists, which are services that are not provided by Health and Social Care Trusts.

Within the HSCB there are **Local Commissioning Groups (LCGs)** that focus on the planning and resourcing of services. The LCGs cover the same geographical area as the five Health and Social Care Trusts.

3.4 Health and Social Care Trusts

The five **Health and Social Care Trusts** provide health and social services across Northern Ireland and are in charge of the management of staff, health and social care services on the ground and have control over their own budgets. The five Trusts are:

- **Belfast Health and Social Care Trust** – provides services for more than 340,000 people in Belfast and regional services to the whole of Northern Ireland.

- **Northern Health and Social Care Trust** – provides services for a population of over population of 460,000 people in the local council areas of Antrim, Ballymena, Ballymoney, Carrickfergus, Coleraine, Cookstown, Larne, Magherafelt, Moyle and Newtownabbey.

- **South Eastern Health and Social Care Trust** – provides services to approximately 360,000 people in the council areas of Newtownards, Down, North Down, and Lisburn.

- **Southern Health and Social Care Trust** – provides services for people in the council areas of Armagh, Banbridge, Craigavon, Dungannon and Newry and Mource.

- **Western Health and Social Care Trust** – provides services for people in the council areas of Londonderry, Fermanagh, Limavady, Omagh and Strabane,

3.5 Waiting Times

Veterans in Northern Ireland are expected to engage with their local health and social care services in the first instance. It is important to note that NHS treatment waiting times targets vary between the devolved nations. In England and Scotland the targets are 18 weeks, while in Northern Ireland the target is 52 weeks.

In Northern Ireland the waiting lists have tended to be high, which has led to difficulties in even meeting the 52 week target. The lengthy waiting lists are problematic because there is a lack of community-based services and this has led to a reliance on hospitals and institutional care. It was reported that this reliance on hospitals and institutional care is significantly greater in Northern Ireland than elsewhere in the UK.[16]

The demands on health and social services in Northern Ireland has been increasing primarily due to an ageing population and the growing complexity of needs amongst younger people, especially in socially deprived areas where the co-existence of physical and mental health problems is common and is often associated with poor quality of life, disability, psychological problems and increased mortality. There has also been increased frequency of emergency hospital admissions.[17]

Some respondents raised concerns about the impact of the lengthy waiting lists to access mental health services as it delays the point at which mental health treatment or interventions can commence. This can be particularly important for veterans with a dual diagnosis e.g. mental health and alcohol and/or drug issues. Although, the HSCB ensures that Defence personnel and families deployed in Northern Ireland have their previous waiting times for NHS services taken into account locally, so they are not disadvantaged by their deployment, this does not currently extend to veterans.[18]

In November 2015, the then Health Minister announced that there would be changes to the current structures[19] and a public consultation was carried out between December 2015 and February 2016 seeking the views of the public and stakeholders on the preferred options for reform.[20] In October 2016, the then Health Minister announced a 10 year plan[21] based on recommendations from a government-appointed panel. The report set out a range of priorities, including a focus on keeping people healthy in the first place, and a new model of care involving a team of professionals based around GP surgeries.

Following the general election in June 2017, a newly elected Northern Ireland Assembly will have to decide how to take this work forward.

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[16] Bamford, Terry (30 April 2015). *"Integration is not a cure-all for health and care – look at Northern Ireland"*. Guardian. *Retrieved 3 May 2015*.
[17] Bamford, Terry (30 April 2015). *"Integration is not a cure-all for health and care – look at Northern Ireland"*. Guardian. *Retrieved 3 May 2015*.
[18] The Armed Forces Covenant Annual Report 2016 Ministry of Defence
[19] http://www.bbc.co.uk/news/uk-northern-ireland-35887746
[20] Health and Social Care reform and transformation – Getting the structures right Consultation Analysis Report (March 2016) Department of Health, Social Services and Public Safety
[21] Health and Wellbeing 2016 Delivering Together (October 2016) Department of Health www.health-ni.gov.uk

3.6 Support for Victims and Survivors

In Northern Ireland, it is important to mention the statutory structures in place to support the mental and related health needs for victims and survivors, specifically:

- **The Victims and Survivors Unit within The Executive Office** works to raise awareness of, and co-ordinate activity on, issues affecting victims and survivors of the Troubles across the devolved administration and throughout Northern Ireland in general. The Unit has oversight responsibility for the Commission for Victims and Survivors and the Victims and Survivors Service.

- **The Commission for Victims and Survivors** is a statutory body that was established to address the needs of all victims and survivors by ensuring excellent service provision, acknowledging the legacy of the past and building for a better future. The Commission's aim is to promote the interests of victims and survivors and is responsible for providing advice to Government on matters affecting victims and survivors.[22]

- **The Victims and Survivors Service (VSS)** is the delivery body for the Strategy for Victims and Survivors (2009). This ten-year strategy focuses on improving services and delivering better outcomes for all victims and survivors. The VSS works both directly for individuals and hand in hand with support organisations to enable and support the resilience, recovery, and wellbeing of all victims and survivors. It was reported by respondents that the VSS has also supported organisations and groups primarily supporting veterans.

In 2012, the Commission for Victims and Survivors carried out a Comprehensive Needs Assessment (CNA).[23] The aim of the CNA was to:

> *"…..inform Government of the services required to improve the quality of life and create the conditions where victims and survivors can flourish in society. The purpose of the CNA is to examine the current needs of victims and survivors and assess whether the provisions and services that have been put in place since 1998 meet those needs. It also seeks to anticipate the areas of emerging and growing needs that occur over time and in relation to changing social and economic environments."*

The CNA identified seven areas of need pertaining to the NI population and **Health and Wellbeing was identified as the main priority area of need** for victims and survivors and the area where service delivery was described as *"the most complex and expensive".*

[22] https://www.executiveoffice-ni.gov.uk/articles/victims-and-survivors
[23] Comprehensive Needs Assessment (February 2012) Commission for Victims and Survivors http://www.cvsni.org/media/1434/comprehensive-needs-assessment-february-2012.pdf

The seven areas listed in order of priority are:

1. Health and Wellbeing
2. Social Support
3. Individual Financial Needs
4. Truth, Justice and Acknowledgement
5. Welfare Support
6. Trans-Generational Issues and Young People
7. Personal and Professional Development

Health and Wellbeing was identified as a priority area for a number of reasons:

> *"..the conflict generated a significant impact on the mental health of individuals who have had a conflict related experience e.g. a bombing, a shooting, bereavement, intimidation, displacement etc. On an individual level, victims and survivors diagnosed with mild to moderate and severe mental health disorders as a direct consequence of these experiences often cope with debilitating symptoms that severely impact their daily functioning and quality of life. For example, an individual diagnosed with Post Traumatic Stress Disorder (PTSD) can suffer regular episodes of depression and heightened anxiety, feelings of emotional detachment, flashbacks or nightmares, irritability or anger. Moreover, following a traumatic experience some individuals (both adults and children) can develop one or more co-morbid conditions such as depression, a panic disorder or general anxiety. Sometimes individuals can have several co-morbid conditions and the longer they have a disorder such as PTSD, the greater likelihood they will develop other co-morbid conditions, for example alcohol and/or drug dependence.* [24]

The CNA made a number of recommendations around mental health provision, services and pathways for the NI population generally, which could equally meet the needs of veterans as well as victims and survivors, for example:

> *"…..the Commission recommends that the Service should consider developing a general mental health care pathway to effectively capture and treat these [PTSD] and other mental health disorders. The care pathway should include provision of a package of 'intensive interventions' guided by evidence based practice including those agreed by the National Institute for Health and Clinical Excellence (NICE) and the Clinical Resource Efficiency Support Team (CREST)."*

This is now being taken forward through the development of a Mental Trauma Service, which is a national focused network in Northern Ireland to help the whole NI population (see section 7.6 Victims and Survivors/Trauma Network for details).

[24] Comprehensive Needs Assessment (February 2012) Commission for Victims and Survivors http://www.cvsni.org/media/1434/comprehensive-needs-assessment-february-2012.pdf

4. Planning for the Mental and Related Health Needs of Veterans

4.1 National and Local Health Care Planning

The DoH sets the policy and legislative context for health and social care in Northern Ireland.

The DoH produces a Departmental Business Plan, which sets out the strategic priorities for Health, Social Services and Public Safety, including objectives, targets, and completion dates. The principal service objectives for health and social care delivery are derived from these strategic priorities and are set out in detail in the Health and Social Care Commissioning Plan. This is produced by the HSCB, with the Public Health Agency. At a local level, the five Trusts also produce corporate or strategic plans.

