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Health & Wellbeing Needs of Armed Forces Veterans

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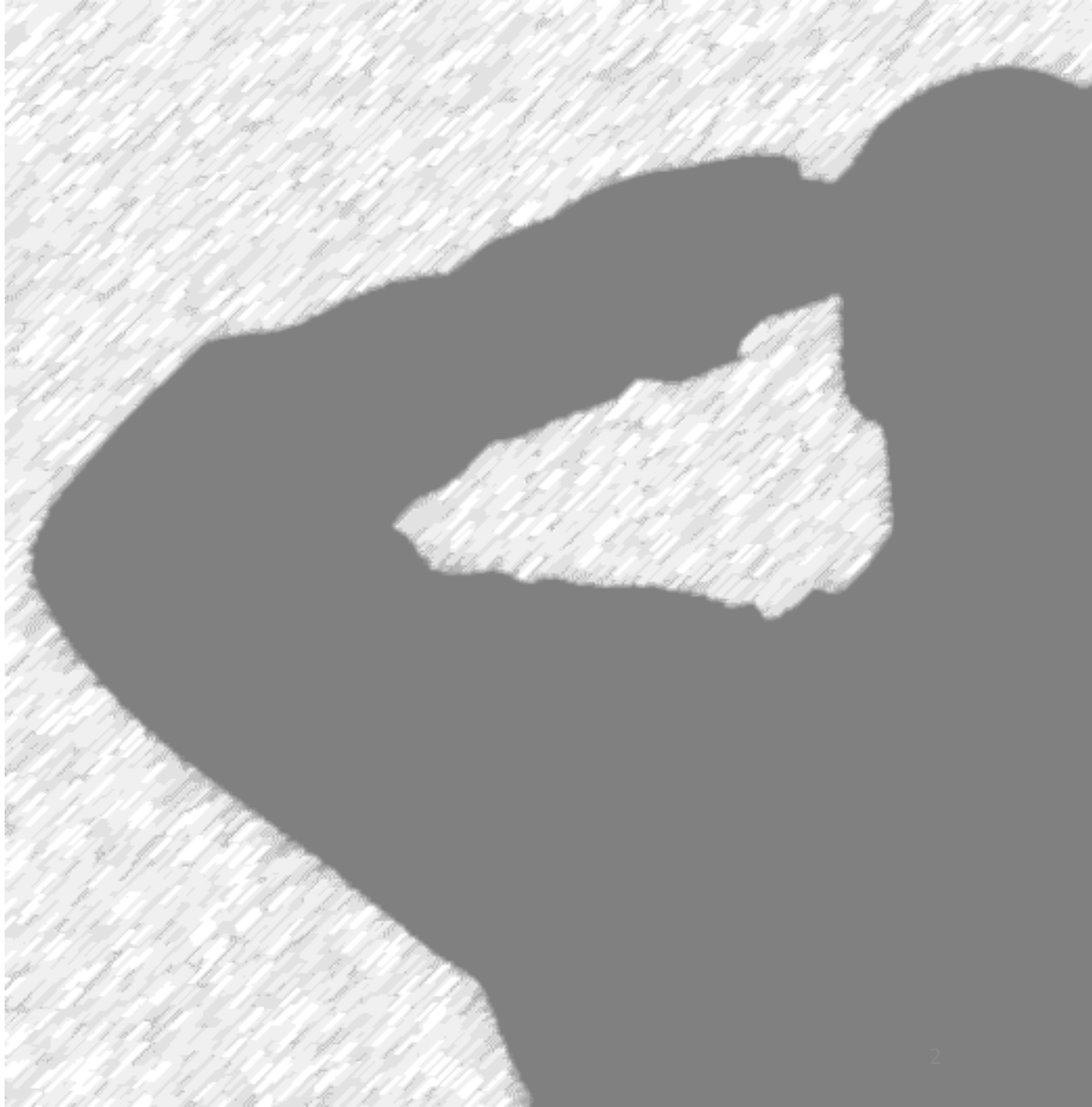
To Contents

Contents

Note:
Click on the 'buttons' and 'arrows' throughout to navigate



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Background

This paper aims to provide an overview of the health needs of the Armed Forces veterans' community. The Armed Forces veterans' community is made up of those who have previously served in the British Armed Forces and their respective families. This group is poorly understood and accounted for among the local civilian agency structures. There is very limited national and local data available to give an accurate picture of this population group in Wales, so broader regional and national data and research has to be utilised to build up a representative overview. This paper aims to provide a better understanding of the issues that affect veterans and their families, to highlight the gaps in our knowledge, and to examine best and recommended practice to influence future work and services.

In recent years, mainly as a result of the UK's Armed Forces involvement in Iraq and Afghanistan, there has been a greater national focus on the needs of serving members of the Armed Forces, their families and veterans. There has been more emphasis on the need to recognise the sacrifice made by the country's Armed Forces and the importance of considering this population when planning and commissioning local services.

Contrary to popular belief and media reporting, the Armed Forces community has a very similar health profile to the rest of the country. The vast majority of those leaving the Armed Forces will do so fit and well (Department of Health, 2008). Recent research has highlighted that in general the health of the military population is good when compared to the general public (Liverpool Public Health Observatory, 2013). This is largely due to the expected level of fitness required to join the armed forces, social support networks and good access to healthcare when in Service.

However, there are some specific challenges they face particular to their Service life. Forces families move more regularly than most, often every 2-3 years and this can have an impact on their ability to access civilian services. This includes medical, dental and social care and ensuring that the existing waits they have had for treatment or services are protected as they move around.

The Royal British Legion (2006) estimated that approximately 22,000 people leave the military per year. The overwhelming majority are healthy and manage the transition smoothly. It is estimated that in the UK the size of the ex-service community (defined as veterans and their dependents) is 10.5 million people. Of these, 4.8 million people are veterans and 5.4 million people are dependents. Anyone who has served for a single day is counted as a veteran. The major challenge faced, in trying to care for this community, is that currently there is no mechanism in place to keep track of veterans when they leave service. Veterans do not have to disclose that they are a veteran and this has an impact upon the development and delivery of services.

A significant number of those who have served in the UK Armed Forces would not even identify themselves as veterans. Younger veterans may describe themselves as "ex-military" but link the term "veteran" to those who are from an older generation. As this group is largely hidden in the general population, information about their health and associated needs and how it differs is limited, even at a national level. In the UK, Wales, and at Health Board/ Local Authority Level, there is very limited data available on the numbers of veterans and further work is required to determine a more accurate picture. Where there is limited or no local data, regional, national or international data has been used as a proxy. Some of the research focusses on the broader military population and it is important to remember that this does not always relate to the veterans population although associations are made. This situation is likely to improve after 2021 as a veterans question will be added to the Census.

Definition: What is a Veteran?

According to the Ministry of Defence website (2019), a veteran is someone who has served in Her Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations.

