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Collaborating for Military Mental Health

QNVMHS
QUALITY NETWORK FOR VETERANS MENTAL HEALTH SERVICES

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CELEBRATING RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS 180 YEARS

Issue 01, December 2021

**This Issue**



# WELCOME

Welcome to the 1st Issue of the Quality Network for Veterans Mental Health Services newsletter! We are pleased to be sharing a fantastic range of articles within this newsletter. Topics range from veteran and staff experiences of mental health services, service collaboration, training and delivery of therapy, as well as examples of innovation such as the use of apps in veterans mental health.

We are nearing the end of another challenging year for mental health services nationwide with the continuing pressures of the global pandemic. It's therefore helpful to reflect on the good practice that services continue to demonstrate in the delivery of care and supporting veterans accessing services. We are delighted to see a significant increase in veterans mental health services becoming members of the Quality Network for Veterans Mental Health Services in it's second year. This is a testament to the motivation services have to improve their quality and receive a supportive, peer-led assessment to identify areas for further development.

Within this newsletter, you will also find some updates from the Quality Network which include upcoming initiatives and webinars. You can also access some resources we have published which includes our 1st aggregated report and our 2nd edition of quality standards for veterans mental health services.

We are looking forward to starting our next cycle of peer reviews, which are due to take place between February and June 2022. This will include a mix of developmental and accreditation reviews following the recent launch of our accreditation membership option.

Finally, we would like to thank all our members for the continued engagement and support with the Quality Network and we look forward to working with you all in the new year.

Thank you also to all the contributors to this issue of the newsletter, we hope you all enjoy reading it!

**Jemini Jethwa, QNVMHS Programme Manager**

# Accessing Veterans Mental Health Services

***Andy Brown,*** *Veteran Representative, Quality Network for Veterans Mental Health Services*

**Is it a compliment to be told that your mental health issues are so complex they're not easy to treat?**

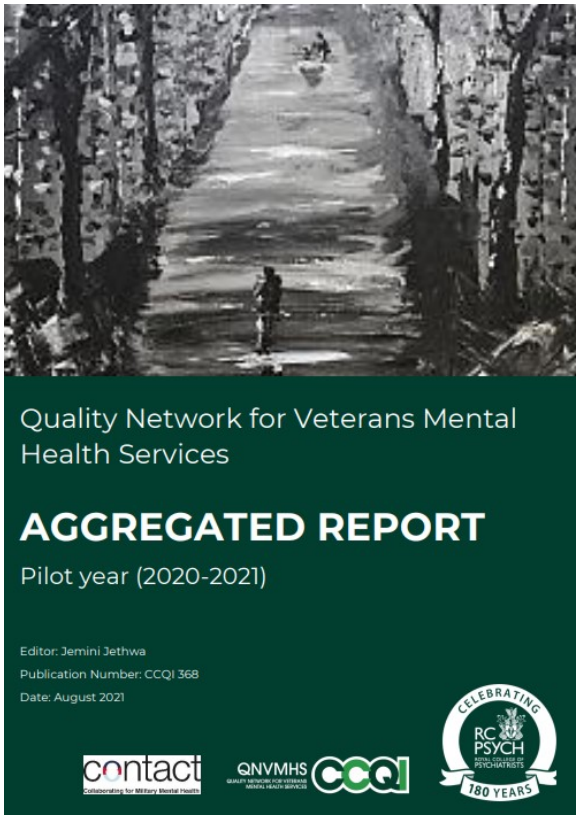
My 'problems' aren't easy to categorise. And as a result, they have not been easy to deal with.

As a veteran who served in Northern Ireland, as a reservist in Iraq, a paramedic in London and in counter-terrorism I've seen more than my fair share of trauma in my lifetime.

**Complex shouldn't mean *impossible***
That's why I'm now a veteran representative at the Royal College of Psychiatrists' Quality Network for Veterans' Mental Health services. It's introducing new standards to help improve outcomes for veterans by improving quality and by providing consistency across mental health services for veterans.

When I had to stop working, I lost my sense of self-worth because so much of my identity has been wrapped up in my profession. Using my experience to help improve services feels I'm still being of service, 'giving back', and helping other veterans. Although the network is in its infancy, it aims to work with those organisations helping people like me across the country through quality improvement, peer, and self-review - the ambition being that there's uniformity of high-quality care spread evenly through veterans' services. It works with the NHS, the independent sector, and charities. I'm not the only veteran who has struggled to get help, but putting us in a category marked too complex is unfair and potentially more costly. We need joined-up services that are easy to access across the country, so that *complex* doesn't mean *impossible*.

*Access Andy's full article here*.




# Findings From the QNVMHS Pilot Year

**We are pleased to share with you the first aggregated report produced by the Quality Network for Veterans Mental Health Services (QNVMHS) which was published earlier this year.**

Click the image to the left to download a copy of the report, which highlights findings from the first year of QNVMHS. This includes data and key findings from the pilot teams that took part in the first year.

You will also see some areas of good practice that had been identified on peer review visits, as well as some helpful recommendations based on commonly unmet standards or challenging areas in veterans mental health services.

# An Account From a Veteran Mental Health Case Worker

***Belinda Laming,*** *Substance Misuse Case Worker and* ***Sophie Jackson,*** *CBT Therapist, The Military Veteran Service*

For 10 years I have worked as a Substance Misuse and Offender Case Worker for the Military Veterans Service, Pennine Care NHS Foundation Trust. Prior to this role I was employed by the British Armed Forces, serving in the Royal Navy and latterly for Her Majesty's Prison Service. These pre-existing experiences and learnt skills formed a well-established grounding for my current role.

The Military Veteran Service is a specialist NHS psychological therapies service for veterans of the British Armed Forces. This service was commissioned in 2011 with an aim to treat veterans who experience mental health issues originating from their time and experiences in the military.

My role is to support veterans who are self-medicating with substance misuse or alcohol, leading chaotic lifestyles and who may be involved in criminal, violent or offending behaviours.

It is clear these factors can become a significant barrier to veterans engaging in psychological interventions. I am required to address, problem-solve and support the veterans within these domains to enable them the best possible opportunity of addressing their complex needs. The stabilisation phase is a day at a time, a problem at a time and being able to improvise - thinking on my feet.

I adopt a person-centred approach, adapting my style dependent on what the veteran requires at certain times within their therapeutic journey. To evidence this fact, I met a new veteran within local alcohol support services. The veteran appeared disheveled, malodourous and disorientated. It was clear I was required to encompass a 'Sergeant Major' role, giving him a direct order. To other colleagues (i.e. 'civvies'), this may have appeared to have been of a bullying nature, but to the veteran this was familiar, like a cuddle from the past.

This approach will not work with every veteran, each client is different and there is no fixed approach, especially where alcohol and substance misuse is concerned. It is essential to take the time to build trust and therapeutic rapport with the client. Implementing functions of Maslow's Hierarchy of Needs is usually a primary focus, considering whether the veteran has food, safety, a sense of belonging and all their physical health needs are being met. In looking at a veteran client in a holistic manner, I am breaking down those barriers, stigma and challenging their pre-existing negative views of 'asking for help as being a sign of weakness'.

When working with veterans who experience difficulties with alcohol and substances, I am required to take a pragmatic, dual natured approach. I support them with reduction/ abstinence but also managing the increased nature of mental health difficulties which have been masked. Having knowledge of how to manage nightmares, flashbacks, intrusive thoughts and often loneliness is essential.

