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Gateshead Ex-Service Community Health Needs Assessment

Full report

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Version 4 – Final

Contents

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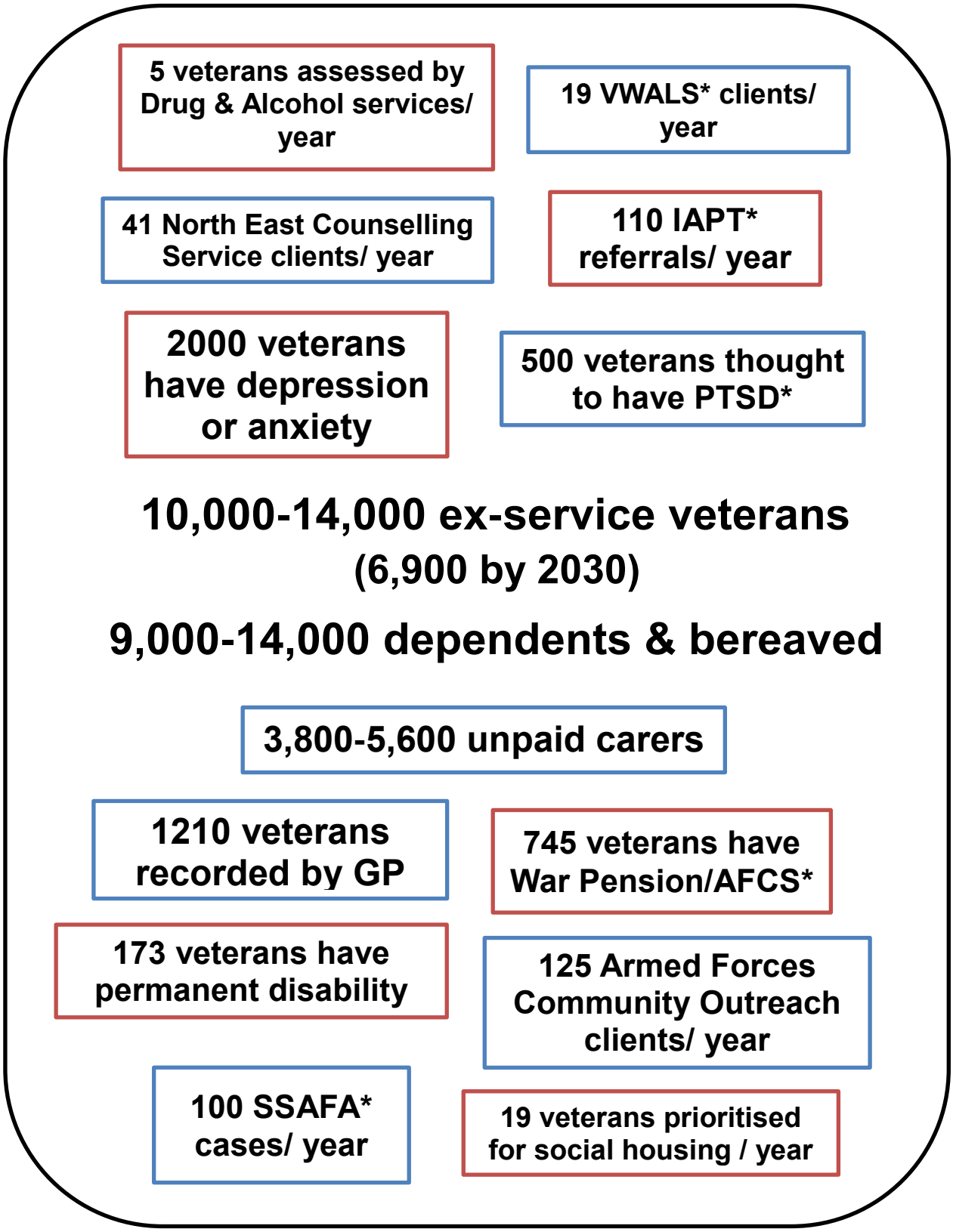
2 Health needs of the Gateshead ex-service community in numbers



*VWALS = Veterans' Wellbeing Assessment and Liaison Service; IAPT – Improving Access to Psychological therapies (Primary Care Mental Health); PTSD = Post-Traumatic Stress Disorder(s); AFCS = Armed Forces Compensation Scheme; SSAFA = Soldiers' and Sailors' Families Association

3 Summary

3.1 Scope and definitions

The population for this HNA is: all people (of all ages) resident or normally resident (that is, including people who are homeless) in Gateshead who have previously served in the UK Armed Forces, and dependents and bereaved dependents living in Gateshead of people who previously served in the UK Armed Forces (the 'ex-service community').

3.2 Objectives

The objectives of this HNA are:

- To estimate the size of the ex-service community in Gateshead, and the projected size in the future.
- To review policy and literature on the health and wellbeing of the ex-service community in Gateshead including (where possible): mortality and life expectancy; prevalence of disease, disability and health-related behaviours; and social and economic wellbeing.
- To determine the access (including barriers to access), availability, utilisation, and effectiveness of services and assets to meet the needs of the ex-service community, and to identify unmet needs in service provision.
- To understand the views of the ex-service community in Gateshead on their health needs, and services and systems to address those needs.
- To understand the views of people who work with the ex-service community in Gateshead on the health needs of this population, and the services and systems to address those needs.
- To agree, prioritise and implement recommendations for improving the health of the ex-service community, and reducing health inequalities.
- To agree a plan for monitoring implementation of agreed recommendations.

3.3 What are the health needs of the ex-service community?

3.3.1 Size of the population

- The ex-service community in Gateshead is made up of between 19,000 and 28,000 people.
- There are 10,000 to 14,000 people living in Gateshead who have ever served in the UK Armed Forces, of which half (between 5,000 and 7,000 people) are younger than 65 years.
- The number of ex-service personnel is expected to reduce to just below 7,000 by 2030.
- In Gateshead, there are between 9,000 and 14,000 adult and child dependents of people who have ever served in the UK Armed Forces.

3.3.2 Physical and mental health

- Both ex-service personnel and the wider ex-service community appear to have worse physical health than those who have never served or who are not part of the ex-service community.
- In Gateshead in 2012, people who had ever served reported significantly worse health and more disability than those who have never served. Of those who had ever served, 43% responded that their day-to-day activities were limited (a little or a lot) because of a health problem or disability which had lasted, or was expected to last, at least 12 months, compared to 27% of those who had never served.

- In the UK, the ex-service community younger than 65 years of age is more likely than the general UK population of the same age to report a long-term illness that limits their activities (24% compared to 13%). Conversely, the ex-service community 65 years of age or older is *less* likely to report ill health than the UK population of the same age.
- Musculoskeletal problems are more prevalent in ex-service personnel than in the general UK population, particularly in those younger than 65 years of age. Heart problems, diabetes and visual/hearing problems also appear to be more common in ex-service personnel than in the general UK population.
- Although there is some uncertainty, the mental health of ex-service personnel appears to be broadly similar to that of the general UK population. The most frequent mental health problems suffered by ex-service personnel are depression and anxiety.
- The prevalence of post-traumatic stress disorder (PTSD) in UK ex-service personnel is thought to be 4-6%.
- Although the overall rate of suicide is no higher in ex-service personnel than in the UK general population, ex-service men 24 years of age or younger are at increased risk relative to their general population counterparts.

3.3.3 Alcohol use

- Although the prevalence of alcohol misuse appears to be higher in serving personnel than the general population, alcohol misuse seems to reduce over time following discharge such that ex-service personnel are *less* likely to be drinking at high or medium-risk levels than the general population. However, people working with ex-service personnel report high levels of alcohol misuse.

3.3.4 Socioeconomic determinants of health

- Although the rate of unemployment among ex-service personnel in the UK is higher than in the general population, there does not appear to be a difference in Gateshead (although a difference cannot be excluded).
- In 2012, housing appeared to be a major issue for ex-service personnel younger than 65 years of age. They were significantly less likely to be satisfied with their home as a place to live, and the quality and choice of housing in their local area compared to the Gateshead average. They were also more likely to report difficulties in finding suitable housing, in particular social housing.
- In 2013/14, a total of 19 ex-service personnel were provided with social housing because of their priority status as having left the Armed Forces within the previous 5 years. In total, there were 1144 new social housing tenants in Gateshead in 2013/14, which may include other ex-service personnel who left the Armed Forces more than 5 years previously.
- In 2011/12 in Gateshead, there were 745 people receiving a War Pension and 15 receiving payment as part of the Armed Forced Compensation Scheme (AFCS). In addition, there were 665 receiving payments as part of the Armed Forces Pension Scheme (AFPS). Concerns were expressed by some ex-service personnel about lack of access to benefits when in receipt of a War Pension.
- In the UK, households containing working age adults in the ex-service community are more than twice as likely to receive sickness or disability benefits as working age UK adults (15% compared to 6%).

- Of the 160 residents 18 and 64 years of age who responded that they had ever served in the Armed Forces in the 2012 Residents Survey, when asked about the impact of the economic recession, significantly more stated that they had experienced job insecurity or increased risk of losing their job (37%), difficulties getting access to credit (16%) and dependency on high interest money lenders (8%) compared to the Gateshead average (28%, 8% and 4% respectively).
- The ex-service community are more likely than the general adult population to report that they have an unpaid caring responsibility. In the 2014 RBL household survey, 20% of the ex-service community surveyed said that they had an unpaid caring responsibility.
- Ex-service personnel in Gateshead are more likely to volunteer than those who have never served, and have a similar sense of belonging to their local area.
- Whilst the overall risk of being convicted of a crime has been lower among male serving and ex-serving military personnel in the UK than the general population (17% compared to 28% of men in England and Wales aged between 18 years and 52 years in 2006), the risk of violent offending appears to have been higher (11% compared to 9% of the general male population in England and Wales aged 46 years in 2001).
- Two US studies found that around a quarter of ex-servicewomen had experienced rape during military service.

3.3.5 Risk factors for adverse health outcomes

- Risk factors for increased need appear to be: being young, recently discharged or an early service leaver (less than 4 years of military service); lower rank or educational attainment; and frequent, prolonged or traumatic deployment in conflict. Professionals also thought that being made redundant was a risk factor.
- Adverse mental health outcomes appear to be higher if there is also a history of alcohol misuse or physical impairment.

3.4 What interventions are effective in addressing the health needs of the ex-service community?

- Evidence on interventions is scarce, and what exists is mainly of low quality, US-based or focused on in-service interventions.
- Several US studies found that integration and co-location of mental health services with primary care increased use of and engagement with mental health and substance misuse services, and were associated with fewer emergency department visits, shorter waiting times and increased satisfaction with access.
- Psychological therapies appear to be effective in ex-service personnel; those for depression and anxiety appear to be most effective for early service leavers, and less effective for ex-service personnel with a physical disability or a substance or alcohol misuse problem.
- Recommendations from an evaluation of six UK veteran mental health pilot programmes include: providing assessment and treatment together; increasing knowledge of Armed Forces culture among staff; ensuring strong links with other agencies; and allowing self-referral.