The Royal British Legion (2014) definition is considered the most detailed and comprehensive and states that a veteran is:

> "Anyone who has previously served in the UK Armed Forces, both regular Forces (including National Service or the Home Guard) or Reserve/ Auxiliary Forces, the Mercantile Marines in hostile waters; the Allied Civil Police Forces; full-time, in uniform for a Volunteer Aid Society in direct support of the Armed Forces; or as a British subject serving under British command in the forces of an allied nation."

The Ministry of Defence (2017) notes that veterans' status also applies to former Polish forces who served under British command in World War II and that veterans need not have served overseas or participated in actual conflict to be deemed veterans.

Whilst there may be many more details that could be included to define veterans, these stated definitions clearly encompass a diverse cohort of former service personnel with a wide variety of health needs.

Statistics

Accessing accurate veterans' data has been an issue for many years. The inclusion of a Census question in relation to veterans in 2021 will definitely allow for greater clarity on numbers. However, there exists a range of data streams that help to illustrate the veterans' situation across Wales. It is not currently possible to distinguish veterans from other civilians when utilising NHS routine data sources, such as the Patient Episode Database Wales (PEDW) which captures hospital activity data for Welsh residents across the UK (Stiff and van Woerden, 2011).

Military veterans are also poorly coded on GP Practice systems either because veterans do not inform their GP of their status or the Practice fails to ask the question. It is the GPs responsibility to highlight that an individual is a veteran when referring to secondary healthcare and then the individual should be coded appropriately.

The Public Health Wales Observatory (2015), using datasets from the Royal British Legion (Royal British Legion 2014) produced estimates of the number of veterans currently living in Wales together with projections of the future number of veterans likely to live in Wales.

The proportions produced by the Royal British Legion suggested that rates for Wales are consistent with the UK, despite there being a disproportionate number of armed forces personnel coming from Wales (Tannock, Burgess & Moles, 2013). Therefore, a weighting of 1.38 was applied to the estimates, based on information provided by the Compass Partnership, to account for the greater number of armed forces personnel coming from Wales. The numbers produced across Wales, however, do assume that the proportion of armed forces personnel is consistent. This is despite, in the past, the Army Regimental System concentrating recruitment in specific areas or communities.

These estimates have been updated by the BCUHB Public Health Team using the 2018 Mid-Year Population Estimates from the ONS. According to these figures, it is predicted that there are approximately 162,000 veterans living in Wales in 2020. The projected figures for 2025 and 2030 are 126,000 and 98,000 respectively. The predicted decline in the older age cohort, and the changes currently occurring in the UK Armed Forces, mean that a greater proportion of the veteran population will be made up of younger people. This will have an impact upon the health needs of veterans in future years.

Table 1. *Veterans' Population Projections by Health Board & Local Authority* **2020**

Estimated veteran population, all persons aged 16 and over, Wales health boards and local authorities, 2020

	Age group (Sum of the male and female tables)								
	16-24	**25-34**	**35-44**	**45-54**	**55-64**	**65-74**	**75-84**	**85+**	**16+**
Betsi Cadwaladr UHB	490	1120	2040	4630	5680	7210	9720	8210	39110
Powys tHB	80	180	340	890	1230	1620	2200	1830	8380
Hywel Dda UHB	290	570	1030	2450	3310	4240	5740	4940	22560
Abertawe Bro Morgannwg UHB	470	970	1750	3450	4040	4700	6290	5070	26760
Cardiff & Vale UHB	520	1070	1680	2870	3320	3470	4440	3910	21280
Cwm Taf UHB	230	560	950	1970	2260	2640	3370	2480	14450
Aneurin Bevan UHB	410	1030	1880	4030	4620	5310	7070	5530	29870
Isle of Anglesey	40	100	200	450	620	820	1090	830	4150
Gwynedd	120	210	330	750	980	1250	1700	1490	6830
Conwy	70	160	310	770	1010	1350	1950	1900	7530
Denbighshire	60	140	260	630	810	1050	1400	1130	5480
Flintshire	100	260	480	1090	1220	1510	1960	1470	8100
Wrexham	90	240	460	940	1050	1230	1620	1390	7030
Powys	80	180	340	890	1230	1620	2200	1830	8380
Ceredigion	80	100	170	420	610	830	1080	1020	4310
Pembrokeshire	80	190	330	800	1100	1430	1930	1730	7580
Carmarthenshire	130	280	530	1230	1600	1990	2730	2190	10670
Swansea	260	480	780	1500	1740	2050	2810	2490	12110
Neath Port Talbot	110	240	480	940	1170	1340	1740	1270	7290
Bridgend	100	250	490	1000	1130	1310	1740	1320	7360
Vale of Glamorgan	90	210	440	870	1060	1230	1610	1260	6760
Cardiff	430	860	1240	2000	2260	2240	2830	2650	14510
Rhondda Cynon Taf	190	440	760	1580	1790	2120	2690	1990	11560
Merthyr Tydfil	40	110	190	390	470	520	680	490	2890
Caerphilly	130	310	600	1230	1390	1620	2080	1460	8820
Blaenau Gwent	50	130	220	490	560	640	850	610	3540
Torfaen	70	160	280	610	740	850	1100	930	4740
Monmouthshire	60	130	260	690	840	1040	1420	1270	5710
Newport	110	290	520	1000	1100	1160	1620	1260	7060
Wales	**2500**	**5490**	**9670**	**20280**	**24470**	**29190**	**38820**	**31980**	**162410**

Original estimates produced by Public Health Wales Observatory, using MYE (ONS) and prevalence estimates from the Royal British Legion. Updated estimates produced by BCU Public Health Team, using 2018 MYE (ONS).

Table 2. *Veterans' Population Projections by Health Board & Local Authority* **2025**

Estimated veteran population, all persons aged 16 and over, Wales health boards and local authorities, 2025

	Age group (Sum of the male and female tables)								
	16-24	**25-34**	**35-44**	**45-54**	**55-64**	**65-74**	**75-84**	**85+**	**16+**
Betsi Cadwaladr UHB	490	1120	1540	3320	5050	7210	4740	6720	30190
Powys tHB	80	180	250	640	1090	1620	1070	1500	6450
Hywel Dda UHB	290	570	780	1750	2950	4240	2790	4040	17410
Abertawe Bro Morgannwg UHB	470	970	1310	2470	3600	4700	3090	4160	20780
Cardiff & Vale UHB	520	1070	1260	2060	2950	3470	2190	3210	16720
Cwm Taf UHB	230	560	720	1410	2010	2640	1650	2030	11240
Aneurin Bevan UHB	410	1030	1410	2880	4110	5310	3460	4530	23140
Isle of Anglesey	40	100	150	320	550	820	530	680	3190
Gwynedd	120	210	250	540	870	1250	830	1220	5280
Conwy	70	160	230	550	900	1350	960	1550	5790
Denbighshire	60	140	190	450	720	1050	680	920	4220
Flintshire	100	260	360	780	1080	1510	950	1200	6270
Wrexham	90	240	340	670	930	1230	790	1140	5440
Powys	80	180	250	640	1090	1620	1070	1500	6450
Ceredigion	80	100	130	300	540	830	530	830	3350
Pembrokeshire	80	190	250	570	980	1430	940	1410	5850
Carmarthenshire	130	280	400	880	1430	1990	1330	1790	8220
Swansea	260	480	590	1080	1550	2050	1380	2040	9420
Neath Port Talbot	110	240	360	680	1040	1340	850	1040	5660
Bridgend	100	250	370	720	1010	1310	860	1080	5700
Vale of Glamorgan	90	210	330	620	940	1230	790	1030	5250
Cardiff	430	860	930	1430	2010	2240	1400	2180	11470
Rhondda Cynon Taf	190	440	570	1130	1590	2120	1320	1630	8990
Merthyr Tydfil	40	110	140	280	420	520	330	400	2250
Caerphilly	130	310	450	880	1230	1620	1020	1200	6840
Blaenau Gwent	50	130	160	350	490	640	410	500	2740
Torfaen	70	160	210	440	660	850	540	760	3690
Monmouthshire	60	130	200	500	750	1040	690	1040	4400
Newport	110	290	390	710	980	1160	800	1030	5470
Wales	**2500**	**5490**	**7270**	**14530**	**21770**	**29190**	**19010**	**26180**	**125940**