Continued professional development in a range of psychological modalities such as cognitive behavioural therapy (CBT), dialectical behaviour therapy (DBT), solution focused therapy (SFT) and acceptance and commitment therapy (ACT) has supported the framework I utilise within the veteran's treatment plan.

Even after 10 years I still continue to experience difficulties accessing support for veterans. We cover a large geographical locality and each service criteria is different. The frustration in securing funding for detox and rehab programmes has been a continued debacle. Also, the continued debate regarding offer of services for those with dual diagnosis can create a real sticking point. I can be frustrated with the language used by some medical professionals, when rejecting referrals on the basis of alcohol or substance use. I hope one

*Pennine Care NHS Foundation Trust*

day these clinicians can see the person inside; their pain of going from a public hero to (in the veteran's eyes) a zero.

I myself am proud to say I am a veteran of the Women's' Royal Naval Service; my husband served 23 years in the Royal Navy and my son 10 years in the British Army. I have devoted 10 years of my life to caring, supporting and helping veterans who have put their lives on the line for us. I endeavor to keep advocating for our veteran clients, the silent who feel their voice is not quite heard yet. We are learning how to meet the needs of veterans; we still have a way to go. I will keep fighting to reduce the stigma surrounding the dual nature of mental health and substance-related difficulties.

My hope is that commissioned services nationally can identify the importance of a role like mine within services supporting veterans and we can continue to provide support for those who served their time for us.

*Help for Heroes*

# Compassionate Mind Training for Veterans at Help for Heroes

***Theresa Mitchell,*** *Service Development Lead, Help for Heroes Hidden Wounds Service*

***"Compassion gives us the courage and wisdom to descend into our suffering."***
(Prof Paul Gilbert OBE)

Research shows veterans can struggle with shame and self-criticism and subsequent poor mental health. (Gaudet et al, 2015) (Warren, Ricks et al, 2016). An antidote to shame is self-compassion, and veterans' capacity for self-compassion is diminished even whilst being able to offer compassion to others. This phenomenon is a recognised theme in professions which espouse service to others. Acceptance of compassion from others, though more tolerable, also carries an emotional charge which can be uncomfortable. Whilst individually historical events and experiences may have an impact, military training with its values and emphasis on 'others before self', also plays a part and often creates difficulties post service. (Burleson, 2019) (Bergman, Greenberg et al, 2014)

Avoidance is a common and understandable strategy for those who have distressing experiences or mental health challenges and is a barrier to support and ultimate recovery. Compassion allows veterans to move towards their suffering and assists them in the morally courageous process of addressing their difficulties. (Dahm, 2005)

It was hypothesised that if veterans could better understand the origins and evolutionary psychology of their difficulties, through psychoeducation, and learn strategies that would assist them to compassionately tolerate their distress and stabilise symptoms, wellbeing would improve. This is further evidenced by CBT psychoeducation interventions widely used in the NHS (NICE Guidelines).

Compassionate mind training for veterans (CMT-v) was born out of this hypothesis and created in response to an identified need from veterans seeking psychological support from Help for Heroes Hidden Wounds Service. It is supported by a bespoke manual which provides an outline for assessment and formulation to inform treatment planning, a week-by-week session structure, case studies,

proformas and additional educational material for both clinicians and beneficiaries.

The intervention delivered within the Hidden Wounds Service at Help for Heroes is based on the Compassionate Resilience Group developed by Dr Deborah Lee. Originally adapted for veterans by Theresa Mitchell and Dr Deborah Lee as a stabilisation protocol prior to more complex treatment, it is also used as a stand-alone intervention.

CMT-v is a transdiagnostic intervention. It was created to facilitate a structured care pathway and a standard model of working, with recorded measures and outcomes, ensuring a consistent approach across the service. The manualised model ensures an adherence to tasks whilst providing a framework within which the individual Counsellors can use their skills.

To track outcomes, the following measures were completed at the beginning, middle and end of the 10 sessions.

Compassion scales

- Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)
- GAD 7
- PHQ 9
- Specific measure created for the intervention (feedback)

Analysis of qualitative and quantitative data from the pilot study of 12 participants shows improvement across the range of psychometrics for every participant.

- Symptoms of anxiety as measured by GAD7 show an average decrease from moderate to mild.
- Symptoms and levels of depression as measured by PHQ 9 were improved, average decrease from moderately/severe to mild/moderate.
- 'Wellness' measured by WEMWBS was enhanced.
- The compassion scales reflected an increase in the ability to experience compassion for others (+17.9), from others (+16.8) and to self (+18.5).

Key themes from participant qualitative feedback indicated the overall impact of CMT-v was that the intervention created awareness, facilitated learning, and subsequently enabled positive change for participants and, in some instances, their families.

These discoveries, in the safe and contained environment created by the counsellors, allowed participants to compassionately understand, better manage and process their distress, citing:

"*The understanding is half the battle*", "*I am learning to engage with my compassionate image*" and *"the sessions have helped me to understand that my suffering is not my fault*".

Positive change was evidenced in participant feedback, some stating:

"*These sessions have changed my way of thinking…put me in a different frame of mind", "…make a difference to both my emotional and physical wellbeing", "…show compassion to myself and hold myself with warmth and kindness*" and "*…something we will be instilling in our family and the way we think.*"

Although the educational component was a key part of the intervention and identified as a benefit by both clinicians and participants, the thematic qualitative data suggests that the relational element of the compassion-focused approach was identified as most helpful in creating awareness and a depth of change.

Originally developed as a phased based approach to treatment analysis of the data shows CMT-v was effective and valued as a stand-alone intervention.

# Testimonial from PTSD Resolution

***GK,*** *Veteran of Afghanistan, User of PTSD Resolution*

**This is a verbatim testimonial by a forces' veteran who saw military service in Afghanistan and received treatment through charity PTSD Resolution, which was completed in October 2021. Each therapy programme is concluded with the agreement of both therapist and client, when veterans are then invited to make a statement concerning their experience of the therapy programme.**

**Testimonials are anonymised and a number are posted to the PTSD Resolution website. The results of all therapy programmes are measured and total results published in the annual Impact Report.**

"I'm not going to describe my traumatic event. Which one? There's so many...

"I'd needed therapy for a while - it was obvious to me! - but the idea of sitting down and talking through my emotions... I was full of fear. I'd been to see a therapist in France when I was younger. He hardly talked to me for an hour. I was on a sofa like you see in movies and I hated it.

"I heard about PTSD Resolution through work. I called them because my leg was causing me issues - since my medical discharge from the army with a leg injury - but we uncovered so much more that I had buried away! For someone who's suffered a lot of trauma, PTSD Resolution is probably the best place to go. There's no 'flashback' or being pushed - it's just being in a safe place, and then going though things bit by bit.
It was so different from what I expected.

"This type of therapy isn't about talking all the time and finding someone to blame - it's about understanding what's happened to you. I didn't have to talk about my past. I mean, I did open up and say a few things, but mostly I was able to just go through things in my head - and it was amazing. Basically you "rewind" through your memories of certain situations – quite bad situations – but you're in a safe space. Suddenly you start remembering all the good things rather than all the bad. You feel all the emotions again - but you're just rewinding through them, going through and understanding. Putting a name to the emotions.

"It's been exactly what I needed - because talking about my past was probably not the best idea in the world!

"At the start, you expect you're going to have these heavy, emotional scenes - and, yes, sometimes it has been quite heavy, but I've never left a session feeling like I had all this weight on my shoulders. I always just carried on with my day, because I felt that we had dealt with everything. Also, if I turned up and was too tired or I wasn't really in a good place then we did other things. I never felt pushed. The idea was 'if we don't get there today, we'll do it a different day' - and I think that's great.

