

LIFE FORCE

NORTH EAST

**A PRACTICAL GUIDE
FOR WORKING WITH
MILITARY VETERANS**



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FOREWORD

We are delighted to introduce this new guide, which will be an invaluable resource for anyone whose work brings them into contact with veterans and the veterans community.

The word veteran might conjure up images of older soldiers who served in the conflicts of the last century, but in fact it includes everyone who has been in the armed forces. Across the north east of England it is estimated there are between 125,000 to 208,000 veterans who have a range of different experiences serving in campaigns across the globe.¹

There are already some excellent support services in the region aimed specifically at veterans and their families. However, veterans also access support from the same wider community services as the rest of the population.

NHS trusts, GP surgeries, social workers, employment agencies and housing associations will all come into regular contact with those who have served in the armed forces.

Staff working in these organisations may not always have an understanding of military culture, veterans and the issues that they can face. This guide aims to address this by providing information which will help community services to support veterans they encounter.

We hope that those working with veterans will find this guide useful and that this publication will make a positive difference to the north east's veteran population.



Martin Barkley
Chair

North east NHS armed forces forum
and chief executive of Tees, Esk and
Wear Valleys NHS Foundation Trust



Richard Barker
Regional Director (North)
NHS England

1. GENERAL BACKGROUND AND CONTEXT

Life Force has been written for community based support agencies including the voluntary sector, services provided by the NHS, local authorities, GPs and charities, who will often work with armed forces veterans.

The majority of people fair well after leaving the armed forces, suffering no ill effects, entering full time employment and leading meaningful and fulfilling lives. However, some veterans need support to readjust back into civilian life.

Many people join the armed forces at a young age. They may never have had to deal with what we often take for granted as everyday things – applying for a job, finding housing or even registering with a GP. These new responsibilities can be challenging for some veterans. Others can leave the armed forces with physical or mental health issues, making the transition to civilian life even more difficult.

Whilst in the armed forces, veterans have a clear chain of command to deal with problems and comrades who can provide support or advice.

Unfortunately, some of the characteristics we have come to associate with service personnel – pride, stoicism and a ‘can do’ attitude – can get in the way of them seeking help when they return to civilian life. Veterans can see asking for support as a sign of weakness, particularly if they’re suffering from a mental health problem.

This guide provides an insight into military culture and identifies some of the issues which veterans may face when they leave the armed forces. It also provides details of organisations who can provide advice and support both to veterans themselves and the community agencies who come into contact with them.

The content has been adapted from the original Life Force booklet, produced by the Scottish Association for Mental Health. This edition has been written by the former North East Strategic Health Authority in consultation with the North of England Mental Health Development Unit (NEMH DU), members of the north east NHS armed forces forum and veterans, some of whom have shared their stories in this guide.

2. THE ARMED FORCES: REGULAR, RESERVISTS AND VETERANS

Her Majesty's Armed Forces include the Royal Navy and Royal Marines, the British Army and the Royal Air Force, constituting one of the largest militaries in Europe. These forces are made up of regular and reservist personnel. You can find out more about each of the forces by visiting their websites:

Royal Navy and Royal Marines
www.royalnavy.mod.uk

British Army
www.army.mod.uk

Royal Air Force
www.raf.mod.uk

REGULAR

Regular forces personnel are employed full time and have usually signed long term contracts committing them to regular service. As at 1 January 2013 the UK regular armed forces comprised 158,630 full time trained personnel. Of these, 91,140 were in the army, 35,820 were in the Royal Air Force and 31,680 were in the naval service.²

RESERVISTS

The reserve forces are made up of both regular and volunteer reservists.

Regular reservists are former full time members of the armed forces. They may still be liable for call out for a number of years after their military

service has ended, depending on their age, length of original service and the skills they have.

Volunteer reservists consist mainly of people who have joined directly from the civilian community with careers outside the military.

Being a member of the volunteer reserve requires training two to three weekends per year. In addition, every year these personnel are required to attend 15 continuous training days and complete tests to ensure that they reach set standards in a number of subjects. They are also liable to be called up for compulsory operational tours when necessary. They therefore need the commitment and support of their employers.

There are currently around 36,000 volunteer reservists in the UK and approximately 23,000 of these are ready for mobilisation. The breakdown between each service is 20,000 in the Territorial Army (TA), 1,900 in the Royal Naval Reserve and 1,180 in the Royal Auxiliary Air Force.³ Under the Future Reserves 2020 project, the intention is to raise the trained strength of the TA to 30,000, so these numbers are likely to increase in the future.

Employers can find out more about how they can support reservists in their organisation by visiting the Supporting Britain's Reservists and Employers (SaBRE) website: www.sabre.mod.uk

VETERANS AND THE VETERAN COMMUNITY

A veteran is someone who has spent a proportion of their life serving their country in the armed forces as a regular or reserve. This includes national servicemen, former Polish forces under British command and Merchant Mariners who have seen duty in military operations.

The families of those who have served also have their own unique experiences. In recognition of this, the term 'veterans community' refers to veterans together with their partners and dependants.