3.5 What are the barriers to access to services?

- Almost half of those returning from deployment with mental health conditions do not seek help, and many do not recognise their need for treatment. Around 13% of ex-service personnel with mental health problems receive treatment, compared to 26% of the general UK population.
- Barriers to access to mental health services identified in the literature include stigma about mental health problems and a culture of self-reliance.
- Barriers to support and care for ex-service community, in particular ex-service personnel, include:
    - Difficulties adapting to civilian life because some aspects of life (for example, dental appointments) are organised for the person whilst serving or do not need to be addressed (for example, council tax), or because non-military services can appear inefficient. This apparent lack of efficiency can lead to impatience, a loss of trust and disengagement or moving rapidly between services.
    - Moving around different parts of the country or world resulting in a loss of community support networks when returning to civilian life.
    - Not recognising when they have a problem, difficulties in articulating needs, and a culture of not seeking help.
    - Many ex-service personnel already come from disadvantaged backgrounds with a high frequency of adverse experiences prior to joining the Armed Forces.
    - Several people working with the ex-service community have remarked on difficulties in relationships between younger and older ex-service personnel, or between longer-serving personnel and those who have served only short periods (in particular, early service leavers).
    - A lack of understanding by some service providers or parts of the community about experiences of, or issues faced by, ex-service personnel or their dependents.
    - There may be a lack of knowledge, interest or understanding prior to discharge of the need to develop skills that are transferrable to employment following discharge.
    - Less help is available to early service leavers than those who have served longer in the Armed Forces (although the Future Horizons project aims to mitigate this).

3.6 Stakeholder and population views

- Interviews were undertaken with nine professionals, three ex-service personnel and one person currently serving in the Armed Forces. Major themes included: mental and physical health; socioeconomic determinants of health; barriers to care, vulnerabilities and protective factors; and services, support, structure, communication and joined-up working.
- Ex-service personnel were viewed as having a culture or attitude of self-reliance, pride, and not believing they need help.
- The transition into civilian life is difficult because of a lack of knowledge, familiarity and experience of negotiating the benefits, housing, healthcare and tax systems. This was exacerbated by a loss of role, identity, self-esteem, income, routine, and social network.
- When ex-service personnel do access services, they are often “seeking a quick fix” and expect it to be “just right first time”; such expectations derive from those necessary for efficient military operations and are not necessarily realistic in civilian life. When these

expectations are not met, ex-service personnel are likely to disengage or move rapidly between different services.

- Having a loss of control about whether to leave service and less support prior to discharge (for early service leavers) were seen as exacerbating vulnerability factors known to increase risk of adverse outcomes.
- Numerous protective factors were also identified including resourcefulness, technical skills and high levels of social capital within the ex-service community. It was important that ex-service community plan and seek advice so as to develop skills wanted by employers.
- There was concern about an impending "perfect storm" due to the combination of a suspected future increase in PTSD incidence and medically discharges due to injuries, together with declining public interest in the needs of ex-service community if there is a prolonged period of time without conflict.
- Most of those interviewed believed that there are high rates of alcohol misuse among ex-service personnel, particular women.
- There were concerns about lack of marketing of services and lack of capacity to meet existing need.
- Recommendations included: GPs specifically eliciting risk factors that made some ex-service personnel more vulnerable; more joined up working; managing expectations of services; and increasing community capacity.

3.7 How well are the health needs of the ex-service community met?

- A wide range of services and assets are available to the ex-service community in Gateshead.
- There are currently bespoke services available to address the housing, employment, financial, and mental health needs of the ex-service community.
- The Armed Forces Community Outreach Service has been in place in Gateshead since 2012 (in across Tyneside since 2014) and has ongoing funding. The service had 9-10 clients per month in the first 11 months, and is now taking on around 10-11 new clients per month. By preventing homelessness and seeking charity donations for clients, the service may be cost-saving.
- Housing services give priority to ex-service personnel (who have left the Armed Forces within the last 5 years) in applications for social housing in Gateshead, and have taken several other steps to improve access to housing (for example, a standard Ministry of Defence letter acting as a reference for private landlords).
- Efforts are ongoing to improve the accuracy of recording by GP practices of status as having previously served in the Armed Forces, and encourage healthcare staff to ensure priority access and that the needs of ex-service community are understood.
- As of November 2014, a total of 1,210 people were recorded by their general practice as being a veteran (0.59% of the total population registered with a GP in Gateshead). This means that around 12% of ex-service personnel have been identified as such by their GP. Practices with the highest proportions are Blaydon Health Centre, Millennium Family Practice (central Gateshead) and Holyhurst Medical Centre (Winlaton). Wards with the highest proportion of ex-service personnel 18-64 years of age are: Birtley, Felling and Dunston and Teams.)
- Out of 5,410 referrals to Gateshead Primary Care Mental Health (IAPT), a total of 110 (2%) were from people who indicated that they had ever served in the UK Armed Forces. This is a

slightly higher proportion than for either England or the North East but ex-service personnel in Gateshead (and elsewhere) appear to be less likely to use the IAPT service compared with the general population, given that 11.2% of the population of Gateshead 18 to 64 years of age have ever served in the UK Armed Forces. Following referral, veterans in Gateshead (and elsewhere) are more likely than non-veterans to engage with treatment (in terms of whether they enter treatment, complete the course of treatment, or move to recovery at end of treatment).

- The Veterans' Wellbeing Assessment and Liaison Service (VWALS) received 45 referrals from Gateshead residents between June 2012 and October 2014, out of a total of 543 referrals (from across the region). Following assessment, clients were referred on to: IAPT (36%), secondary care mental health services (24%), housing or military charities (11%), drug & alcohol services (7%), and other specialist services (11%). An evaluation of the service found benefits in terms of housing and family relationships. No significant change in overall client health was found, but this may have been because they had not yet accessed treatment.
- Patients recorded as veterans have a significantly higher rate of hospital outpatient attendances and elective (planned) admissions to hospital that patients not recorded as veterans, after adjusting for age, but only a small proportion of veterans are recorded as such and so this finding may be subject to recording bias.
- Only one out of 80 clients seen and assessed by the new provider of drug and alcohol services in Gateshead between November 2014 and March 2015 was recorded as being ex-Armed Forces.

3.8 Possible unmet needs of the ex-service community

- Veterans have specific cultural needs that impact on their access and use of services. Knowledge and awareness of these cultural needs is likely to be variable.
- Only a very small proportion (around 12%) of ex-service personnel has their status recorded by their GP.
- With the exception of hospital care, only a very small proportion of ex-service personnel with needs is accessing services.
- Those who are younger, recently discharged, early service leavers, from more disadvantaged backgrounds, drinking alcohol to moderate or high risk levels, or suffering from mental health problems are likely to have greatest unmet needs.
- Current services may not have capacity to meet existing needs, and have difficulty ensuring continuity of funding.
- The needs of dependents and bereaved relatives of ex-service personnel are not well understood.

3.9 Recommendations

3.9.1 Information needs

1	Continue to work with the Ministry of Defence to encourage the sharing of information on the number of service leavers indicating that they intend to relocate to Gateshead, and the number who are engaging with transition services (for example, the Career Transition Partnership).
2	Continue to work with the National Probation Service, National Offender Management Service and the local Community Rehabilitation Company to encourage the sharing of information on the number of ex-service personnel from Gateshead that are being supported.
3	Continue to work with General Practices in Gateshead to increase recording of whether a patient has ever served in the UK Armed Forces. Consider also recording if a person is a dependent, spouse or bereaved relative of someone who has served.
4	Work with secondary health care (including mental health trust) to increase recording of whether a patient has ever served in the UK Armed Forces.

3.9.2 Training and awareness raising

5	Explore ways to maximise training of healthcare professionals in Gateshead in awareness of the needs of ex-service community, and how to meet those needs. Training should be targeted at primary healthcare professionals (particularly in areas with higher proportions of ex-service personnel, including Birtley, Felling, and Dunston and Teams), mental health professionals, those working in alcohol services, and musculoskeletal practitioners (for example, physiotherapists, pain specialists, orthopaedic surgeons and nurses, and rheumatologists and rheumatology nurses). Training should include: increasing awareness of culture of, and issues or needs specific to, the ex-service community; asking about length of services and combat and deployment history; increasing awareness of risk factors or vulnerabilities (including being young, an early service leaver, having adverse childhood experiences, or being a reservist) and how to elicit these risk factors; helping ex-service community to navigate the system, including managing expectations about the speed and efficiency of services that may have arisen due to a military experiences.
6	Explore ways of maximising training of housing professionals, debt advisers, Jobcentre Plus staff, Citizens Advice staff in the needs and culture of the ex-service community.

3.9.3 Increasing capacity

7	Work with the Capacity Building Service (part of Live Well Gateshead and provided by Gateshead Council), GVOC, military charities and others to increase the capacity of local groups and organisations to meet the needs of the ex-service community. This may include increasing the capacity for peer support.

3.9.4 Communication and signposting between agencies

8	Encourage effective communication between organisations on the scope and nature of activities of their organisation and referral pathways. Organisations should include: the Armed Forces Community Outreach Service; Gateshead Housing services, including Debt Advice; Gateshead Citizens' Advice; General Practices; Primary Care Mental Health (IAPT); Crime Reduction Initiatives (the new provider of drug and alcohol services in Gateshead); tier 3 or higher mental health services; offender management services; and military charities.

3.9.5 Meeting unmet needs

9	All services should be supported to engage with the most vulnerable service leavers, in order to identify and meet their needs. This includes younger people and early service leavers, those living in more deprived areas, and ex-service personnel with alcohol problems or a history of crime.
10	Primary care mental health and alcohol services in Gateshead should consider, where possible, providing services within general practices so as to increase access by ex-service personnel. This should be targeted at those areas with higher proportions of ex-service personnel.
11	Consider carefully targeted social marketing, possibly using social media, to increase awareness among service leavers of primary care mental health (IAPT) services, counselling, and alcohol services.
12	Inform Gateshead Council Adult Social Care, Newcastle Gateshead CCG and local carers' associations about the high proportion of the ex-service community stating that they have an unpaid caring responsibility, and work with these organisations to assess and meet their needs.

4 Background

This health needs assessment (HNA) has been undertaken at the request of the Gateshead Armed Forces Network. The health and wellbeing of people who have served in the Armed Forces, and their dependents, is a priority for Gateshead Council and Newcastle Gateshead Clinical Commissioning Group (CCG). The ex-service community has been identified as a 'community of interest' in the forthcoming update of the Gateshead Joint Strategic Needs Assessment; this HNA will inform the JSNA. This HNA will also inform the Overview & Scrutiny Committee review of mental health in Gateshead.

