

Introduction

Healthwatch Leicester and Healthwatch Leicestershire (HWLL) are the local independent voice of the public in the delivery of Health and Social Care in Leicester and Leicestershire. We collect feedback from members of the public about their experiences of using health and social care services. One of the ways that feedback is collected is through our special projects based on the experiences shared by the public and conversations with the local authorities.

Background

This project focused specifically on the experiences of people who have served in Her Majesty's (HM) Armed Forces and their experience of Mental Health Services in Leicester and Leicestershire. We wanted to find out where ex HM Armed Forces personnel went for support and if it helped them or not, as well as understand who has supported them most and what they think can be changed to improve services.

The Armed Forces Covenant is a focus for many strategic partners who provide support for people who have served in HM Armed Forces. The covenant is a pledge to those who serve or have served in HM Armed Forces, that they and their families are treated with fairness and respect in the communities they have served.

What We Did

A survey was created to consult people who had served in HM Armed Forces so that they could share their experiences anonymously. All those who completed the survey identified as having experiences of using mental health services. The survey was made available to people online due to the Covid-19 pandemic. We used social media to reach people to whom the survey would be relevant, as well as communicating with people from relevant voluntary organisations.

An initial online event was held to talk about the project, and we spoke to voluntary and strategic partners working with people who have served in HM Armed forces. We discussed creating a Veterans Forum and the first forum was held with the hope that if there was interest, this would be a long-term initiative.

The people who attended the forum were from strategic and voluntary sectors and we discussed the question of duplication as there are other forums already established. It was therefore decided that HWLL would not continue with a forum of its own but would attend the Civil and Military Partnership Board and support initiatives that way.

Key Findings

28 people responded to the survey. Please note that not all questions were answered by all respondents.

10 people (36%) said they started to have mental health issues whilst serving in the Armed Forces and 18 (64%) said it was when they left the service. Only 3 people (11%) had tried to access support through the Armed Forces.

13 people (50%) said they live with more than one mental health condition with anxiety, depression and post-traumatic stress disorder (PTSD) being the most common. This reflects the complexity of mental health issues amongst people who have served in HM Armed Forces.

GP registration was high, with 26 people (92.8%) saying they are registered with a GP 21 people (81%) said they have told their GP they served in HM Armed Forces. One person said they “didn’t know it made a difference” and another that “it’s never come up”.

Nine people (32%) haven’t looked for support. The reasons given for this included the stigma and embarrassment of asking for support as well as a concern they wouldn’t be understood. 19 people (68%) have looked for support. Of those 19 people, 42% have looked in more than one place.

When asked how helpful the support they received had been, 9 people (50%) said it had helped. This included 3 people who had private counselling, people who had received a mixture of support from their GP and Voluntary Organisations, and one person who had received support solely from the Armed Forces. Nine people said the support they had received had not been helpful. These people had tried to find support through their GP and voluntary organisations.

Respondents who had needed to access urgent mental health services were asked how easy they found this. Six people (60%) said it was average to very good with 4 people (40%) advising it was poor or very poor.

15 (54%) people said they would not feel comfortable accessing civilian services or being referred to them. The main reason given was that they didn’t feel a mainstream service would understand the issues they face.

Nonetheless, 7 people (25%) said they felt excluded from mainstream services. The reasons given were that people were treated as civilians without understanding of the Armed Forces Covenant, offered inappropriate group therapy or that waiting times were too long.

When asked who had helped them the most, 8 people (30%) said it was their wife or partner. Other veterans and family were also identified as source of support by 5 people (19%).

We asked for suggestions about ways to improve experiences. A focus on specific services was often mentioned. Peer support was another theme as well as improvements in signposting and the importance of a consistent service being provided.