As part of this review, a desktop assessment was carried out on some of the key national and local plans (as outlined below), to see how many took account of the needs of veterans or victims and survivors of trauma. This is in no way intended to be an exhaustive list but outlines some of the main documents reviewed:

- 2015/16 DHSSPS Departmental Business Plan[25]
- Health and Social Care Board and Public Health Agency Commissioning Plan 2016/17[26] - includes the Local Commissioning Group Plans for the five Trust areas
- Making Life Better A Whole System Strategic Framework for Public Health 2013-2023
- *Service Framework for Mental Health and Wellbeing,* Belfast: Department of Health, Social Services and Public Safety (2011)
- Belfast Health and Social Care Trust: Trust Vision & Corporate Plan 2013/14 – 2015/16[27]
- Northern Health and Social Care Trust: Corporate Plan 2013/14 – 2015/16[28]
- Southern Health and Social Care Trust Three Year Strategic Plan 2015-2018 *'Improving Through Change'*[29]

[25] https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/dhssps-business-plan-2015-2016.pdf
[26] http://www.hscboard.hscni.net/download/PUBLICATIONS/COMMISSIONING%20PLANS/Commissioning-Plan-2016-17.pdf
[27] http://www.belfasttrust.hscni.net/pdf/820_-_Corporate_management_plan_final_draft_28_May.pdf
[28] http://www.northerntrust.hscni.net/pdf/Corporate_Plan_2013_to_2016.pdf
[29] http://www.southerntrust.hscni.net/images/Southern_Health__Social_Care_Trust_Three_Year_Strategic_Plan.pdf

- South Eastern Health and Social Care Trust Corporate Plan 2011 - 2015[30] and Addendum to Corporate Plan 2016/17[31]

- Western Health and Social Care Trust Corporate Plan 2014/15 – 2015/16[32]

These plans potentially provide an important opportunity to consider veterans as a distinct population within a local area, to highlight their health and social care needs and to ensure that they are included within local planning and funding processes and systems. However, in light of Northern Ireland's complex history, current political landscape and equality legislation, it is not surprising that none of these plans specifically mentions veterans. Some do refer to the needs of different equality groups, for example the Health and Social Care Board and Public Health Agency Commissioning Plan (2016/17) includes a provider requirement that '*Trust responses should demonstrate plans to ensure that all health and social care staff have access to disability, equality and human rights training and are trained to communicate appropriately with people who are blind or partially sighted.'* (Page 66).

The Service Framework for Mental Health and Wellbeing, Belfast: Department of Health, Social Services and Public Safety (2011) includes specific standards for Deaf people with mental health needs and Black and minority ethnic communities.

Making Life Better: A Whole System Strategic Framework for Public Health (2013-2023) acknowledges how the social determinants of health affect Section 75 groups differently and that '*tackling the major inequalities in health and wellbeing and their causes will help promote equality of opportunity and good relations*.' (Page 37).

A number of the plans also highlight the continuing impact of the Troubles in Northern Ireland and the importance and need to tackle issues such as Post Traumatic Stress Disorder (PTSD) and suicide, and to support the victims and survivors of trauma. As one respondent commented:

> *"Political controversy doesn't help veterans, it's more important to focus on needs and services."*

Despite the absence of specific references to veterans in the official planning documentation, several respondents reported that the needs of specific groups, including veterans, victims and survivors, and issues around trauma services and PTSD, were now discussed more regularly in local Trust commissioning and planning meetings and in relevant national meetings:

> *"In the past veterans weren't talked about in commissioning discussions because it was thought that they had their own services within the military and the voluntary sector. But there's more discussion now because we've got young men who've returned from Iraq who've got all kinds of problems and need help and support."*

[30] http://www.setrust.hscni.net/pdf/CorporatePlan2011-2015.pdf
[31] http://www.setrust.hscni.net/pdf/Final_Addendum_to_Corporate_Plan_2016_2017_May_2016.pdf
[32] http://www.westerntrust.hscni.net/pdf/Corporate_Plan_201415-201516.pdf

4.2 Veterans Champions

There are now elected members who are appointed by their Party to act as **Veterans Champions** on all eleven local councils. In response to a Parliamentary written question in 2014, the then Minister of State replied that from April 2015 Local Authorities will nominate both a non-elected official and a councillor to membership of the Reserve Forces and Cadets Association in Northern Ireland (RFCA NI[33]), with the latter also acting as a local Veterans Champion[34]. It was hoped that this would help to improve communication and awareness, and also the provision of support to vulnerable veterans, and that the champions would play a key role in promoting Covenant activity across Northern Ireland.

However, respondents expressed some concerns as to what the Veterans Champions would be able to achieve, as their duties as Champions were additional to their posts within the councils. As one respondent commented:

> *"I don't know how effective they are, I think they've only met once."*

While most respondents felt having Veterans Champions in all the councils was a positive step forward, some also thought that there was a need to raise awareness about them and their role:

> *"We need to disseminate the fact that Veterans Champions are in the councils, so people know they're there and they can help to signpost veterans to appropriate services."*

4.3 The Veterans Gateway Service

In November 2016, the Ministry of Defence announced £2 million for the development of a one-stop service to support British Armed Forces veterans in need. The new service, called Veterans' Gateway, will be launched in May 2017. The Veterans' Gateway has been created to make it easier to navigate the large number of organisations that exist to support those who have served in the Forces. The service will be the first point of contact for veterans and their families to access information, advice and support on a range of issues including health care, housing, and employment. It will allow services from organisations to be accessed from one place.

The Veterans' Gateway will have a website as well as online chat, telephone and text message services available to any veteran, from anywhere in the world, 24 hours a day. Veterans can also access face-to-face support through the Veterans' Gateway network of partners across the UK and overseas.[35]

[33] RFCA NI is a regional civilian body comprising voluntary members and a small full-time secretariat. It was established by statute to offer advice and support to the Defence Council on behalf of the Reserve Forces and Cadet movement.
[34] Hansard. HC. Veterans: Northern Ireland: Written question – 221490. Answered on 26th January 2015.
[35] http://www.britishlegion.org.uk/community/news/poppy-support/veterans-gateway/

The Veterans' Gateway will have a Northern Ireland "tab" advising of local services and facilities, including the Veterans Champions and how to contact them. Ulster University also report that the University and the NIVHWS team of researchers are official information sharing partners for the Veterans' Gateway.

The NIVHWS team have been working closely with the Gateway team to ensure that NI based information available via the Veterans' Gateway is accurate and reflective of the support and structures within NI.

5. Assessment of Needs: Summary of Veterans Community Profile

5.1 Introduction

All respondents agreed that there is a lack of robust data and information on the needs of veterans in Northern Ireland, so the announcement of the research work being carried out by Ulster University into Northern Ireland's veteran community was welcomed.

In terms of this review, efforts have been made to gather the most recent and reliable information but this is often restricted to UK data sets and surveys, for example, the UK Household Survey of the ex-Service community. Clearly more robust data and information is required on veterans in Northern Ireland to ensure that resources (money and people) are appropriately targeted and to develop current services and plan future provision.

The current available information on the community profile of veterans in NI is summarised below.

5.2 Geographical Profile

The veterans' community is not uniformly distributed across the UK and does not mirror the regional profile of the UK adult population. For example, the veterans' community in England has a higher proportion living in the South West of England, Yorkshire and Humberside and the North West, and a significantly lower proportion in London and the West Midlands.

In 2014, the size of the veterans' community in Northern Ireland (including veterans, adult dependents and minor dependents) living in private residential households was estimated to be around 155,000 people, comprising 110,000 adults and 45,000 children (see table below).

National Breakdown of UK Veterans Community in 2014[36]

	Adults (000s)	%	Children (000s)	%
England	4,070	83	785	79
Scotland	430	9	85	9
Wales	310	6	75	8
Northern Ireland	110	2	45	4
UK	**4,920**	**100**	**990**	**100**

In Northern Ireland, the proportion of people within the veterans community compared to the general population in 2006 was at the same levels, but by 2014 the number of people in the veterans community had slightly dropped in comparison to the general population (see table below).

UK Profile of Veterans Community Compared with UK Population by Nations

	2006[37]		**2014**[38]	
	2006 UK Veterans (%)	2006 UK Population (%)	2014 UK Veterans (%)	2014 UK Population (%)
Northern Ireland	3	3	2	3
Scotland	10	9	9	9
Wales	5	5	7	5
England	83	83	81	83

Some respondents, however, reported that the survey data underestimated the veteran population in NI, and they expressed a view that the true size of the veteran community in Northern Ireland was likely to be higher. The UK Household Survey methodology was applied consistently across the UK and is a well-established method within the field of epidemiology; but it could be argued that a limitation of the survey lies in veteran respondents' fear of disclosing their military status, which could be a particular factor in NI, thus resulting in an underestimation of the true size of the veteran population.

One of Ulster University's work packages was developed as a direct response to this and they are using capture/recapture methodology to merge data sets in order to produce more accurate estimates of the size of the veteran population in NI.

[36] *UK Household Survey of the ex-Service Community, 2014. Royal British Legion, Forces in Mind Trust, Compass Partnership. Appendix 4a: Projections of the size of the ex-Service community).*

[37] Profile and Needs: Comparisons between the ex-Service Community and the UK population (2006) Royal British Legion. Page 14

[38] A UK Household Survey of the ex-Service Community (2014) Forces in Mind Trust, Compass Partnership, Royal British Legion. Page 15

5.3 Age Profile

Data from 2006 showed that in England, Scotland and Wales the veterans' community had become increasingly elderly but that in Northern Ireland, the percentage of younger veterans was significantly greater than that of the general population (see table below).