4.1 What is health needs assessment?

A health needs assessment (HNA) is a 'systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities.' There are a number of steps involved in HNA (see Table 1). Need is defined as 'capacity to benefit' and several different types of need have been defined (see Table 2).

Table 1: Steps in undertaking a health needs assessment

Assessing need	Assessing the health needs of a particular population group
Identifying effective interventions	Identifying interventions that are both cost-effective and acceptable to the target group
Mapping existing services	Identifying services currently in place to meet need
Recommendations	Making recommendations to modify existing service provision or commission new services
Prioritising	Prioritising recommendations so as to maximise 'health gain'
Setting measures	Identifying measures against which progress can be monitored
Action planning	Plan actions to implement recommendations
Evaluating	What went well, lessons learnt

Table 2: Types of need

Normative need	Epidemiology and expert opinions
Expressed need	Use of services
Felt need	Views and opinions of the population
Comparative need	Needs and services delivered elsewhere

5 Scope and definitions

The population for this HNA is: all people (of all ages) resident or normally resident (that is, including people who are homeless) in Gateshead who have previously served in the UK Armed Forces, and dependents and bereaved dependents living in Gateshead of people who previously served in the UK Armed Forces (the 'ex-service community').

6 Objectives

The objectives of this HNA are:

- To estimate the size of the ex-service community in Gateshead, and the projected size in the future.
- To review policy and literature on the health and wellbeing of the ex-service community in Gateshead including (where possible): mortality and life expectancy; prevalence of disease, disability and health-related behaviours; and social and economic wellbeing.
- To determine the access (including barriers to access), availability, utilisation, and effectiveness of services and assets to meet the needs of the ex-service community, and to identify unmet needs in service provision.
- To understand the views of the ex-service community in Gateshead on their health needs, and services and systems to address those needs.
- To understand the views of people who work with the ex-service community in Gateshead on the health needs of this population, and the services and systems to address those needs.
- To agree, prioritise and implement recommendations for improving the health of the ex-service community, and reducing health inequalities.
- To agree a plan for monitoring implementation of agreed recommendations.

7 Methods

Methods for this HNA are described in Appendix 1.

8 Literature and data review ('normative needs')

8.1 Policy

8.1.1 National policy

In 2008, the UK government published *The Nation's Commitment: Cross-Government Support to our Armed Forces, their Families and Veterans*. This document recognised that being in the Armed Forces not only carries risks of injury or even death, but also restricts lifestyle. It made the case that society has a responsibility towards members of the Armed Forces, in particular: "The essential starting point is that those who serve must not be disadvantaged by virtue of what they do – and this will sometimes call for degrees of special treatment." The Government also made commitments that covered the Armed Forces Compensation Scheme, health, housing, education and skills, employment post-discharge, transport, and support for families. In relation to health, the document stated: "We need to improve our information about how veterans' health needs differ from those of the population generally. Most healthcare professionals do not have direct knowledge of the Armed

Forces and may not be sensitive to their particular needs. We will look at whether more needs to be done to assess the healthcare needs of veterans. We will raise awareness among healthcare professionals about the needs of veterans so that these needs are met."

Successive NHS Operating Frameworks since 2008/9 have indicated responsibilities for commissioners to meet the needs of ex-service personnel and their dependents and the development of Armed Forces Networks.

The Murrison report (2010), commissioned by the Government, made several recommendations in relation to meeting the mental health needs of those currently serving or who have previously served in the UK Armed Forces, including:

1. Incorporating a structured mental health systems enquiry into existing medical examinations performed whilst serving.
2. An uplift in the number of mental health professionals conducting veterans outreach work from Mental Health Trusts in partnership with leading mental health charities.
3. A Veterans Information Service (VIS) to be deployed 12 months after a person leaves the Armed Forces.
4. Trial of an online early intervention service for serving personnel and veterans.

The Government's 2011 mental health strategy for England *No health without mental health* made specific recommendations about how to improve access and outcomes for ex-service personnel.

In 2011, the Coalition government published the Armed Forces Covenant to describe the nation's obligation to both the service community and the ex-service community. For the ex-service community, housing and training needs were addressed as well as healthcare needs: "Veterans receive their healthcare from the NHS, and should receive priority treatment where it relates to a condition which results from their service in the Armed Forces, subject to clinical need. Those injured in Service, whether physically or mentally, should be cared for in a way which reflects the Nation's moral obligation to them, whilst respecting the individual's wishes. For those with concerns about their mental health, where symptoms may not present for some time after leaving Service, they should be able to access services with health professionals who have an understanding of Armed Forces culture." Although the covenant itself is not enshrined in law, the Armed Forces Act 2011 conferred a duty to report to Parliament on progress against the covenant and a financial commitment has been made to support implementation. Community covenants complement, at a local level, the armed forces covenant.

In 2011, the Royal College of General Practitioners (RCGP), in collaboration with the Royal British Legion and Combat Stress, published a guide and e-learning package for GPs in meeting the health needs of veterans. The mandate from the Government to Health Education England (HEE) for 2014/15 makes several specific recommendations for improving veterans' health, including:

- HEE should work with the RCGP and its partners to explore how the existing e-learning package and uptake amongst GPs can be improved.
- HEE should ensure that training is available so that there can be a specialist GP in every Clinical Commissioning Group trained in the physical and mental health needs of armed forces veterans by summer 2015.

Following the *Strategic Defence and Security Review* (2010), there have been changes to the size and structure of the UK Armed Forces including: integration of regulars and reservists; an expansion of reserve forces and increasing reliance on reservists for routine operations; a programme of redundancies for regular service personnel; and consolidation of command operations together with making the UK Army predominantly UK-based.

The 'Harmony' guidelines stipulate the duration and frequency of deployment. Their purpose is to prevent excessive deployment and overstretch resulting in increased risk of developing mental illness. The guidelines differ for each of the armed services. For the Army, the guidelines state that a tour should last for six months and be followed by a 24-month break. Therefore, if the guideline is followed, a unit should not be deployed for more than 12 months within a three-year period.

8.1.2 Local policy

The 2011 *Regional Review of the Health needs of the Ex-Service Community* made 47 recommendations. An implementation plan was developed for Gateshead such that progress in meeting the recommendations has been monitored. Among other outcomes, this resulted in: the launch of the Gateshead Armed Forces Network in 2011; Gateshead Council signing up to the Armed Forces Community Covenant scheme in 2012; regional development of the Life Force North East practical guide for working with veterans; the development of a North East Veterans Directory of services hosted by Finchale College; commissioning of the Tyneside Armed Forces Community Outreach Service and the Veterans Wellbeing Assessment and Liaison Service; and increased recording of whether a service user has ever served in the UK Armed Forces. One recommendation that is not currently being met is the sharing of data on the number of service leavers intending to relocate to Gateshead.

8.2 The size of the ex-service community in Gateshead

There are no data available that can estimate the size of the ex-service community in Gateshead with complete accuracy and validity. The best available data come from the 2012 Residents Survey and the 2014 Royal British Legion (RBL) UK household survey of the ex-service community.

8.2.1 Gateshead Residents Survey (2012)

The 2012 Residents Survey included 4,086 responses from residents in Gateshead (approximately 185 per ward). The questionnaire used specifically explored satisfaction with the local area and council services, community cohesion, the economy, general health and wellbeing, contact with the council, internet usage, perceptions of anti-social behaviour and the quality and choice of housing. The survey also captured the characteristics of each respondent/household, including age, gender, ethnicity, housing tenure, and employment status. In addition, questions were included to ascertain whether respondents had ever served in the Armed Forces or the Reserved Armed Forces by age and duration.

Based on questions in the Residents Survey in 2012, it is estimated that as many as 10,300 residents of Gateshead have ever served in the Armed Forces or Reserve Armed Forces, or 6.5% of adults in all households. This includes 1,500 people who have served in the past 10 years but are no longer serving. Around half of those who have ever served are 18-65 years of age. The 2012 residents' survey estimated that there are 350 people currently serving in the Armed Forces, including the reserve forces. In the 2011 Census, there were 242 people employed by the Armed Forces, which

does not included reservists. It is therefore estimated that there are around 10,000 ex-servicemen and women living in Gateshead.

The survey found that, on average, there are 1.92 people living in a household in Gateshead with one or more people who have ever served in the Armed Forces. It is therefore possible to estimate that a further 9,200 people live in the same house as someone who as ever served in the Armed Forces. This figure excludes families who have been bereaved or dependents of people who have served but not living with them because of divorce, separation or another reason; it also includes household members who are not dependents.

Wards with the highest proportion of ex-service personnel 18-64 years of age were: Birtley, Felling, and Dunston and Teams.

8.2.2 Royal British Legion household survey (2014)

The 2014 Royal British Legion (RBL) UK household survey[1] was of a 2,121 people from the ex-service community (veterans and their adult dependants) living in the UK, identified after screening questions were added to the Omnibus Survey of 20,700 UK adults. Interviews were undertaken in people's homes during January/February 2014. The questionnaire used included 59 questions – 19 screening questions (to identify members of the Armed Forces community) and a further 40 questions, asked solely of eligible members of the ex-Service community about their personal circumstances, health and welfare needs and awareness and experience of ex-Service charities and other agencies.

In the RBL household survey, the ex-Service community made up 13% of the population aged 16 years or older in the North East. This is one of the highest proportions in the UK, and compares to 9% in UK. In addition, the report authors estimated that 8.2% of children in the UK 15 years of age or younger are dependents of ex-servicemen and women; no data were reported specific to the North east. A total of 42% of veterans in the UK are younger than 65 years of age.

Applying the North East proportion (13%) of veterans to 2013 mid-year estimates for the population of Gateshead, and assuming the same age structure, proportions of veterans to adult dependents, and proportion of child dependents (8.2%) for Gateshead as for the North East and/or UK, this would suggest the ex-Service community in Gateshead is made up of 23,655 people, including 11,969 ex-servicemen and women ('veterans'), 8,805 adult dependents (16 years of age or older) and 2,881 child dependents (15 years of age or younger).

The report includes age- and sex-specific proportions of the adult UK population that are veterans. By applying these proportions to the Gateshead population (2013 mid-year estimate), and increasing the number by a factor of 1.44 (13 divided by 9) to account for the higher proportion overall in the North East compared to the UK, this would estimate that there are 14,026 ex-servicemen and women living in Gateshead. (Age- and sex-specific proportions are not available for dependents.)

It is notable that the ratio of ex-servicemen/women to dependents in the RBL UK household survey is similar to the ratio of ex-servicemen/women to those living in the same household in the Residents Survey in Gateshead (approximately 1:1). Both exclude bereaved dependents.