Precise statistics on the whereabouts of armed service personnel and veterans in the UK are problematic, however, it is estimated that there are between 125,000 and 208,330 veterans in the north east.⁴

2. Defence Analytical Services and Advice, Ministry of Defence UK Armed Forces Monthly Personnel Report, 1 Jan 2013

3. These figures are as supplied by the Ministry of Defence and are available on the SaBRE website: www.sabre.mod.uk

4. This estimate is based on NHS Confederation Mental Health Network Briefing (Nov 2010), Improving Mental Health Services for Veterans and Fear NT, Jones M, Murphy D et al (2010), What are the consequences of deployment to Iraq and Afghanistan on the mental health of the UK armed forces? A cohort study, The Lancet (2010) 375 (9728): 1783–1797

3. WORKING WITH VETERANS

There are a number of specialist services for veterans, provided by the NHS, charities and local authorities amongst others. However, research shows that non-veterans agencies provide the majority of support for serving personnel after their service has ended.

In 2006, the Royal British Legion identified that 52% of the adult ex-service community had received help or advice in a year period from general sources of state or charitable assistance, including health professionals, Citizens Advice Bureaus, social workers, housing departments and jobcentres.⁵

These agencies are unlikely to have the same detailed understanding of life in the armed forces as specialist services, and they don't necessarily need this knowledge to provide support to a veteran. However, having at least a basic understanding of the forces experience will be helpful to any agency likely to encounter veterans, allowing them to build better relationships and deliver improved support.

Veterans are much more likely to trust workers whom they feel understand, or at least seek to understand, their military service.

Veterans are different and unique and will have individual accounts, both positive and negative, as to how serving their country has affected their lives and the lives of others. It is important not to generalise or make assumptions about how veterans perceive or engage with support from agencies.

Later sections in this booklet give more detailed information about the military experience, however, this section is intended as a brief guide to help facilitate positive engagement with veterans.

THE LANGUAGE OF THE ARMED FORCES

Those in the armed forces will pick up military abbreviations, slang and jargon during the course of their service. Veterans will often continue to use these terms when they return to civilian life, many of which will be unfamiliar to those without a military background.

Important pieces of information about the individual and their service career may be gathered by breaking down some of the jargon with the input of the veteran.

Demonstrating an interest in finding out more about this language and what it means can also promote positive engagement and help build a relationship.

PRACTICAL QUESTIONS TO ASK VETERANS

By asking specific questions about a veteran's service career, agencies can find out useful information which may help when providing support. This information can be especially useful when considering which specialist agencies, such as veterans' charities, may be able to provide further support to the individual.

The questions below are often a good start:

- What was/is their service number?
- What dates did they join and leave the service?
- What operations were they deployed on?
- Did they attend a Department of Community Mental Health (DCMH)?
- What was their reason for discharge?
- What agencies (veterans and non-veterans) have they engaged with?
- Do they have a copy of their medical documents?
- Have they been injured due to service in the armed forces?

FIND OUT WHAT IS AVAILABLE

Knowledge of what is available both locally and nationally for veterans will help in providing a co-ordinated response. There is a large network of veterans agencies within the UK who provide different types of support, including welfare, social care and healthcare.

This booklet is designed to help agencies find out what support is available in the north east.

The Directory of support for Veterans in the North East of England is also a useful source of information about local services for veterans:

www.northeastveterans.net/directory.html

4. LIFE IN THE ARMED FORCES

REASONS FOR JOINING

Many people join the armed forces as young adults, an important time in life for shaping values, beliefs and attitudes. Socialising into a military culture at such a time means that many serving sailors, soldiers and airmen and airwomen are likely to have adopted military values and ideals as their own.

There are many social and economic reasons for joining the armed forces, including personal improvement by learning new skills and job security by gaining full time employment. There are opportunities to see different parts of the world and the chance for people to do something different with their life. For many personnel, military life is a positive experience (especially for disadvantaged youths who enter service early) allowing them to enjoy a more favourable life pathway.

Whilst television advertising and poster campaigns play their part, many new recruits will have a life in the forces recommended to them by a family member or friend who is a serving member or a veteran.

The intake into the UK regular forces was 14,470 in 2012.

However, in the same year, 10,670 more people left the UK regular forces than joined.⁶

THE REGIME

Military training promotes strict conformity to high standards of behaviour, punctuality, orderliness, cleanliness and obedience. These standards are what other people's lives may depend on in times of conflict.

Some veterans can find the transition back into society difficult because those around them follow different guidelines and do not exhibit the same behavioural standards which they have learned in the forces.

COMRADESHIP

Comradeship is seen as a deeper than ordinary friendship, the depth of the relationship arising between those in the armed forces because of the shared experiences, shared hardships and the sense of dependency for one's life on others.

The legacy of military service can often be seen in a veteran's strong identification with other veterans, which brings with it a sense of personal identity and value, as well as affording a degree of security or protection.

Those who leave the regular forces will sometimes sign up as a reserve so that they can maintain comradeship after they have returned to civilian life.

For some veterans, adjustment back into society can be problematic because they don't have the support of their comrades and struggle to form similar bonds with those who don't share their military background.

