RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

VETERANS
QUALITY NETWORK FOR VETERANS MENTAL HEALTH SERVICES

4th AGGREGATED REPORT 2024

Authors: Jemini Jethwa, Sarah Martins and Holly Hunter-Brown

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Contents

Artwork displayed on the front cover of this report was created by Spike, user of Combat Stress and entrant of the QNVMHS Artwork Competition (2024).

Foreword

I am delighted to be able to present you with the Fourth Aggregated Report from the Quality Network for Veterans Mental Health Services.

As you may be aware, the Network was set up four years ago through the Royal College of Psychiatrists in collaboration with the Contact Group.

This report focuses closely on areas of challenge that have been faced by veterans' mental health service providers. Importantly, these challenges have been identified through our peer review process. Many lessons have been learnt. The peer review process is proving to be a robust tool enabling improvement and implementation of high level Quality Standards.

During the past year our membership has continued to grow. We are very pleased to support so many veterans within our services, both within the charitable and the statutory sector. Many services have now achieved Accreditation. Importantly, the Network provides quality assurance, not only for the veterans and their family members, but also for referrers and funders as well as for the services themselves. The emphasis is on high quality standards as well as the delivery of services that actually do no harm and work.

All Veterans' Mental Health Services are strongly encouraged to join the Network. Membership of the Quality Network for Veterans Mental Health Services is essential to enable high quality collaborative mental health care for all our highly valued and esteemed UK Armed Forces Veterans.

Professor Walter Busuttil MBChB MPhil MRCGP FRCPsych
Consultant Psychiatrist
Visiting Professor at the Institute of Psychiatry and Psychology
& Kings Centre for Military Health Research
Kings College London
Honorary Consultant Advisor to the Board, Combat Stress

Acknowledgements

The Quality Network for Veterans Mental Health Services (QNVMHS) gratefully acknowledges the Contact Group. The network has been set up in collaboration with the Contact Group and we are grateful for their continued support in the development and growth of the network and promoting quality improvement for veterans' mental health services.

Further acknowledgements are provided to Lloyd's Patriotic Fund for providing grant funding to enable a number of small charity services to receive a subsidised membership fee.

Thank you also to our Veteran representative, Andy Brown, all members of our Advisory Group, Accreditation Committee and all our participating member services.

contact
Collaborating for Military Mental Health

Lloyd's Patriotic Fund

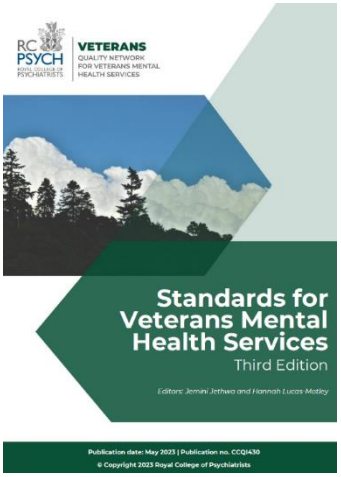
Quality Network for Veterans Mental Health Services

Who we are and what we do

The Quality Network for Veterans Mental Health Services (QNVMHS) was established in collaboration with the Contact Group in 2020 to promote quality improvement within and between veterans' mental health services. It is one of 28 quality networks, accreditation and audit programmes organised by the Royal College of Psychiatrists' Centre for Quality Improvement.

How we support services

Our peer review process is made of three key components: a reflective self-review assessment completed independently by teams, a peer review assessment involving professionals from other services and a veteran representative, and a comprehensive written report to summarise findings. More detail on the peer review process can be found here.



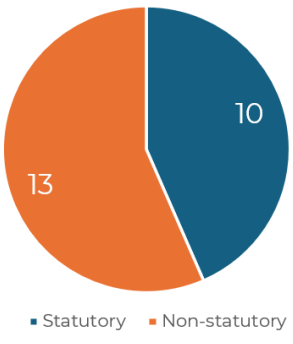
Another key component of the quality network is the facilitation and sharing of ideas and best practice across different members. This is accomplished through peer reviews, various webinars, and our Annual Forum held at the end of each peer review cycle.