All about Veterans - Survey Findings

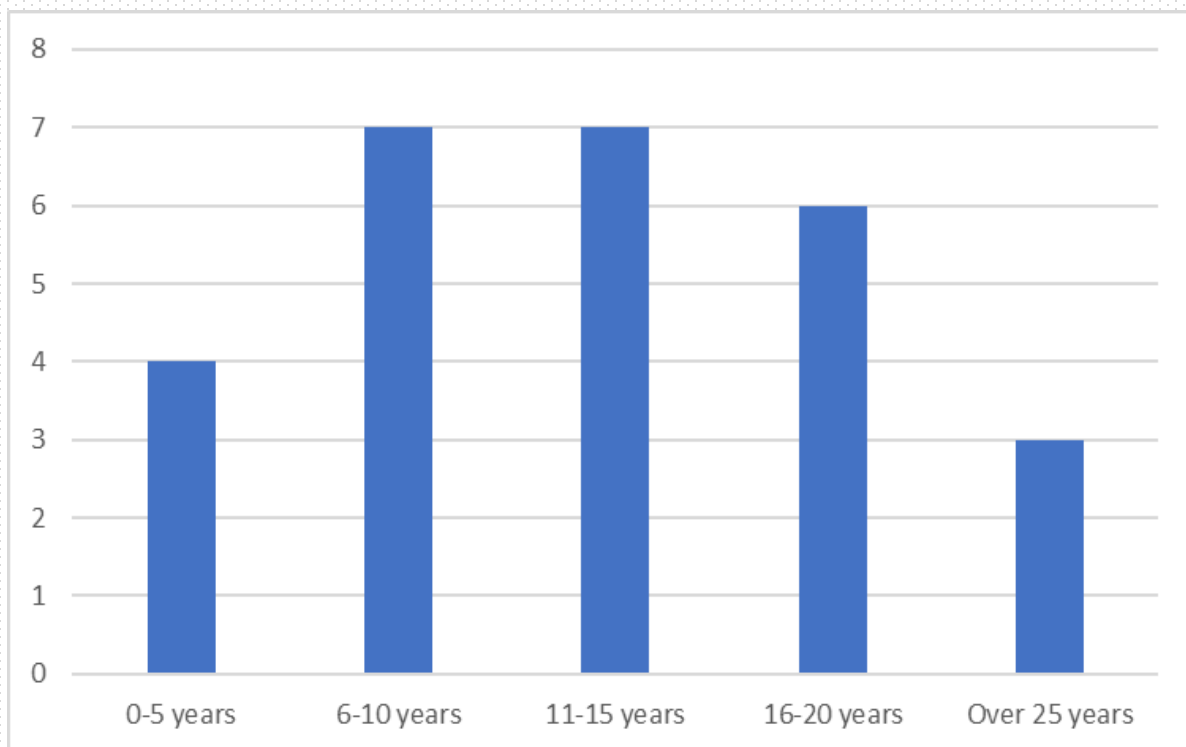
The following issues were captured by the survey.

Parts of the Armed Forces respondents had served in:

Royal Navy	0
Royal Marines	2
British Army	22
Royal Air Force	5
Reserves	2
Merchant Mariners	0

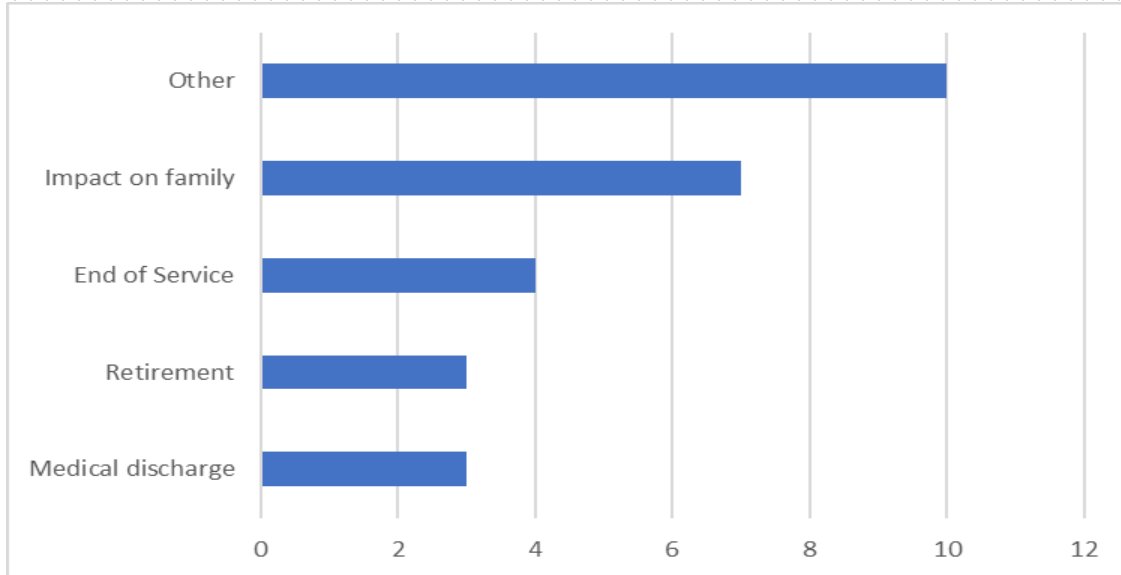
3 people had served in 2 different branches.