FINANCE AND ACCOMMODATION

Those in the armed forces will receive a salary which is based on what they would be paid for carrying out a similar role in civilian life. However, this is often supplemented with additional pay to compensate for the risks associated with operational duties.

The military provides accommodation for all personnel for which they pay a much reduced rate of rent. There are also numerous other bonuses and subsidies on common items such as food, which can mean that their salaries go a lot further than they would if they were earning the same amount in civilian life.

DAVID'S STORY

David left the RAF in December 1998 after serving 22 years as a medical assistant/ medical administrator. In that time he served at a number of RAF stations both in UK and abroad. His overseas postings included RAF Bruggen (Germany), HQ AFCENT (Holland), RAF Gibraltar and RAF Belize.

During his service David worked mainly in medical centres supporting the doctors in delivering all aspects of medical care from treating coughs and colds to dealing with patients who had suffered serious trauma. "I would say that I had been exposed to injuries that most people would not have seen in their life time, none more so than when I served in Bosnia for six months in 1993." David's role in Bosnia was to provide aeromedical support to the squadron when moving casualties caught up in the conflict between the warring factions.

"I was out there at the same time as the Cheshire Regiment who had the misfortune to be exposed to the genocide that happened in early part of the war. I was involved in a number of traumatic incidents, including rescuing a seriously wounded Bosnian soldier under the protection of the Red Cross within their compound that was surrounded by Serbian military and civilians.

However, one of my lasting memories was the scared and frightened faces of the Muslim women, children and old people who we airlifted from Srebrenica to the 'safe enclave' of Tuzla."

On leaving the service, David worked as practice manager in a GP practice and subsequently worked his way to middle management in primary care trusts within the NHS gaining an MBA and PRINCEII practitioner qualification. "I would say that all the training and support afforded me whilst I was in the RAF stood me in good stead when making the transition from military life to becoming civilian. I look back on my time the RAF with fond memories but never forget those incidents that at times that makes me realise that I was one of the lucky ones. Would I do it all again? Yes, I certainly would."

5. MEDICAL SERVICES IN THE ARMED FORCES

DEFENCE MEDICAL SERVICES (DMS)

The DMS is responsible for providing healthcare to approximately 258,000 people, including service personnel serving in the UK and overseas, those at sea, and family dependants of service personnel and entitled civilians. The DMS encompasses all of the medical, dental, nursing, allied health professional, paramedical and support personnel, including civilian staff, employed by the Royal Navy, the British Army, the Royal Air Force and supporting units.

MEDICAL BOARDS

Medical boards conduct formal medical assessments and provide reports on conditions. Where a decision is to be taken to medically discharge or retire a person, the board will provide advice on how to find further treatment after leaving and the support available from ex-service charities. It will also provide forms of consent to assist with this process.

Consent forms are used to record a preference for passing individuals' personal contact details to an ex-service charity of their choice.

The information on this form is used solely to enable the charity to make contact for the purposes of providing help or advice. When an individual is medically discharged, a resettlement officer will have been contacted to plan resettlement actions. All individuals who are medically discharged are entitled to resettlement provision to support their return to civilian life and further information regarding this can be obtained from Service Personnel and Veterans Agency (see page 19 for more information about the SPVA).

MEDICAL DOCUMENTS

Those leaving the armed forces after having a medical examination are encouraged to request a copy of medical documents which can be given to a GP. The GP can then, if necessary, request the full medical records of his or her patient relating to their period of service in the armed forces from the Ministry of Defence.

This system relies on the veteran presenting the GP with the medical documents. This may be problematic as veterans may not present until there is a problem by which time the documents may have gone astray.

GPs seeking advice on how to request medical records can contact the records departments using the numbers below:

Royal Navy and Royal Marines:
02392 768 063

British Army: 08456 009 663

Royal Air Force: 01494 497 410

Medical documents are also automatically forwarded to the Service Personnel and Veterans Agency (SPVA) upon discharge which determines eligibility for the type of pension/compensation that can be claimed.

DEPARTMENTS OF COMMUNITY MENTAL HEALTH (DCMH)

The Defence Medical Service runs 15 military departments of community mental health (DCMHs) located in large military centres across the UK, as well as centres overseas. DCMHs are staffed by psychiatrists, mental health nurses, clinical psychologists and mental health social workers.

The aim is to treat personnel with mental health needs at their unit medical centre and, with the patient's permission, to involve their GP and senior officers in managing their condition.

A wide range of psychiatric and psychological treatments are available, including medication, psychological therapies and a change of environment where appropriate.

Inpatient care, when necessary, is provided by the NHS, contracted by the Ministry of Defence. A close relationship is kept between local DCMHs and the NHS to make sure inpatient care is the best it can be.

The nearest department of community mental health is at:

Duchess of Kent Barracks
Horne Road
Catterick Garrison
North Yorkshire
DL9 4DF
Telephone: 01748 873 058

DEFENCE MENTAL HEALTH SOCIAL WORK SERVICE (DMHSWS)

Service personnel likely to be medically discharged with a mental health related problem are referred to the Defence Mental Health Social Work Service (DMHSWS). This tri-service provision is accessed through the 15 DCMHs. Mental health social workers support service personnel and their families throughout the medical discharge process and for a period afterwards.