Our standards

We adopt a multi-disciplinary approach to quality improvement in veterans' mental health services, using a set of a quality standards for veterans mental health services. These evidence-based standards are revised every two-years to remain in line with current guidance and best practice.

Membership

Membership is open to all veterans mental health services whether these statutory services (NHS) or non-statutory services (third sector, private and charities). Services sign up to the network voluntarily by paying an annual subscription fee.



We currently have **23** member services across all devolved nations in the United Kingdom. You can find a full list of our members online.

The breakdown of our members across statutory and non-statutory service provision is demonstrated in the chart on the left.

We are also pleased to have an equal split of members from statutory and non-statutory services signed up to the network for the period 2022 – 2023.

Progress review

Since launching this network in 2020, we have worked hard to continue to promote the network and get more veterans mental health services signed up to undergo the peer review process for quality improvement and sharing of best practice across services.

Pilot year (2020)

10 members

Where we are now (2024)

23 members

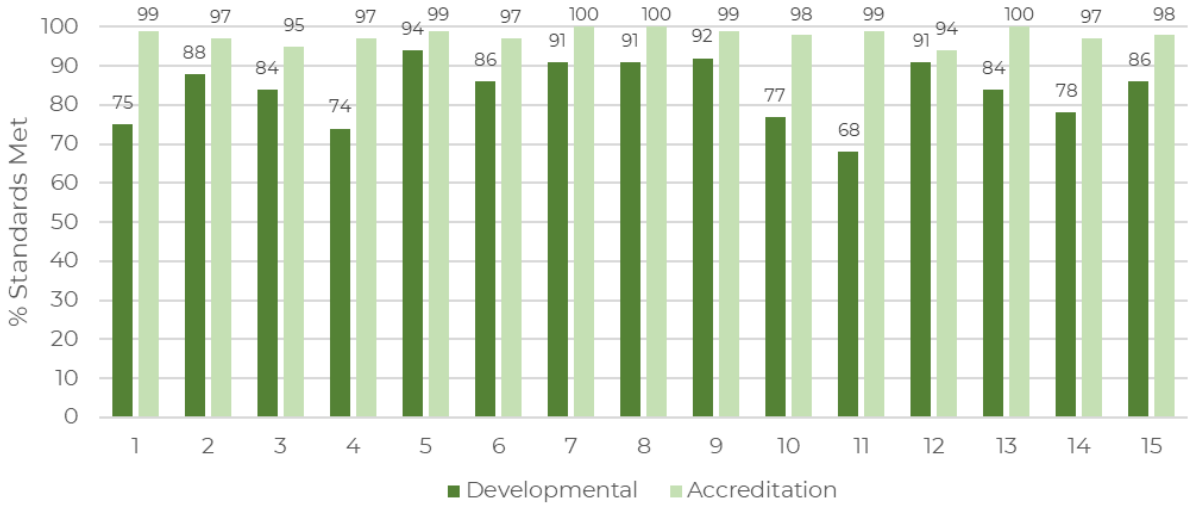
15 of which are now accredited

Throughout this period, we have collected a significant amount of feedback from staff working in veterans' mental health services, as well as veterans and family members that have been supported by services. A breakdown of themes and trends from this feedback can be found in our 3rd Aggregated Report (2023).

How are services improving?

When veterans' mental health services first join the network, they begin on the developmental pathway. This is aimed to be a less rigorous assessment process to that teams can become familiar with the standards and receive some bespoke feedback against any standards that may not be met currently. Following this year, services have the option to move onto the accreditation membership. They would need to demonstrate that they are meeting the threshold of standards required, which is set out in our standards publication.

The chart below demonstrates how our 15 current accredited members performed against the standards in their first developmental view compared with their accreditation review.



Following their first peer review assessment, service performance against our standards increased by an average of **18%** in their subsequent accreditation review!

Introduction

This report looks at several QNVMHS standards which are commonly unmet by veteran mental health services undergoing a peer review. The report will detail the reasons why these areas are commonly unmet and some suggested recommendations for how to evidence these.