UK Profile of Veterans Community Compared with UK Population by Region, By Age[39]

	16 – 44 years		45 - 68 years		65+ years	
	UK Veterans (%)	UK Population (%)	UK Veterans (%)	UK Population (%)	UK Veterans (%)	UK Population (%)
Northern Ireland	8	3	4	3	1	2
Scotland	8	8	13	12	10	11
Wales	6	5	4	5	6	6
England	79	85	78	83	83	81

The 2006 RBL survey data also showed that there were a higher proportion of younger veterans in certain regions in England. Analysis from health needs assessments in England suggested that this might be due to factors such as:

- settling close to the Armed Forces base where they were previously stationed, and where they may have bought a family home or 'put down roots';
- returning to the region where they lived before their service in the Armed Forces, therefore reflecting areas where Armed Forces recruitment is traditionally strong;
- affordability of housing and accommodation; and,
- more early service leavers choosing to settle in certain areas rather than others[40].

The most recent RBL survey does not contain a similar breakdown of age by region and nations. It is also not possible from the available data sources at the current time to determine why the veteran population in NI is significantly younger than that of other nations in the UK.

It is known that within the UK, there are increasing numbers of elderly people within the veterans community, which reflects the large numbers of men and women who served during the Second World War or who undertook post-War National Service.

[39] Profile and Needs: Comparisons between the ex-Service Community and the UK population (2006) Royal British Legion. Page 15

[40] Simmonds, K (2013) Health Needs Assessment of The Armed Forces Community (the Armed Forces, their families and veterans). NHS Surrey and Surrey County Council.

Almost half of the veterans community in the UK are over 75 and 64% are over the age of 65 [41]. Due to the increasing number of elderly veterans, it is estimated that the size of the veterans community in the UK will continue to fall and by 2030, it is predicted that the veterans' community will represent 6% of the UK population, compared with 10% in 2005.[42]

The percentage by which the adult veteran community is projected to decrease in Northern Ireland in comparison to the rest of the UK is outlined in the table below.

Forecast of Adult Veterans Community by Region[43]

	2014	2020	2025	2030
Region	Total (000's)	Total (000's)	Total (000's)	Total (000's)
England	4,273	3,509	2,952	2,519
Scotland	469	385	324	276
Wales	310	300	252	215
Northern Ireland	104	86	72	61
Total	5,211	4,279	3,600	3,072

5.4 Gender Profile: Female Veterans

Women have played a vital role in the UK Armed Forces. In 2010, the total percentage of women in the UK Armed Forces was 9.1% (17,900). By 2012, 17,610 women were employed in the UK Armed Forces (9.7%). Of the 17,610 women, 3,830 (21.7%) were officers. [44]

While the number of Service women has gradually increased in line with the implementation of equal opportunities policies by the Ministry of Defence, there is a limited but growing amount of data and research about their specific health and wellbeing needs, particularly post-Service. In terms of differential effects of training and military service on physical health, analysis of medical discharge data (e.g. Geary et al, 2002) indicated that female personnel in the UK Armed Forces were significantly more likely than their male counterparts to be medically discharged from the UK Armed Forces due to physical injuries and musculoskeletal problems. [45]

[41] A UK Household Survey of the Ex-Service Community (2014) Forces in Mind Trust, Compass Partnership, Royal British Legion
[42] A UK Household Survey of the Ex-Service Community (2014) Forces in Mind Trust, Compass Partnership, Royal British Legion
[43] A UK Household Survey of the ex-Service Community (2014) Forces in Mind Trust, Compass Partnership, Royal British Legion. Page 83
[44] Scoping Review: A Needs-Based Assessment and Epidemiological Community-Based Survey of Ex-Service Personal and their Families in Scotland Final Report (December 2012) Professor Susan Klein, Emeritus Professor David A Alexander, In Collaboration with Dr Walter Busuttil, The Robert Gordon University Aberdeen
[45] Scoping Review: A Needs-Based Assessment and Epidemiological Community-Based Survey of Ex-Service Personal and their Families in Scotland Final Report (December 2012) Professor Susan Klein, Emeritus Professor David A Alexander, In Collaboration with Dr Walter Busuttil, The Robert Gordon University Aberdeen

Although the evidence base is growing[46,47], there is limited research on the differential effects of combat exposure on female military personnel because previous research on the effects of combat exposure during and post-deployment on mental health has either focussed exclusively on men, or the sample has contained only a small subset of women.

Further research is needed on gender differences in combat exposure and its impact on mental health during and post-deployment, including the effects of other trauma-related experiences on combat exposure (e.g. sexual assault) and other interpersonal stressors (e.g. lack of perceived support from comrades), and the role of pre-military and post-military interpersonal trauma.[48]

Female military personnel are excluded from any specialisation where *'…the primary duty is to close with or kill the enemy'*; but this does not necessarily protect them from exposure to combat situations when they served in a variety of support positions that involved leaving military bases with a substantial risk of coming under direct fire (Hoge *et al*, 2007).

This was particularly the case for female military personnel in Northern Ireland. The Ulster Defence Regiment (UDR) first recruited local women in 1973 and these women were known as Greenfinches. This was the first case of complete integration of males and females in a British military unit and preceded the Regular Army by almost 20 years in fully integrating female soldiers. By 1991, the women formed 10% of the Regiment. The women performed clerical, catering and storekeeping duties as well as staffing the Operations room and Intelligence cell. They were also deployed in patrols and carried out searches of women and children to prevent them from carrying concealed weapons, explosives and documents. Therefore, alongside their male counterparts, women were equally at risk during each patrol of sniper or bomb attacks.[49]

It was stated by some respondents that the numbers of female veterans seeking help from statutory health and mental health services was small and some respondents stated that they had never seen a female veteran in their service:

> *"Women veterans? I've never seen a female come forward to our service for help."*

> *"I've only dealt with one female veteran."*

Other respondents stated that female veterans were being seen more frequently in voluntary sector services. Respondents acknowledged that women might have issues that differ to their male counterparts, for example the need for gender specific therapies especially when dealing with sexual harassment and trauma:

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[46] Angela R. Febbraro, A R and Gill, R M (2009) Gender and Military Psychology IN Handbook of Gender Research in Psychology. New York: Springer pp 671-696

[47] MacGregor Andrew J., Clouser Mary C., Mayo Jonathan A., and Galarneau Michael R.. Journal of Women's Health. April 2017, 26(4): 338-344

[48] Scoping Review: A Needs-Based Assessment and Epidemiological Community-Based Survey of Ex-Service Personal and their Families in Scotland Final Report (December 2012) Professor Susan Klein, Emeritus Professor David A Alexander, In Collaboration with Dr Walter Busuttil, The Robert Gordon University Aberdeen

[49] http://ecohcoy.tripod.com/page14.htm

"The women veterans we've seen have sexual harassment and trauma issues like that…and you can't address that in a group session full of guys."

There is no specific provision for female veterans; without further data it is difficult to know how many female veterans are accessing statutory health or mental health provision and there is a risk that the mental and related health and social care needs of these women may well be overlooked within current services.

Statutory mental and related health providers may need to consider, with voluntary sector colleagues, how the current service provision could be made more user-friendly for women and what types of service provision would be most appropriate to meet the needs of female veterans.

6. Assessment of Needs: Mental and Related Health Needs

6.1 Overview of General Mental Health Issues in Northern Ireland

Mental health is regarded as one of the four most significant causes of ill health and disability in Northern Ireland along with cardiovascular disease, respiratory disease, and cancer.[50] The 2007 Adult Psychiatric Morbidity Survey reported that Northern Ireland had a 20%-25% higher prevalence rate of mental health problems than the rest of the UK.[51] This has been attributed, in part, to higher levels of unemployment and social deprivation and the legacy of the Troubles in Northern Ireland.

In 2010, the DHSSPS noted the impact of the Troubles within their *Strategy for the Development of Psychological Therapies*[52] and stated that:

"…one in five people have suffered multiple experiences relating to the Troubles and one in ten have been bereaved as a result of the Troubles.'

The Commission for Victims and Survivors (CVS) found that overall 30% of the population had been directly affected by the Troubles either through sustaining a physical injury, bereavement or experiencing a traumatic event (directly or as a carer).[53] The Commission also estimated that 39% of the adult population had been exposed to one or more traumatic events associated with the Troubles and concluded that the events associated with the Troubles continued to represent *"a major traumatic stressor for the population"*.[54] In 2012, the Comprehensive Needs Analysis carried out by the CVS found:

[50] Department of Health, Social Services and Public Safety (2011) *Service Framework for Mental Health and Wellbeing,* Belfast: Department of Health, Social Services and Public Safety.
[51] Friedli, L. and Parsonage, M. (2007). Mental health promotion: Building an economic case. [online] Northern Ireland Mental Health Association, pp.1-59. Available at: http://www.chex.org.uk/media/resources/mental_health/Mental%20Health%20Promotion%20-%20Building%20an%20Economic%20Case.pdf
[52] A Strategy for the Development of Psychological Therapy Services (2010) DHSSPS
[53] Comprehensive Needs Assessment (February 2012) Commission for Victims and Survivors http://www.cvsni.org/media/1434/comprehensive-needs-assessment-february-2012.pdf
[54] Troubled Consequences: A report on the mental health impact of the civil conflict in Northern Ireland (2011) Commission for Victims and Survivors, University of Ulster/NICCT/Compass, October: 38.