The DMHSWS links with community agencies to secure housing, health and social work services. They also focus on financial support available via military pension provision and benefits entitlement. In addition, they pursue the availability of resettlement training to help prepare the veteran for a civilian career and, in some cases, will seek deferment of this.

TRAUMA RISK MANAGEMENT (TRiM)

Trauma risk management (TRiM) is a military model of peer group mentoring and support. It is not a medical process or therapy and is designed to identify service personnel at risk after traumatic incidents.

Service personnel are often reluctant to talk to strangers when they are in difficulty and often it is their colleagues who they turn to for help. For this reason, TRiM is delivered by trained people already in the individual's unit.

Those who are identified as being at risk after an event are invited to take part in an informal interview which establishes how they are coping and whether they require further support.

TRiM aims to empower non-medical staff to identify people who may have been affected by traumatic events in order that their peers and managers can provide appropriate support or, where required, refer them on for specialist help. TRiM is intended to reduce the stigma associated with mental health problems. The model is now used in all of Her Majesty's Armed Forces.

For more information about TRiM see 'Trauma Risk Management (TRiM) in the UK Armed Forces'; Greenberg et al:
www.ramcjournal.com/2008/jun08/greenberg.pdf

6. DISCHARGE: LEAVING THE FORCES

The number of service leavers from the UK regular forces in 2012 was 25,140. Of these, 15,510 were from the army, 4,870 were from the naval service and 4,750 were from the air force.⁷

People leaving the armed forces can be grouped into three categories:

- Normal service leavers
- Medically discharged service leavers
- Early service leavers

NORMAL SERVICE LEAVERS

Normal service leavers are discharged on completion of their engagement, having submitted their notice to leave or having been given notice of discharge under redundancy. For normal service leavers entitlement to resettlement support to assist with their return to civilian life can be sought any time up to two years before the date of discharge. This includes civilian careers guidance, housing advice and more. You can find out more about resettlement on page 17.

MEDICALLY DISCHARGED SERVICE LEAVERS

This group of leavers will have had a pre-existing physical or mental health problem, or will have been injured or developed a medical condition that has affected their future in the services.

All service leavers within this group will have had intervention in service and attended an occupational medical board which makes the decision about them remaining in or leaving the service. Some service leavers will be happy with the decision taken, others will not. Some may feel they have been let down by their unit, the service, medical services or the government. Those who are unhappy with the decision may struggle to trust community support agencies when they return to civilian life and can sometimes avoid or delay seeking their help.

EARLY SERVICE LEAVERS

Early service leavers are either discharged compulsorily (as a result of alcohol/drug misuse, criminal acts, inefficiency, temperamental unsuitability) or leave at their own request, having completed less than four years' service. Those who are discharged compulsorily lose their entitlement to resettlement provision.

Early service leavers leaving at their own request have the same discharge procedures as normal service leavers. Personnel being discharged prematurely often leave at extremely short notice without having the opportunity to plan their transition to civilian life. This is especially true for those being compulsory discharged and those reservists being demobilised post operations. Consequently this may have an impact on both the individual and their family.

THE AGENCIES BELOW CAN PROVIDE SUPPORT TO EARLY SERVICE LEAVERS

Future Horizons

The Future Horizons programme offers resettlement support and advice to early service leavers.

The programme offers:

- A pre-discharge interview to identify an individual's transitional needs, their skills and strengths, assess vulnerability and start to develop a personal development action plan
- Referral to the Service Personnel and Veterans Agency (SPVA) and other appropriate agencies and charities for those identified as having welfare or other immediate specialist needs
- Extensive and immediate employment support and job finding assistance, working closely with Jobcentre Plus
- A locally assigned personal consultant to provide individual advice, guidance and mentoring
- Access to a comprehensive range of local life skills, vocational training and education courses, to address specific needs and obstacles to gaining suitable employment

- A central helpdesk to provide immediate advice
- An information web portal which links into other web based services aimed at supporting service veterans

The Future Horizons programme is based in Hook Company in Helles Barracks, Catterick Garrison. Programme staff work very closely with Hook Company personnel who are based in the unit where the majority of the early service leaver cohort is processed.

For further information please contact Darren Bickerstaffe.

Telephone: 07428 705 770

Email: dbickerstaffe@futurehorizons.uk.com

Website: www.futurehorizons.org

Finchale Training College: Early Service Leavers Support

Finchale College provides a support service for armed forces personnel returning to County Durham who have not been able to access the full military resettlement programme. It is intended to help individuals achieve a successful return to civilian life.

In addition to ensuring that individuals are registered with key agencies, such as Jobcentre Plus, the NHS and the local authority, the service also provides ongoing mentoring, advice and guidance for up to nine months to deal with any further issues as they occur, such as pensions, benefits, legal and financial issues, employment, health, training and housing.

For further information please contact Angela Kelly.