"If I compare my condition before and after therapy, it's like night and day. All my relationships have changed - and my lifestyle has changed completely. It's best described by my mum because she sees the subtle changes. She's seen the improvements in the way I talk, the way I act, the way I feel about everything around me. I've got more joy.

"When I started treatment my goal was to apply for a job. I ended up getting an interview, getting a job and then being comfortable enough to get on the phone and sort out moving, training, everything I needed. I don't struggle with little things at work anymore - like answering emails. I'm not overwhelmed by small things.

"Before I applied for this job, my therapist worked with me to change my ideas about being rejected. That was great because, yes, I

applied and got rejected in the first interview! But - because I was prepared I was able to name the emotion I was feeling and then look at the positive side. I was able to do that. NO chance I would have done that before. After that, they asked me for another interview, with a different department, because they wanted me.

"I would definitely recommend PTSD Resolution to another sufferer, without a doubt. I can't praise this service enough, it's just been spectacular. Halfway through, my therapist felt I was going to need more than the 6 sessions. PTSD Resolution said I could have as many as I wanted - and that helped a lot. When they said that, a weight was lifted and I felt that everything I needed was covered.

"Every aspect of my life has changed completely. Every single goal that we set at the start of treatment - and I thought they were pipe-dreams if I'm honest - I have completed. I know there will always be challenges - I still have problems with my leg and how I feel about it, and some issues with crowds - but now I've got things in place to help me deal with them.

"When I first started therapy I didn't expect to be where I am now. I had 14 sessions - with a few breaks - and the change from then to now is ridiculous! I know that I can go away and do this on my own, if I need to - but I always have something to fall back on if I can't. It's absolutely amazing."



# Current Practices and Recent Developments at Veterans' NHS Wales

***Charis Winter,*** *Assistant Psychologist, Veterans NHS Wales*

At Veterans NHS Wales, we were committed to supporting veterans throughout the COVID-19 pandemic, and swiftly made adaptations to ensure service provision across all health boards. The introduction of Attend Anywhere enabled us to continue seeing patients for their appointments. We received positive feedback about the platform from patients, particularly concerning its ease of use and how it lessened barriers to accessing the service (e.g. travel and parking). Therefore, Attend Anywhere is still offered to patients in most of the health boards. Due to social distancing guidelines, walk and talk also became a popular mode of treatment delivery. Many patients commented on the calming benefits of receiving therapy in a non-clinical, outdoor setting. For example, one patient said "Initially therapy was in a doctor's surgery, but due to Covid the therapy was turned into walk and talk. I personally think this was a much better way of delivery for me, it was a more relaxing environment to be in." With funding from Force for Change and the Armed Forces Covenant Trust, Aneurin Bevan health board have taken this approach one step further by creating an outdoor therapeutic space located near the grounds of Maindiff Court Hospital. As of the next financial year, we will routinely collect data on the mode of treatment delivery used, so patient outcomes can be compared to examine their effectiveness in practice.

Veterans NHS Wales is proud of its strong links with charitable organisations across Wales. Of all referrals in the 2019-20 financial year, 14% came from the third sector. In this same period, 34% of patients that attended an assessment with us were signposted to third sector organisations. These figures demonstrate the two-way relationship between our service and

*Cardiff & Vale University Health Board*

charities that allows us to best support the diverse needs of veterans. In November, Director and Consultant Clinical Lead, Neil Kitchiner, and Assistant Psychologist, Charis Winter, visited Cardiff City Football Club veterans' drop-in. Not only was it useful to learn about the social support that the drop-in offers, but it was also a great opportunity to raise awareness of our service, and start an open conversation about mental health. This demonstrates just one example of how Veterans NHS Wales links in with charities in the community.

In partnership with Cardiff University, Veterans NHS Wales is regularly involved in research projects. Spring, a guided self-help programme for the treatment of PTSD, was developed and tested through the RAPID trial. Clinicians from our service received training on the programme and treated clients as part of the trial. The initial results show good promise and Spring is now regularly offered to appropriate clients on our waiting lists. We are also excited to be supporting with an upcoming Randomised Controlled Trial comparing the effectiveness of remote EMDR (delivered via Attend Anywhere) with face-to-face EMDR and a waitlist control. From early next year, approximately 60 veterans with combat-related PTSD will be recruited from health boards across Wales and randomised to one of the three arms. This RCT is particularly topical given the shift to remote ways of working during the pandemic, so we look forward to seeing the results.

*Figure 1. Outdoor therapeutic space*

*Brooke House Health & Wellbeing Centre*

# The Nature of Caring

***Joan Clements,*** *Chief Executive Officer & Clinical Care Manager and* ***Anja Rosler,*** *Integrative Counsellor & Eco Therapist, Brooke House Health & Wellbeing Centre*

Brooke House Health and Wellbeing Centre is situated in Northern Ireland within the safe, secure and tranquil setting of Colebrooke Park Estate, home of the Viscount and Viscountess Brookeborough. Our services meet the physical, mental and emotional health needs of Police and Military veterans from all cap badges and their families. We provide interventions including psychological support by a team of highly trained, experienced counsellors, alternative therapies to address problems of anxiety, difficulties with sleeping and

physiotherapy to deal with physical injuries and pain management.

**We offer a Model of Recovery.**

We utilise the therapeutic potential of the natural environment of the estate to provide nature-based therapy interventions. There is

growing interest in Ecopsychology, which '*explores the complex relationships between human and other-than-human, and the therapeutic value of bringing the two together*' (Rust & Totton, 2012, p. xvii). Ecotherapy approaches are fast becoming 'mainstream', for example Therapeutic Horticulture, Animal-assisted Therapy and Walk & Talk counselling sessions. 'Green prescriptions' are now issued by the Health Service. There is a growing appreciation that at a basic level, interactions with nature are experienced as soothing and healing. On a deeper level, clients become aware of the parallels of events and patterns in their own lives with those of the natural world, such as the cycles of birth, death and renewal. This creates an increased sense of connection – with oneself, fellow group members and the natural world, achieving a feeling of belonging, safety and home.

One of our well-established programmes is a 10 -week Therapeutic Horticulture programme for veterans suffering from PTSD or other diagnosed mental health issues. It is evidence-based and findings suggest lasting improvements in participants' wellbeing. This pilot, developed at Brooke House, is now the model of DGS (Defence Garden Scheme) and has been rolled out across NI and many parts of GB.

Carers are often forgotten or feel they are. Many tell us that as long as they have support or services to help their husband, wife, mother or father, then they themselves will be alright – 'Just help him/her to cope better and I will be fine'.

To address this newly identified need, Brooke House has developed an innovative 10-week Therapeutic Nature-Based programme: 'The Nature of Caring'. Anybody caring for a relative, who may have suffered physically but has also been affected psychologically due to their service, can self-refer or be referred into the programme to access support for themselves. This pilot programme is currently being delivered jointly by a psychotherapist and a counsellor, both with additional qualifications and years of experience in delivering nature-based therapeutic group interventions.

The pressures and demands associated with long-term caring means little time for self-care, hobbies or simply time out for oneself, leading to physical exhaustion and negative impacts on mental health. We felt that a nature-based approach to providing psychological support for this group was particularly suitable, since it provided a complete break from any environment that was remotely 'domestic' in the traditional sense. Our 'base' is a large bell tent with a stove, tucked away in the woods. Over half-way through the programme, feedback is overwhelmingly positive. Our eight group members respond well to the mix of the extended check-in, sharing of experiences, structured and facilitated activities and shared lunch at the end of each session. We include environmental art, poetry, playfulness, storytelling and solo-time in nature, as well as mirroring and the use of metaphors. Every session has a theme such as 'Home & Belonging' or 'Authenticity'. One participant said we have 'peeled back layers and shone light onto parts of her that had been hidden until now'.