> *"Analysis of the considerable literature revealed that the Troubles have 'embedded a legacy of psychological trauma and mental ill-health'…a significant mental health burden formed part of the conflict's legacy. With an excess of 3,700 deaths and over 40,000 injured it has been suggested that few individuals, families or communities in Northern Ireland have not been directly or indirectly affected by the conflict."*[55]

The Commission reported that the most prevalent disorders among individuals who experienced conflict related trauma were clinical depression, Post-Traumatic Stress Disorder (PTSD) and substance misuse (alcohol and drugs).

The incidence of reported mental health problems is higher than average for veterans who served in Northern Ireland, wherever they now reside, and in post 1990s peacekeeping operations; one in ten of each group reports suffering from depression.[56] There has also been a reported increase in demand for support for mental health difficulties from the 'Combat Stress' charity from veterans in Northern Ireland, with a sharp increase in the numbers of veterans from the conflicts in Iraq and Afghanistan being referred in recent years[57].

The 2015/16 Northern Ireland Study of Health and Stress, which is based on responses from 3,915 individuals, with a response rate of 60%, found that one in five respondents (19%) showed signs of a possible psychiatric disorder. Of these, 19% of females and 12% of males reported taking medication related to their mental health problems.[58]

Data gathered in 2016 from the 1,986 participants to the Northern Ireland Study of Health and Stress found that 60% of the respondents reported having experienced at least one traumatic event during their lifetime, with 19.5% of these being conflict related, and 16.9% being related to witnessing death or serious injury.[59] Moreover, it has been reported that the use of anti-depressants has a higher prevalence amongst those living close to peace walls[60], which suggests that people living in these areas may have greater mental health issues. The prevalence of PTSD in Northern Ireland is the highest of all countries that have produced comparable estimates including the USA, other Western European countries and countries that have experienced war or civil conflict issues similar to the Troubles in their recent history.[61]

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[55] Comprehensive Needs Assessment (February 2012) Commission for Victims and Survivors http://www.cvsni.org/media/1434/comprehensive-needs-assessment-february-2012.pdf

[56] Veterans in the UK: Issues Facing the ex-service community Trajectory the futures partnership

[57] The mental health of the UK Armed Forces: where facts meet fiction –European Journal of Psychotraumatology (2014)

Exploring Patterns in Referrals to Combat Stress for UK Veterans with Mental Health Difficulties between 1994 and 2014

[58] Scarlett, M. and Denvir, J. (November 2016). Health Survey (NI) First Results 2015/2016 Public Health Information & Research Branch, Information Analysis Directorate. (https://www.health-ni.gov.uk/sites/default/files/publications/health/hsni-first-results-15-16.pdf)

[59] Mental Health in Northern Ireland: Fundamental Fact 2016 Mental Health Foundation

[60] Give my head peace: Psychotropic drug uptake around the peace lines in Northern Ireland, D O'Reilly, A Maguire; Centre for Public Health, Queen's University, Belfast, UK 2011

[61] Troubled Consequences: A report on the mental health impact of the civil conflict in Northern Ireland (2011) Commission for Victims and Survivors, University of Ulster/NICCT/Compass, October: 38.

In terms of mental health hospital provision, the number of compulsory admissions to mental health hospitals under the Mental Health (NI) Order 1986 increased by 78 (7.9%), from 992 in 2011/12 to 1,070 in 2015/16. Specifically, during 2015/16, almost half (487) of compulsory admissions involved patients aged between 18 – 44 years of age.[62]

Available data on the extent to which mental health problems affect the population in Northern Ireland and the factors relating to mental health problems is more limited than the data available in England, Wales and Scotland. For example, it was reported that data directly relating to victims or the types of services and treatments being accessed is not routinely collected. There is also a lack of data relating to the individual outcomes for those with diagnosed mental health conditions receiving therapy-based treatments, information relating to the levels of demand for counselling services, and sector-wide capacity to address the mental health needs of victims and survivors.[63] The mental health Foundation have reported that as with other parts of the UK, there is an urgent need for research and data gathering on prevention and early intervention for mental health.[64]

Aside from data availability, the Northern Ireland Framework for Mental Health 2011[65] supports efforts to raise awareness and reduce stigma towards mental health to help support the general population. This would also include and benefit veterans:

> *"The general population would benefit from increased awareness of and access to a range of approaches to reduce stigma towards mental health issues and build capacity to support individuals and communities in need. The promotion of positive mental health and wellbeing through awareness, knowledge and information, the involvement of individuals, families, communities and all agencies can improve an individual's resilience, capacity, skills, self esteem, confidence and self worth."*

[62] Norther Ireland Executive Website:https://www.northernireland.gov.uk/news/mental-health-learning-disability-inpatients-201516#skip-link
[63] Comprehensive Needs Assessment (February 2012) Commission for Victims and Survivors http://www.cvsni.org/media/1434/comprehensive-needs-assessment-february-2012.pdf
[64] Mental Health in Northern Ireland: Fundamental Facts (2016) Mental Health Foundation
[65] Service Framework for Mental Health and Wellbeing (2011) Department of Health, Social Service and Public Safety

6.2 Veterans with Mental Health Issues in Northern Ireland

Veterans living in Northern Ireland can experience a range of mental health issues, from low level anxiety/depression to PTSD. The context of the Troubles and fears of recrimination can inhibit veterans in Northern Ireland from accessing services. People in the Armed Forces normally serve and fight abroad, and when they return home, for example from Iraq or Afghanistan, they are unlikely to ever see those who fought against them. In Northern Ireland, however, veterans may be living in the same communities as those they fought against, which raises particular issues. These veterans may be at a disadvantage as they feel unable access their entitlements because they do not want to reveal their service background as this may put their own personal safety and their family at risk. The range of issues that veterans themselves highlighted in 2005 included[66]:

- Fear of interaction with people
- Still being as security conscious now as when they were serving
- Avoiding family members
- Constant reminders of service years through behaviours still being practised
- Members being trained not to trust while in the service but no deprogramming on return to civilian life

Therefore, the problems faced by veterans currently living in Northern Ireland are potentially more complicated and sensitive than those faced by veterans in England, Scotland and Wales.

They may have concerns in relation to their security and so may face difficulties in seeking help for mental health issues.[67] This can give rise to complex and widespread mental and related health issues, which can be left untreated as veterans and their families feel unable to come forward and ask for help and support. As one respondent commented:

> *"Trauma linked to conflict is political in Northern Ireland."*

For Catholics in the military, coming home to Northern Ireland presents another area of difficulty as British soldiers and veterans living in Northern Ireland are viewed negatively by some people within Catholic communities. Therefore, Catholic veterans returning to their Catholic communities from the Armed Forces may find it difficult to find anyone they can discuss their experiences with and to acknowledge any difficulties.[68]

Evidence has also found that the traumatic experiences and exposure to violence related to the Troubles in Northern Ireland leads to adverse mental health not only for the person themselves, but also for their children and grandchildren.

[66] Legacy of War Experiences of members of the Ulster Defence Regiment (November 2005) Conflict Trauma Resource Centre (CTRC)
[67] http://www.publications.parliament.uk/pa/cm201314/cmselect/cmniaf/51/5107.htm
[68] http://sluggerotoole.com/2014/03/23/homecoming-are-british-military-veterans-in-northern-ireland-coping/

The *Childhood in Transition Report (2009)*[69] outlines a number of specific factors that influence the present day lives of young people as a result of their direct or indirect exposure to the Troubles and the sectarianism that continues to exist (see section 8.1 Children and Young People).

Respondents commented that younger veterans also often felt more isolated on returning home from overseas duties:

> *"The younger veterans are alienated because they've come back from overseas, from unpopular wars, and they find they're not welcome. So they have no cohesion or links to local communities."*

6.3 Post Traumatic Stress Disorder (PTSD)

In 2016, an estimated 8.8% of the Northern Ireland population met the criteria for PTSD at some point in their life, while 5.1% met the criteria in the previous 12 months.[70] In 2008, the total direct and indirect cost of PTSD in Northern Ireland was estimated at £172,756,062.[71] It is likely that the cost would be higher today, and as a 2014 study concluded:

> *"Despite the formal end to conflict in NI in 1999, a substantial proportion of the adult population continue to suffer the adverse mental health effects of chronic trauma exposure. …….. it is likely that the legacy of mental ill health associated with conflict, if not adequately addressed, will endure for many years."*[72]

PTSD is a particular issue for veterans who had served in Northern Ireland, as well as those who had served in Iraq and Afghanistan. Some respondents reported that *"there is a lot of expertise around PTSD in Northern Ireland"* particularly in terms of treatment of PTSD. One respondent reported that organisations such as Combat Stress contributed to this expertise:

> *"Their [Combat Stress] expertise is the best."*

The Northern Ireland Framework for Mental Health 2011[73] acknowledged the need to provide support to people who may have PTSD in one of their overarching standards:

[69] Childhood in Transition report: Experiencing Marginalisation and Conflict in Northern Ireland. McAlister, Scraton and Haydon, QUB, 2009
[70] Mental Health in Northern Ireland: Fundamental Fact 2016 Mental Health Foundation
[71] Ferry, F.R., Brady, S.E., Bunting, B.P., Murphy, S.D., Bolton, D., & O'Neill, S.M. (2015). The Economic Burden of PTSD in Northern Ireland. *Journal of Traumatic Stress, 28 (3)*, 191-197.
[72] Traumatic Events and Their Relative PTSD Burden in Northern Ireland: A Consideration of the Impact of the 'Troubles' F Ferry et al. Soc Psychiatry Psychiatric Epidemiol 49 (3), 435-446. 3 2014. https://www.ncbi.nlm.nih.gov/labs/articles/23959590/
[73] Service Framework for Mental Health and Wellbeing (2011) Department of Health, Social Service and Public Safety

"Overarching Standard 48: Post Traumatic Stress Disorder – treatment and ongoing care: A person with a confirmed diagnosis of post traumatic stress disorder should have access to timely psychological and social interventions, medication and treatment appropriate to their needs, delivered by suitably qualified and supervised practitioners. A standardised outcome measurement tool should be used in treatment and care."