Original estimates produced by Public Health Wales Observatory, using MYE (ONS) and prevalence estimates from the Royal British Legion. Updated estimates produced by BCU Public Health Team, using 2018 MYE (ONS).

Table 3. *Veterans' Population Projections by Health Board & Local Authority* **2030**

Estimated veteran population, all persons aged 16 and over, Wales health boards and local authorities, 2030

	Age group (Sum of the male and female tables)								
	16-24	**25-34**	**35-44**	**45-54**	**55-64**	**65-74**	**75-84**	**85+**	**16+**
Betsi Cadwaladr UHB	490	1120	1020	2660	4430	5990	4080	3660	23450
Powys tHB	80	180	160	510	960	1350	920	820	4990
Hywel Dda UHB	290	570	510	1410	2580	3530	2400	2200	13480
Abertawe Bro Morgannwg UHB	470	970	880	1980	3150	3890	2670	2270	16280
Cardiff & Vale UHB	520	1070	840	1650	2590	2870	1890	1750	13180
Cwm Taf UHB	230	560	470	1130	1760	2190	1420	1110	8870
Aneurin Bevan UHB	410	1030	930	2310	3600	4410	2980	2470	18130
Isle of Anglesey	40	100	100	260	480	680	460	370	2490
Gwynedd	120	210	170	430	760	1040	710	670	4100
Conwy	70	160	150	440	790	1120	820	850	4420
Denbighshire	60	140	130	360	630	870	590	500	3280
Flintshire	100	260	240	630	950	1250	820	660	4910
Wrexham	90	240	230	540	820	1020	680	620	4240
Powys	80	180	160	510	960	1350	920	820	4990
Ceredigion	80	100	90	240	470	690	450	450	2580
Pembrokeshire	80	190	160	460	860	1190	810	770	4510
Carmarthenshire	130	280	260	710	1250	1650	1140	980	6390
Swansea	260	480	390	860	1360	1690	1190	1110	7350
Neath Port Talbot	110	240	240	540	910	1110	730	570	4460
Bridgend	100	250	250	580	880	1090	740	590	4480
Vale of Glamorgan	90	210	220	500	830	1010	680	570	4110
Cardiff	430	860	620	1150	1760	1860	1210	1190	9080
Rhondda Cynon Taf	190	440	380	910	1390	1760	1140	890	7090
Merthyr Tydfil	40	110	90	220	370	430	280	220	1770
Caerphilly	130	310	290	710	1080	1340	880	650	5400
Blaenau Gwent	50	130	110	280	430	540	360	270	2160
Torfaen	70	160	140	350	580	700	460	420	2880
Monmouthshire	60	130	120	400	650	870	600	570	3390
Newport	110	290	260	570	850	960	690	560	4300
Wales	**2500**	**5490**	**4810**	**11660**	**19060**	**24230**	**16360**	**14280**	**98390**

Original estimates produced by Public Health Wales Observatory, using MYE (ONS) and prevalence estimates from the Royal British Legion. Updated estimates produced by BCU Public Health Team, using 2018 MYE (ONS).

A further measure often used to predict the number of veterans in an area are the Armed Forces pensions. The War Pensions Scheme (WPS) provides no fault compensation for all ex-Service personnel where illness, injury or death is caused by Service from the start of the First World War in 1914 up to 5 April 2005. The Armed Forces Compensation Scheme (AFCS) came into force on 6 April 2005 to pay compensation for injury, illness or death caused by Service on or after that date. The Ministry of Defence regularly provides information on the location of Armed Forces Pension and Compensation recipients by postcode.

It is important to note that not all veterans who are entitled to WPS or AFCS have applied or are in receipt of said pension so this missing data could affect the figures greatly. In addition, this data does not include personnel who are in receipt of Armed Forces Invalidity Pension/Ill Health Pension (as they will most likely be covered under the AFPS caveat) but have not been given a War Pension as their injury/illness occurred after 2005 or they haven't claimed AFCS within the required time frame (7 Years from initial point of injury/illness).

Table 4. *Recipients of Armed Forces pensions by Health Board, 2015. Ministry of Defence* (2015)

	All AFPS	All WPS	Disablement Pension	War Widow(er)s	All AFCS
Wales (d)	14,535	7,695	6,540	1,120	980
Betsi Cadwaladr UHB	3,860	2,000	1,635	350	215
Powys THB	900	360	300	55	65
Hywel Dda UHB	2,105	870	740	130	120
ABM UHB	2,140	1,335	1,155	175	160
Cardiff & Vale UHB	2,190	835	680	155	140
Cwm Taf UHB	970	895	805	85	105
Aneurin Bevan UHB	2,365	1,385	1,210	165	165

(a) Armed Forces Pension Scheme
(b) War Pensions Scheme
(c) Armed Forces Compensation Scheme
(d) Wales total includes 15 'unknown'

Whilst this wide range of statistics can help healthcare providers estimate the need of service from veterans, it will only be when a more robust mechanism for accurate data collection is put in place that true need can be planned for and met.

Health & Wellbeing Needs of Veterans

The Department of Health (2008) indicates that the Armed Forces community has a very similar health profile to that of the civilian population and that, therefore, their health needs are also very comparable. However, it is vital to highlight the differences that occur because of experiences the general population will never encounter such as occupational injuries and the psychological impact of putting themselves in harms way and missing out on family time when deployed.

As previously noted, the general health of the military population is good (especially around being physically active) when compared to the general public (Liverpool Public Health Observatory, 2013). Most veterans report their time in the services as a positive experience and do not suffer adverse health effects because of the time they have served. However, conditions attributable to military service are shown in the table below. About one in five veterans with a long-term illness attribute it to military service, particularly musculoskeletal problems, hearing problems and mental illness (Atenstaedt and Jones, 2016).