There is a sense of safety, which allows strong, long-withheld emotions to be expressed and released, such as grief and loss. Participants report the programme is already affecting other areas of their lives positively, in particular that they now see nature as a readily available resource to improve the wellbeing of the whole family. Mutual support within the group, even outside weekly sessions is strong and their friendship will be a living legacy; as are the hundreds of spring bulbs planted on the Estate during one of the sessions.

Example Program:
Session 6, Theme: 'Letting Go'

- Arrival, tea & coffee, baked goods
- Welcome and Apologies
- Check-in: What kind of week have you had? How are you feeling? What are you bringing today? What do you need from our shared time today?
- Introduction of theme for the day and reading on the subject, incl. poem. Group sharing and discussion
- Solo time in woods, reflecting on what could be let go of (habits, thinking patterns, material things, relationships

etc.) – write down on kindling sticks
- Return and gather around fire
- Grounding meditation and sharing with group what each wishes to let go of, before symbolically committing it to the fire, i.e. burning the sticks
- Feedback & Closing
- Lunch & hot drinks made with Kelly Kettle

'Nature of Caring' is in the process of becoming accredited.



# Veteran's High Intensity Service Clinicians and Veteran Liaison Support Officers Collaborative Working

***Richard Hodgins,*** *Senior Mental Health Practitioner & Veteran and* ***Gregg Stevenson,*** *Mental Health Practitioner, Former VLSO & Veteran, HIS North West*

In November 2020 the Leeds and York Partnership Foundation Trust Veteran's Mental Health High Intensity Service went live and began to accept referrals from across the North of England. Twelve months on and the service has made a substantial impact on the lives of many veterans as well as providing expert knowledge, timely interventions and 'veteran-centric' support for stakeholders. It is also one of the key services under the Op Courage umbrella.

To use military-speak, the High Intensity Service consists of three elements: A Headquarters 'Troop' based in Leeds, a North East 'Troop' based at the Beacon of Light in Sunderland and a North West 'Troop' based in Salford Quays.

Each element supports a number of NHS trusts, and each Trust area is allocated an NHS Mental Health Practitioner and a Veteran Liaison Support Officer seconded to the team from the charity Walking With The Wounded. Speaking as a clinician I wish to draw attention to the role of the VLSO without which, the work of the clinician would be much more difficult to achieve over the twelve week engagement period.

Despite Maslow's Theory of Human Motivation having its critics, it is undeniably fundamental to wellbeing as well as underpinning many health and wellbeing policies. In the process of stabilisation, which is the core business of HIS, we are addressing the theory's deficiency needs which are: Physiological needs; Safety needs; Love and belonging needs and; Esteem needs.

The most basic human survival needs of food and water, sufficient rest, clothing, shelter and overall health are often absent or at least under threat for many homeless veterans with mental health issues; according to Maslow, these basic physiological needs must be addressed before humans move on to the next level. This is where the VLSO uses their experience and resources to ensure the veteran has these basic needs met. Without these needs being satisfied it would be a big ask for the clinician to address the safety needs of emotional stability, wellbeing and health security. The VLSO continues to add value to the safety needs by addressing the financial issues.

The social needs relate to human interaction, and among these needs are friendships and family ties as well as membership in social groups. Again, the VLSO often seeks out Regimental Associations and veterans' organisations to meet this need.
Once these three elements are addressed, we

begin to address the esteem needs of self-respect and self-esteem to pave the way for the veteran to work towards the growth need of Self-actualization and the fulfilment of their potential as a person. On many occasions the VLSO will begin to enable the veteran to access education and skill development.

Case Study:
A forty-year-old veteran in Blackpool was referred to HIS with suicidal ideation and had attempted an overdose of paracetamol. In the initial assessment we discovered his accommodation was in a flat which he was often locked out of due to there being only one of six residents with a key to the main door. This resulted in the veteran sleeping rough until he was able to gain access to the flat, often days later.

His close friend and business partner had taken his own life a year earlier leaving the veteran with the responsibility of running the business, coping with the bereavement and supporting his friend's family. This became overwhelming and left him feeling responsible for not spotting the signs that his friend was suicidal. The business failed and the veteran became socially isolated.

As a clinician I worked on coping mechanisms such as grounding techniques, sleep hygiene, controlled breathing and bilateral stimulation. The VLSO created a stable platform for the veteran by addressing the physiological and safety needs through arranging access to the flat by the letting agent providing a key. The VLSO also arranged food parcels and a review of benefits the veteran was entitled to.
In engaging and listening to the veteran and providing support we had begun to address the social needs as both the VLSO and I are veterans and were able to find common ground and foster a mutual respect.

We supported the veteran in meeting his esteem needs when he declared he wished to give back to the service by completing a sponsored walk over four days for Walking With the Wounded (WWTW). The veteran successfully completed the walk raising money for WWTW and accomplishing what was an arduous task. This in turn allowed him to experience a sense of achievement thereby raising his self-esteem and affording a positive outcome.

*Figure 1: HIS at the Veterans Aware Award Ceremony at Leeds Armouries:*

*L to R: Samantha Hannar Hughes CTM, Estelle Hodgson VLSO NE (Ex-Royal Navy), Richard Hodgins SMHP NW (Ex-Army), Danny King SMHP NE (Ex-Royal Navy), Gregg Stevenson VLSO NW (Ex-Army).*

## Have you signed up to Knowledge Hub?

Knowledge Hub is an online discussion platform exclusive for veterans mental health services signed up to QNVMHS.

The platform allows members to:

- Ask questions, have conversations, discuss solutions to problems and share experiences
- Network with one another independently
- Upload, share and comment on documents
- Promote forthcoming events and access events and booking forms

**If you would like to sign up, please email us so we can send you an invitation.**

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Knowledgehub

# Incorporating Hofstede's Cultural Dimensions in a Veteran-Clinician Co-developed Treatment Group for Clients Experiencing Difficulties Adapting to Civilian Life

***George Tyldesley,*** *Assistant Psychologist, South Central Veterans Mental Health Complex Treatment Service*

Lord Ashcroft's Veterans' Transition Review (2014) reported that although most UK veterans undergo a successful transition upon leaving military service, a significant number do still experience sustained difficulties in adapting to civilian life. Whilst it has been suggested that the prevalence of veteran mental health problems is broadly in line with that of the public (Fear et al., 2010), other research (O'Loughlin et al., 2020) comparing veterans who served in recent operations with the general population, identified notable discrepancies in PTSD (8%-5%), CMD (23% - 16%) and alcohol misuse (11%-6%). Veterans, like service personnel, are also more likely to have anger management difficulties leading to an elevated prevalence of aggression and violent offending (Macmanus et al., 2013).

Notably, however, it is Adjustment Disorder (AD) – a sustained and disproportionately negative reaction to a stressor or change in an individual's life - that is the most common diagnosis within military psychiatric services, accounting for between 25% - 38% of presenting service personnel (Reid, 2018). Given the profound changes inherent in transitioning out of a career in the UK Armed Forces, it is reasonable to anticipate that many veterans will similarly experience problems in making the adaptations necessary to thrive as civilians.