The Framework further states that people with PTSD should be treated by suitably qualified and supervised practitioners who have the experience and skills to provide evidence-based psychological treatments for PTSD.

6.4 Suicide Risks

In Northern Ireland, in 2010, 313 deaths were registered as suicide, of which 240 were males and 73 were females.[74]

By 2014, the numbers of registered suicides had reduced to 268 deaths and from this figure, over 75% (207) of suicides were male.[75] A few respondents commented that while the suicide rate fell in 2014, it has generally been increasing since the 1990s and the figures for 2016 may show a rise. However, this is largely a subjective view and beyond the scope of this review to clarify further.

An analysis of suicidal behaviour in Northern Ireland in 2014 showed associations with conflict-related traumatic events. This research, using data from the Northern Ireland Study of Health and Stress, found a significant association between the experiences of conflict related events, suicide ideation and suicide plans and suggests that those who experienced a conflict related event may be more likely to achieve suicide on their first attempt.[76]

6.5 Pre-Enlistment Factors

There are a range of general pre-enlistment factors, which although not unique to Northern Ireland, may have an impact on health and mental health outcomes. These include socio-economic adversity, previous psychiatric history, personality, coping style, adverse experiences during childhood and adolescence such as verbal and physical abuse from parents, alcoholism in the family, and not feeling valued as a child. Single males of lower rank, with lower educational status, and who have served in the Army, are most likely to have experienced these adverse vulnerability factors in childhood.[77]

[74] The Centre for Social Justice (2010) *Breakthrough Northern Ireland*, CSJ: 15.
[75] Walker, H., Scarlett, M. and Williams, B. (2014). Health Survey Northern Ireland: First results 2013/2014. [online] Belfast: Public Health Information & Research Branch, Information Analysis Directorate. Available at: http://www.dhsspsni.gov.uk/hsni-firstresults-13-14.pdf
[76] O'Neill, S., Ferry, F., Murphy, S., Corry, C., Bolton, D., Devine, B., Ennis, E., & Bunting, B. (2014). Patterns of suicidal ideation and behaviour in Northern Ireland and associations with conflict related trauma. *Plos ONE 9 (3)*, e91532.
[77] Scoping Review: A Needs-Based Assessment and Epidemiological Community-Based Survey of Ex-Service Personal and their Families in Scotland Final Report (December 2012) Professor Susan Klein, Emeritus Professor David A Alexander, In Collaboration with Dr Walter Busuttil, The Robert Gordon University Aberdeen

6.6 Substance Misuse: Alcohol and Drugs

Alcohol and drug misuse are significant public health and social issues with very high cots implications for Northern Ireland. Alcohol misuse has the biggest impact on the health of the population and accounts for approximately 70% of referrals to substance misuse treatment services. The impact of alcohol and drug misuse not only affects the individuals concerned it also affects families and local communities, and is not confined to young people as it can affect all ages.[78]

Moreover, it has been suggested that the impact of the Troubles on the population of Northern Ireland has affected wellbeing including creating higher levels of alcohol and/or drug dependency and subsequent mental health problems.[79]

Some respondents believed that alcohol and drugs, and the impact that they have on veterans in regards to self-harm and suicide was sometimes attributed to PTSD, when it was the alcohol or drug use that was the more significant factor:

> *"Most of the self-harm and violence isn't caused by PTSD but by alcohol misuse."*

Respondents were divided about the degree to which alcohol and drug problems were prevalent amongst veterans and several respondents thought that this was often related to age differentials:

> *"People claim it's [alcohol] a big issue, but there's no evidence for this. It's more of an issue for younger service leavers, who leave the Services early. They use it as coping mechanism"*

The RBL UK Household Survey (2014) found that the younger age group of the ex-services community and the most recently discharged were more likely to have alcohol or drug problems[80].

The Northern Ireland Framework for Mental Health 2011[81] recognised the damaging affect substance misuse can have, and set out the process that should be used to help those suffering such issues:

"A person with difficulties/concerns about their drug or alcohol misuse should have an initial assessment when first presenting to services in primary care or any acute or community setting and should be encouraged to fully participate in their assessment and onward referral, if necessary. Any person presenting either a risk to themselves or others should be offered and assessed by mental health specialist(s) in a timely manner."

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[78] Service Framework for Mental Health and Wellbeing (2011) Department of Health, Social Service and Public Safety

[79] Wilson, G., Montgomery, L., Houston, S., Davidson, G., Harper, C. & Faulkner, L. (2015) Regress? React? Resolve? An Evaluation of Mental Health Service Provision in Northern Ireland Report prepared for Action mental Health by Queen's University Belfast

[80] A UK Household Survey of the ex-Service Community (2014) Forces in Mind Trust, Compass Partnership, Royal British Legion. Page 34.

[81] Service Framework for Mental Health and Wellbeing (2011) Department of Health, Social Service and Public Safety

7. Mental Health Provision and Support for Veterans in Northern Ireland

7.1 Introduction

Mental health services in Northern Ireland are delivered in accordance with the Stepped Care model (2009) as outlined by the then DHSSPS (now DoH).[82] This model provides a framework for the organisation and delivery of mental health services with the aim of ensuring that individuals receive the level of required support and/or intervention appropriate to their need.

Some respondents commented that there had been a positive step change in statutory mental health services generally in Northern Ireland in the past five years and there had been a move away from just providing medication to also providing effective psychological interventions.

7.2 Access to Information and Reducing Stigma

Due to the complex history of Northern Ireland and the current equalities legislation, some respondents stated that it was difficult for services to signpost and provide information specifically for veterans on how to access appropriate services. Respondents also commented that veterans did not acknowledge their status as veterans, which would make it difficult to refer them to appropriate services:

> *"Soldiers are taught to be anonymous, they don't tell people they're veterans so they're an invisible group of people"*

To help lessen their invisibility, in 2013, a new system was introduced by NHS England and NHS Wales to reinstate a Service Leaver's NHS record: when they register with a GP, a letter is automatically generated informing the GP that their patient has been under the care of the Defence Medical Services. However, this system has not been introduced in Northern Ireland.[83]

The Ministry of Defence acknowledged that there had been some problems with how Service Leavers were briefed on identifying mental health issues and where to go for help in the past, but that work had been done to improve this and to offer more support. [84]

Some respondents stated that it would be helpful for veterans to have a single point of contact particularly in regards to accessing mental health services:

> *"There's no single point of contact for veterans in Northern Ireland, veterans use voluntary sector services to get access to mental health services. A single point of contact would be perfect."*

[82] Delivering the Bamford Vision – The Bamford Review of Mental Health and Learning Disability, Action Plan 2009-11 (2009) DHSSPS
[83] Veterans in the UK: Issues Facing the ex-service community Trajectory the futures partnership
[84] http://www.publications.parliament.uk/pa/cm201314/cmselect/cmniaf/51/5107.htm

The new Veterans Gateway[85] should help to resolve this by providing a first point of contact for veterans and their families to access information, advice and support on a range of issues including health care, housing, and employment.

Respondents acknowledged that currently there could be difficulties for some veterans to know how to access support for mental health issues, but for those that have, these respondents thought that they do receive a very good service:

> *"It might be difficult to access but our mental health services are second to none and as good as any in the UK."*

As previously noted this is in contrast to known issues with respect to waiting times for mental health treatments. A recent BBC inquiry found that none of Northern Ireland's Health Trusts are meeting the waiting time targets for people with mental health problems such as anxiety and depression. The inquiry also found that there are significant shortfalls in the mental health workforce that are impacting on the ability to meet mental health needs.[86]

The Northern Ireland Framework for Mental Health 2011 highlights the importance of raising awareness around mental health issues and reducing stigma[87]:

> *"People need to be aware of and have access to a range of mental health promotion approaches to reduce stigma towards mental health issues and to build capacity, resilience, skills and knowledge to support individuals and communities in need. This will help to increase self esteem, confidence and self worth. Information regarding mental health services is also essential."*

The Commission for Victims and Survivors took action in 2012 to help improve awareness by supporting the development of a wide-ranging and targeted communication strategy, which aims to raises awareness among GPs and other primary and community care practitioners of the impact of conflict-related trauma.[88]

Additionally, the Strategic Framework for Adult Mental Health (2005)[89] highlighted the importance of taking the specific context of service users into account. It listed, for example, a number of characteristics that health and social care services (statutory and independent) should reflect in their provision. The following table shows how veterans' mental and related health needs are relevant to these particular characteristics:

[85] See p.30 of this report for details
[86] http://www.bbc.co.uk/news/uk-northern-ireland-37976537
[87] Service Framework for Mental Health and Wellbeing (2011) Department of Health, Social Service and Public Safety
[88] Comprehensive Needs Assessment (February 2012) Commission for Victims and Survivors http://www.cvsni.org/media/1434/comprehensive-needs-assessment-february-2012.pdf
[89] *A Strategic Framework for Adult Mental Health Services.* The Review Of Mental health And Learning Disability (Northern Ireland). June 2005.