8.2.3 Conclusions on the size of ex-service community

There are no accurate data on the size of the ex-service community in Gateshead. Both surveys include threats to the validity of the data. In particular, the Residents Survey does not include data on dependents. And the RBL household survey does not accurately measure the size of the community in Gateshead; the proportion is only available for the North east as a whole.

The best estimate is that the ex-service community living in Gateshead is between 19,000 and 28,000 people, including between 10,000 and 14,000 people who have previously served in the Armed Forces and 9,000 to 14,000 dependents.

8.2.4 Projected future size of the ex-service community in Gateshead

Projections in the RBL survey report on the future population of the ex-service community in the United Kingdom suggest that the number will reduce from 6.2 million in 2014 to 5.45 million in 2020, 4.7 million in 2025 and 3.94 million in 2030. Because there is (and will probably continue to be) a greater proportion of younger ex-servicemen and women in Gateshead compared with the national average, the proportionate decrease is likely to be less in Gateshead. However, life expectancy in Gateshead is lower than the national average.

Applying age- and sex-specific proportions of veterans projected for 2030 in the UK in the RBL report to the Gateshead population in 2030, and increasing the number by a factor of 1.44 (13 divided by 9) to account for the higher proportion overall in the North East compared to the UK, there will be 6,877 ex-servicemen and women in 2030 in Gateshead.

Data have been requested but not yet obtained on the number of service leavers intending to relocate to Gateshead.

8.3 The health of the ex-service community in Gateshead

8.3.1 Mortality

A summary of evidence of health outcomes of UK military veterans found only limited data on mortality.[2] Although the overall rate of suicide is no higher in ex-service personnel than in the UK general population, ex-service men 24 years of age or younger are at an increased risk relative to their general population counterparts. The report authors conclude that, while young men who leave the UK Armed Forces are at increased risk of suicide, it is not known whether this primarily reflects pre-service vulnerabilities or factors related to service experiences or discharge.[3]

The same report also found some evidence (from now older studies) that those serving in the Army were more likely to die from alcohol poisoning than the general UK population. It was also noted that deployment to the Gulf in 1990/1991 was associated with increased mortality from non-disease-related causes (e.g. road traffic accidents) in the short term but this effect subsided over time and was no longer detectable 7 years post deployment.

No data on mortality in ex-servicemen and women from common causes of death (such as coronary heart disease and cancer) were identified.

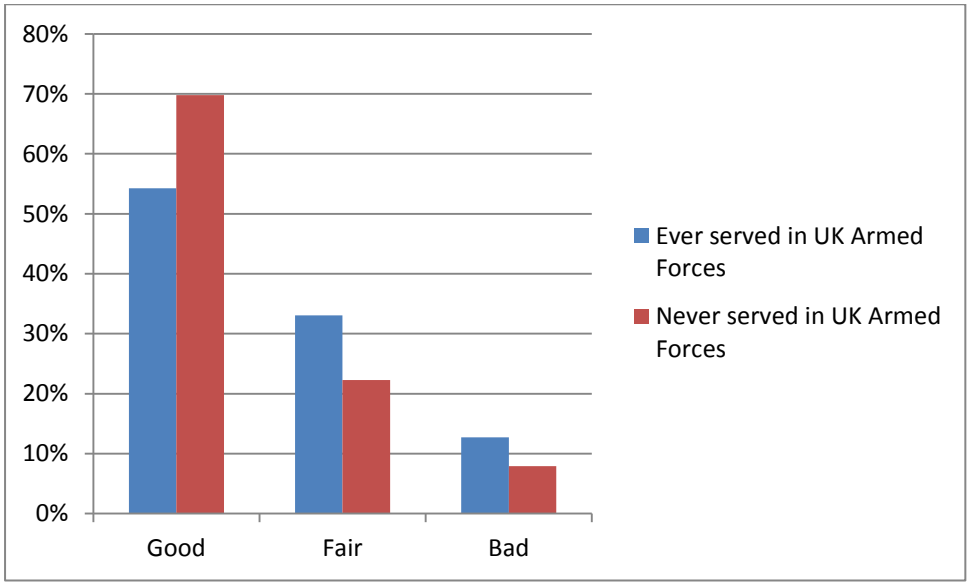
In UK veterans of chemical warfare experiments at Porton Down, and in a control group of veterans who were not involved in these experiments, mortality was lower than in the general population.

8.3.2 Self-reported health

The RBL household survey found that, after adjusting for age, there were no major differences in health between the ex-service community and the general UK population.[1] However, differences were noted for different age groups. Ex-service community 65 years of age or older were *less* likely to report ill health than the UK population of the same age. Conversely, the ex-service community 16-64 years of age were *more* likely than the general UK population of the same age to report a long-term illness that limits their activities (24% vs 13%).

In the Residents Survey (2012), respondents (18 years of age or older) who stated that they had ever served in the Armed Forces were significantly more likely than those who had never served to respond that their day-to-day activities were limited (a little or a lot) because of a health problem or disability which had lasted, or was expected to last, at least 12 months (43% compared to 27%). (People who had served less than 5 years were significantly more likely to answer yes than those who had served 5 years or longer.) Those who had served also reported significantly worse health than those who had never served (see Figure 1).

Figure 1. Self-reported health of respondents in Gateshead Residents Survey (2012)



An analysis was undertaken of the 160 respondents 18 and 64 years of age (of the Residents Survey) who stated that they had ever served in the Armed Forces. This included a small number of people who responded that they were currently serving (fewer than 17 people). Slightly more stated that they were permanently sick or disabled (8%) than for Gateshead as a whole (6%), although this difference is not statistically significant. Applying this data to the Gateshead population, it can estimated that there are around 173 ex-servicemen and women 18-64 years of age living in Gateshead who are permanently sick or disabled.

8.3.3 Physical health

In the 2014 RBL household survey, ex-service *personnel* were more likely to have: back problems (14% compared to 7%), problems with legs and feet (15% compared to 7%), problems with arms (9% compared to 5%), heart problems (12% compared to 7%), diabetes (6% compared to 3%), difficulty hearing – 6% vs 2%, and difficulty seeing (5% compared to 1%).[1]

An evidence summary did not find any studies on cardiovascular or respiratory health of ex-Service personnel, or on the prevalence of particular injuries.[2] Two US studies have found that arthritis (in particular, osteoarthritis) is more prevalent and more severe in both serving and ex-service personnel than in the general population.[4] [5] One study found no excess risk of cancer or of site specific cancers in (first) Gulf war veterans compared to the general population.[6]

Between 7th October 2001 and 31st March 2014, a total of 186 surviving UK Service personnel suffered amputations and were medically discharged.[7] This includes 145 from Afghanistan, 15 from Iraq, and 26 from locations other than Afghanistan and Iraq. The Chavasse Report found that between 2008/09 and 2012/13, there were 1,612 people medical discharged from the Royal Navy, 4,991 from the Army, and 914 from the RAF.[8] The report also predicted that, following withdrawal from Afghanistan, 'it is likely that the rate of medical discharges will accelerate, with a natural lag between being injured and the completion of appropriate rehabilitation to allow re-integration into civilian life'.

8.3.4 Mental health

The most frequent mental health problems encountered by UK armed forces personnel returning from deployment in Iraq and Afghanistan have been alcohol misuse, depression and anxiety, rather than post-traumatic stress disorder.[9] Reservists are at greater risk of alcohol misuse, depression and anxiety than regulars. Military personnel with mental health problems are more likely to leave over a given period than those without such problems and are at increased risk for adverse outcomes in post service life.[2]

Although numerous studies have found that depression and anxiety are very common in serving and ex-service personnel, the prevalence of depression and anxiety among ex-service personnel appears to be similar to the prevalence in both still-serving personnel and the general population.[2] [10] [11]

This contrasts with the findings of the 2014 RBL household survey in which the prevalence of self-reported depression was higher in the ex-service community 16-64 years of age (10%) than the general population (6%).[1] However, this difference should be treated with caution because self-reported depression is not a valid tool for assessing the burden of depression and because of potential differences in methods used to calculate the comparator (from the Labour Force Survey, Q4 2013). The rate of self-reported depression in the ex-service community of all ages was similar to the general UK population.

Whilst there remains considerable uncertainty about the prevalence of post-traumatic stress disorder (PTSD) among ex-service personnel, a study comparing post-national service veterans with matched controls found no significant difference.[12] This may change following recent wars in Iraq

and Afghanistan. However, the prevalence of PTSD in those deployed in Iraq has been 4-6%.[11] Other studies suggest that 3-7% of UK Armed Forces personnel have PTSD.[13] This compares with a prevalence of 3% in the UK general adult population ((2.6% of men and 3.3% of women),[14] although different methods of measurement have been used so this may not be comparable.

For regular military personnel (as opposed to reservists), having a combat role during deployment is a risk factors for PTSD but not deployment per se.[10] Deployment does appear to be a risk factor among reservists. Having an injury (in particular due to a hostile act) or illness during deployment also increases the risk of developing PTSD.[15]

Although Fear et al (2009) recommended that the results of the studies looking at delayed-onset PTSD (onset of PTSD symptoms 6 months after the traumatic event) should be treated with caution because many have been retrospective and based on relatively small numbers,[2] it is thought that the prevalence in UK Armed Forces personnel is 3.5%.[11]

A 2013 systematic review concluded that ex-service personnel have similar rates of self-harm to the general population.[11] (Suicide is discussed in the section on Mortality.)

Of particular note, early service leavers are more likely to have adverse outcomes (suicide or mental health problems) than longer serving veterans.[2] Another risk group appears to ex-service personnel with a physical impairment. A systematic review found that this group had high rates of depression, anxiety and PTSD, although no comparisons were made with the general population.[16]

One study found that maintaining social networks in which most members are still in the military was associated with an increased risk of CMD and PTSD symptoms as well as alcohol misuse among service leavers.[17]

Another study found that pre-enlistment vulnerability, mainly in terms of an adverse family or home environment and behavioural problems during childhood or adolescence, is an important predictor of PTSD, CMDs, alcohol misuse, smoking and self-harm. This is mainly the case for single men from lower ranks of the Army and with low educational attainment.[18]

No valid data were found on the prevalence of mental illness and comorbid alcohol or drug misuse in ex-service personnel.

8.4 Prevalence of health-related behaviours

8.4.1 Alcohol

The 2014 RBL household survey found that 1% of ex-service personnel self-reported an alcohol-related illness.[1] A third of those reporting a problem attributed this to their military service. Of particular note, ex-service personnel are *less* likely to drinking at high or medium-risk levels than either the England general adult population or English men of similar age (using the Alcohol Use Disorders Identification Test [AUDIT] tool and the 2007 Adult Psychiatric Morbidity Survey for comparator data). In total, 9% of UK veterans were drinking to medium or high-risk levels, compared to 24% of English adults and 33% of English men.