Certainly, the clinical experience of practitioners within Op Courage, the bespoke NHS mental health service for veterans, suggests that a significant number of clients stand to benefit from support in meeting the psychological challenges presented by the military-civilian transition process, above and beyond routine mental health problems such as those mentioned above. These difficulties might include persistent feelings of social isolation, loss of self-worth, purpose and sense of meaning, and the inappropriate continuance of military behaviours unsuitable for non-military life.

In response to this need, veterans and clinicians in the Op Courage team covering South Central England have been developing and trialling a treatment group to assist ex-service personnel in surmounting psychological difficulties preventing them from effectively engaging with civilian life. The protocol trialed was designed to help clients address transitional emotional and behavioural problems and drew both upon the lived experience of veterans now working within the NHS, as well as that of clinical and counselling psychologists accustomed to dealing with veteran issues. Delivered over six group-therapy sessions, also facilitated by both veterans and clinicians, the "Moving Forward" group included psycho-educational elements, helping veterans to define, comprehend and make sense of the difficulties they have been experiencing, and value-based therapeutic exercises to encourage renewed self-discovery with greater flexibility and proactivity in making the most of their civilian life.

In the initial stages of the group, the cultural dimensions theory of Geert Hofstede (2011) was proposed as a framework to help veterans contextualise the marked differences they have experienced between military and civilian culture. This influential model, which has been widely used for the comparison of different societies, measures cultural variation in five dimensions. Group members were encouraged to review their military and civilian experiences in the light of these dimensions, considering, for example, how collective or individualistic, hierarchical or egalitarian, tough or tender each

environment had been, and the challenges and opportunities of moving between them. This precipitated discussion of personal examples of maladaptive behaviours and emotions experienced by clients. To help clients normalise and contextualise their experiences – crucially to promote the realisation that difficulties in making such adjustments are to be expected and should confer no shame - migrant studies illustrating the mental health challenges of moving between markedly different cultures were also presented. Having considered the cultural challenges inherent in leaving the Armed Forces, and noted the relevant experiences of the group members, subsequent sessions focused on developing a more integrated and fulfilling life, present and future. Exercises were set, promoting the identification and development of personal values. Consideration was given to those virtues and values that may have been imbued through military experiences and the extent to which they were now helpful for clients. Both for group members experiencing a sense of reduced purpose and meaning, and for those struggling with "hang-over" behaviours from military life – such as a highly authoritarian parenting or working style – personal clarity about their current values, and concomitant goals, may have a transformative impact.

As an all-male group of clients, one session utilised the Positive Psychology Positive Masculinity model (Kiselica et al., 2016) to facilitate clients in developing resilience through identifying their strengths and opportunities to develop and utilise these in ways that provide them a sense of meaning. Mindful of studies linking some facets of traditional masculinity – particularly restricted emotionality – with negative outcomes for veterans (O'Loughlin et al., 2020), emphasis was simultaneously placed on the importance of emotional expression and self-compassion in line with the Gender Role Strain Paradigm (Levant & Powell., 2017).

Ultimately aimed at helping veterans struggling to adapt to civilian life both make sense of the difficulties they have been facing and supporting them in identifying ways to re-engage positively with their lives today, this newly designed therapy group has received positive initial feedback from participant clients. Involving both clinical professionals and peer-support veterans in the development and therapy processes seemed to be particularly efficacious, and further development and trialing of the group is planned.



# Collaboration: Key to a Successful Journey

***Sophie Jackson,*** *Cognitive Behavioural Psychotherapist, Military Veterans Service NHS,* ***Tom Knight,*** *Operations Team Manager and* ***Scott Briggs,*** *OP-REGEN Project Officer, Walking With the Wounded North West*

The NHS Military Veterans Psychological Service (MVS) was commissioned in 2011 as a specialist psychological therapies service for veterans of the British Armed Forces who are residing within the North West of England.

To date, the Military Veterans Service has received nearly 7,000 referrals; of those, over 50% have accessed psychological interventions with MVS. In the North West our veterans present with: depression, anxiety disorders, substance and alcohol misuse and

psychological trauma-related disorders including complex PTSD (which supports well-established and emerging research in this field) (IAPT 2009; Sharp, Serfioti, Jones, et al 2021; Hendrikx, Williamson, Baumann & Murphy 2021).

Service life can have a lasting impact on a veteran's mental health. During their military service, veterans can witness or be subjected to violent or traumatic experiences which can significantly change their view of themselves, view of others and their view of the world (Cognitive Triad (Beck 1979)). The impact of these experiences can disrupt or lead to instability in family/ home life and make the transition from service to civilian life more difficult. Veterans who present with long-standing mental health problems also suffer with multiple co-morbid psychiatric disorders and psychosocial distress with impaired functioning in social, occupational and relational domains. Adverse childhood experiences are found in a significant cohort of veterans, who often join the military to escape their pre service vulnerabilities (Ross, Armour & Murphy 2019; Ross, Armour & Murphy 2020). In presenting to mental health services veterans report historical emotional neglect, psychological, physical and sexual abuse, being raised with criticism, family conflict, bullying, witnessing domestic violence and drug/ alcohol related issues. In 2015, of the 132 veterans receiving psychological treatment from MVS, 63% had been exposed to significant 'pre-service adversity' before joining the British Armed Forces. Methods of maladaptive coping mechanisms such as gambling, taking non-prescribed medications, illicit substance misuse and a history of excessive alcohol use (which may have been supported within the military linked to the drinking culture) can further compound the veteran's mental health difficulties (Samele, 2013).

To meet our veterans' complex needs, varying evidence-based treatments are employed at MVS including trauma-focused Cognitive Behavioural Therapy (CBT), Eye Movement Desensitisation and Reprocessing (EMDR), Cognitive Analytic Therapy (CAT), Psychology, Acceptance and Commitment Therapy (ACT) and Dialectical Behaviour Therapy (DBT). NICE (2018) guidelines recommend CBT as being the first psychological treatment to be offered for veterans experiencing Axis 1 presentations. CBT works on the notion that our feelings, emotions, physical sensations, behaviours and cognition are all connected and this vicious cycle can maintain our distress.

When working with trauma there is an emphasis on the importance of the safety and stabilisation phase to enable our veterans to build trust, support networks and an understanding for their illness whilst reducing stigma and their barriers to engagement. This needs to be in place before moving on to commence any reliving (whether imaginal or in vivo) of the traumatic memory (as evidenced in Ehlers & Clark, 2000 Cognitive model of PTSD). This phase of treatment can take a long time to establish as many veterans presenting with trauma will feel that their life stood still at the time of the trauma. Veterans may have given up on important daily activities or engaging in social contact which used to give them a sense of meaning and wellbeing prior to the trauma.

To help with this cognitive and behavioural shift, the veterans are encouraged to 'reclaim' their former selves by reinstating activities that brought them pleasure, or build new enjoyment and connections with a view to reduce their current perception of intense level of threat in the here and now (Ehlers & Clark, 2000).

To support these changes, the Military Veterans Service has worked collaboratively in partnership with many valued third sector organisations including Walking with the Wounded (WWTW). Since 2015 WWTW's Individual Placement & Support (IPS) service has been successfully embedded within MVS. To date, this has enabled us to work jointly on 215 cases supporting veterans to return to a working role or engaging in meaningful activities.

In November 2018 this service was assessed and gained good fidelity and in doing so, achieved "The Centre of Excellence" status. The aim of the IPS is to support veterans with complex mental and physical health difficulties into gainful employment. This framework is veteran-

focused and offers intensive individual support with rapid job search, placement into paid employment and support for both the employee and the employer once in work. WWTW's offer of support is not time-limited, so guidance can be offered as long as required in supporting the veteran to remain in employment.