Characteristics	Implications for veterans as a service user group
Clear and non-bureaucratic points of access to information and services	Veterans have poor awareness of available statutory services and respond poorly to bureaucracy within these organisations. There is a need for targeted information for veterans and straightforward access to services. This is one of the main aims of the new Veterans Gateway.
Proactive awareness of and sensitivity to potential trauma-related needs by key first-point-of-contact professionals and organisations	Professionals within statutory organisations who will be the first point of contact with veterans need to have sensitivity and awareness of the veterans' community and their needs.
Effective first line responses offering reassurance, clear information, initial care, and onward referral	Some veterans fall out of statutory services following the first contact due to poor experiences so there is a need for reassurance, clear information and action at this initial stage.
Ongoing active response and follow up to reduce the potential for drop-out associated with avoidance	There is a need for active communication and responses to veterans needs to ensure they do not drop-out of statutory services after initial stages, particularly veterans with complex needs e.g. mental health and substance misuse issues.
Individualised care to reflect the highly individualistic presentations of trauma-related needs, and the personal associated circumstances (e.g. other illnesses, financial hardships, disability etc.) and any co-morbid mental ill-health needs	Some veterans have more complex issues e.g. co-morbidity, debt etc. Statutory services need to provide individualised care tailored to meet their needs and prevent veterans from dropping out of statutory services.
Access to a range of evidence-based therapeutic resources	There is a need to ensure that there are evidence-based therapeutic resources, including trained and qualified staff able to meet the specific needs of veterans.
Services should place a clear emphasis on creating a safe and confidential treatment environment	Professionals and statutory organisations need to be aware that veterans and their families continue to have concerns regarding their safety due to the Troubles.
Services should have in place key links and arrangements to respond to urgent and other needs that cannot be met within the specific service	It is important to involve the veteran's family in his/her care and professionals and statutory organisations must have a wider awareness of potential risks and issues that could arise e.g. the safeguarding of children.

7.3 GP Provision and Mental Health Services

Veterans in Northern Ireland with mental health needs have access to a range of pharmacological and some therapy-based treatments from health and mental health services.

A number of respondents stated that during the Troubles clinicians within statutory services had become very skilled at dealing with the physical and mental health needs of people in the Armed Forces and veterans, but felt that since the Good Friday or Belfast Agreement in the 1990s, such skills had been in less demand and as such, had been lost from statutory health and mental health services over time:

> *"They (clinicians) dealt with physical needs and were also good at dealing with emotional trauma, but over the years we've lost these skills."*

Other respondents strongly disagreed with this view. They stated that following the Good Friday agreement more individuals had felt able to acknowledge that they had post-traumatic psychological problems and that this had resulted in the establishment of trauma advisory panels in each of the health boards and psychological treatment training for health professionals working in the statutory sector, including Cognitive behavioural therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR) therapy. It was further stated that improvements in professional training was leading to an expansion in the number of practitioners with these skills.

With regards to psychological therapies in Northern Ireland, the Psychological Therapies Strategy (2010) recommended that psychological therapies should be a core component of mental health services, including the provision of psychological care for people with PTSD. **Primary Care Talking Therapies Hubs** have since been established in each Trust area to bring together GPs, mental health clinicians and voluntary sector organisations into a single service consortium. The aim of these Primary Care Hubs is to improve access to low intensity psychological care and help deliver more effective intervention at an early stage.

All Trust areas also have a mental health crisis team. These teams are made up of psychiatric nurses, social workers and support workers. They carry out mental health assessments and provide support and short-term help until another team is available or the help is no longer needed. These teams can be accessed through the GP or GP out of hours service.

When GPs do refer individuals on to talk therapies, the waiting list can be up to a year or more and if people have very severe mental health symptoms, they are unable to engage in therapy until the symptoms stabilise. In these situations, the GP often has little option but to use medication as a stop gap before therapy can commence. Respondents raised concerns that there was an **overreliance on prescription drugs and the use of antidepressants** for veterans with mental health issues:

"GPs in Northern Ireland have been living with veterans' issues, but there's a lack of awareness and they tend to prescribe pills."

"There's definitely an overreliance on prescription drugs. We need to move away from drugs and focus on therapy."

The Commission for Victims and Survivors also highlighted these concerns, in relation to the general population of NI:

"The overreliance on medication to treat mental illness is one of a number of indicators reflecting the generally high level of psychological morbidity in Northern Ireland...10% of the adult population aged between 35-64 years of age (87,800 individuals) use antidepressants on a monthly basis."[90]

The Northern Ireland Framework for Mental Health 2011[91] in regards to the use of medication and PTSD stated:

"Medication can ameliorate disabling symptoms and may reduce symptomatic distress enabling engagement in evidence based trauma focused psychological therapies. Psychosocial interventions should be offered as adjuncts to psychological and pharmacological therapies throughout the course of PTSD."

Respondents commented that although some GPs do have a good understanding of the mental needs of victims of trauma as a result of the Troubles, they **lacked awareness of the specific needs of veterans**. Other respondents also commented that there were **great variations in clinical service provision** across Northern Ireland:

"It's patchy across regions and there's variations between the services provided by Trusts."

In order to raise awareness of the needs of veterans, the Northern Ireland Veterans Support Committee (NIVSC), working locally with the Ministry of Defence, developed a *Northern Ireland Veterans Handbook*, which acted as a quick reference guide setting out the services available to veterans and their families. The Handbook was intended to give any stakeholder a "who does what for whom" guideline together with local contact details so that veterans who came into contact with them could be signposted to the service that would best meet their needs.

The Ulster Defence Regiment and Royal Irish Regiment (Home Service) Aftercare Service issued copies of this handbook to all GPs in Northern Ireland. However, a year later the Aftercare Service contacted a number of GPs to follow up how the Handbook was being used and found that:

"…..some GPs did not know about the Handbook at all or appear to have discarded it."

[90] Comprehensive Needs Assessment (February 2012) Commission for Victims and Survivors http://www.cvsni.org/media/1434/comprehensive-needs-assessment-february-2012.pdf

[91] Service Framework for Mental Health and Wellbeing (2011) Department of Health, Social Service and Public Safety

A number of respondents also raised concerns that although GPs and statutory health services were aware of veterans, they **did not address the specific mental health needs of veterans**. Some respondents reported that when some GPs found they were dealing with veterans they often immediately signposted them to voluntary sector services:

> *"Signposting is all that they [GPs] do once they find out a person is a veteran, they get passed onto Battlefield or Combat Stress."*

> *"Once they realise someone is a veteran they default by saying the person may have PTSD and passing them onto Combat Stress."*

In addition, due to the sensitivities of being a veteran in Northern Ireland, it was reported that some GPs felt reluctant to raise this with their patients. It was also noted that there were **increasing demands on GPs** and other clinicians within health and mental health services placing them under a lot of pressure; some respondents felt that this reduced GPs ability to work effectively with veterans: *"The health system is creaking, there's too much pressure and demand on GPs".*

It was reported that **some veterans were also very reluctant to approach GPs** in the first instance because they felt that GPs and health and social care staff would be unable to understand their issues and provide the support they needed:

> *"They [veterans] feel that people who haven't served can't understand what they're going through and can't help them."*

Veterans have highlighted a range of concerns around statutory health services including a lack of trust in hospital staff generally, a lack of confidence around confidentiality, and a belief that hospitals would compromise their security. These concerns are similarly acknowledged in documents, such as the 'Legacy of War Experiences of members of the Ulster Defence Regiment (November 2005)[92]:

> *"Security concerns ranged from precise details of information changing hands to an overall sense of unease."*

However, some respondents felt there was a need to challenge *"old ways of thinking"*:

> *"…..veterans talk about being under threat and the need to keep safe, but it's not true for all veterans and this is impeding them from accessing the services they need. They need to cope with reality, it's not the 1970s anymore and they need to be exposed to community services to break down these barriers."*

Several respondents commented that some voluntary sector services were now working with GPs and health services in an attempt to improve closer integration, for example, to:

[92] Legacy of War Experiences of members of the Ulster Defence Regiment (November 2005) Conflict Trauma Resource Centre (CTRC)

"…build bridges back into primary care – the services ask them [veterans] if they can talk to a GP on their behalf and then work with them and the GP to build trust."