According to the Ministry of Defence (2018), there were the following medical discharges during 2017-18: Army: 1,769; Royal Navy: 486; Royal Air Force: 196. These figures do not present a true picture of the level of illness and disability, but may provide an indication of the minimum burden of ill-health. The greatest cause of medical discharges is musculoskeletal disorders and injuries, with knee and back pain being the most prominent reasons. These are closely followed by mental and behavioural disorders (Atenstaedt and Jones, 2016).

We have no accurate baseline prevalence data for veterans currently residing in Wales with injuries, resulting from their service in the Forces, and who have NHS specialist rehabilitation service's needs (Stiff and van Woerden, 2011). The number of veterans in Wales who suffered an injury and required specialist rehabilitation treatment within Service does not necessarily equate to the number of veterans who require ongoing NHS input.

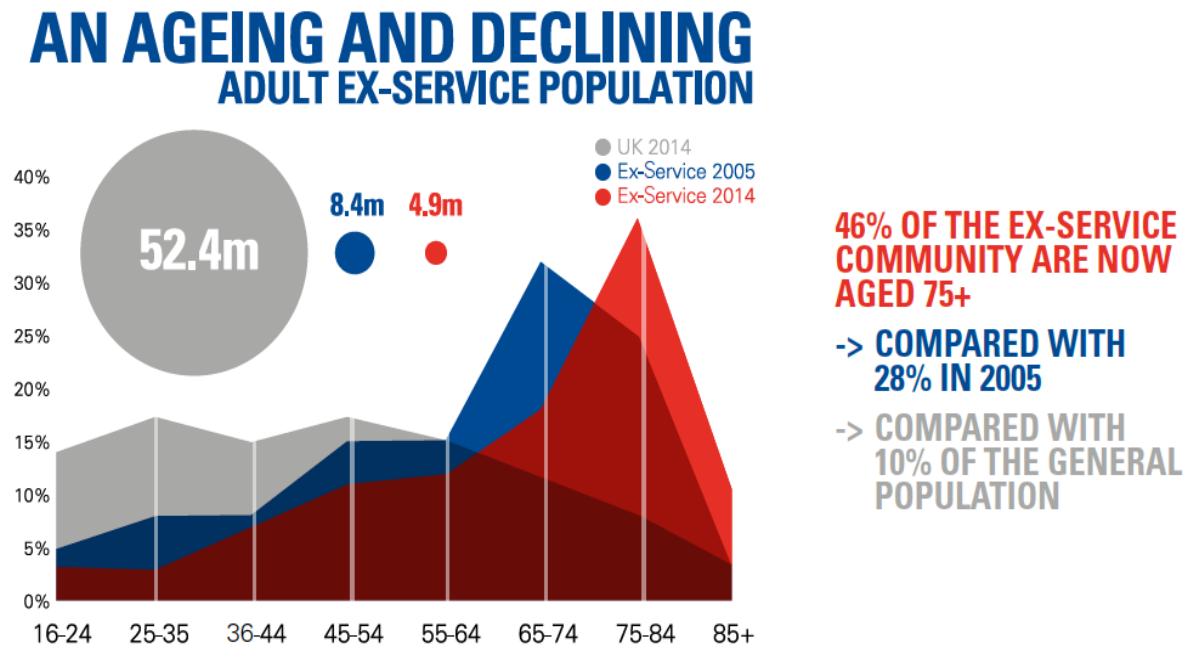
Having analysed the Royal British Legion data, Atenstaedt and Jones (2016) show the following differences between the veteran and non-service population.

Table 5. *Comparison of long term illness in working age adults, veteran versus general population*. (adapted from Atenstaedt and Jones, 2016)

LONG TERM CONDITION	VETERAN POPULATION	CIVILIAN POPULATION
Depression	10%	6%
Back problems	14%	7%
Issues with legs and feet	15%	7%
Issues with arms	9%	5%
Heart problems	12%	7%
Diabetes	6%	3%
Hearing difficulty	6%	2%
Difficulty seeing	5%	1%

Some of the differences between the ex-service community and the general population can be largely explained by the older age profile of the ex-service community. The majority of health needs of over 65s will be those experienced by all older people in our society. Cardiovascular disease, cancer, stroke, dementia and mobility problems will all represent serious burdens of disease amongst veterans (Public Health Wales, 2012) and veterans aged over 75 will present with more hearing problems than the general population (RBL, 2006)

Figure 1. *Infographic showing the age demographic of the veteran population* (Royal British Legion, 2014)



Due to the Second World War and National Service, a greater proportion of over 75s are veterans than amongst younger age brackets. In this age group, some of the main issues are loneliness and isolation, mobility problems and self-care difficulties.

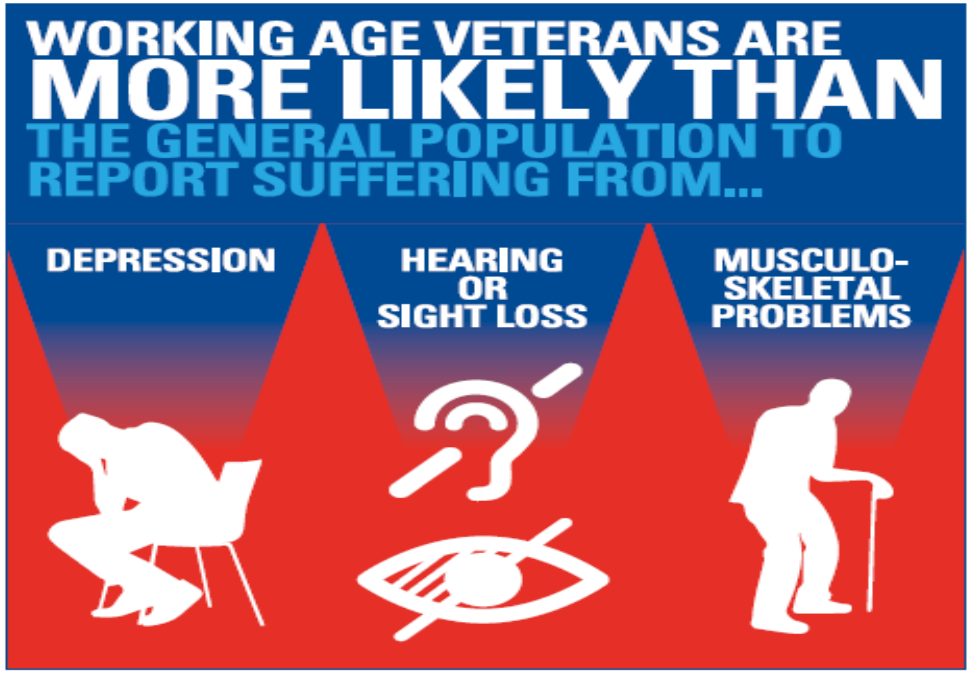
Figure 2. *Infographic showing health issues in veterans aged over 75.* (Royal British Legion, 2014)

Outside this group is a significant minority of non-elderly veterans. This terminology presents an issue, as the term 'veteran' is itself controversial, since a large proportion of this cohort would not describe themselves as veterans. Younger members of this population would perceive the word veteran as applying to the World War II veterans who are so visible at national veteran events. This cohort would be more likely to identify as 'ex-Military' or 'ex-Service'.