Length of service



1 person did not answer this question.

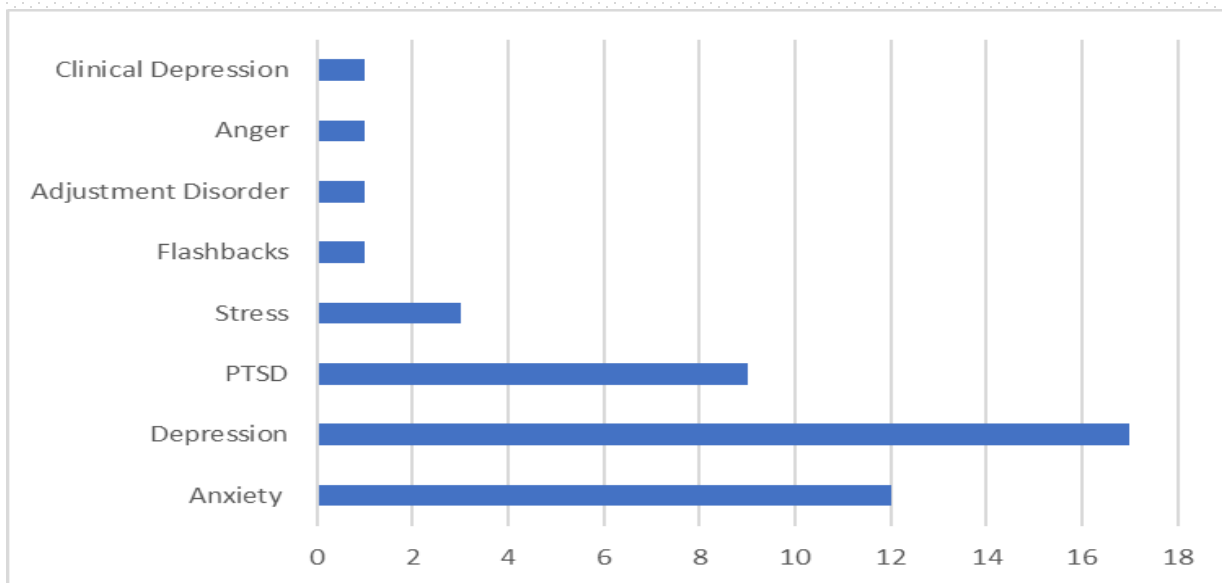
Reasons for leaving



1 person did not answer this question. Under “other” the only common theme was redundancy with 3 people stating this is why they left HM Armed Forces. All other reasons were individual to the people responding. 1 person said they left because of mental health reasons.

We asked respondents when they started to suffer from mental health issues.

10 people (36%) said they started to have mental health issues whilst serving and **18 (64%)** said it was when they left the service. The kind of mental health issues they faced included:



26 people answered this question in their own words. **13 people (50%)** said they live with more than one mental health problem with anxiety, depression and PTSD being the most common.

We asked if people were registered with a GP and 26 (92.8%) people said they are registered with a GP and 2 said they are not. Of the 26 people who are registered with a GP **21 people (81%)** have told their GP that they are HM Armed Forces Service Leavers. **5 people (19%)** said they haven't told their GP.