Veterans who have accessed IPS whilst engaging with psychological interventions are twice as likely to gain employment and sustain it.

This finding is supported by one of our veteran's feedback and experiences of reaching out for Mental Health support 18 months ago. Mark had self-referred to MVS after struggling with his mental health for many years. He started treatment, was engaging in CBT as part of the safety stabilisation phase and identified an interest in changing his career. Once identified, support from WWTW was instant and occurred whilst enabling him to continue his psychological treatment programme.

Mark was provided with a comprehensive overview of opportunities that were made available to him and the pathway to support discussed. He was also supported into seeking volunteering opportunities within another arm of the WWTW charity: OP-REGEN. With support from OP-REGEN, IPS and MVS Mark has been volunteering on a regular basis and has now taken on a role of a volunteer regional leader, helping to raise awareness of support services for veterans within the area that he resides. In addition, Mark also volunteers for the NHS as a veteran volunteer peer support worker for those facing challenges relating to substance misuse.

Mark describes the last 18 months as one of the hardest journeys of his life and that accessing combined support of WWTW & the NHS MVS has changed his life for the better. As a result of accessing a combination of services and engaging within meaningful opportunities and activities, Mark feels like he now has purpose and is able to not only manage some of the difficulties he faces but often overcome them and its testament to him for all his hard work and selfless commitment.

Mark reports 'I felt best positioned to help myself as I was being supported by specialists within each sector, the NHS (MVS and hospital services) supporting through clinical help and mental health and WWTW providing access to social and meaningful opportunities for me to engage in with likeminded people. I'm proud of how far I have come, and I now feel that I have got my old self back. I am thankful for the support that I have received. I would recommend all veterans that are facing challenges to reach out for support and get involved.'

Mark regained his love of writing and detailed his journey via a poem. He states 'The poem tells my story in human terms and reflects exactly how my journey was from darkness to regaining independence and being me again'. He hopes this will pave a path for other veterans to access support. Mark's is one of many stories highlighting the importance of working flexibly and in collaboration between NHS MVS & third sector organisations like WWTW.

As therapists there is an implicit assumption patients are ready to tackle their trauma head on and processing their distress instantly. It is sad to hear many colleagues within the mental health field being driven by targets, and recovery and therapy being dictated by number of sessions remaining. However, it is at this point we must stop and consider the real importance of taking time within the stabilisation phase to help the veteran reclaim their life before the reliving of the trauma memory. This person, a veteran who has served their country, does now not feel to be 'a number to be rushed through'. Having put their life on the line for the wider public, it is important to work collaboratively with others to build their life back up again - a life worth living well. Understanding the trauma is a big part of any psychological treatment but looking past this and seeing the person as a whole. It is essential that we adapt, and work flexibly and collaboratively with other professionals across many domains to truly address the entire needs of the veteran. With an individually tailored package of care the veteran is able to meet their therapeutic and long term goals and reclaim their life with a better 'handle' on their conditions....

**Let's help our veterans live their life.**

# Measuring Outcomes for Delivery of Therapy to Veterans

***Contact Patrick Rea,*** *PTSD Resolution*

There are four features of the charity PTSD Resolution's service delivery that particularly distinguish the mental health treatment it delivers to the UK armed forces veterans' community. The trauma therapy service includes:

- veterans who are suffering from alcohol or substance addiction
- those who are in the criminal justice system
- family members, where their mental health has been affected; and
- the rigorous collection of clinical outcome measurement data

PTSD Resolution was founded in 2009 by Colonel Tony Gauvain, retired, charity chairman, and Piers Bishop; both are therapists trained in Human Givens Therapy. The charity has had over 3,000 referrals to date, delivering each therapy programme free of charge through a network of 200 therapists throughout the UK, in person and increasingly online since the Coronavirus pandemic.

The four pillars of service provision by PTSD Resolution enable treatment to be delivered and carefully monitored across the UK, addressing cases that are often complex and distinguish the veterans' community, and can result in addiction, imprisonment and family breakdown.

Practice-based evidence is at the heart of the work of PTSD Resolution, to accurately and comprehensively report on the therapeutic journey of every veteran or family member treated.

This is important in the management of the programme because it enables precise monitoring of results to ensure a consistent standard of care across the network of therapists. It also provides evidence of the effectiveness of treatment, which is essential when promoting the service to veterans, who are often highly sceptical about, and reluctant to access mental health support.

A strong indicator of the level of satisfaction with the service is the very low drop-out rate, with 78 per cent of cases arriving at a planned treatment conclusion where both the client and therapist agree that no further treatment is required. Treatment is efficient and cost-effective, costing the charity £750 for a completed programme, with clients in front of therapists for their first appointment typically within a week of contact and with an average of six outpatient treatment sessions in total, with further sessions provided where necessary.

**Using Outcome Measurement Data**

Measurement is considered invaluable in the service to veterans, bringing the client's voice into the process. It provides the opportunity to observe progress in treatment through each client's self-reporting, and they can express dissatisfaction with any aspect of support.

The client journey is mapped from the point of referral right through to after-care, sometimes years after the end of active treatment.

In the first contact with clients, the screening process is conducted by the charity's administration team over the telephone, to gather essential information including the client's mental health experience to date.

When clients first see a therapist they are invited to fill in three different measures before treatment starts:

1. the CORE-10 scale, a highly respected and widely used measure of general distress;
2. the IES, a 15 item measure of the impact of psychological trauma that has been used internationally for 50 years; and
3. the PRN-14, which is focused on an audit of emotional needs and functioning, developed by Human Givens therapists. This provides the client with the ability to offer multiple perspectives on their current experience and presents the therapist with a comprehensive overview of the client's current situation.

Metrics are used throughout the therapy, with feedback measures employed after each session to ensure client and therapist are on the same page. This process provides a map and compass for the therapist and client to understand and assist on the shared journey.

Yet the value of practice-based evidence goes well beyond the individual client-therapist interaction. The most recent analysis of PTSD Resolution data on closed cases where treatment has been completed, in October 2021, demonstrates that 87 per cent of cases had at least two measurement points with CORE-10 and 74 per cent of these cases improved reliably in treatment, with 46 per cent of cases demonstrating final scores below the cut-off - scoring in the normal healthy range.

These comprehensive results accurately reflect what is taking place in the service, building confidence for clients, for therapists and for the organisation.

Since the very beginning, PTSD Resolution has committed to working with practice-based evidence. The charity encourages all veterans' mental health service providers to join this journey, so they can all learn from and support each other in an open and transparent manner. This would benefit everyone, especially the clients they seek to help.

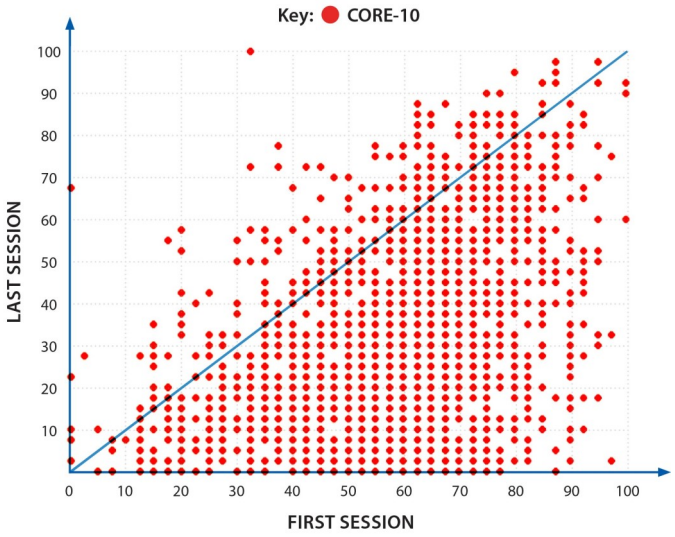



*Figure 1:* ***Results at 16/11/2021****: CORE-10 results are plotted in the scatter chart. Each dot on the chart represents the 1st (X-axis) and most recent (Y-axis) administration of the measure for clients who have attended more than one session. The position of the dot shows how much change occurred.*

*The diagonal line running from bottom left to top right across the chart shows the zone where no change has occurred. Below the diagonal shows improvement, above shows deterioration (Chart by Pragmatic Tracker - see www.pragmatictracker.com)*

For further information
www.PTSDresolution.org.