Some respondents commented that **GPs were very supportive of veterans** and would ensure that they could access the services they needed and would not face any unfair treatment:

"Some veterans are reluctant to go to their GPs as they don't think that they'll be treated fairly. But there's no discrimination from GPs, on the whole veterans are treated based on their needs. Any feelings that veterans have that GPs won't be supportive or treat them fairly is misplaced."

"Everybody who comes to a clinical service is a patient and will be treated with due respect."

7.4 Pathways between Statutory and Voluntary Sector Provision

Some respondents spoke positively of the Primary Care Talking Therapies Hubs (see above) and stated that they had been instrumental in bringing together the statutory and voluntary sector services and helping to create pathways.

Other respondents commented that while pathways between the statutory and voluntary sector are in place they tended to be on an informal basis:

"The pathways are informal, people know who to contact if they need to make a referral."

"We've got a good relationship with the Health Boards, we can refer people onto them, but we keep them on the books and work together with the Health Boards to support the person – it's a good pathway."

While respondents agreed the relationship between the statutory and voluntary was good overall, there was still a need for better coordination between clinical and non-clinical services, whether in the statutory or voluntary sector.

In 2015, the **Northern Ireland Veterans Support Committee (NIVSC)** was set up, under ministerial guidance to:

"……improve cooperation between those organisations committed to delivering support to veterans. It is also designed as a pool of subject expertise which can be consulted by statutory or voluntary enquirers with a view to providing a consensus on veterans' issues."[93]

[93] NI Veterans' Support Committee (NIVSC) Terms of Reference November 2015
http://www.reservesandcadetsni.org.uk/sitefiles/resources/docs/151110ni-wel-nivsc_tors_nov15.pdf

The NIVSC is a voluntary coalition of organisations, which specialises in delivering support services to veterans and their families. It has been likened to a Northern Ireland version of Cobseo, the Confederation of Service Charities, but has a wider membership to include MOD-linked and other statutory bodies. NIVSC aims to improve cooperation and to facilitate better coordination for the support, the welfare and wellbeing of the veterans' community through co-ordination, sign posting and the exchange of best practice. One respondent commented:

> *"We look at improving referral pathways, we look for commonalities of approach and we lobby politicians for support for veterans."*

7.5 Voluntary Sector Services Providing Clinical Interventions to Veterans

In Northern Ireland, there are a range of specialists and general health and social care services provided by voluntary sector organisations, which members of the Armed Forces, veterans or their families can access. The Armed Forces charities in Northern Ireland provide valuable support to the Armed Forces Community, including:

- independent inquest advice for bereaved families;
- financial support, in terms of short term crisis type grants;
- practical assistance and advice;
- signposting the appropriate organisations;
- financial casework for individuals, and
- **treatment and support for mental health problems.**

A number of respondents commented that there were currently more services for veterans/trauma victims in the voluntary sector than in the statutory sector, and veterans felt more comfortable approaching the voluntary sector for support rather than the statutory sector:

> *"The health services are effective, but some people do better in the voluntary sector."*

Overall, respondents spoke positively about the services in the voluntary sector although some raised concerns that there needed to be more planning and consideration around use of resources and the development of services in the voluntary sector:

> *"The voluntary sectors' has had over 20 years of funding and services have been developed on an ad hoc basis, but we need more coordination and planning of services, and we need to think about the needs of service users."*

> *"There needs to be better regulation and training for voluntary services that provide psychological services."*

Combat Stress was cited as the primary voluntary sector service that offered clinical treatment to veterans. Combat Stress has a centre in Belfast, which covers all of Northern Ireland.

The small clinical team consists of a Consultant Psychiatrist (part-time), two Community Psychiatric Nurses (CPNs), a Psychologist (part-time) and an Occupational Therapist. The Centre provides advice and outpatient treatment and delivers services to over 850 Veterans.[94] The clinical team focuses primarily on the assessment of veterans. The CPNs are able to provide some treatment provision to address, for example, low level anxiety management. The Occupational Therapist primarily provides group work. All work is complementary to statutory health services and liaison between agencies is seen as vital to meet an individual's specific needs and generate suitable treatment.[95]

If veterans require intensive treatment they are referred to the residential treatment service in Scotland, provided by Combat Stress, for a 6 week programme. The programme consists of a mixture of individual and group sessions, including trauma-focused cognitive behavioural therapy sessions.[96] Respondents spoke positively about the Combat Stress service in Scotland and stated that some veterans were content to travel to Scotland and preferred being able to go away for treatment, as they felt safer and could relax in that environment and speak freely.[97] However, a number of respondents highlighted that going to Scotland for treatment was not always an option for all veterans:

> *"The service in Scotland is good, but not all veterans like leaving their families for six weeks or are in a position where they can leave their families."*

It was also stated that when these veterans return to Northern Ireland there was limited short-term, community-based follow-up provision and many veterans found themselves back in the same environment that they left behind, facing the same issues and difficulties:

> *"It's counterproductive, their trauma needs to be dealt with on site. By sending them away they [veterans] avoid issues. It's a good service, but some veterans use it as an escape, not as an opportunity to deal with issues."*

> *"They [veterans] lose the benefits [of the six week intensive programme] when they return from Scotland because they have to return to their real lives and deal with all the issues they left behind."*

Some respondents commented that there was a need for a shorter, local community-based therapeutic and support programme for veterans in Northern Ireland:

> *"I'm not sure about a standard six week residential programme. I'd like to see more community-based support programmes that can be tailored to the needs of individuals. Treatment shouldn't consist of having all our eggs in one basket."*

> *"We need more local services for veterans that join up with trauma services. We need to change how we do things."*

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[94] Armed Forces & Veterans (March 2016) Ulster Unionist Party
[95] http://www.belfasttrust.hscni.net/pdf/Trauma_Services_Directory_Eastern_Trauma_Advisory_Panel.pdf
[96] Supporting Veterans Dominic Murphy details the clinical pathways at Combat Stress for veterans with Post-Traumatic Stress Disorder Therapy Healthcare Counselling and Psychotherapy Journal *April 2016*
[97] http://sluggerotoole.com/2014/03/23/homecoming-are-british-military-veterans-in-northern-ireland-coping/

7.6 Victims and Survivors/Trauma Network

In 2005, specialist trauma-related services were established in Northern Ireland across the five Trust areas. The primary services are:[98]

- The Trauma Resource Centre based in North Belfast, in the Belfast Trust, which provides multi-disciplinary treatment for adults who have been affected by the Troubles. It provides counselling delivered by a professionally trained trauma counsellor, occupational therapy and physiotherapy.

- The Family Trauma Centre in South Belfast, in the Belfast Trust, which is a Trust and regional Child and Adolescent Mental Health Service providing specialist treatment services for children, young people and their families following severe trauma.

- The Trauma Counselling Service, based in three locations in the Southern Trust. This service is delivered by three part time trauma counsellors who take referrals from GPs and mental health services.

The Commission for Victims and Survivors noted in 2012, however, that the provision of specialist trauma-related services was patchy and there was *"a level of inconsistency and purpose in approach".* [99]

Some respondents also raised concerns about the lack of flexibility within some trauma services:

> *"People working in these services are usually passionate about supporting their clients, but they don't focus on individual needs and the client is expected to fit into the service. Some services have a strong ideological base, but this means that they won't offer certain services. I know that some of the trauma services have been offered clinical resources, in addition to their counselling services, but they've refused funding because it doesn't fit with their ideology. They need to be more flexible in their approaches and actually think about what the client needs first, not focus on how they can fit the client into their service."*

In order to address the inequitable provision of trauma-related services within the health and social care system, the Commission for Victims and Survivors recommended that an effective cross-sectoral approach be established to treat conflict-related trauma by developing a national, trauma focused and coordinated service network.

[98] Towards A Better Future: The Trans-generational Impact of the Troubles on Mental Health (March 2015) Prepared for the Commission for Victims and Survivors by Ulster University
[99] Comprehensive Needs Assessment (February 2012) Commission for Victims and Survivors http://www.cvsni.org/media/1434/comprehensive-needs-assessment-february-2012.pdf

The then DHSSPS (now DoH) supported the recommendation and in November 2015, the then Health Minister, Simon Hamilton, reiterated his commitment to establishing a comprehensive Mental Trauma Service as a trauma focused network in Northern Ireland.[100] The aim of the service would be to improve:

- the individual, family and community experience of mental health trauma care;
- the psychological and social outcomes for individuals, their families and communities who have been traumatised as a result of the Troubles; and
- the governance and accountability.

The network would be governed by a partnership agreement between the Victims and Survivors Service, the statutory sector, and voluntary sector providers. This partnership agreement is under development and will cover areas such as the interface between the voluntary sector and the Health and Social Care Trusts, referral protocols, linkages, monitoring, evaluation and funding. The network would ensure a range of evidence-based interventions and treatments in line with NICE guidelines to meet a range of needs, and would be based on the Stepped Care model, which focuses on the recovery of the individual from psychological trauma.