These findings contrast with those in a study of 10,272 serving (82%) and ex-serving personnel (18%), which found that the prevalence of hazardous drinking was higher than in the general

population.[19] No differences were observed between ex-service and still-serving personnel, although a separate study found that the chance of being a heavy drinker was lower for ex-service than for still-serving personnel.[20] A number of risk factors have been identified for heavy drinking among still-serving personnel (for example, problems at home, recent or traumatic deployment experiences, lower rank, and being younger, single or childless),[19 21 22] but it is unclear if these are ongoing risk factors for ex-service personnel.

Other studies have found risk factors to be pre-enlistment vulnerability (childhood adversity or behavioural problems) and maintaining social networks with people who are still in the military.[17 18] Increasing risk alcohol use appears to be associated with an increased risk of mental health problems[23] and self-harm.[2]

A recent systematic review found no clear differences in alcohol misuse between US ex-servicewomen and civilians.[24]

8.4.2 Smoking

No evidence was identified on the prevalence of smoking in the ex-service community. However, smoking prevalence in 2004 among military males 20-49 years of age was found to be similar to the general population, and associated with similar factors to the general population.[25]

8.4.3 Drugs

An evidence summary did not identify any studies of drug use among UK service or ex-service personnel.[2] The RBL household survey did not provide any data on the prevalence of drug problems in the ex-service community.

8.5 Social and economic wellbeing

Prior to setting up the Armed Forces Community Outreach service, organisations with contact with ex-service personnel were asked to complete a questionnaire between March and May 2012 with each veteran resident in Gateshead to obtain information about their needs. Thirty questionnaires were returned from four organisations: the Royal British Legion, Soldiers, Sailors, Airmen and Families Association (SSAFA), Military Mental Health NE, and Mental Health Concern. Needs identified are listed in Box 1.

Box 1. Support needs of 30 ex-service personnel identified by survey of agencies (March to May 2012)

- Debt/bankruptcy fees (36%)
- Mental health/substance use (30%)
- Furniture and/or white goods (23%)
- Housing (20%)
- Benefits (13%)
- Heating costs (6%)
- Equipment – stair lift (6%)
- Funeral costs (6%)
- Electronic powered vehicle (6%)

8.5.1 Employment

Of the 160 residents 18 and 64 years of age who responded that they had ever served in the Armed Forces in the 2012 Residents Survey, around 5% stated that they were unemployed and available for work; this was in line with the Gateshead average at the time.

The 2014 RBL household survey found that those of working age (between 16 and 64) were *less* likely to be employed than the general population of the same age (60% compared to 72%), more likely to be unemployed (8% compared to 5%) and more likely to be economically inactive (32% compared to 22%).[1] The authors thought that this may be linked to poor health within the ex-service community: working age households are over twice as likely as the UK population to be receiving sickness or disability benefits, and working age adults are more likely than the general population to report having a limiting illness.

8.5.2 Housing

Of the 160 residents 18 and 64 years of age who responded that they had ever served in the Armed Forces in the 2012 Residents Survey:

- Significantly fewer stated that they rented from the council (16%) compared to the Gateshead average (22%). More were renting from a private landlord (16%) compared to the Gateshead average (11%).
- Respondents were significantly less likely to be satisfied with their home as a place to live, and the quality and choice of housing in their local area compared to the Gateshead average.
- Respondents also reported a number of difficulties they had experienced in finding suitable housing, most notably a lack of social housing to rent (19% compared to Gateshead average of 10%).

The 2014 RBL household survey found that only 1% of the adult ex-service community reported poor housing or housing that was inappropriate to their needs. Only 1% reported difficulty obtaining social housing.[1] However, 6% of those discharged from the Armed Forces within the last five years reported problems getting a council or housing association place. Difficulty with house or garden maintenance was more commonly reported (7%). Compared with all UK adults in the 2012 Poverty and Social Exclusion Survey, those in the ex-service community were *less* likely to report cutting back on fuel use (31% compared to 46%). This is thought to be due to an older age profile of the ex-service community.

A 2007 National Audit Office survey of those undergoing the resettlement programme found that just less than 5% of respondents, mainly young and of junior rank, reported that they had been homeless at some point in the past two years. However, this survey didn't specify the type of homelessness experienced. Other surveys have suggested that around 6% of rough sleepers and 6% of all people classed as homeless are ex-service personnel.[26]

In Gateshead, between 1st April 2013 and 31st March 2014, there were 19 applications rehoused with Armed Forces priority (because they had left the Armed Forces within the previous 5 years). This is out of a total of 1144 new tenants and 688 existing tenants who transferred to different housing, which may include other ex-service personnel who left the Armed Forces more than 5 years

previously. Between 1st April 2014 and 31st Jan 2015, there were 11 applications rehoused with Armed Forces priority. On 3rd February 2015, there were 13 applications with Armed Forces priority.

8.5.3 Benefits use

There are currently two compensation schemes in operation regarding UK Veterans. 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 until 5 April 2005. The Armed Forces and Reserve 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. (Further information is available at https://www.gov.uk/government/publications/armed-forces-compensation/armed-forces-compensation.)

There are also various Armed Forces Pension Schemes for service leavers.[27]

In 2011/12 in Gateshead, there were 745 people receiving a War Pension and 15 receiving payment as part of the Armed Forced Compensation Scheme (AFCS).[28] In addition, there were 665 receiving payments as part of the Armed Forces Pension Scheme (AFPS).

Of the 160 residents 18 to 64 years of age who responded that they had ever served in the Armed Forces in the 2012 Residents Survey, when asked about the impact of the economic recession, significantly more stated that they had experienced job insecurity or increased risk of losing their job (37%), difficulties getting access to credit (16%) and dependency on high interest money lenders (8%) compared to the Gateshead average (28%, 8% and 4% respectively).

The 2014 Royal British Legion household survey found that households containing working age adults in the ex-Service community are over twice as likely to receive sickness or disability benefits as UK adults.[1] Differences in proportions for all types of benefits are shown in Table 3.

Table 3. Receipt of benefits by adults aged 16-64 compared with UK.[1]

Type of benefit	Ex-service (%)	UK (%)*
Child benefit	19	19
Sickness or disability benefits	15	6
Housing benefit	9	7
Council Tax benefit	7	7
Child Tax Credit	9	12**
Working Tax Credit	7	
State pension	4	3
Unemployment benefits	3	3
Income support	2	2

*Source: Labour Force Survey 2014 Q1.

** Data only available for 'any tax credit' for UK.

8.5.4 Relationships

Fear et al (2009) found that relationship breakdown tended to be a factor of mental illness, and did not find any data that looked at the risk of relationship breakdown in ex-service community without

mental illness.[2] One subsequent cohort study of 5,133 personnel who had deployed to Iraq between 2003 and 2006 found no significant association between deployment to Iraq and (romantic) relationship breakdown, after adjusting for socio-demographic factors.[29] Risk factors for negative relationship change identified were younger age, childlessness, increased length of deployment, problems adjusting on return from deployment, family violence, and problems resuming sexual relationships. Other risk factors included post-traumatic stress disorder (PTSD), other common mental health problems, and alcohol misuse.

8.5.5 Caring responsibility

The 2014 RBL household survey reported that ex-service community were more likely than the general adult population to report that they have an unpaid caring responsibility – see Figure 2. In total, 20% of the ex-service community surveyed said that they had an unpaid caring responsibility. Applied to the Gateshead ex-service community population, this equates to between 3,800 and 5,600 people. The report states: "The difference is greatest for those aged 16-34, so this difference is not explained by the older age profile of the ex-Service community. In total, 23% of those aged 16-64 have a caring responsibility, compared with 12% nationally."

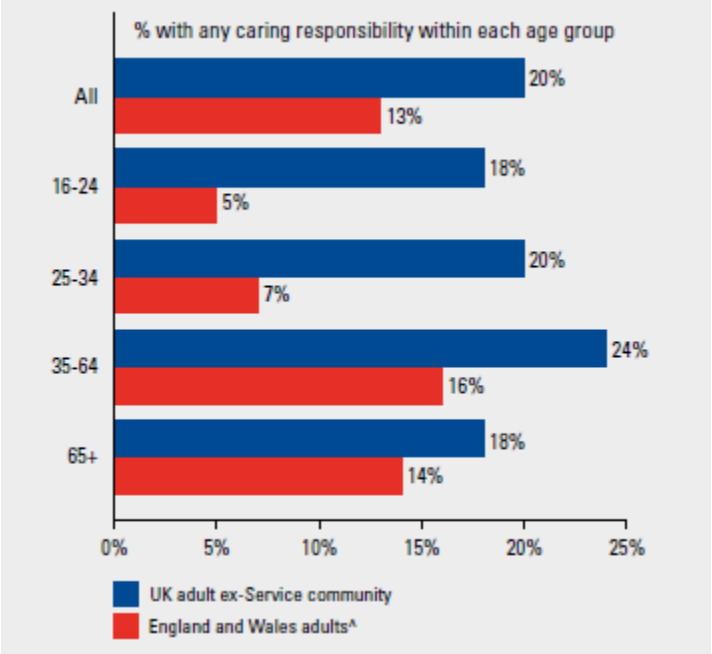


Figure 2. Caring responsibility compared with England and Wales Census 2011 (reproduced from [1])

8.5.6 Communities/social capital

There is some evidence that service leavers have less social participation than serving personnel.[17] The 2012 Residents Survey found no significant difference between those who had ever served and those who had never served in sense of belonging to the local area. Whilst people who had ever served were slightly (but significantly) less likely to have been involved with council services and the local community (69% compared to 74%), they were more likely to have given unpaid help in the previous month to an unrelated individual or a group or organisation (47% compared to 39%).

8.5.7 Crime

In the 2012 Residents Survey, there was no significant difference between respondents who had or had not previously served in the UK Armed Forces in how safe they felt outside in their local area after dark (77% and 73%, respectively). The 2014 RBL household survey did not report on crime per se, but did report fear of violence or crime.[1] However, no population comparisons were made.

An evidence summary in 2009 reported: 'Despite the media interest in this area, there are no robust statistics on the overall risk of offending or the factors that affect this risk among ex-service personnel.[2]

A subsequent cohort study linked data from 13,856 randomly selected, serving and ex-serving UK military personnel with national criminal records stored on the Ministry of Justice Police National Computer database.[30] Whilst the overall risk of being convicted of a crime was found to be lower among male serving and ex-serving military personnel than the general population (17.0% compared to 28·3% of men in England and Wales aged between 18 years and 52 years in 2006), the risk of violent offending appeared to be higher (11% compared to 8·7% of the general male population in England and Wales aged 46 years in 2001).