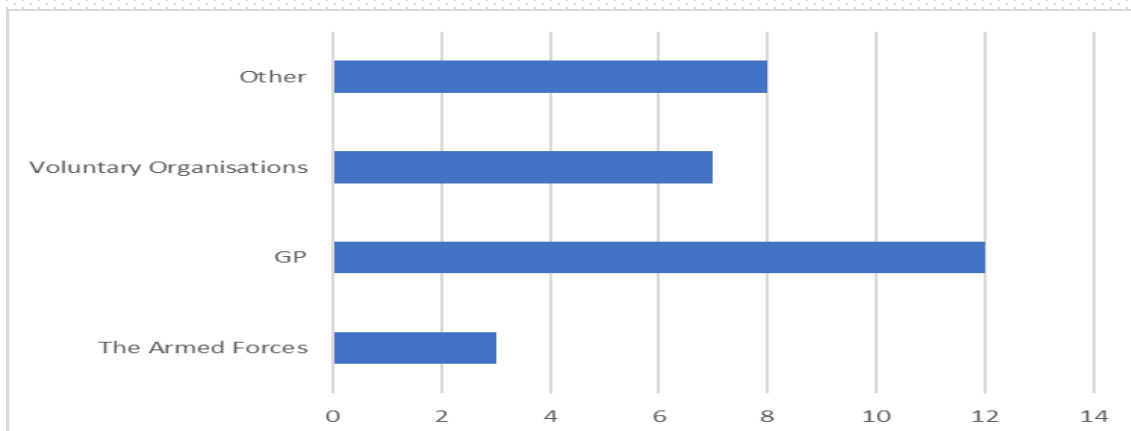
When asked why they haven't advised their GP 4 people responded:

- ❖ Did not know that it made a difference
- ❖ Changed GP and no longer suffer
- ❖ It never came up
- ❖ I've never really told this GP about my issues, I told an old GP years ago

When asked if they had tried to find support for the mental health issues experienced **19 people (68%)** said they had looked for support. **9 people (32%)** said they have not. The people who haven't gave a variety of reasons.

- ❖ Only charities
- ❖ Stigma and lack of time
- ❖ Too proud and embarrassed I guess
- ❖ I'm not sure of a genuine reason
- ❖ Not confident support will be there or that I would be understood
- ❖ I rely on support from other veterans

Where have you found support:



9 people (42%) have sought support from more than place. *12 people (63%)* went to their GP.

Including the voluntary organisation specified in “other” *7 people (37%)* as places they have tried to find support.

Respondents were asked if they felt that the support provided helped

9 people (50%) said it had helped including all 3 people who had private counselling and people who had received a mixture of support from their GP and Voluntary Organisations. 1 person who had received support solely from the Armed Forces said this had helped, but *9 others (50%)* said the support they looked for had not helped.

Support respondents received (sic):

- ❖ ‘Combat Stress’ although very stretched helped a lot as did my GP
- ❖ The support was limited to available resource and is clearly under funded
- ❖ Royal Navy Benevolent Fund managed to find me a counsellor very quickly to start therapy
- ❖ It helped Yes & No I am on medication, but never really spoken to anyone about it
- ❖ I paid for a private counsellor as the NHS ‘Let’s talk’ wellbeing took too long (8 months)
- ❖ Sadly due to disjointed non continuous way the counselling worked out the progress made was undone
- ❖ ‘Mind’ helped a little but the wait lists were so long I started to feel better myself
- ❖ ‘Combat Stress’ helped me with mental health training, education and treatment
- ❖ The counsellor had no experience of the military and just couldn't support me
- ❖ I only got seen twice and they said once I got a new job, I would be okay