Telephone: 0191 374 6109

Email: angela.kelly@finchalecollege.co.uk

RESERVISTS

Those in the volunteer reserve forces (Territorial Army, Royal Naval Reserves, Royal Auxiliary Air Force and Royal Marine Reserves) will have signed up for a set period of time when they joined the forces. However, they can leave voluntarily at any time unless they have been mobilised and are on full time active service.

6. DISCHARGE: LEAVING THE FORCES CONTINUED

DENZIL'S STORY

Denzil is 20 years old and after a period of further education he joined the army in early 2012.

During his initial training he sustained an injury and was 'back squadded' – this is when someone falls behind the rest of their group in training due to injury and is placed with a new squadron to complete their training after they recover.

At the same time he requested a transfer to a more technical arm of the army as he wanted to do an apprenticeship, but this was rejected. Denzil became very disheartened with the army so he chose the right to leave and moved back in with his parents.

As such, he was not able to access resettlement support from the military. Denzil was referred to the Finchale College Early Service Leavers pilot scheme (page 15), funded by public health in Durham and Darlington, through the Regular Forces Employment Agency (RFEA).

Initially, Denzil had no real idea as to what type of employment he was seeking due to lack of both qualifications and work experience.

He had not registered with a GP or his local Jobcentre Plus office. Once this had been achieved, support from the Early Service Leavers scheme concentrated on his strengths and his transferrable skills and a realistic action plan was agreed. This included the need to improve his functional skills in literacy and numeracy.

In addition to the functional skills training, he registered for and passed a forklift assessment. He was given advice on interview techniques and his amended CV was forwarded to several local companies. Denzil has now progressed to full time employment.

7. RESETTLEMENT: EMPLOYMENT, FINANCE AND HOUSING

The resettlement process refers to making a successful transition from military to civilian life. Each branch of the armed forces offers resettlement support to serving personnel. It is a phased process including advice, information and training, which usually begins months in advance of a person's scheduled final day. It includes advice to support decisions about post service housing, education, finances and employment.

The armed forces work with a number of agencies who specialise in the various aspects of resettlement to provide advice to those who are scheduled to leave. However, these agencies can also be contacted directly by serving personnel or veterans themselves. In this section, you will find contact details for some of these agencies.

EMPLOYMENT

There are a number of organisations who can provide support to veterans seeking employment. Some examples of these are included below:

The Career Transition Partnership (CTP)

The Career Transition Partnership (CTP) delivers free resettlement services to all ranks of Her Majesty's Armed Forces to make the transition from military to civilian life as smooth and successful as possible.

They teach service leavers the skills they need to produce a CV, learn interview techniques, research the employment market and apply for jobs.

Telephone: 0207 469 6661

Website: www.ctp.org.uk/ctp

Supporting Britain's Reservists and Employers (SaBRE)

SaBRE is a campaign created by the Ministry of Defence to provide employers and reservists with all the information, help and advice they need regarding the employment of reservists, including reservists' training obligations and employers' legal rights and responsibilities.

Telephone: 0800 389 5459

Website: www.sabre.mod.uk

Jobcentre Plus

Jobcentre Plus is a government agency supporting people of working age from welfare into work and helping employers to fill their vacancies. They are part of the Department for Work and Pensions (DWP).

Telephone: 0845 6060 234

Website: www.jobcentreplus.gov.uk

The Regular Forces Employment Association (RFEA)

RFEA provides support in assisting servicemen and women of all ranks leaving the armed forces to find employment from the day of discharge onwards.

It supports servicemen and women in the career planning process by providing advice and guidance. RFEA works closely with the Career Transition Partnership.

Darlington office: 01325 286 480

Newcastle office: 0191 222 0654

Website: www.rfea.org.uk

Local authorities

All local authorities across the region provide a range of employment related support services to individuals seeking work.

The type of support available includes:

- Financial assistance grants
- Nationally accredited information, advice and guidance
- CV, application form and interview technique assistance
- Matching to local vacancies
- Self employment guidance
- Jobs fairs and recruitment events
- Joint working with Jobcentre Plus to maximise opportunities for local people
- Joint working with ex-service charities such as the Royal British Legion, SSAFA, SABRE and the Career Transition Partnership

For more information, contact your local authority using the details on page 33.

7. RESETTLEMENT: EMPLOYMENT, FINANCE AND HOUSING CONTINUED

ANDY'S STORY

Andy is 22 years old. He joined the army and successfully completed his initial training.

On completion of training he was involved in ceremonial duties in London with his regiment. Unfortunately, his next posting was not so happy. An incident led to disciplinary proceedings and he was administratively discharged immediately from the army, without any resettlement support. He had already incurred heavy debts and he moved back to live with his mother.

Initially, Andy had no real focus on what type of employment he was seeking and had not registered with Jobcentre Plus. Jobcentre Plus and the Finchale College Early Service Leavers pilot scheme (page 15) helped Andy to address his debt issues and to focus on his strengths and transferrable skills. He already had distribution and warehousing skills and he began to direct his efforts into this, with the addition of a forklift licence that was provided as part of the support programme.