For an overview of the QNVMHS peer review process and further information on our data collection process, please visit our website.

Contained within this report

We have aggregated data from 24 veteran mental health services that took part in the QNVMHS peer review process from September 2022 to July 2024.

These services have been reviewed against the 3rd edition QNVMHS standards for veteran mental health services.

The data within this report has been compiled from services at the peer review stage. This is prior to the standards being changed to 'met' following a review process by the QNVMHS Accreditation Committee.

How veterans' mental health services can use this report

We hope that this report can be used to address any standards or areas of challenge that veterans' mental health services are currently facing. This report also serves to support with some suggestions for improvements or recommendations based on some good practice examples we have identified.

The report is laid out into several sections in relation to the standard being referred to. Within each section, we have defined what the standard is asking for and why it is important that the standard is met by services. We have also summarised common reasons why the standards are not met, to add some contextual information to the data. There are recommendations following this, which are drawn from suggestions provided by the QNVMHS accreditation committee and peer reviews teams.

JARGON BUSTER

Neurodevelopmental disorders: Types of disorder that influence how the brain functions and alters neurological development, causing difficulties in social, cognitive, and emotional functioning.

Coproduction: Refers to engaging and communicating with the service user and their family members (where appropriate) in the development of various documents to ensure that support is person-centred.

Carer: Anyone, including children and adults who support a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction. This includes, but is not limited to, statutory carers.

Executive summary of findings

The following table shows the commonly unmet standards across veterans mental health services.

No.	Type	Section	Standard	% Met
93	1	Governance	Where management is shared between primary and secondary care, healthcare professionals should agree who is responsible for monitoring people. This agreement should be put in writing (if appropriate, using the Care Programme Approach) and involve the person and, if appropriate, their family or carers.	**55%**
51	2	Veteran and carer experience	The team provides each carer with accessible carer's information. *Guidance: Information is provided verbally and in writing (e.g. carer's pack). This includes:* *•The names and contact details of key staff members in the team and who to contact in an emergency;* *•Local sources of advice and support such as local carers' groups, carers' workshops and relevant charities;* *•Advice about how the carer can access specific care through the Veterans Gateway and/or similar.*	**57%**
86	1	Staff training and support	Staff have an understanding on recognising and communicating with veterans with neurodevelopmental disorders.	**58%**
5	2	Assessment and referrals	If the service is open to self-referrals, it can demonstrate that it is actively promoting this to different sections of the community.	**67%**
50	2	Veteran and carer experience	Carers are offered individual time with staff members to discuss concerns, family history and their own needs.	**68%**
103	1	Governance	The service reviews data at least annually about the people who use it. Data are compared with local population statistics and actions taken to address any inequalities of access that are identified.	**68%**

Commonly unmet standards:

Shared management between primary and secondary care

Standard 93: Where management is shared between primary and secondary care, healthcare professionals should agree who is responsible for monitoring people. This agreement should be put in writing (if appropriate, using the Care Programme Approach) and involve the person and, if appropriate, their family or carers.

Of the 24 veteran mental health services that were assessed against this standard, **55%** met this standard at the point of their peer review visit.

Why is it important?

- All mental health services should establish close working relationships with primary care providers to ensure that there is a clear and agreed process for referral and an understanding on who is responsible for monitoring a person. Due to the frequency in which veterans develop comorbid complex needs, there are many occasions where various healthcare providers will be involved in their care. To ensure the best quality of care and best use of resources, it is important to agree on key responsibilities in the care and treatment of a veteran which may also involve their carers if appropriate.

Reasons for this standard frequently being unmet:

- When management is shared across multiple providers, services explain that it depends on the referral route and who they are working with which determines who is responsible for monitoring people. However, some third sector organisations find that it is not always clear who is responsible for supporting the veteran's needs.
- Not all services were following the Care Programme Approach (CPA) principles fully as this was not felt applicable.
- Some of the services assessed would verbally liaise with different healthcare providers in the management of a veteran but this was not always clearly documented.
- Carers are not always involved in the conversations around shared management between primary and secondary providers and what their role might be in supporting the veteran.