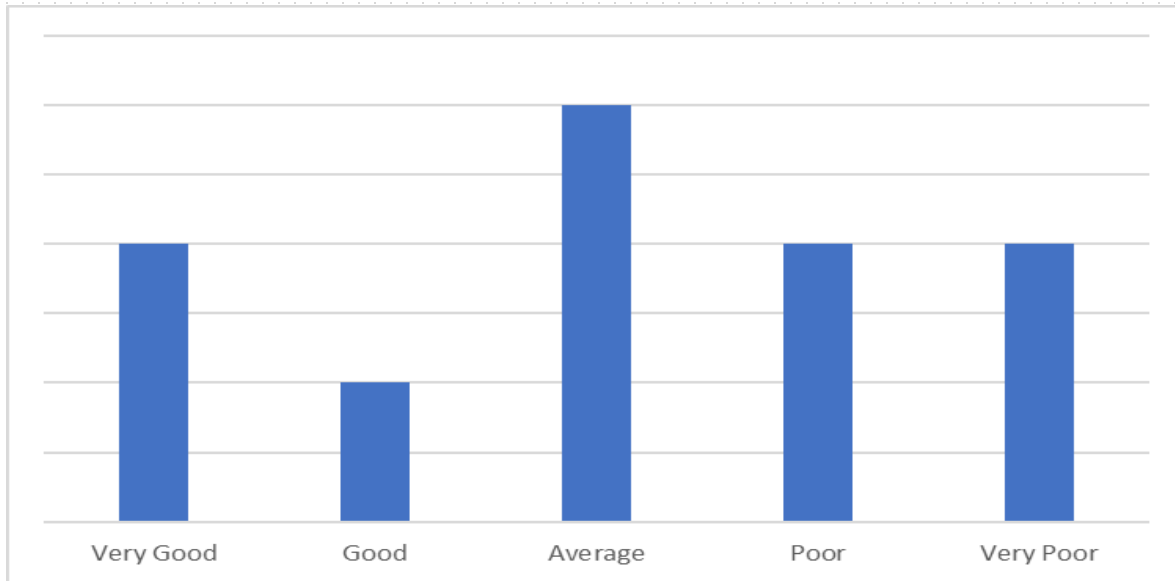
Common themes include the importance of continuous and timely support as well as funding.

Urgent or immediate Mental Health care

17 people (63%) said they hadn't required urgent or immediate mental health care

10 people (37%) said they had.

The table below rates how easy it was for people who required immediate or urgent to access urgent Mental Health Services.



6 people (60%) said it was average to very good with **4 people (40%)** advising it was poor or very poor.

Respondents were asked if they would be comfortable accessing or being referred to non-veteran specific services.

13 people (46%) said they would be comfortable, **15 people (54%)** said they wouldn't be.

The reasons given for not feeling comfortable included:

- ❖ Meddling
- ❖ I do not feel that anyone who has not served/ been associated with the Armed Forces really understands
- ❖ Quite simply, a civilian organisation has zero knowledge of service life
- ❖ Feel they wouldn't understand
- ❖ too proud and embarrassed I guess

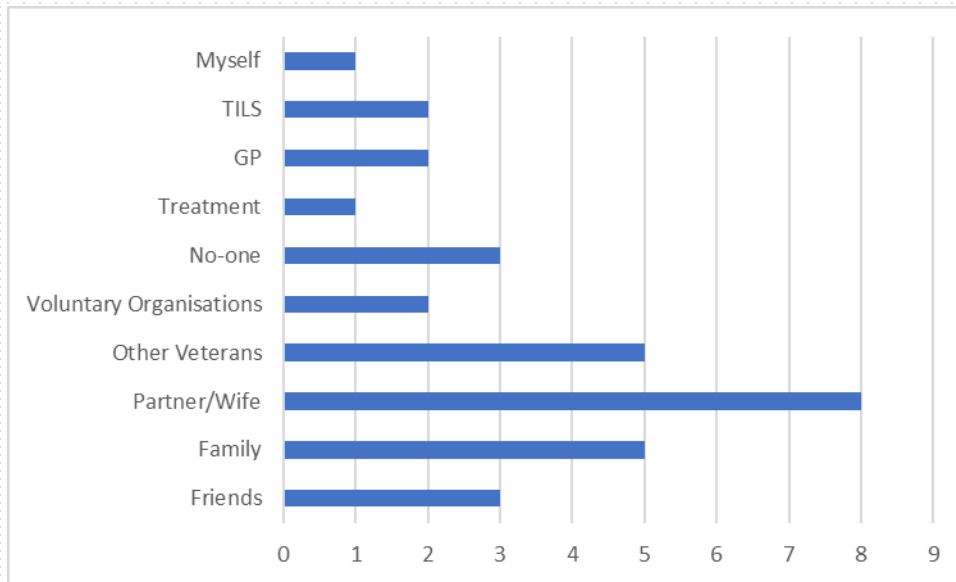
- ❖ if it was a quicker service, you are left waiting too long for help
- ❖ Must understand service life
- ❖ have done it previously
- ❖ I'd rather speak to active service personnel who (I believe) would understand my issues better
- ❖ Non-veteran services don't understand my issues and how they affect me.
- ❖ Because they do not understand what I went through
- ❖ Previous experience
- ❖ It would be better to talk to people who have been through the same experience that I went through.