Risk factors for violent offending were: younger age (younger than 30 years); serving in the Army compared to the Royal Navy and the Royal Marines or the Royal Air Force; lower education level; lower rank; pre-service violent offending; having served in a combat role, in particular having been exposed to traumatic events; lower rank; post-deployment alcohol misuse; and post-traumatic stress disorder (in particular, having a 'hyperarousal cluster' of symptoms). Pre-enlistment risk factors are highly relevant given the acknowledgement that infantry units in the UK frequently recruit individuals who are socially disadvantaged and are likely to have low educational attainment.[31]

There is also evidence that US ex-servicewomen have often experienced physical or sexual violence. Two surveys have found that around 25% of both currently serving and ex-servicewomen report that they have experienced rape during military service.[32 33 34][128-30] Physical and sexual violence appears to have numerous negative health consequences on servicewomen, including an increased risk of self-harm and PTSD.[2 33 35] It is not known whether these findings are applicable to women who have served in the UK Armed Forces. Around 5% of women aged 16-59 years in England and Wales has been a victim of rape or sexual assault by penetration since the age of 16, and around 20% has experienced some form of sexual violence.[36]

8.6 Risk factors for increased health needs

The following factors appear to be associated with increased health needs (but may not be independent risk factors):[1 2 9 10 11 16 18 19 20 30]

- Being young.
- Being recently discharged from military service.
- Being an early service leaver (less than 4 years of military service).
- Lower rank or educational attainment.
- Adverse childhood experiences.
- Increased length of deployment, having a combat role or possibly traumatic experiences during deployment.

8.7 Interventions to meet the needs of the ex-service community

There is a scarcity of literature on the effectiveness, cost-effectiveness and acceptability of interventions to meet the health needs of the ex-service community in the UK. Available literature is generally of low methodological quality (inherent to the study design used). Much of the research is US-based and may not be applicable to a UK population, or it is focused on 'in-service' interventions. For example, the implementation of the Harmony guidelines to reduce excessive deployment appears to be associated with better mental health outcomes,[37] and enhanced mental health assessment at discharge have been suggested and appears to be feasible.[38] Other programmes to prevent post-deployment mental health problems in military personnel, such as TRiM (Trauma risk management) or BATTLEMIND (to manage post-deployment stress) do not appear to reduce symptoms of traumatic stress or affect mental health status.[11] However, one study evaluating Third Location Decompression (TLD) found that military personnel undergoing this post-deployment programme reported significantly less PTSD symptoms and harmful levels of alcohol use, but not better readjustment.[39] Screening for mental health problems prior too deployment does not appear to be of value.[11]

Almost half of those returning from deployment with mental health conditions do not seek help, and many do not recognise their need for treatment.[40] [41] Around 13% of ex-service personnel with mental health problems receive treatment, compared to 26% of the general UK population.[11] It is thought that under-utilisation of mental health treatment amongst military personnel is related to the stigma associated with a psychiatric label (exacerbated by a focus on self-reliance), the desire not to relive traumatic experiences, and lack of trust in healthcare providers.[11] Murphy et al (2014) found that military personnel with PTSD are more likely to seek help if they are helped to find their internal locus of control.[42]

Interventions have been found to improve access to healthcare for US veterans, but many are not appropriate for the UK. However, several studies found that integration and co-location of mental health services with primary care increased use of and engagement with mental health and substance misuse services, and were associated with fewer emergency department visits, shorter waiting times and increased satisfaction with access.[43]

Psychological therapies for depression and anxiety appear to be most effective for early service leavers, and less effective for ex-service personnel with a physical disability or a substance or alcohol misuse problem.[44] A systematic review of 29 randomised controlled trials of psychosocial interventions for ex-service personnel found evidence for the use of trauma-focused therapies for PTSD and some evidence for psychological interventions in the treatment of borderline personality disorder, depression, insomnia, and panic disorder co-morbid to PTSD. The methodological quality of many of the studies was low.[45]

The authors of a report on violent offending post-deployment suggested that the focus of prevention should be on alcohol misuse treatment, interventions to reduce anger and aggression, and treating PTSD with hyperarousal symptoms.[30]

A recent literature review found a lack of evidence on the effectiveness of either specialist mental health services for veterans provided by both National Health Service (NHS) or voluntary-sector services such as Combat Stress." [11] A 2010 evaluation of six UK pilot veteran intervention programmes found positive and negative aspects of the services, but did not determine the impact

of these pilots on treatment outcomes.[46] The evaluation report made several recommendations for mental health services for ex-service personnel (see Box 2).

Box 2. Recommendations from evaluation of six UK veteran mental health pilot programmes.[46]

- Mental health services for veterans should provide both assessment and treatment together in order to avoid onward referral to services which may have additional waiting lists.
- Services must be staffed by people with experience of working with veterans and knowledge of armed forces culture.
- Services must have strong links at a strategic level with other statutory and voluntary agencies, including armed forces' charities.
- Mental health services for veterans should routinely access the service records of veterans so as to gain the full picture of each client's service history.
- A common minimum dataset should be established so that clear comparisons can be made across services.
- Routine pre and post-treatment outcome data should be collected for all clients.
- Mental health services for veterans should accept self-referrals, with GPs being involved following referral rather than as gatekeepers.

9 Services and other assets

This HNA attempts to map current services for the ex-service community, as well as other assets, for example support or community groups and other sources of social capital. Services include both those that are for the whole community but which the ex-service community may have specific needs (for example, primary health care) as well as those that are specifically aimed at ex-service personnel or the ex-service community (for example, the Armed Forces outreach service). This HNA seeks to explore access, utilisation, acceptability and effectiveness of these services and assets.

9.1 Service and asset mapping

In addition to the Ministry of Defence, the Armed Forces themselves, and Defence Medical Services, the following have or are services or assets available to Gateshead residents that are specifically aimed at meeting the needs of ex-service personnel or the ex-service community:

- **OurGateshead website:** this is website that has information about events, groups and organisations in Gateshead. There is a section of the website dedicated to events, news and resources about veterans and service personnel (http://www.ourgateshead.org/groups/topic/182).
- **Tyneside Armed Forces Outreach Service/ Gateshead Armed Forces Community Support** (http://www.gateshead.gov.uk/People%20and%20Living/Armed-Forces-Community-Support.aspx): an outreach service for the ex-service community offering advice and support for housing, benefits, employment, training, health, disabilities, and other welfare/wellbeing needs.
- **Gateshead Veterans and Families Hub:** a support group to bring members of the Armed Forces Community together.
- **Career Transition Partnership (CTP)/ Regular Forces Employment Association (RFEA):** providing transition, career and employment services for service personnel within 2 years of discharge and for ex-service personnel.

- **Soldiers' and Sailors' Families Association (SSAFA):** a charity providing practical, emotional and financial support to anyone who is serving or has ever served and their families.
- **Royal British Legion:** a charity that helps the whole Armed Forces community through welfare, comradeship and representation as well as being the nation's 'custodian of Remembrance'.
- **Veterans' Wellbeing Assessment and Liaison Service (VWALS);** http://www.ntw.nhs.uk/sd.php?l=2&d=8&sm=26&id=290): offering ex-service personnel and their families with mental health problems a single point of contact, assessment and rapid signposting into the most appropriate form of treatment. This service is at present commissioned by healthcare commissioners up to March 2016.
- **Thirteen Care and Support:** provide supported accommodation for ex-service personnel.
- **North East Counselling:** commissioned to provide psychological therapies to members of the ex-service community.
- **Future Horizons:** an employment and transition service for early service leavers, based at Catterick
- **Veterans' Employment Skills Project** (www.ourgateshead.org/vesp): education, training and employment project offered by Northumbria Probation Trust for ex-military personnel in the criminal justice system.
- **Blind Veterans Service** (www.blindveterans.org.uk): a national charity providing practical and emotional support to Armed Forces and National Service veterans who have lost their sight.
- **Veterans At Ease** (www.veteransatease.org): a national charity that helps veterans, serving military personnel and their families deal with post traumatic stress disorder (PTSD) and other combat stress related issues.
- **Veterans UK:** part of the Ministry of Defence, administers the armed forces pension schemes and compensation payments for those injured or bereaved through service.
- **THRIVE:** a national charity that runs a local project in Saltwell Park offering opportunities for volunteering, and a 'Social and Therapeutic Horticulture' (STC) programme for ex-service personnel.
- **Poppy Factory:** a national charity offering employment support for wounded, injured and sick ex-service personnel.
- **Combat Stress** (www.combatstress.org.uk): a national veterans' mental health charity offering a community outreach service to assist with War Pension claims and other non-means tested benefits, representing veterans at tribunals, assisting those nearing the end of a prison sentence with their arrangements, or merely being an understanding listener.
- **The Ripple Pond:** a support group for families of ex-service personnel. This is not yet fully established in Gateshead.
- **Northumberland Tyne & Wear NHS Foundation Trust:** provides specialist mental health services in Gateshead. The Trust funds a specific senior nursing post for ex-military mental health. The Trust does not routinely record ex-service status.

The following organisations or sectors will be working with the ex-service community, and may be recording this and tailoring their services, but do not necessarily have services specifically aimed at this group:

- **Housing Services**, Gateshead Council/ Gateshead Housing Company (including debt and benefits advice)
- **General Practices**
- **Primary Care Mental Health/ Improving Access to Psychological Therapies (IAPT)**
- **Gateshead Hospitals Foundation Trust**
- **National Probation Service, National Offender Management Service, and Northumbria Community Rehabilitation Company**
- **Crime Reduction Initiatives** (CRI, the new drug and alcohol service in Gateshead).
- **Fulfilling Lives**: an 8-year Big Lottery-funded programme across Newcastle and Gateshead for people at risk of offending, or drug or alcohol problems.

9.2 Access, utilisation and effectiveness of services

Access and utilisation of services are indicators of 'expressed need'. When compared with the population size and prevalence of disease or risk factors, and incorporating any information on the effectiveness of services, they also give an indication of how well services are meeting current needs, and therefore of unmet need.

An evidence summary found: "Relative to their still-serving counterparts, ex-Service personnel report an additional problem of not knowing where to go for help. However, stigma and barriers to care with regards to mental health problems and mental health care exist within the general population. There is, as yet, no evidence to suggest that stigma and barriers to care are greater in ex-Service personnel than in their counterparts within the general population." [2]

9.2.1 Primary Care

As part of the Gateshead Practice Clinical Commissioning Project (PCCP) 2014-2015, general practices in Gateshead were incentivised both to increase the recording of whether a patient had ever served in the UK Armed Forces and to improve the quality of care to this group. Details of this initiative are included in Appendix 4. This was optional activity: 18 out of 31 practices chose this indicator. This indicator will no longer be incentivised in 2015-16.