Everything came to fruition when he was offered an apprenticeship with Trackwork at the National Railway Museum, Shildon. His debt has also been re-assigned and he is gradually resolving his problems.

Andy said, "I thought because I was discharged from the army that no one would care and help with my problems. I was totally wrong."

MANAGING FINANCES

The move to civilian life away from the more structured forces community may prove difficult for some veterans who are now managing new finances within different and often complicated structures.

On discharge veterans may face a situation where they need to deal with issues like accommodation and utility costs and perhaps applying for benefits for the first time.

The wait for financial support post discharge is a potentially vulnerable time for some veterans and their families. Proud veterans trained not to show weakness may not be assertive in highlighting financial issues, thus lengthening the scale and impact of the problem.

Veterans may encounter significant difficulty with budgeting and money management, which can put them at risk of being seriously affected by debt. If this is the case please refer them to the following:

The Citizens Advice Bureau (CAB)

The Citizens Advice Bureau delivers services from over 3,500 community locations throughout England and Wales, helping people resolve their legal, money and other problems by providing advice and information.

The CAB can be accessed locally or online via the Advice Guide website: www.adviceguide.org.uk

Find your local advice centre at: www.citizensadvice.org.uk

COMPENSATION FOR INJURY/SERVICE PENSION

If an individual has been injured due to their service in the armed forces they may be entitled to compensation. There are two schemes of compensation – the War Disablement Pension (WDP) under the War Pension Scheme (WPS) and the Armed Forces Compensation Scheme.

If you think that an individual may be entitled to compensation, refer them to the Veterans Welfare Service (VWS), which is part of the Service Personnel and Veterans Agency (SPVA).

If the individual is in receipt of a WDP and there has been significant deterioration to their injury, they should also be referred to the SPVA/VWS (details below).

The Service Personnel and Veterans Agency (SPVA)/Veterans Welfare Service (VWS)

The Service Personnel and Veterans Agency (SPVA) is aimed at improving pensions, welfare and support to members of the armed forces and veterans.

The responsibility for all service pension and compensation provision falls under the direct control of the SPVA.

As part of the resettlement process service leavers will have received a service leavers pack before they were scheduled to leave. This pack contains information about service pensions, support available from the Veterans Welfare Service (VWS) and supporting charities.

The Veterans Welfare Service (VWS) gives support to veterans and their dependents who are eligible to claim for the SPVA pension and compensation schemes. Help and guidance can be given through either telephone contact or a dedicated visiting service via a national network of welfare managers. Support can include:

- Help with applying for the War Pension Scheme (WPS) and the Armed Forces Compensation Scheme (AFCS)
- Help with applying for the Armed Forces Independence Payment (AFIP)
- Help with applying for any armed forces pension to which they may be entitled
- Information and advice about benefits available through the Department for Work and Pensions (DWP) and help with applications for them
- Referrals to social services, local authorities, ex-service organisations or other voluntary organisations

7. RESETTLEMENT: EMPLOYMENT, FINANCE AND HOUSING CONTINUED

Both the SPVA and VWS can be contacted using the details below.

Free helpline: 0800 169 2277

Email:
veterans.help@spva.gsi.gov.uk

For initial service pensions enquiries you should call the Joint Personnel Administration Centre (JPAC) on 0800 085 3600

Veterans UK provides a range of useful information on pensions and compensation schemes:

www.veterans-uk.info/pensionscompensation.htm

HOUSING

The military are required to provide suitable accommodation for serving personnel to allow members to move as and when they are required to do so. The Ministry of Defence provides accommodation to many of its personnel. Service Family Accommodation (SFA) accounts for 47,000 family homes and Single Living Accommodation (SLA) provides 112,000 single living spaces.⁸ Those leaving the forces may struggle to adjust to finding accommodation for themselves and may need support from the agencies below when they return to civilian life.

Joint Service Housing Advice Office (JSHAO)

The role of the Joint Service Housing Advice Office (JSHAO) is to provide specialist housing information and advice to encourage service personnel (and their dependants) to consider their civilian housing options and to assist them in their transition to civilian life. Where possible, it works to place service persons (and their dependants) into suitable accommodation and to assist ex-service personnel still occupying service accommodation.

Telephone: 01980 618 925

Website: www.gov.uk/housing-for-service-personnel-and-families
[#joint-service-housing-advice-office](https://twitter.com/joint-service-housing-advice-office)

Soldiers, Sailors, Airmen and Families Association (SSAFA)

SSAFA's Housing Advice Service offers advice and assistance to a range of veterans, for example disabled ex-service people and their spouses capable of independent living, separated or estranged families looking for temporary supported accommodation, the homeless and many more.

Telephone: 0207 463 9398

Website: www.ssafa.org.uk/how-we-help/housing/

SPACES (Single Persons Accommodation Centre for Ex-Services)

The SPACES project, based within the resettlement/welfare complex at Catterick Garrison, North Yorkshire, provides accommodation placements across the country for single personnel being discharged from all three services. SPACES works by identifying servicemen and women who are about to leave – for whatever reason – and have no permanent address to go to.

The project can quickly put them in touch with voluntary organisations, local authority housing officers and housing associations in the area they intend to move to.