This is important for service planning, since younger men are likely to be a key target audience for healthcare services (Royal British Legion, 2006). To identify them, the question "Have you ever served in the UK Armed Forces?" is more likely to receive a positive response than "Are you a veteran?", and it is recommended that services should be signposted as being for "ex-Service personnel" (Department of Health, 2008). Stigma is a major issue for military personnel especially in terms of seeking help and support and this is another factor that affects the demand (but not the need) on health services from the veteran population.

In the working age adults (16 to 64 years) bracket, it is generally reported that veterans are more likely to report a long-term illness that limits their activities than those who have not served. According to the latest data (MOD, 2019), 26% of veterans report this compared to 24% of the civilian population. This can have a wider impact upon employability, isolation and loneliness.

Figure 3. *Infographic showing health issues working age veterans report more often than their civilian counterparts do*. (Royal British Legion, 2014)



In general, research has found that the majority of veterans do not suffer with adverse mental health after leaving the Services (Fossey 2010). The risk of developing a mental health disorder may not only be linked to experiences during an individual's period of service with the Armed Forces but also to the transition period from military to civilian life. Whilst the majority of service leavers make the transition to civilian life without a problem, for some this can be extremely challenging (Atenstaedt and Jones, 2016). In a study into the mental health of armed forces and veterans, Fear et al (2010) found that:

- The most common mental health problems for veterans are alcohol issues, depression and anxiety disorders.
- In terms of the overall prevalence of mental health disorders, ex-service personnel are similar to their still-serving counterparts and broadly similar to the general population.
- Military personnel with mental health problems are at an increased risk for adverse outcomes in post-service life.
- The minority who leave the military with psychiatric problems are at increased risk of social exclusion and ongoing ill-health.
- Early service leavers are more likely to have adverse outcomes (e.g. suicide, mental health problems) and exhibit risk taking behaviours (e.g. heavy alcohol consumption) than those veterans who serve for longer periods.

Fear et al (2010) noted whilst only 4% of veterans experienced Post Traumatic Stress Disorder, when it does occur the following factors are observed:

- Reported PTSD was associated with deployment of any kind
- There was a higher reported incidence of PTSD amongst deployed reservists than deployed regulars (see **note** below)
- There was a higher reported incidence of PTSD amongst those who had experience of combat roles

Atenstaedt and Jones (2016) report that although the overall rate of suicide was no greater than in the general population, the risk of suicide in male veterans aged 24 years and younger was about two to three times higher than the risk for the same age group of those who had not served. Importantly, the rate of contact with specialist mental health was lowest in the age groups at greatest risk of suicide, suggesting that needs are not being met. This is an issue of double concern. Men in this age group are very unlikely to seek support for mental health issues (whether serving, veteran or general population) and, as noted previously, ex-service personnel of this age group often do not identify as veterans.

Note: there will be different health needs for Regulars and Reservists, and number of Reservists are on the increase because of the changing shape and make up of the Armed Forces.

There is limited information on the lifestyle behaviour of military veterans and this is an area which requires further research. However, there are numerous reports that suggest that smoking and drinking in the military is higher than the general population (Bergman et al, 2016. Fear et al, 2007). Some recent research by the MOD (2019) found that females of retirement age were significantly more likely than males of retirement age to currently smoke (20% and 11% respectively). Royal British Legion (2014) report that the prevalence of alcohol misuse among veterans is lower than the general population, with only one in ten veterans appearing to have a problem with alcohol.

These are key issues that require 'myth busting' especially in regard of health care planning. In summary, it is possible to suggest that while alcohol misuse is prevalent among the armed forces, it is time limited and reduces quickly among the older age groups. However, targeted support may be required for younger veterans who leave the armed forces early (Atenstaedt and Jones, 2016).

Recent research (Roberts et al, 2019) reported that veterans had significantly higher rates of problem gambling than non-veterans. Male veterans were more likely than non-veterans to have experienced a traumatic event. The relationship between veteran status and problem gambling was not explained by differences in mental health conditions, substance abuse, or financial management. No differences were found for length of service. Further research is required with larger samples targeting problem gambling and Armed Forces experience in the United Kingdom population using contemporary diagnostic criteria.

The National Association of Probation Officers (2009) estimated that across England and Wales more than 20,000 veterans were in the criminal justice system with 12,000 on probation and a further 8,500 in custody. This represented 8.5% of the then prison population and 6% of those on probation and parole. Currently, the exact number of former armed service personnel in prisons in England and Wales is unknown. The Ministry of Defence (2015) has estimated that the figure for prisons is 3.4 per cent whilst the Howard League (2011) estimated this to be closer to 1 in 10.

In 2019, the Armed Forces Team of the Welsh Government conducted a scoping exercise to identify any perceived gaps in services for veterans and families in Wales (Welsh Government Armed Forces Team, 2019). As part of this, they asked veterans if they '*Have you ever been involved in the Criminal Justice System?'* The responses were: **20.8%** yes; **76.4%** no; **2.8%** prefer not to say.

According to the Howard League (2011), problems associated with criminal behaviours such as drug and alcohol abuse, homelessness, low educational attainment and financial pressures, and a poor ability to deal with emotions, appear to be as common among ex-service personnel in prison as they are among the general prison population.

In 2013, Welsh Government produced guidance entitled: "Veteran Informed Prisons: A guide to improving the health and well-being of prisoners in Wales who are veterans." (Welsh Government, 2013).

Homelessness is an issue that is faced by a minority of ex-Armed Forces personnel. Adequate housing is a key pre-requisite to good health and therefore being homeless is a marker for expected poor health. The table below shows the housing tenure of the ex-service population compared with the UK adult population (Royal British Legion, 2014). It shows that that the ex-service community are more likely to own their house and less likely to rent privately. This may be due to their older demographic compared to the UK general population.

Several studies have shown that the characteristics and experience of homeless ex-Armed Forces personnel are broadly similar to the homeless population as a whole, although ex-Service personnel are older, and may be homeless for longer (Public Health Wales website, accessed June (2019). It is further estimated that 8% of the veteran community will have experienced housing issues within the last year. The Royal British Legion (2014) reported that those discharged within the five years prior to their data collection demonstrated the most housing issues, especially when dealing with councils or housing associations.