As of November 2014, a total of 1,210 people were coded by their general practice as being a veteran. This equates to 0.59% of the total population registered with a GP in Gateshead. It also indicates that only around 12% of ex-service personnel have been identified as such by their general practice. A total of 94 patients had been coded as a veteran since 1st April 2014; this was 0.77% of all patients newly registering with a GP between April and November 2014.[47]

General practices with the highest proportion of patients recorded as veterans were:

- Blaydon Health Centre (5.12%)
- Millenium Family Practice at Trinity Square Health Centre, central Gateshead (1.98%)
- Holyhurst Medical Centre, Winlaton (1.92%)

(Wards with the highest proportion of ex-service personnel 18-64 years of age in the 2012 Residents' Survey were: Birtley, Felling, and Dunston and Teams.)

Coding of veteran status will typically appear in any referral letter to hospital and other services, but is likely be missed. If the veteran is eligible for priority access, the referrer would need to state this in the body of any correspondence.

A new 'master template' being rolled out across all general practices in Gateshead for use in monitoring people with chronic conditions contains a prompt to ask whether a patient has ever served in the UK Armed Forces.

As part of the Health Education England mandate, work is ongoing regionally (by Health Education North East, together with Dr Sarah Troughton, a consultant psychiatrist) to raise awareness in primary care of psychological and physical issues which are commonly faced by veterans and their families and the resources which are available to help them. Anecdotally, there is a consensus that the quality of the existing Royal College of General Practitioners (RCGP) e-learning package is good, but that uptake is low.[48] Efforts are ongoing to determine whether to promote the e-learning package or roll out a regional veterans awareness training package.

9.2.2 Primary Care Mental Health services

The Gateshead Primary Care Mental Health and 'Improving Access to Psychological Therapies' (IAPT) service is for adults 16 to 65 years of age who are experiencing common mental health problems such as depression, anxiety, phobias or emotional issues. Commissioning for common mental health problems adopts a stepped care approach, in which "the least intensive intervention that is appropriate for a person is typically provided first, and people can step up or down the pathway according to changing needs and in response to treatment".[49] IAPT typically provides services for *steps 2 and 3* – see Table 4.

Table 4. Stepped-care model recommended by NICE showing steps 1 to 4 for people with common mental health disorders[49]

Step	*Focus of intervention*
Step 4	**Depression**: severe and complex depression; risk to life; severe self-neglect **Generalised anxiety disorder** (GAD): complex treatment – refractory GAD and very marked functional impairment, such as self-neglect or a high risk of self-harm **Panic disorder, obsessive-compulsive disorder (OCD) and PTSD**: severe disorder with complex comorbidities, or people who have not responded to treatment at steps 1–3.
Step 3	**Depression**: persistent subthreshold depressive symptoms or mild to moderate depression that has not responded to a low-intensity intervention; initial presentation of moderate or severe depression **Generalised anxiety disorder**: with marked functional impairment or that has not responded to a low-intensity intervention; **Panic disorder**: moderate to severe **OCD**: moderate or severe functional impairment **PTSD**: moderate or severe functional impairment.
Step 2	**Depression**: Persistent subthreshold depressive symptoms or mild to moderate depression **Generalised anxiety disorder** **Panic disorder**: mild to moderate **OCD**: mild to moderate **PTSD**: mild to moderate.
Step 1	**All disorders:** known and suspected presentations of common mental health disorders.

Out of 5,410 referrals, a total of 110 (2%) were from people who indicated that they had ever served in the UK Armed Forces.[50] This is a slightly higher proportion than for either England or the North East. However, veterans in Gateshead and elsewhere appear to be less likely to use the IAPT service compared with the general population, given that 11.2% of the population of Gateshead 18 to 64 years of age have ever served in the UK Armed Forces [Gateshead Residents Survey 2012]. Following referral, veterans in Gateshead (and elsewhere) are more likely than non-veterans to engage with treatment (in terms of whether they enter treatment, complete the course of treatment, or move to recovery at end of treatment).

Two explanations for the low levels of use of the IAPT service by veterans have been suggested. First, the service only accepts PTSD level 1 trauma (single event trauma); many veterans with PTSD would have more complex experiences. Second, a dual diagnosis (mental illness and alcohol or drug misuse) would preclude a veteran from treatment. Given the high rates of alcohol use following discharge, this may prevent some veterans from accessing help. However, it is unlikely that these reasons alone explain the low levels of referral (including self-referral) of veterans to the IAPT service.

North East Counselling Services are commissioned by Newcastle Gateshead CCG to deliver face to face counselling to ex-service personnel and their families, in particular those who are suffering from emotional or mental distress as a direct result of military or combative experiences. Issues may be as a result of life adjustment issues such as post-traumatic stress disorder, bereavement, loss or other life changing events, such as serious injury, illness, family breakdown, panic attacks, depression, anxiety, stress and other related conditions. They also see non-military personnel.

In 2014, North East Counselling Services were referred 302 adults and 101 children. A total of 13 clients were ex-forces and 28 clients were related to service personnel (including four children). Therefore, the percentage of adults referred in 2014 who were ex-service was 4.3% (13 out of 301). The percentage of all adults and children who were ex-service personnel or related to ex-service personnel was 10.2% (41 out of 403).[51] Given that the ex-service community account for around 10% of the total Gateshead population, utilisation of the service by the ex-service community is similar to that of the general population.

9.2.3 Secondary care

Patients recorded as veterans by their general practice in Gateshead have a significantly higher rate of hospital outpatient attendances and elective (planned) admissions to hospital than patients not recorded as veterans, after adjusting for age. This is true only for male veterans; the numbers for female veterans were too small to detect a difference. There was no difference for non-elective (emergency) admissions.

9.2.4 Veterans' Wellbeing Assessment and Liaison Service (VWALS)

The Veterans' Wellbeing Assessment and Liaison Service (VWALS) is a regional North East service for veterans and their families offering a single point of contact, assessment and rapid signposting into the most appropriate form of treatment for mental health problems. VWALS received 45 referrals from Gateshead residents between June 2012 and October 2014, out of a total of 543 referrals (from across the region). Following assessment, clients were referred on to: IAPT (36%), secondary care mental health services (24%), housing or military charities (11%), drug & alcohol services (7%), and other specialist services (11%).

An evaluation was undertaken in 2013 of the initial 12-month pilot.[52] The evaluation findings are summarised in Box 3. (There is no breakdown of data for Gateshead.)

9.2.5 Drug and alcohol services

The new provider of Drug and Alcohol Services in Gateshead, Crime Reduction Initiatives (CRI), records at initial assessment whether a client has ever served in the UK Armed Forces. This excludes those referred who do not attend for assessment. As of 2nd March 2015, out of 80 clients assessed since the start of the service on 3rd November 2014, only one person was recorded as being ex-Armed Forces. This may serve to illustrate some of the difficulties both in recording status as ex-Armed Forces, and in engaging this group in addressing drug or alcohol problems.

Box 3. Summary of VWALS Evaluation (October 2013)[52]

Access and utilisation

- Out of 324 referrals during the initial 12-month pilot period from June 2012 to May 2013:
  - Source: self-referral (41%), NHS (27%) and other statutory agencies (12%).
  - Almost all were White British men.
  - Wide range of ages (mean 42 years).
  - 87% had served in the Army
  - Average service length was 8-10 years.
  - Average time between leaving the forces and accessing VWALS was around 9-11 years.
  - About 1 in 5 referrals were Early Service Leavers (less than four years' service).
- Out of 697 presenting concerns recorded:
  - Low mood (22%)
  - Sleep difficulties (11%)
  - Distressing recurring memories or nightmares (8.5%)
  - Employment, finances or housing (each 6-7%)
  - Suicidal thoughts, plans or significant risk to others (5%)

Outcomes

- Referral destinations following assessment:
  - NHS secondary care (32%)
  - IAPT services (26%)
  - Royal British Legion (15%).
  - Other: welfare services, GP, housing, social care, Citizens' Advice and alcohol or substance misuse services.
- Client survey (n=31; 22% response rate) and follow-up telephone interviews (n=6):
  - No significant change was found in relation to overall client health.
  - For the 37% of respondents who did report feeling better (n=10), 70% attributed this improvement to VWALS intervention.
  - Almost a quarter of respondents (23.3%) reported it to be 'too early to tell' whether any health changes had occurred as a result of VWALS intervention.
  - Most of those who reported feeling 'better now' described a mental health-specific condition, most commonly PTSD, whereas those who reported feeling 'about the same' or 'worse now' were more likely to describe physical conditions or a combination of mental and physical health issues.
  - Respondents reported being on average more satisfied with their living/housing situation (46% of respondents more satisfied now) and family relationships (48% more satisfied now) than before VWALS intervention.
  - When asked to rate how highly clients would recommend VWALS on a scale of 0 (would not recommend at all) to 10 (would highly recommend), the mean rating was 7.6.
  - Where client satisfaction had been rated negatively, comments were concerned with: waiting times for onward treatment; communication issues and cancelled appointments, possibly as a result of staff sickness/turnover; level of follow-up contact following initial VWALS assessment; and wider health and wellbeing issues that had not been resolved.
- Stakeholder interviews (n=7)
  - Perceived benefits of the service were: filling a gap in existing provision; speed of referrals; outreach focus; taking on hard-to-reach, complex cases, such as those with underlying alcohol issues and carer/family mental health;
  - Challenges and barriers were: lack of capacity to meet demand, exacerbated by staff sickness and use of temporary staff.
  - Recommendations were: the provision of low level follow-up support by VWALS, for example by telephoning clients every 4-6 weeks to track their progress, and during the interim period between assessment and treatment; and gradual, tiered discharge allowing clients to re-access the service quickly if required.

9.2.6 Armed Forces Community Outreach Service

Gateshead Council, together with partners, established the Armed Forces Community Outreach Service in 2012 using funding from the Community Covenant Grant Scheme and the Jobcentre Flexible Fund. The service was provided by a veteran who worked 2 days per week. The outreach worker was located in Gateshead Council housing services; this encouraged better access for service users to services to meet financial and housing needs.