Recommendations:

- Using the principles of the Care Programme Approach (CPA) to ensure services are clear who is responsible for monitoring veterans. This should be clearly documented.
- Where appropriate, carers should be consulted on the discussions around the management of care and whether they have any input on the best route.
- Maintaining a consistent form of record-keeping for all veterans under the care of a service particularly when management may be shared.

Commonly unmet standards:

Information for carers

Standard 51: The team provides each carer with accessible carer's information.

Guidance: Information is provided verbally and in writing (e.g. carer's pack). This includes:

- *The names and contact details of key staff members in the team and who to contact in an emergency;*
- *Local sources of advice and support such as local carers' groups, carers' workshops and relevant charities;*
- *Advice about how the carer can access specific care through the Veterans Gateway and/or similar*

Of the 24 veteran mental health services that were assessed against this standard, **57%** met this standard at the point of their peer review visit.

Why is it important?

- The needs and support for carers is an area often overlooked by services that focus on treating the veteran as the main priority. Whilst this is understandable, clear information for carers on how they are able to support their loved ones is crucial for improving the quality of care provided by services.
- Carers should be kept well informed about the service their loved one is being treated by, in addition to how they are able to access support for their own needs.

Reasons for this standard frequently being unmet:

- Some carers were aware of receiving contact details of key staff members in the team to get in touch with, and some received wider communication like the service's newsletter. However, many carers are not receiving any information and local sources of advice or support.
- On peer review days, carers often could not recall having received a carers pack or any similar written information as indicated within the standard. Moreover, services often submit evidence of their internal feedback process for carers/family members or an internal carer engagement process to demonstrate what they intend to deliver to carers. However, this is not indicative of what is actually being delivered to carers for support.
- Services often struggle to get feedback from carers at all, therefore the standards around information and support offered to carers cannot be validated and therefore scored as unmet.

Recommendations:

- Developing an information pack for carers which clearly describes the areas within the guidance of the standard, as a minimum.
- Carers can be invited to coproduce the information pack outlined above. This could be through written feedback, consultation on a draft produced by the team, or also inviting carers into the service as part of a focus group with other carers to develop something that they would find relevant and meaningful.
- Ensure the written information developed for family members is distributed to all carers. Written information should be offered in a format that is most suitable to them (i.e. paper or digital).

Commonly unmet standards:

Supporting neurodevelopmental disorders

Standard 86: Staff have an understanding on recognising and communicating with veterans with neurodevelopmental disorders.

Of the 24 veteran mental health services that were assessed against this standard, **58%** met this standard at the point of their peer review visit.

Why is it important?

- It is known across our member services that veterans may experience neurodevelopmental disorders due to potentially traumatic experiences which can manifest both physically and mentally. This presentation may also differ slightly to the presentation of neurodevelopmental disorders experienced by the public.
- The importance of staff understanding in neurodevelopmental disorders is to ensure that veterans are offered the appropriate support to meet their needs, and links may need to be established with other services that can support with any identified neurodevelopmental disorders.

Reasons for this standard frequently being unmet:

- Staff could not recall receiving any training on recognising and communicating with veterans with cognitive impairment or learning disabilities.
- Some staff reflected that if they were unsure of the best way to support veterans presenting with neurodevelopmental disorders, they would raise this within supervision. However, there was not always a clear understanding evident from staff feedback around how they can support veterans with neurodevelopmental disorders.
- One service was offering training on Functional Neurological Disorders and other cognitive impairments or learning disabilities; however this was only available to one or two members of their team rather than to all staff with a veteran facing role.

Recommendations:

- Provide formal training to all staff with a veteran facing role which will enable them to support veterans appropriately with neurodevelopmental disorders. Any training provided should be recorded in a training matrix with clear renewal dates.
- A formal guidance document could be produced to support staff when dealing with veterans that have presentations of neurodevelopmental disorders. This could be provided to new staff at inductions, or for existing staff, a bitesize workshop or training session could be provided to go through the guidance in more detail.
- Establish relationships with local specialist services for advice or training.