**For up-to-date information on the Quality Network, including upcoming initiatives and publications, please visit our website or follow us on Twitter!**

www.rcpsych.ac.uk/qnvmhs

@RCPsychCCQI_ #QNVMHS

# The 'Mental Health Toolkit for Veterans (MeT4VeT)' Project – Is There a Role for Apps in Veterans' Mental Health?

***Bethany Croak,*** *Study Coordinator and* ***Steven Parkes,*** *Research Assistant*

Mobile health apps have flooded the market in recent years with as many as 325,000 available in 2017 (Research2Guidance, 2017). They have many benefits such as accessibility, low cost and the appeal of anonymity and are actively encouraged by the World Health Organisation (2012). Even before the Covid-19 pandemic forced many services to offer online services, King's Centre for Military Health Research was beginning to investigate whether mobile phone apps could be utilised to help the UK Armed Forces.

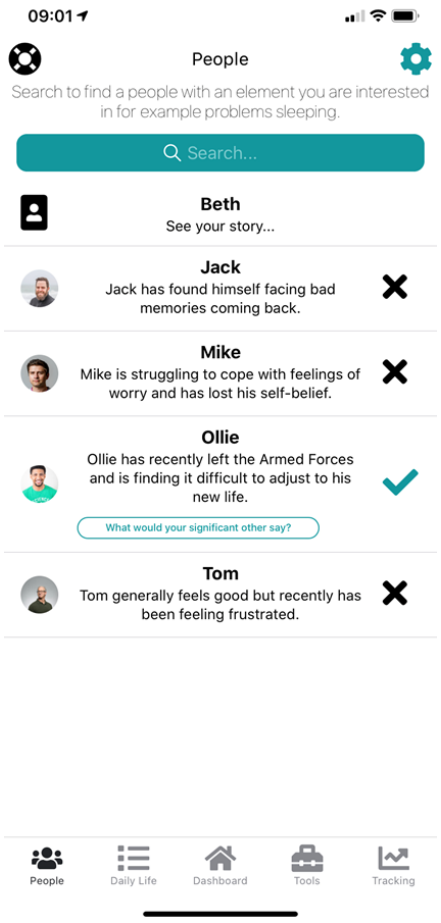
Previous research by Rafferty et al. (2020) explored why veterans are unlikely to seek help for mental health problems. Their study identified three core barriers to help-seeking: define, recognise, and support. Firstly, veterans described not being able to define and identify what they were experiencing as a mental health problem. For example, they were able to recognise changes in their temper but were not able to identify this as a mental health issue. The authors suggested that being able to identify mental health issues was an important precursor to engaging with support. Secondly, veterans often failed to recognise the need to seek help for their mental health before they reached a crisis point or a family member suggested they sought help. Finally, once they were ready to seek help, they were overwhelmed with the plethora of services available ranging from the NHS to the third sector. They also had difficulty understanding which services they were eligible for and could have access to.

The 'Mental Health Toolkit for Veterans (MeT4VeT)' project aimed to develop a toolkit to help veterans overcome these barriers. A key element of the project was to co-produce it with veterans and for veterans, their family members, and stakeholders to be involved in the process. We held several workshops at different stages of the project. One of the first findings of those workshops was the view that an app format would be very beneficial. The main reasoning was that an app would allow anonymity. As the app would be targeted at those who had not yet sought help, it was recognised that many may still feel shame and stigma and so an app would allow them to privately reflect on their mental health without the need to seek support yet.

<u>What does it look like?</u>

The workshops with veterans helped us to shape the app and we hope it is clear from the final product that the feedback and discussions we had with veterans were the driving force behind its features. There are five core elements of the app:

1. People
2. Tasks
3. Tools
4. Tracking
5. Signposting



*King's College London*

The user journey through the app can be summarised as follows. Firstly, the app asks the user to listen to four individuals speaking about their experience of mental health (stories are amalgamations of real experiences and spoken by actors). From those stories, the app highlights different thoughts, feelings and behaviours and asks users to differentiate between them. They are then asked which thoughts, feelings, and behaviours they relate to in an effort to persuade them to reflect on their own experience. Once the user has created their own 'story', they are encouraged to set tasks (based on behavioural activation) to work on their behaviours. For example, if a behaviour is "I don't socialise anymore" then it would assist users in creating a stepwise approach to improve this. The *Tools* section is used to work on the user's thoughts and feelings. These tools were kindly shared with us by Public Health England and are from the Every Mind Matters resource (NHS, 2021) and include tools such as reframing negative thoughts and breathing exercises. Each week, users are asked to check in to record how their thoughts, feelings and behaviours are changing. If they report they are getting worse, they are prompted to look at the list of resources and it is suggested that they may benefit from seeking formal treatment.

Does it work?

We are currently running a feasibility trial to see if the app is acceptable and gather initial feedback on the app. If this is something that veterans find useful, we will aim to conduct a randomised control trial to assess its impact on help-seeking and mental health symptoms. If you would like more information, please contact us: met-vet@kcl.ac.uk.

*Berkshire Healthcare NHS Foundation Trust*

# A Compassion-Focused Therapy Group Intervention to Help UK Military Veterans with Problematic Anger

***Dr. Mark Bruce,*** *Highly Specialist Counselling Psychologist and* ***Dr. Hayley Marwood,*** *Highly Specialist Clinical Psychologist, South Central Veterans Mental Health Complex Treatment Service*

Anger is a normal, healthy feeling for us to experience, and from an evolutionary perspective can be understood as a defensive threat response, developed in our ancestors over millions of years, protecting us against physical threats or psychological threats. Whilst anger may feel manageable for some, it may feel less manageable for others. If the latter is the case, anger can become 'problematic' in that it impacts our daily functioning and causes more generalised distress (Novaco, 2003). Our military veterans are identified as being susceptible to this more problematic anger, with one study (Turgoose & Murphy, 2018) showing prevalence rates of seventy-four per cent and twenty-eight per cent respectively for significant anger and aggression. Further studies show a link between problematic anger and psychological health difficulties such as Post-Traumatic Stress Disorder (Gonzalez et al. 2016), relationship issues (Novaco et al. 2012), and violence (Macmanus et al. 2013).

Despite these findings, there is a paucity of research focused on the psychological treatment of problematic anger for military veterans, and the development of evidence-based treatments are highlighted as an area of need (Dillon et al., 2017). A quantity of our veterans within Op Courage (the South-Central Veterans Mental Health Complex Treatment Service, hosted by the Berkshire Healthcare Foundation Trust) report difficulties with problematic anger. As a response to this we

have developed a group-based psychological intervention, guided by a treatment manual that we have written and developed for use with the military veteran population. It adopts a Compassion-Focused Therapy (CFT) framework and draws on the work of Russell Koltz (his twelve session 'True Strength' group was originally developed for use with the prison population), the 'Compassionate Resilience Group' developed by Deborah Lee and the Berkshire Traumatic Stress Service, our veterans' feedback and our own multiple years of combined clinical experience working with veterans.