Telephone: 01748 872 940 or 01748 830 191

Email: spaces@riverside.org.uk
Website: www.spaces.org.uk

Social housing

All veterans can apply for social housing with any local authority and will receive additional preference due to having served in the forces. Veterans and reservists will receive further priority when seeking housing if they are suffering an injury or disability which is attributable to their service.

Those who have recently ceased or will soon cease to be entitled to reside in Ministry of Defence (MOD) accommodation, following the death of a spouse or civil partner who was serving in the regular forces and whose death was attributable to that service, are also entitled to additional preference.

Veterans no longer need to demonstrate a connection to the local authority area where they wish to live when applying for housing, providing their housing application is made within five years of their service ending. This also applies to reservists injured in the course of duty and those who are leaving MOD accommodation after having lost their spouse.

To find out more about social housing in your area and local housing providers, contact your local authority using the details on page 33.

HOMELESSNESS AND VULNERABILITY

Single servicemen are particularly vulnerable on discharge because they may not have anywhere to go and can become homeless. They might go and stay with relatives or friends but very often this becomes an unsatisfactory arrangement and they can then fall into the cycle of having no job and no house. These difficulties can be compounded if the veteran is returning to an area of high unemployment.

A significant number of formerly homeless ex-service personnel feel that social isolation was one of the main causes of their homelessness. For some, loneliness is a defining feature of everyday life.

In the military population those with mental health problems are more likely to leave the service prematurely and are more at risk of becoming homeless.

Specific vulnerabilities linked to life in the forces may include:

- Those that were derived from childhood or adolescence and carried into adulthood
- Difficulties that originated during service, such as the onset of substance or mental health problems
- Problems in coping with the transition back into civilian life
- Experiences which occurred later after return to civilian life, including relationship difficulties, financial problems and unemployment

You can read more about veterans' mental health issues and the support available on page 24.

Service personnel experiencing homelessness may consider themselves better equipped to endure and are less fearful of the hardships of street life. They may be less inclined to seek or accept help.

These factors, together with their greater propensity to drink heavily, combine to make them more susceptible to sustained or repeat homelessness.

Norcare

Norcare is a north east charity which works to help homeless and vulnerable adults. It has two specialist veterans centres based in Newcastle and Gateshead which provide support to homeless ex-service personnel from across the north east.

Telephone: 0191 261 2228

Email: norcare@norcare-ltd.com

Website: www.norcare.co.uk

Veterans Aid

Veterans Aid is the leading charity for homeless veterans in the UK. It can provide direct and immediate help to vulnerable veterans with hostel accommodation, financial assistance, meal vouchers and clothing, advice and advocacy.

Telephone: 0800 012 6867 (free) or 02078 282 468

Website: www.veterans-aid.net

Other support for homeless veterans

The Directory of support for Veterans in the North East of England provides details of organisations which provide housing support for homelessness and vulnerability.

Website: www.northeastveterans.net/directory.html

7. RESETTLEMENT: EMPLOYMENT, FINANCE AND HOUSING CONTINUED

JOHN'S STORY

John joined the army from school and served for three years, during which time he saw active service in Kosovo. Mental health issues and alcohol misuse began to present themselves during his army service but his desire not to seek help meant that these issues were not dealt with at the time.

He left the army voluntarily and, as a result, his resettlement period was short. John worked in a number of jobs for short periods, during which he increasingly demonstrated the symptoms of post traumatic stress disorder, anxiety, depression and serious alcohol abuse, as well as drug misuse.

Unemployment led to an increase in his alcohol consumption and alcohol related offending, with 52 offences ranging from drunk and disorderly, to theft, breach of probation and arson, when he burnt his flat down. His family relationships had broken down, he was in debt and homeless.

John contacted Combat Stress and was referred to the Progression Pathways Programme at Finchale College (page 36). He received mental health support, housing advice and was helped in the development of a positive work routine and identification of work options that would use his skills and strengths.

He also received support from the North East Council on Addictions (NECA, see page 29) in relation to his alcohol and drug abuse, help from the Royal British Legion with employment and support from the Probation Service. John was introduced to a local employer who offered him future employment once he had resolved his issues and had not re-offended for six months.

This motivation changed John's attitude to his future. He did not re-offend, is managing his mental health issues, has addressed his alcohol and drug misuse and has moved into stable accommodation. John is now in permanent employment.

8. VETERANS' HEALTH: ISSUES AND CONCERNS

The majority of veterans leave the forces with good physical and mental health, however, some can experience illnesses linked to their service. It can be months or years after a person has left the armed forces before symptoms appear for certain conditions, particularly in relation to mental health.

In health services, clinicians will not automatically have any way of knowing that their patient has served in the armed forces, let alone that his or her condition maybe related to their period of service. This can create issues, as knowing about a service background can not only help with finding the most appropriate care but also ensures that an individual doesn't lose out on their entitlement to priority treatment if a condition is linked to their time in the forces.

Veterans may not always wish the circumstances of their leaving the forces to be disclosed, which can make it difficult to provide support. If a veteran was suffering a combat related stress disorder whilst in the service, this may not have been recognised by their superiors and colleagues.