Commonly unmet standards:

Outreach work to sections of the community

Standard 5: If the service is open to self-referrals, it can demonstrate that it is actively promoting this to different sections of the community.

Of the 24 veteran mental health services that were assessed against this standard, **67%** met this standard at the point of their peer review visit.

Why is it important?

- This standard ensures that services are accessible to veterans from all backgrounds, services are required to work in partnership with veterans to understand and overcome barriers that might impact those that self-refer into the service. For those services that accept self-referrals, there should be a conscious effort from the service to promote the care and treatment available to different sections of the community.
- Services should be working with the community to improve access for diverse community groups who may find it more difficult to access services.

Reasons for this standard frequently being unmet:

- Some services reported a high number of self-referrals, therefore it can be difficult to manage the additional outreach work to promote itself to other sections of the community.
- Feedback received from veterans and carers highlighted that a high proportion of the population is still unaware of the services available, especially in rural areas and within their own local areas. Veterans and carers reflected that they would appreciate if services did more to promote what they do within the local community.
- Some services had made efforts to put together an action plan on areas they hoped to reach out to within the community, however with other pressing demands, these actions were not always carried out.

Recommendations:

- Draw on data that has been collected by the service on demographics of the population served, to understand where there might be gaps. This should then be incorporated into an outreach strategy for actions to be taken.
- Establish working groups with veterans and carers to put together a clear action plan that outlines the steps to be taken for the service to promote itself to underrepresented groups in the community.
- Distribute information to local community centres, GPs, the Citizens Advice Bureau and other community venues to promote the service to the community and information on how to self-refer.
- Ensure outward facing materials such as the service website, demonstrates how the service is open to those from all diverse backgrounds in the community.

Commonly unmet standards:

Offering individual time with carers

Standard 50: Carers are offered individual time with staff members to discuss concerns, family history and their own needs.

Of the 24 veteran mental health services that were assessed against this standard, **68%** met this standard at the point of their peer review visit.

Why is it important?

- All services providing care provision to veterans also have a responsibility to ensure that the needs of their carers are also met and supported. This might be a family member, partner or friend, that is supporting the veteran accessing treatment. Staff should enable a safe space for carers to discuss their own concerns or needs in a one-to-one setting.
- It might be that services are unable to offer support (i.e. formal therapies) to carers in their own right, but there is great benefit in providing sources of support in the community that can be signposted to for carers who may require further support.

Reasons for this standard frequently being unmet:

- As was the case for the previous standard around information, carers are often difficult to engage with in the peer review process. Therefore, although services might be able to describe their efforts to meet with carers, this has not been appropriately validated with carer feedback to fully meet the standard.
- Where feedback had been collected, carers would report that they did not always receive an offer to meet with a member of the team individually and discuss their own support needs.
- Some carers indicated that they had been able to join sessions with their loved one accessing treatment, although this was more aimed at supporting the veteran rather than offering an avenue for carers to discuss their own concerns or needs.

Recommendations:

- Some services demonstrated psychoeducation programmes that had been set up specifically for carers that can share information with them about how to support their loved one but also how to access their own support. A compliment to this would be to allow carers to meet with staff individually.
- Consulting with carers individually to understand how to best meet their needs. This could be meeting with them one-to-one, or offering them clear written information in a format that is accessible to them based on what their concerns may be.
- Holding drop-in sessions for carers to attend and speak to members of staff around their concerns, family history or any other needs they have.

Commonly unmet standards:

Comparisons of demographic data with the local population

Standard 103: The service reviews data at least annually about the people who use it. Data are compared with local population statistics and actions taken to address any inequalities of access that are identified.

Of the 24 veteran mental health services that were assessed against this standard, **68%** met this standard at the point of their peer review visit.

Why is it important?

- Services offering mental health care provision must ensure they are actively reducing inequalities by understanding the local population, it's demographics, care needs and any possible gaps in service provision.
- This can be achieved through collecting data on the demographics of veterans accessing the service to compare with the local population to analyse where there might be gaps. The service should then be action planning where gaps are identified, to promote itself to those underrepresented groups and prevent further inequalities of access.