In the first 10.5 months (October 2012 to September 2013), 101 referrals were received, including 36 from external agencies (including SSAFA, health providers, probation services and Combat Stress), 38 from internal services, and 27 self referrals (following an advertising campaign). Clients included 20 people who were still serving , nine who had left the Armed Forces within the past 2 years, 58 who had left more than 2 years previously, and four who were family, spouses or partners of those in the Armed Forces. (The status of 10 clients was not recorded.) Outcomes are shown in Box 4. Potential financial savings were identified for Gateshead Council (from the prevention of homelessness, with an estimated saving of £152,658), healthcare and benefits. The service was also awarded the prestigious Municipal Journal Award 2013 under the category of 'Better Outcomes'.[53]

In June 2014, the Armed Forces Community Outreach Service was extended to all of Tyneside. Between 23rd June and 1st December 2014, the Gateshead service received 60 referrals. Similar outcomes in terms of referrals were found as for 2012/13. Savings to other services were estimated at £50,855.[54]

Box 4. Outcomes from Gateshead Armed Forces Community Outreach service (October 2012 to September 2013)

- Referred to Debt Advice - 10 clients
- Referred for longer term support – 17 clients
- Referred to Supported Housing - 8 clients
- Referred for Employment and Training – 36 clients
- Assistance with Council Charges – 1 client
- Referral for Veteran Specific Support – 22 clients
- Application/Obtained Welfare benefits – 10 clients
- Referral for Mental Health Assistance – 7 clients
- Direct Financial Assistance (i.e. emergency food vouchers) – 8 clients
- Advice provided about re-settlement, grants and pensions – 36 clients
- Direct Housing Advice – 46 clients
- Accessed accommodation – 8 clients
- Successful charity applications for household essentials – 2 clients
- Successful charity application for remedial work to extensive rising and penetrating damp to clients property
- Successful charity application for repairs to work vehicle for self employed client
- Successful appeal to gain client higher rate of Disability Allowance
- Application for war medal
- Successful help and representation at benefit tribunals in two cases resulting in appeals being upheld.
- 200% increase in the Armed Forces Community requesting Debt Advice Services
- 680% increase in the Armed Forces Community requesting Housing Advice.

9.2.7 SSAFA

In 2013, SSAFA had 748 cases of which 711 were ex-service and around 100 were from Gateshead. There were an additional 227 visits all to ex-servicemen and women. The number of cases was spread reasonably evenly cross the age groups, and around twice as many cases were for men than women.

9.2.8 The Royal British Legion

No data on activity were received.

9.2.9 Probation, offender management and community rehabilitation

No data on activity were received. Prior to recent changes in the provision of services, the Northumbria Probation Service was active in its work with veterans (for example, the Veterans Employment and Support Package). This sector is moving from a development to a strengthening phase, in which working with veterans is a priority.

9.2.10 Career Transition Partnership

A request for data was sent to the Ministry of Defence but no data has yet been received.

10 Views of professionals ('normative needs') and the ex-service community ('felt needs')

In-person or telephone meetings/interviews were undertaken with eight people who work directly with the ex-service community and one with a representative from Crime Reduction Initiatives (CRI), the new drug and alcohol service in Gateshead.

An advert inviting members of the ex-service community to participate in a focus group or interview was distributed widely with stakeholders and in community venues. Unfortunately, the response was poor. Four interviews were undertaken with two ex-service personnel and one individual currently serving in the Army. Informal conversations also took place with members of the Gateshead Veterans and Families Hub. The findings from interviews with ex-service community and professionals have been combined. Four broad themes and 22 sub-themes were identified following analysis (see Table 5).

10.1 Barriers, vulnerabilities and protective factors

Engagement and transition

Reasons for lack of engagement with help or support and challenges of transition to civilian life were the sub-themes most frequently mentioned. In particular, ex-service personnel were viewed as having a culture or attitude of self-reliance, pride, and not believing they need help, although distinguishing these traits from those of men in general was problematic. Life in the Armed Forces meant that many day-to-day activities or tasks (for example, medical appointments or housing) were managed by someone else. This makes the transition into civilian life more difficult, because of a lack of knowledge, familiarity and experience of negotiating the benefits, housing, healthcare and tax systems. These difficulties are exacerbated by a loss of role, identity, self-esteem, income, routine, and social network, resulting in a negative impact on mental health, alcohol use, relationships and possibly likelihood of committing crime. When ex-service personnel do access services, they are often "seeking a quick fix" and expect it to be "just right first time"; such expectations derive from those necessary for efficient military operations and are not necessarily realistic in civilian life. When

these expectations are not met, ex-service personnel are likely to disengage or move rapidly between different services.

Having a dual diagnosis of mental illness and drug or alcohol misuse was also suggested as a barrier to treatment, because some services do not accept people with dual diagnosis for treatment.

Table 5. Themes and sub-themes from interviews with professionals and ex-service community

Themes	**Sub-themes**
1. Mental and physical health	a. Common mental disorders and post-traumatic stress disorder b. Musculoskeletal problems, injuries and pain c. Future needs d. Alcohol
2. Socioeconomic determinants of health	a. Housing b. Employment and training c. Benefits and debt d. Crime e. Relationships/families
3. Barriers to care, vulnerabilities and protective factors	a. Lack of engagement b. Problems related to transition/change of role or circumstances c. Culture/awareness d. Previous issues/culture/lack of support e. Public attitudes/stigma/myths f. Future attitudes with fewer conflicts/less in public eye g. Vulnerability factors/vulnerable groups h. Protective factors
4. Services, support, structures, communication and joined up working	a. Housing/Armed Forces Community Outreach b. Primary care c. Mental health services d. Lack of capacity/marketing e. Communication, signposting and joined up working f. Longer planning prior to discharge

Vulnerabilities

Apart from transition itself, a number of factors were thought to make some ex-service personnel more vulnerable. These included being young, of lower rank, an early service leaver, having had short length of service, having been medically discharged or having a problem with physical health, having been made redundant, problems with mental health or drugs, or having a lack of family support (being a “garrison orphan”). For some of these, pre-enlistment psychosocial disadvantage was viewed as the underlying risk factor. However, the loss of choice or control (“not having a choice about whether to leave”, for example if made redundant or medically discharged) and having less support prior to discharge (if shorter duration of service) were seen as contributory factors.

Protective factors

A number of protective factors were identified by interviewees. These include: the relatively generous income during service; the supportive network of the ex-service community based on principles of loyalty and trust (although this was not accessed or welcomed by all), which resulted in

increased social capital ("if a guy's wife needs a kitchen doing, the other guys will go round to help") and was enhanced by the use of social media; and the resourcefulness and skills developed as a result of military training which made many ex-service personnel attractive to future employers. One interviewee recommended supporting ex-service personnel to support each other.

Public attitudes

Whilst there was some concern about stigma towards ex-service personnel – that they were viewed as "mad, sad or bad" – it was felt that this group were generally valued in society at present. However, several interviewees were worried that public attitudes could change quickly if there is an extended period of time without conflict.

10.2 Mental and physical health

Although it was acknowledged that common mental disorders (depression, anxiety, or adjustment disorder) are more common among ex-service personnel than post-traumatic stress disorder (PTSD), several interviewees expressed concerns about a hidden burden of PTSD and a future increase in PTSD incidence owing to recent conflicts. Similar concerns were expressed about the impact of injuries arising from deployment. Although stigma about mental illness was perhaps diminishing, one interviewee wondered if PTSD was a more acceptable diagnosis than depression. The issue of alcohol was frequently mentioned. Alcohol is an "integral part of life" in the Armed Forces and part of building comradeship. The prevalence of alcohol misuse after leaving the Armed Forces was less clear, but concerns were expressed about very high prevalence among ex-servicewomen. Use of alcohol was a barrier to accessing mental health services.

10.3 Socioeconomic determinants of health

Housing

Several issues were identified as unique to ex-service personnel and their families. Many would not have a mortgage and, upon leaving the Armed Forces, would have difficulty getting a mortgage approved because they had no employment. Many lack knowledge and familiarity with obtaining housing and paying bills. Housing services in Gateshead routinely ask whether a person has ever served in the UK Armed Forces and will obtain a landlord's reference from the Ministry of Defence. Being ex-service is a criterion for priority access for social housing in Gateshead, although only at discharge and other criteria are also considered. Various welfare charities will support ex-service community with funding for household goods and repairs. There was some ambivalence about the utility of "small pockets" of supported housing for ex-service personnel. Whilst they were viewed as an appropriate transition, some issues in relation to being a "hot-house" were reported.

Employment and training, and the Career Transition Partnership

It was generally viewed that employment (where possible) was important for achieving a successful transition to civilian life, but that it requires considerable planning prior to discharge. Although management and leadership skills are valued by the military, employers are after specific skills. It is important that leavers seek early advice about what skills are valued by employers to avoid training that is superfluous.

Benefits and debt

There was some resentment that receipt of a war pension often precluded receipt of benefits, particularly given that this is not the case for industrial compensation payments. Many leavers do not know how to access the benefits system, and many of the issues affecting other vulnerable groups as a result of welfare reform, austerity and recession were affecting some ex-service personnel, including sanctions by Jobcentre Plus, needing food banks, and debt. Being referred to specific debt advisers (provided by Gateshead Council Housing services) was generally favoured over Citizens' Advice.

Relationships

The transition from military to civilian life was viewed as having a particular impact on family relationships, particularly because of the loss of role. Families of those injured or who develop PTSD were in particular need.

10.4 Services

Capacity to meet need

There were many positive reports about how well Gateshead is addressing the needs of the ex-service community, in particular the Armed Forces Community Outreach service. The political will, good relations within the Gateshead Armed Forces Network, and effectiveness of Council officers involved with the network and the community outreach service all contributed. Having ex-service personnel working in the community outreach service was viewed favourably.

There were concerns about a lack of marketing of services and about lack of capacity to meet the scale of need and the complex needs of more marginalised ex-service personnel, in particular those with a history of violence. The few ex-service personnel interviewed reported in positive terms the help they or friends had received from the Royal British Legion, SSAFA and other charities, although there was some concern that the Royal British Legion may not be attractive to younger ex-service personnel. Because the Armed Forces may not have had such good procedures for meeting the welfare needs of their personnel in the past, and the scale of support for the ex-service community is a recent phenomenon, the needs of older ex-service personnel may be significant and not have been met.

Additional recommendations for services

Interviewees made several recommendations for how services or networks could improve:

- In addition to recording whether someone has ever served in the UK Armed Forces, GPs and other healthcare professionals need to be aware of vulnerabilities, proactively ask the right questions (for example about alcohol use), spot warning signs (such as change of circumstances, and be aware of available services to which to refer or signpost. GPs were also asked to consider the needs too of families.
- Almost all those interviewed thought that services still needed to be more joined up. Each service needs to be more aware of what other services do, and how to signpost or refer.
- Because this is still a very heterogeneous group, support needs to be individualised.
- Campaigns targeted at ex-service personnel should make use of humour.

- It is important that services elicit and manage the expectations of ex-service personnel so as to prevent disengagement.
- Build on current assets, for example by building the links between members of the large ex-service community in Gateshead, and maximising its capacity to offer mutual support.
- Implement interventions to prevent violence among at-risk ex-service personnel.

11 Possible unmet needs of the ex-service community

- Veterans have specific cultural needs that impact on their access of services. Knowledge and awareness of these cultural needs is likely to be variable.
- Only a very small proportion (around 13%) of ex-service personnel have their status recorded by their GP.
- With the exception of hospital care, only a very small proportion of the ex-service community with needs is accessing services.
- Those who are younger, recently discharged, early service leavers, from more disadvantaged backgrounds, drinking alcohol to moderate or high risk levels, or suffering from mental health problems are likely to have greatest unmet needs.
- Current services may not have capacity to meet existing needs, and have difficulty ensuring continuity of funding.

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