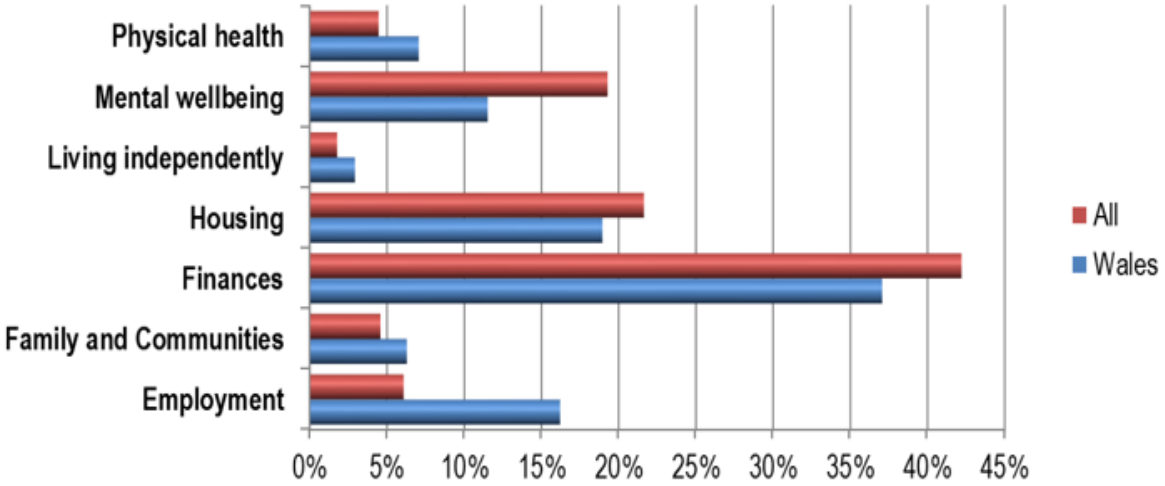
According to the latest research from the MOD (2019), there were 'no differences' in employment status between working-age veterans and non-veterans. Over three-quarters of veterans (79%) and non-veterans (79%) were employed. There also continued to be 'no differences' between working-age veterans and non-veterans employment status by gender, age group, ethnicity and region.

However, there were gender differences within the populations. Female veterans and non-veterans were significantly more likely to be economically inactive, and less likely to be employed, than males. This finding was expected since females within the general UK population are more likely to be economically inactive due to family commitments than males. Furthermore, there were 'no differences' in the occupations and industries employed veterans and non-veterans worked in. However, employed female veterans were significantly more likely to work in the 'Public admin and defence industry' than employed female non-veterans (16% compared with 8% respectively).

Additional information regarding health & wellbeing needs may be drawn from the Welsh Local Government Association (2018) and their presentation about veterans' engagement with the 'Veteran's Gateway.' This is an internet based, face-to-face support mechanism that puts veterans and their families in touch with the organisations that provide the information, advice and support they need.

It covers a range of issues from healthcare to housing, employability, personal relationships and much more. Figure 1 below shows the breadth issues dealt with.

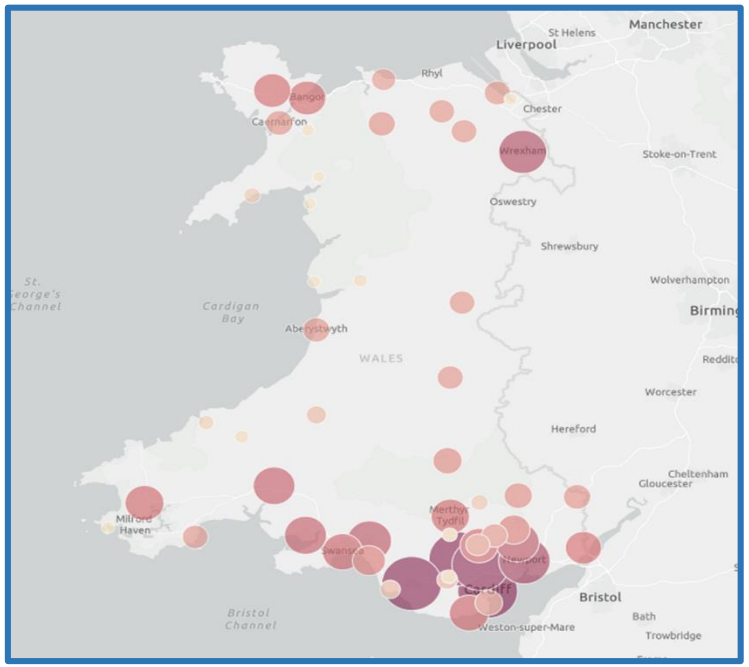
Figure 4. *Issues dealt with by the Veterans' Gateway*. WLGA (2018)



It is clear that conversations and request for support about the issues of finance, housing and employment are occurring much more often than those about physical or mental health. This shows a similar profile to the civilian population and suggests that the wider determinants of health are as important to the veteran population as their health itself.

The map below shows the 'hot spots' of sessions where a veteran or family member has engaged with the service.

Figure 5. *Map showing hot spots of engagement with the Veteran's Gateway* (Welsh Local Government Association (2018)



It is not surprising that there are concentrated areas of engagement around Wales' more 'urban' and populated areas. It is important to consider the caveat that the size of the 'circles' represent the number of calls (the more calls, the bigger the circle), not the number of individual people who have called. Therefore a small number of 'frequent callers' may well skew the distribution. However, this is still another measure of need that may be useful in planning health, wellbeing and social care support.

Note: this service, like many others, is possibly being under accessed and utilised from the rural parts of Wales. There may be missed opportunities to support veterans who are living in social isolation and potentially those in more need of assistance. In 2019, the Armed Forces Team of the Welsh Government conducted a scoping exercise to identify any perceived gaps in services for veterans and families in Wales (Welsh Government Armed Forces Team, 2019). As part of this, they asked veterans were aware of the Veteran's Gateway and if they had ever accessed this service. The responses were: Both heard of and accessed: **9.8%**; Heard of it but never accessed: **35%**; Never heard of it: **55.2**%

As part of the same Welsh Government scoping exercise, participants were asked to rate their experience of six service areas across a 5-point scale, ranging from very poor to very good. These areas were healthcare, housing, education, benefits and welfare, employment, and their transition into civilian life ('civvy street').

Of the participants that responded:

- 57% rated their **transition experience** as 'poor or very poor', with 16% rating it as 'good or very good'
- 49.7% rated their experience with **benefits and welfare** as poor or very poor, with 9% stating it was 'good or very good'.
- 39.7% rated their **healthcare** experience as 'good or very good', with 34% rating it as 'poor or very poor' also.

In terms of dental health, it has been reported that it is increasingly difficult for service personnel's families and veterans to get on a dental registers and in turn receive dental treatment. Reservists are disadvantaged and do not have the same dental coverage as Regular Service personnel.

According to Local Government Association (2017), it is vital that the health and wellbeing needs of the veterans' population are reflected in local needs assessments. This can only be achieved with local authorities, health boards, and third sector organisations working closely together to achieve a shared goal. Engaging with all support networks that liaise with veterans is essential in this instance as they will be able to provide a better idea of the actual need as the statistics, as previously discussed, may not be an entirely accurate reflection of true number.

The health needs of the veteran community, much like the civilian community, are complex. Therefore, due to difficulties often encountered in even identifying veterans, there is a clear need for more research, partnership working and robust data collection concerning this particular cohort.