Mainstream services

21 people (75%) said they did not feel excluded from mainstream services, *7 people (25%)* said they did.

- ❖ Many NHS organisations do not know about the AF Covenant and treat you as a civilian
- ❖ Went for counselling but it was group therapy - my circumstances were so different
- ❖ Waiting times are too long
- ❖ Because they cannot provide the support, I require
- ❖ Lack of understanding
- ❖ As a reservist felt let down by Army then passed pillar to post

Mental Health Support



For this question, people could give multiple responses. A partner or wife was the mentioned the most when asked who had supported them, with family and other veterans also being prominent.

Respondents shared what could have been done differently to improve the support they received:

- ❖ Use Veterans and Armed Forces charities more
- ❖ Provide effective and accessible support using veteran healthcare professionals
- ❖ Providing more information as to the services available in the civilian sector
- ❖ Access to Mental Health Counsellor Therapist needs be quicker, waiting 5 to 7 months is bad
- ❖ Been honest with myself earlier
- ❖ Better information but in recent years I feel this has got a lot better
- ❖ The East Midlands need to be quicker and signpost veterans to suitable charity or local assistance
- ❖ I should have talked to someone
- ❖ Time delays & more targeted approach
- ❖ To have a dedicated (Service based) support group
- ❖ being more accessible
- ❖ Need someone who understands the dark humour used as a coping mechanism

- ❖ Shorter wait list more targeted support and support for my family
- ❖ Seeing the same doctor every time that understands about mental health
- ❖ Having access to a specific 'veteran-aware' service
- ❖ Recognise veterans are a special case
- ❖ That supporters understand issues specifically affecting veterans
- ❖ Seeing a military counsellor
- ❖ A bit more financial support
- ❖ To be seen more times about my mind state

Conclusions

- ❖ Results highlight the complexity of mental health issues experienced by ex-service personnel: **50%** of people said they live with more than one mental health condition.
- ❖ A large proportion are registered with a GP (**92.8%**), which is encouraged when leaving the service. This seems to be working as **81%** of those registered with a GP have told their GP that they served in HM Armed Forces.
- ❖ There is room for improvement in the take up of mental health support: **32%** of respondents have chosen not to seek support.
- ❖ Satisfaction with mental health services was not high: only 50% of people who had accessed the services found them helpful. Some people reported long waiting times and stretched or under-funded services.
- ❖ Just over half the people who responded felt uncomfortable accessing mainstream mental health services. More specialist agencies such as Combat Stress were praised by those who had used them. A lot of the comments we received mentioned the importance of talking to somebody who had military experience.
- ❖ The support of wives / partners is incredibly important, along with other informal support from family and other service leavers.

Recommendations

1. The Armed Forces Covenant should be advertised in public areas such as GP waiting rooms to raise awareness that telling your GP makes a difference. As standard across GP practices the question should be asked “Have you served in HM Armed Forces?” when registering.
2. Specific services for those that have served in HM Armed Forces should also be signposted in public areas of Health and Social Care services.
3. For those who don't want a specific ex-military service, better signposting of mainstream services could help them to access support more quickly and efficiently, so they don't have to reach out to more than one organisation.
4. Opportunities should be created to reinforce the message of the Armed Forces Covenant when training NHS professionals, so that provision is adjusted to meet people's specific needs.
5. Support for partners and family members should be considered in recognition of the role that they play in helping their loved ones.