CFT was developed by Paul Gilbert and is shown to effectively help people struggling with problematic patterns of thoughts and feelings such as shame, self-criticism, anxiety, and anger. Certainly, these feelings are commonly reported by veterans within Op Courage. CFT is a multimodal therapy, underpinned by principles of attachment theory, evolutionary science, neuroscience, and Buddhism. In a bid to develop psychological safeness, it encourages a deeper awareness of psychological distress, to acknowledge and tolerate this distress with sympathy, empathy, and non-judgement, and to alleviate distress through cultivating compassion-focused skills in areas including imagery, reasoning, and behaviour. Interest in the role of compassion and the psychological health of military veterans grows, and studies (e.g., Forkus et al. 2019) highlight its potential clinical usefulness. The group intervention and manual developed in our service draws heavily on CFT theory, concepts and skills. It aims to support understanding about the Compassionate Mind model, the human brain and how it has evolved, the way in which our brains are organised and how this can create problems for us, particularly with anger, and how we can work with this in a compassion-focused way. Specific modules included within the group intervention include considering how early experiences and military experiences have influenced the structure of group members' emotional systems, an exploration of the 'militarised' threat system, mindfulness, soothing rhythm breathing, developing a compassionate self, using imagery-based exercises, problem-solving skills and assertiveness skills.

The group has been offered to and taken up thus far by military veterans presenting with problematic anger as a primary problem or those presenting with Post-Traumatic Stress Disorder (PTSD) and problematic anger. Group appointments are delivered weekly and last ninety minutes over the course of eighteen consecutive weeks. It is facilitated by Psychologists and an Assistant Psychologist, informed by the developed treatment manual. In addition to weekly group appointments, Veterans are offered weekly individual consolidation sessions with the Assistant Psychologist lasting thirty minutes, to support the application of learnt theory and skills from the group. To date, the group has been attended by three cohorts. The first cohort attended in-person, the second cohort attended a blend of in-person remote delivery video appointments, and the third cohort attended via remote delivery video appointments. This change in delivery was due to the pandemic, rather than design. The third cohort was also adapted so that it was run in conjunction with the London Veterans Mental Health Complex Treatment Service. A focus group was conducted following the first running of the group and analysed using thematic analysis, with preliminary findings suggesting that the group had a positive effect on the management of problematic anger. A theme emerged relating to the group feeling supportive and connected, and many felt the support from other veterans was an important aspect of the group intervention. Interestingly, findings indicate an observed difference between the ways in which psychological health is viewed in the military, which was considered unhelpful, compared to how CFT perceives and addresses psychological distress, which was considered more helpful and less pathologising. A 'clash of cultures' between military life and civilian life was highlighted as a difficulty and cue to anger when transitioning out of the Armed Forces, due to differences in values and expectations. The service is now organising its fourth cohort, again to be run conjointly with other regional services within Op Courage.

# QNVMHS Updates

## 2022 Peer Reviews

We are looking forward to starting our next cycle of peer reviews of veterans mental health services. These are booked in for February to June 2022.

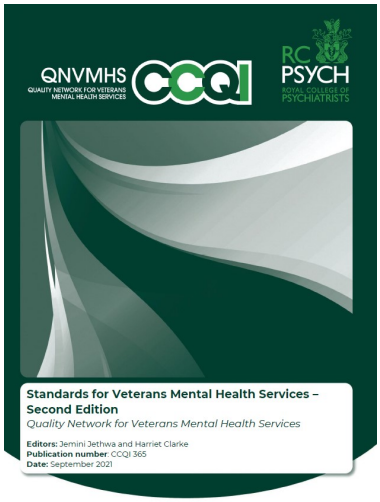
All peer reviews for the foreseeable future will continue to be delivered online, using MS Teams in most cases (unless services have a preference for another platform).

All teams that have attended a QNVMHS Review Process workshop or meeting will have been asked to nominate staff members to attend peer reviews of other services. Please do ensure you confirm these details with us if you haven't already.

## 2nd Edition of QNVMHS Standards

In case you missed it, we have recently published our 2nd edition of standards for veterans mental health services.

A consultation was held with key stakeholders and member organisations that took part in the pilot year (2020 – 2021). This consultation was to assess the appropriateness of the standards and whether there were areas that were lacking. The revised standards can be found on our website, or by clicking the image below.




## QNVMHS Webinars

We are pleased to announce that we will be hosting a series of 1-hour webinars in 2022.

These webinars will aim to focus on topics identified from the QNVMHS Aggregated Report, particularly relating to the areas of commonly unmet standards. The aim is to improve learning in these areas and to share good practice.

Topics may include:

- Engaging family members and partners in veterans mental health services
- Outcome measurement tools and data management
- Staff training and development in military culture
- Use of Quality Improvement (QI) methodology and the involvement of veterans and carers

More information will be shared about these webinars shortly, including how to register your place.

If you would like to present on any of the above topics, or have another proposed topics that you could present on - please contact us!

## QNVMHS Annual Forum

On 8th July 2021, we held our first Annual Forum for the Quality Network for Veterans Mental Health Services. This was held online and included a range of fantastic speakers. Topics ranged from veterans mental health research, outcome measurement in veterans' mental health service delivery, results of a pilot eco therapy programme and more. The event also included helpful updates from the Contact group and the Confederation of Service Charities.

If you missed the event but would like to catch up on what was shared, you can download all the presentations and materials used from Knowledge Hub.

# Useful Links

**QNVMHS Website:**
Quality Network for Veterans Mental Health Services | Royal College of Psychiatrists (rcpsych.ac.uk)

**The Royal College of Psychiatrists:**
www.rcpsych.ac.uk

**Contact Group**
www.contactarmedforces.co.uk

**Veterans' Gateway**
Advice and support for veterans & ex-forces | Veterans' Gateway (veteransgateway.org.uk)

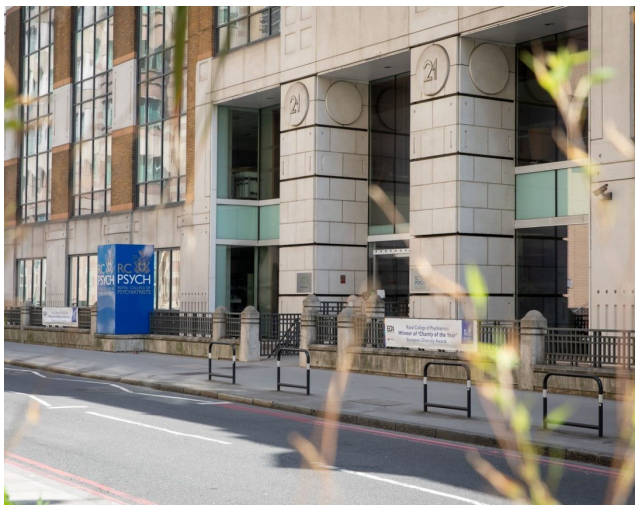
**Royal British Legion**
Veterans' Gateway | Royal British Legion

**General queries:**
veterans@rcpsych.ac.uk

**QNVMHS standards, 2nd edition**
Access the standards here

**Twitter**
Follow us: **@rcpsych @rcpsychCCQI_**
And use **#QNVMHS** for up-to-date information

**Royal College of Psychiatrists' Centre for Quality for Improvement**
21 Prescot Street, London, E1 8BB



**Would you like to be featured in our next newsletter?**
If you have an article that you would like to submit for the next edition of our newsletter, please email us!

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