The Strategy for our Veterans

Veterans live across the UK and draw on services from across governments. The Strategy for our Veterans is a UK-wide document, endorsed by UK, Scottish and Welsh Governments. Delivery will look different in each part of the country, however, in signing up to this Strategy, all parts of the UK are committed to achieving a shared Vision and Principles and the best outcomes for our Veterans. In the foreword to the Strategy it is stated that:

> "We should be proud of the care, support and respect our society gives to Veterans. But there is more to do. Every day, organisations across the public, private and charitable sector work to support and empower Veterans. This Strategy builds on that work and sets clear goals for the future. In the year that we look back 100 years to the Armistice that ended "the war to end all wars", we must also look forward, to see how we as a nation should support the Veterans of the future."

The Strategy outlines the plans, for the next ten years, for delivery of public services to Veterans across the UK. The consultations that will follow the publication of the strategy will use the best ideas to establish how to make this happen. By 2028, the strategy aims to ensure that every Veteran feels even more valued, supported and empowered and, in accordance with the Armed Forces Covenant, will never be disadvantaged as a result of their service.

To access the Strategy, click on the image to the left or here

Vision and Principles

VISION

This Strategy has a 10 year scope to 2028. Through the 10 year timescale, the Strategy addresses the immediate needs of older Veterans as well as setting the right conditions for society to empower - and support - the newer generation. Initiatives and proposals will work towards an enduring Vision articulated by three key principles.

Those who have served in the UK Armed Forces, and their families, transition smoothly back into civilian life and contribute fully to a society that understands and values what they have done and what they have to offer.

PRINCIPLES

The Principles articulate in greater detail the strategic objectives of the Vision

- **Veterans are first and foremost civilians and continue to be of benefit to wider society**
- **Veterans are encouraged and enabled to maximise their potential as civilians**
- **Veterans are able to access support that meets their needs when necessary, through public and voluntary sectors**

These Principles encompass Regular and Reservist Veterans and where appropriate, their families and the bereaved. The focus is on those Veterans of the UK Armed Forces resident in the UK. In due course, we will consider encompassing Veterans who return to or choose to live overseas. These Principles are consistent with, and underpinned by, the Armed Forces Covenant.

This Strategy sets an enduring Vision and Principles (see infographic to the left for detail) for the whole of the UK and is applicable across all sectors of life: public, corporate, charitable and individual. There are five cross-cutting factors that provide a backdrop to the overall system of Veterans service provision as well as six identified key themes. For each of the cross-cutting factors and key themes there is an outcome for 2028 towards which all nations will work to deliver.

The six key themes have been chosen as they reflect the most prevalent topics that affect Veterans' lives. Given the themes are interconnected, there may be a risk that considering them in isolation will lead to failure to spot repeated issues that could affect all, or not sharing best practice. A positive development in one theme may also have positive effects in others.

As previously mentioned, for each theme there is an outcome for 2028, which combine to support the Vision and Principles and against which new initiatives can be measured. Though they may be delivered differently in each region or nation, the outcomes will apply across UK.

Cross Cutting Factors and 2028 Outcomes

CROSS-CUTTING FACTORS

That affect service provision for Veterans across all Key Themes

Collaboration | Coordination | Data | Perception | Recognition

1. Collaboration between organisations

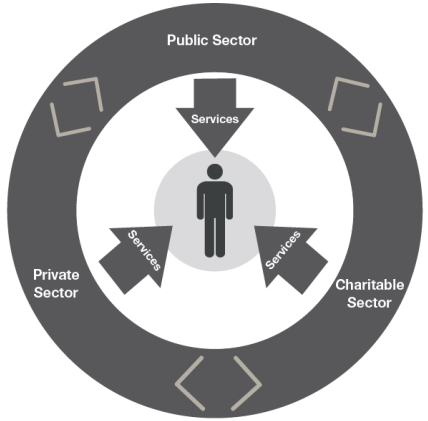
2028 Outcome

Improved collaboration between organisations offers Veterans coherent support.

2. Coordination of Veterans' services

2028 Outcome

The coordination of Veterans' provision delivers consistent aims and principles over time and throughout the UK, ensuring Veterans, their families and the bereaved are treated fairly compared to the local population.



3. Data on the Veteran community

2028 Outcome

Enhanced collection, use and analysis of data across the public, private and charitable sectors to build an evidence base to effectively identify and address the needs of Veterans.

4. Public perception and understanding

2028 Outcome

The UK population value Veterans and understand their diverse experiences and culture.

5. Recognition of Veterans

2028 Outcome

Veterans feel that their service and experience is recognised and valued by society.

Key Themes and 2028 Outcomes

1. Community and relationships

2028 Outcome

Veterans are able to build healthy relationships and integrate into their communities.

2. Employment, education and skills

2028 Outcome

Veterans enter appropriate employment and can continue to enhance their careers throughout their working lives.

3. Finance and debt

2028 Outcome

Veterans leave the Armed Forces with sufficient financial education, awareness and skills to be financially self-supporting and resilient.

5. Making a home in civilian society

2028 Outcome

Veterans have a secure place to live either through buying, renting or social housing

Whilst there are five Key Themes and respective 2028 Outcomes, for the purposes of this paper there will be a focus on **Key Theme #4**, *Health and Wellbeing*.

4. Health and wellbeing

2028 Outcome

All Veterans enjoy a state of positive physical and mental health and wellbeing, enabling them to contribute to wider aspects of society.

"Though evidence suggests that Veterans' health and wellbeing is generally consistent with – or better than – the rest of the population, there are some issues where tailored services are appropriate. For instance, medical advances mean that Veterans with Service-attributable physical and/or mental trauma injuries are more likely to live longer than previous generations. This could impact their long-term health and wellbeing needs, and we must be prepared to meet this future need. The best medical outcomes for all Veterans across the UK will be an important focus. This can be achieved through the smooth transition of provision from in-Service to post-Service and sharing effective practices amongst clinical and healthcare communities, and supporting collaboration between organisations offering Veterans their health, wellbeing and welfare support."

The Armed Forces Covenant

In 2011 the Welsh Government signed up to the Armed Forces Covenant principles to provide Serving personnel, veterans and their families with the support they require, and ensure they are not disadvantaged compared to other citizens in the provision of services in recognition of the sacrifices they have made. The Covenant is outlined thus:

Her Majesty's Government
– and –
All those who serve or have served in the Armed Forces of the Crown and their Families.
The first duty of Government is the defence of the realm. Our Armed Forces fulfil that responsibility on behalf of the Government, sacrificing some civilian freedoms, facing danger and, sometimes, suffering serious injury or death as a result of their duty.
Families also play a vital role in supporting the operational effectiveness of our Armed Forces. In return, the whole nation has a moral obligation to the members of the Naval Service, the Army and the Royal Air Force, together with their families.
They deserve our respect and support, and fair treatment.
Those who serve in the Armed Forces, whether Regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services.
Special consideration is appropriate in some cases, especially for those who have given the most such as the injured and the bereaved.
This obligation involves the whole of society:
it includes voluntary and charitable bodies, private organisations, and the actions of individuals in supporting the Armed Forces. Recognising those who have performed military duty unites the country and demonstrates the value of their contribution.
This has no greater expression than in upholding this Covenant.