Reasons for this standard frequently being unmet:

- As Services are often collecting data on some demographics of veterans, but this is typically age, gender and ethnicity as well as their military background. However, this is not an exhaustive assessment of their demographics to gain a full picture of what population the service is reaching and where there may be gaps.
- Further to this, often services that do collect the range of demographic data i.e. by drawing on all protected characteristics, this is then not compared with local population statistics to understand what this data is showing in relation to inequalities of access.
- Some services might be collecting the data and making informal comparisons with local population statistics, but this is not always formally documented in a report. This therefore makes it difficult for the standard to be appropriately validated with the lack of clear documentation.

Recommendations:

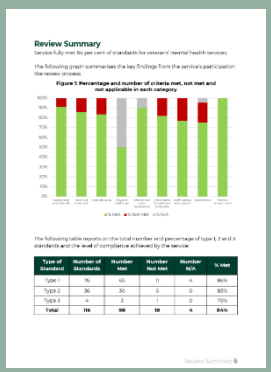
- Assessment templates should include an exhaustive list of demographic data on the veteran being supported by the service i.e. all protected characteristics.
- Services can review local population statistics within the most recent census data and compare this with their caseload demographic data to identify where there may be gaps. This should be published in annual reports.
- Outreach work should be specified for each gap identified in the form of an action plan with clear timescales and responsibilities set out i.e. using a SMART framework.

Membership benefits

All veteran's mental health services signed up to the Quality Network for Veterans Mental Health Services will have access to a range of membership benefits. These are summarised below.

Additionally, a range of publications are produced to support member services in a number of different ways. These publications include:

SERVICE LEVEL REPORTS



Comprehensive reports on how your service is meetings our standards, with tailored recommendations.

ANNUAL REPORTS

Annual reports to be used for benchmarking, learning lessons and seeking ideas for best practice.

NEWSLETTERS/BULLETINS

Throughout the year, we share newsletters or bulletins to showcase what our members are up to and any areas of innovation.

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Standards for Community-Based Mental Health Services (2022), Fourth Ed. Accessed via: https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/ccqi-resources/ccqicorestandardscom2022.pdf?sfvrsn=f0305b3_4

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Appendix 1: List of members

The following list details the veterans' mental health services that participated in this year of membership (2023-2024).

Anxious Minds
Avon & Wiltshire MH Partnership NHS Trust
Berkshire Healthcare NHS Foundation Trust
Brooke House Health and Wellbeing Centre
Camden and Islington NHS Trust
Cardiff & Vale University Health Board
Combat Stress
Cumbria Northumberland Tyne and Wear NHS Foundation Trust
Defence Medical Welfare Service
East Durham Veterans Trust
Essex Partnership University NHS Trust
Help for Heroes
Icarus Online SCIO
Leeds and York Partnership NHS Foundation Trust
Mode Rehabilitation
NHS Lanarkshire
NHS Tayside
Pennine Care NHS Foundation Trust
PTSD Resolution
RMA - The Royal Marines Charity
Strategic Planning & Performance Group - Department of Health
Veterans Outreach Support
Walking with the Wounded

Appendix 2: Contact details

Contact the team

Jemini Jethwa, Programme Manager

jemini.jethwa@rcpsych.ac.uk

020 8618 4061

Holly Hunter-Brown, Deputy Programme Manager

holly.hbrown@rcpsych.ac.uk

020 8618 4013

Sarah Martins, Project Officer

sarah.martins@rcpsych.ac.uk

020 8618 4151

Address

Quality Network for Veterans
Mental Health Services
Royal College of Psychiatrists
21 Prescot Street
London
E1 8BB

Website

www.rcpsych.ac.uk/qnvmhs

Online discussion platform

veterans@rcpsych.ac.uk or www.khub.net

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

VETERANS QUALITY NETWORK FOR VETERANS MENTAL HEALTH SERVICES