Next steps

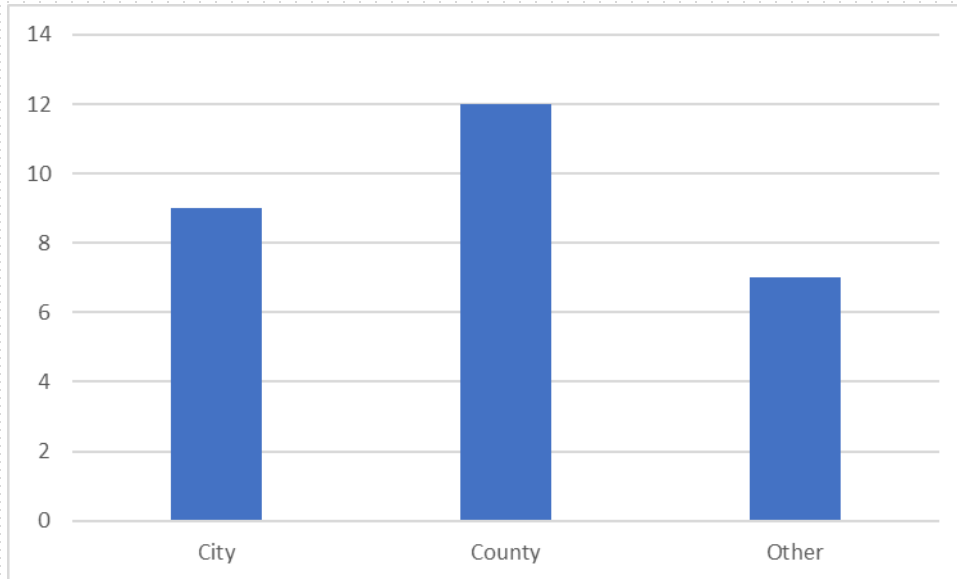
This report begins a conversation between service users, commissioners and providers. It provides a platform for commissioners to act on user experiences and recommendations to improve processes. Providers have the opportunity to review how best to deliver services in the future.

We will share this report with our wider health and social care stakeholders and continue to gather evidence and insights from service users, the public and patients to champion their voice at every opportunity.

Appendix A - Demographic Information

All demographic information that was completed is captured below. Some participants chose not to complete this section or only completed parts of it.

What is the first part of your postcode?



7 respondents now live-in different parts of the country. As the survey and any social media made clear reference to Mental Health Services in Leicester & Leicestershire, we have still included this information.

What age group are you in?

25 - 34 years	2
35 - 44 years	5
45 - 54 years	6
55-64 years	13
65 or over	2

What ethnic background do you identify as?

White British/English/Scottish/Welsh/Northern Irish - 28

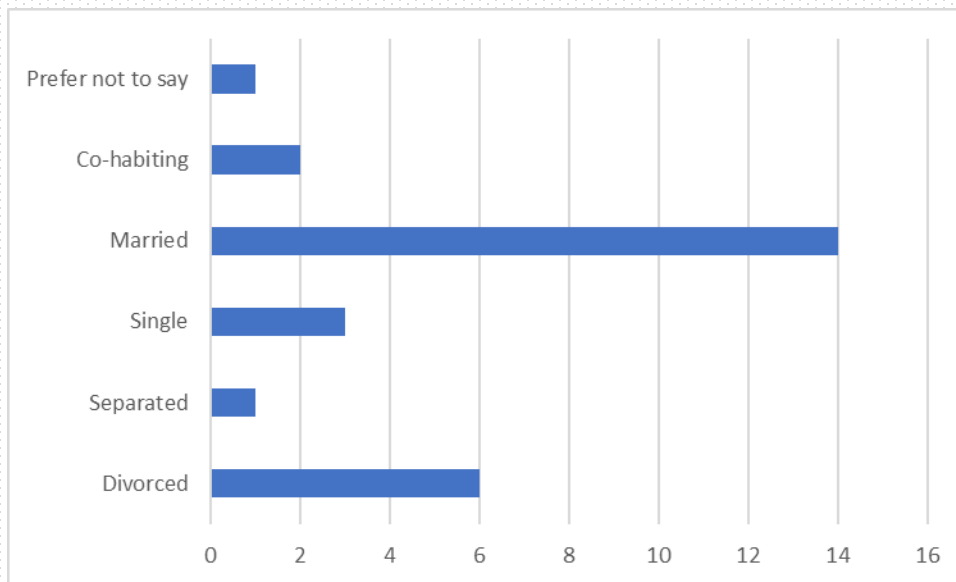
Mixed White and Asian - 1

Most respondents identified as White British/English/Scottish/Welsh/Northern Irish. If Healthwatch does more work with people who have served in HM Armed Forces in the future, we should look at how we involve people from the BAME community.

What is your religion or belief?

Christian	16
No Religion	7
Prefer Not to Say	2

What is your marital status?



What is your sexual orientation?

26 people identified as heterosexual. Two people preferred not to say.

Do you consider yourself to have a disability or long-term condition?

No	13
Yes	15



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