Welsh Government (2018) in their Armed Forces Covenant annual report reiterates their assurance that Wales, "…remains totally committed to providing services and support that meets the need of our Armed Forces community." In the first annual report about the covenant, focus is placed on health and wellbeing, education, housing, employment and a supported return to civilian life. It is essential to remember that whilst there should be a focus on health and wellbeing, from a public health perspective, these other factors are key issues in the wider determinants of health and have a vital role to play in an individual's life.

All Health Boards across Wales have access to a specialist Veterans NHS Wales service for military veterans and military service attributable mental health problems with an open and direct referral pathway, including accepting self referrals.

Welsh Government (2017) emphasised their commitment to the Covenant in their publication 'Armed Forces Covenant: Healthcare Priority for Veterans' the outcomes of which will be reviewed in September 2020

ARMED FORCES COVENANT
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VETERANS NHS WALES

In terms of delivery on the Covenant, Welsh Government (2018) reports the following:

Health and Wellbeing

- Welsh Government have funded Veterans NHS Wales, provided an additional £20m to Health Boards to improve mental health services, and will provide a further £500k in specific national and regional approaches to tackle suicide and self-harm.
- Veterans have accessed, and will continue to access, services and support concerning treatment after struggling with substance misuse including alcohol.
- Funding for free swimming for serving and veteran personnel has been extended to 2021.
- The Change Step programme of mentoring for veterans has received a further £40k
- Electronic posters for GP surgeries have been commissioned and distributed to act as a reminder of the Covenant as a healthcare priority. Local Health Board Armed Forces Champions have been developed to support and promote veterans' healthcare.
- Just under £1m funding for veterans' prosthetics has been provided.

Housing

- Developed and published the 'Housing Pathway' which signposts to services and support for ex-service personnel and their families.
- Provided homes, skills and qualifications through the Ty Ryan self-build programme.
- In Gwent, the local authorities have altered their housing policy to take account of time served in the military for inclusion on housing waiting lists.

Education

- The Supporting Service Children in Wales Fund and the Additional Learning Needs and Education Tribunal (Wales) Act make provision for the needs of Service children.
- Nearly a quarter of a million pounds has been allocated to support Service leavers and veterans gain qualifications through the Further and Higher Education Scheme.

Return to Civilian Life

- Funding for Armed Forces Liaison officers has been extended by a further two years.
- An 'Employment Pathway' has been established with partners in addition to an Employer's Toolkit.
- A veterans' pathway in prisons is provided to help veterans access support and rehabilitation prior to, and on discharge from, prison.

As previously stated, veterans do not have to declare themselves as veterans so true need is hard to establish. There remains a commitment to continue to drive the aims of the Covenant forward and Welsh Government is committed to the following throughout 2019/20.

Note – in the Welsh Government paper, these commitments are far more extensive but for the purposes of this paper, those elements that could be delivered locally are summarised below.

- Veterans NHS Wales will continue to be funded with emphasis placed on mental wellbeing. Local and national suicide and self-harm initiatives will receive investment.
- Free bus travel and swimming for veterans to be continued.
- The Armed Forces Liaison Officers will be funded for a further two years.
- Commitment to ongoing consultation with the veterans' community around issues such as housing, loneliness and social isolation, utilising mechanisms such as the Families Federation to achieve this.
- Continue to work closely with those who provide housing for veterans and update the Code for Housing Allocations.
- Continue to progress data collection around ex-service children and review the Service Children's Admission code to ensure it remains beneficial to veterans and their families.
- Publish the findings and recommendations of the Scoping Exercise and work with partners locally and nationally to implement the findings.

Dyfed Powys Police, amongst other local partners have signed the Armed Forces Covenant

The Royal College of General Practitioners (2019) has produced a guide to ensure that primary care can fully meet the requirements of the Armed Forces Covenant. This guide is briefly summarised to the right and should be considered good practice for the healthcare of veterans.

Additional guidance is available from Glyndwr University (click here to access). Welsh Deanery offers guidance (follow link). There are NHS Wales e-learning modules accessed via this link)

- The guidance suggests that veteran status **is recorded** on the person's medical records. This should be done using **Read (v.2) 13q3 "Served in Armed Forces"** or **SNOMED-CT ID** equivalent which is **224355006**. Further advice is given in regard of a GP obtaining a veteran's full Service medical record if required.
- All veterans with health conditions that may be related to their military service are to be given **priority treatment**. The concept does not mean a veteran will be seen more quickly than a person with greater clinical need, simply more quickly than a patient with a similar clinical priority. Referring medical practitioners should use the following statement **"as this patient is a military veteran and his/her current condition may be related to military service this referral should be considered for priority treatment in accordance with WHC (2017) 41."**
- Veterans who have lost limbs and who have been given a Ministry of Defence fitted **prosthesis** have been given a commitment in regard to prosthesis replacement.
- A small minority of veterans experience **mental health issues** related to their service. However, if a veteran's military experience appears to be a factor in mental wellbeing issues then advice from and referral to specialist help from **Veterans NHS Wales** if required.
- Veterans should not lose their place on **hospital waiting lists** if they move elsewhere in the UK upon leaving the Forces.

It is essential that local plans and strategies see and utilise the Covenant and its aims as a starting point for improvement and progress as well as the further guidance offered by the RCGP.

Conclusion

The health and social care needs of Armed Forces Veterans is complex and varied, therefore, the impact that the wider determinants of health as well as Adverse Childhood Experiences (ACES's) can have on an individual's health and wellbeing must be considered along with the main health needs being reported.

There is a need for more robust data collection so that a more accurate health needs assessment of veterans can be completed. Data is being collected, where support has been provided, however, data for those who have not accessed, or do not know how to access support is limited and they may be the individuals who need to be targeted the most. Furthermore, there are additional barriers to collecting data. For example, some individuals choose not to claim the armed forces pension that they are entitled to, don't disclose that they are an Armed Forces veteran or don't identify with the term 'veterans'.

While the majority of veterans do not suffer with adverse mental health after leaving the Services, the risks of developing mental illness may occur during the transition period when returning to civilian life. The current evidence suggests that:

- There is a higher incidence of PTSD amongst reservists than deployed regulars and with the number of reservists increasing.
- Early service leavers are more likely to experience mental health problems and, along with veterans aged 24 and under, have a higher risk of suicide.
- The younger age group are less likely to access specialist mental health services, therefore there is a risk that their needs are not being met.
- Engagement, consultation and partnership working with veterans and those who support them will be crucial to further developing our understanding and meeting healthcare needs for veterans.
- It is essential that any programme to support the health of veterans reflects the recommendations of the Veterans Strategy and Covenant Report and also links to the work of the Welsh Government Expert Group on the Needs of the Armed Forces Community in Wales.

This document is a desktop survey of available literature to touch upon the healthcare needs of Armed Forces Veterans. Whilst it illustrates a snapshot picture of the requirements of veterans, it should be remembered that the veteran population is changing quickly.
Accurate local data is essential if resources are to be allocated effectively. Further and continued research and engagement will be vital in ensuring that our veterans receive the health and social care support which they require.

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Iechyd Cyhoeddus Cymru
Public Health Wales

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Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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