In February 2016, the then Health Minister, Simon Hamilton, announced an initial investment of £175,000 towards setting up the mental trauma service.[101] Respondents expressed some concerns about delays in this much needed service but overall, they supported its development because a national network that focuses on providing services to the victims and survivors of trauma would also help to meet the needs of veterans:

> *"The new trauma network is really positive, but we need to know how this will also meet the needs of veterans."*

[100] https://www.health-ni.gov.uk/news/mental-trauma-service-will-help-address-legacy-troubles-hamilton
[101] http://www.bbc.co.uk/news/uk-northern-ireland-35645821

8. The Needs of Veterans' Families

8.1 Children and Young People

In 2012, the Commission for Victims and Survivors highlighted the impact of the Troubles on families, young people and children, particularly trans-generational issues, which they defined as:

> *"…..those which pass from one generation to another within families and communities. …. The Troubles themselves stretched over a period in excess of 40 years. Consequently, several generations have been affected."*[102]

There is limited evidence as to how exposure to conflict-related trauma associated with living with mental health issues has impacted the health and wellbeing of victims' and survivors' children in Northern Ireland. As the Commission noted:

> *"People worry about the effect of the Troubles, if not on this generation of young people then perhaps the next. However, there is little by way of data and an evidence base."*[103]

However, the body of evidence and research is growing, for example into the intergenerational aspects of trauma in the context of NI and the extent to which traumatic experiences of the NI conflict are transmitted from one generation to the next, such as from parent to child[104]. Currently in Northern Ireland, there is at least one generation who were adversely affected by the conflict when they were children or young people due to direct experiences of injury and trauma through bereavement of parents, siblings, friends and neighbours or by the inherent stress of living in violent situations. Research carried out in 2011[105] found that young people experienced their first conflict-related trauma between the ages of 10 and 19, while almost a quarter first experienced conflict as young children (aged 0 to 9).

It is therefore important that the specific mental and related needs of families and young people be considered particularly in regards to issues such as adolescent and young adult suicide, and alcohol and drug abuse. However, the Commission found that most psychological therapists acknowledged that a large proportion of their practice in addressing trans-generational trauma is of an 'indirect' nature i.e. working with first generation survivors to reduce or prevent further transmission of trauma by helping trauma survivors to heal from their experiences and by aiding the survivors to reconnect with their family and the wider world.

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[102] Comprehensive Needs Assessment (February 2012) Commission for Victims and Survivors http://www.cvsni.org/media/1434/comprehensive-needs-assessment-february-2012.pdf

[103] Comprehensive Needs Assessment (February 2012) Commission for Victims and Survivors http://www.cvsni.org/media/1434/comprehensive-needs-assessment-february-2012.pdf

[104] Fargas-Malet, M., & Dillenburger, K. (2016). *Intergenerational transmission of conflict-related trauma in Northern Ireland: A behaviour analytic approach*. Journal of Aggression, Maltreatment & Trauma. DOI: 10.1080/10926771.2015.1107172.

[105] Ferry, F, Bolton, D, Bunting, B, O'Neill, S, Murphy, S. (2011) *The experience and psychological impact of Troubles' related trauma in Northern Ireland: A Review*, University of Ulster and Northern Ireland Centre for Trauma and Transformation.

Amongst the veterans community there may be a reluctance to acknowledge the impact of conflict related trauma on the family. The desire to protect children by avoiding the issues is known to be a coping mechanism amongst general survivors of trauma:

> *"Silence was also employed as an 'avoidance tactic' or coping strategy pushing traumatic experiences back into the past to avoid dealing with them and to 'protect and shield' their children."*[106]

Some respondents to this review also reported that families of veterans would often rely on their community and Church networks for support in the first instance, rather than seek professional help.

8.2 Services for Families

The types of services available and delivered by statutory agencies include the **Family Trauma Centre (FTC)**, which provides Family Therapy combined with individual psychotherapeutic interventions (e.g. Cognitive Behaviour Therapy, Psychoanalytic Psychotherapy and Eye Movement Desensitisation and Reprocessing (EMDR)). These types of services recognise that trans-generational trauma is not limited to the individual who has suffered potentially multiple exposures to conflict-related events, but also their families. Respondents highlighted the work of the Belfast Family Trauma Centre and spoke positively of their support for families, including the families of veterans.

However, some respondents felt that the needs of veterans' families were not being addressed within statutory services and that this presented a weakness in the current service provision:

> *"Families is a big gap – we'll see the spouse or partner only once just to verify what the veteran has told us and to give them some basic information. But we need to develop family support and education services."*

> *"PTSD has a negative impact on families and secondary impact like alcohol abuse so more support is needed for families."*

The Commission for Victims and Survivors also noted the importance of this with respect to the general population:

> *"There is a need to promote greater awareness of trans-generational trauma among professionals including GPs and social workers."*[107]

[106] Comprehensive Needs Assessment (February 2012) Commission for Victims and Survivors https://www.cvsni.org/media/1434/comprehensive-needs-assessment-february-2012.pdf
[107] *Ibid*. Page 21

In terms of young people and statutory Child and Adolescent Mental Health Services (CAMHS), the Commission stated that:

> *"Despite additional investment in CAMHS in recent years, there are clearly significant issues that need to be addressed to ensure young people, particularly those impacted by the legacy of the conflict access effective specialist outpatient and community-based services in a timely manner."*[108]

Family members and carers are also known to be important sources for identifying victims of trauma:

> *"Family members or carers often contribute to identification of the condition and should then be involved in treatment at all stages."*[109]

[108] *Ibid*. Page 124

[109] Service Framework for Mental Health and Wellbeing (2011) Department of Health, Social Service and Public Safety

9. Conclusion and Summary of Key Messages

This review has predominantly focused on statutory and clinical mental and related health provision for veterans, rather than on the voluntary sector. It has, however, considered the relationships and pathways between the statutory and voluntary sectors.

Veterans in Northern Ireland with mental health needs have access to a range of pharmacological and some therapy-based treatments from statutory health and mental health services. Progress has been made in improving mental health services overall in Northern Ireland and clearly many of the professionals within these services are committed to delivering services to a high standard and ensuring the particular needs of veterans are met.

However, any consideration of these services in Northern Ireland must be done in the context of Northern Ireland's complex history, the current political landscape and the impact of the equality legislation. Veterans and their families may also be reluctant to access statutory health and mental health provision due to concerns about their own security.

From the evidence gathered and the feedback received from stakeholders, there are some key messages for consideration as outlined below:

- **Problem identification** – There is a lack of robust monitoring data across the statutory sector on the prevalence and incidence of mental health problems amongst veterans and family members in Northern Ireland. This is due to a variety of factors including reluctance amongst veterans to be identified as having served in the armed forces and the lack of strategic planning guidance for mental health providers and GPs on identifying mental health problems in the veteran community. There is also a lack of data relating to the individual outcomes for the general population with diagnosed mental health conditions receiving therapy-based treatments, which further limits understanding about the needs of veterans. Consideration needs to be made about how to improve the identification and monitoring for veterans and family members with mental health problems.

- **Help seeking amongst veterans** - The problems faced by veterans living in Northern Ireland are potentially more complicated and sensitive than those faced by veterans in England, Scotland and Wales due to personal security concerns, making it difficult for them to seek help openly for mental health issues. This can result in mental and related health issues being left untreated as veterans and their families feel unable to come forward and ask for help and support.

- **Increasing awareness of veterans' needs amongst GPs** – Although amongst many GPs there is good understanding of the mental needs of victims of trauma as a result of the Troubles, they **lacked awareness of the specific needs of veterans**. Communication strategies to raise awareness among GPs and other primary and community care practitioners of the impact of conflict-related trauma should also include the needs of veterans.

- **Early intervention and reducing stigma** – Mental health promotion approaches that can be used to help reduce stigma, should be promoted within the veterans' community to help break down barriers to service access and ensure early intervention for mental health problems. This should be included as part of the broader strategy in Northern Ireland to raise awareness of mental health problems ensuring access to a range of information about mental health issues and service providers.

- **The Armed Forces Covenant and equalities legislation** - The complex history of Northern Ireland and perceived conflicts between the Armed Forces Covenant and current equalities legislation, has made it difficult for service providers to signpost and provide information specifically targeted at veterans on how to access appropriate services. Veterans' mental health needs could be addressed as part of the broader approach to recognising and addressing health inequalities. This would help ensure more effective assessment of mental health needs in the veterans community.

- **Community-Based Mental Health Provision** – Some of the more specialist residential treatments for veterans in Northern Ireland require them to travel large distances. As an alternative, shorter, community-based therapeutic and support programmes for veterans in Northern Ireland should be developed that could be tailored to the needs of individuals.

- **Mental Trauma Service** – There have been delays in the establishment of the Mental Trauma Service, which will be a national trauma focused network. This development provides a tangible and robust means for addressing the needs of veterans with specific trauma related mental health problems.

- **Female Veterans** - There is a risk that the mental and related health and social care needs of female veterans could be overlooked. Statutory mental and related health providers may need to consider, with voluntary sector colleagues, how the current service provision could be made more user-friendly for women and what types of service provision would be most appropriate to meet the specific needs of female veterans.

- **Needs of Families** – The impact of the Troubles on all families, young people, and children is recognised. There is also increasing understanding about the intergenerational impacts of trauma. This needs to be considered in the context of veterans' families, particularly in regards to issues such as adolescent and young adult suicide, and alcohol and drug abuse.