Poor levels of job performance or disciplinary problems attributable to this illness may have resulted in a discharge termed "services no longer required" which may be a source of shame to a previously effective serviceman or woman.

Community agencies may be unaware of the relevance of asking whether an individual presenting for support is a veteran and therefore be less likely to consider the related issues that may exist if they are. Knowing an individual is a veteran can also enable the agency to refer them on to appropriate veterans' charities or support schemes. The questions on page 9 can be useful in finding out more about a person's military background.

This section provides information about some of the mental and physical health issues which veterans can face.

Priority health treatment

Veterans in England (including reservists on operational duties) have priority access to treatment in the NHS for conditions which have been sustained or aggravated in service, unless there is a medical emergency which takes priority. Priority is not given for unrelated conditions.

GPs, when referring a patient who is a veteran to secondary or tertiary care for a condition that, in their clinical opinion, may be related to their armed forces service, should make this clear in the referral (as long as the patient is content that the referral mentions their veteran status). Suggested wording can be found in the leaflet 'Meeting the Healthcare Needs of Veterans - a guide for GPs', which can be downloaded from:

www.rcgp.org.uk/policy/rcgp-policy-areas/~/_media/Files/Policy/A-Z%20policy/Veterans.ashx

There is also an online training package for GPs and primary care staff, Veterans Health in General Practice, which is available in the GP training section at: www.elearning.rcgp.org.uk

8. VETERANS' HEALTH: ISSUES AND CONCERNS CONTINUED

MENTAL HEALTH

One in four people can experience mental health problems in their lives and those who have been in the armed forces are no exception to this. Military veterans are not at increased risk of mental ill health but they may find it difficult to ask for help in civilian life.

Her Majesty's Armed Forces have been highly trained to solve issues head on when faced with difficulty or danger. An integral part of the success of this problem solving approach is about working in teams to survive, complete a project or face the danger.

This level of team ethos and camaraderie means that an individual would have had a number of colleagues around them who could offer peer support, look out for them and help if they were in difficulty. In civilian life some veterans may find it difficult to ask for help from others, such as health professionals, as they would be seeking help from outside of their team.

In some cases, they may not even recognise that they are experiencing difficulties.

Service personnel are exposed to events that others are not and so can be at greater risk of experiencing life threatening incidents. During conflict, service personnel are required to respond rapidly in dangerous situations, to make split second decisions which may save or take a life. When the person is out of danger or out of service, individuals may question themselves about difficult decisions and actions.

Research shows that the main problems that veterans face are common mental health disorders such as anxiety, low mood and problems around adjustment to civilian life. The research also tells us that veterans, especially if they have served in combat, are more likely to misuse alcohol. The incident rate for post traumatic stress disorder (PTSD) among veterans is around 5%.

Veterans' mental health problems can have a major impact on family members and peers, as well as creating difficulties for the individual.

Those veterans who suffer from mental health problems can often delay seeking help for many years after they have returned home from active service.

They may become socially isolated and therefore harder for services to reach. If they do decide to seek help, they may find navigating civilian health and support services difficult due to the differences between these services and the support available in the military.

Veterans who experience mental health problems may also be facing other issues such as problems with housing and finances.

Common mental health issues

When people think of veterans' mental health, post traumatic stress disorder (PTSD) is often the first thing that comes to mind and what is most reported in the media.

However, it is the more common mental health issues like anxiety and low mood that veterans are most likely to experience.

Symptoms to look out for include:

- Continuous low mood or sadness
- Feeling irritable
- Having no motivation
- Sleep difficulties
- Loss of appetite
- Feeling anxious or worried
- Having suicidal thoughts
- Distressing memories and/or nightmares

CHRIS'S STORY

Chris joined the army at 15 and served from 1966 until 1978 in the first battalion, Green Howards, as a radio operator and then later as a regimental signals instructor (RSI). He served all over the world including Northern Ireland, Germany, Cyprus and Canada. Chris lost a number of friends whilst serving in Northern Ireland and he began experiencing symptoms of PTSD in 1971. At the time, he didn't know anything about PTSD or what his symptoms meant.

Chris began to use alcohol to cope with his symptoms, which included flashbacks and anger issues. This had a big impact on his first marriage and Chris 'bought himself out' of the army due to the difficult circumstances of his divorce. Despite some of the traumatic things which he had experienced, Chris really enjoyed his job in the army and was unhappy to leave.

Chris returned to his hometown, Darlington, where he found work as a bus driver initially before going on to set up his own business selling mobile phones. He continued to work up until 2001, when he gave up his business due to financial issues and problems with his physical health. Chris married again, but his symptoms and alcohol use also affected his relationship with his second wife.

It wasn't until 2004 that Chris's PTSD was diagnosed. "I went to see a nurse about tinnitus and she asked if I had any anxiety issues because that can sometimes cause it. I told her about my flashbacks and she suggested I see my doctor who diagnosed me with PTSD. I wish I'd known more about PTSD and who to contact for help, as then I might have been diagnosed much sooner. My ex-wife agrees that having known about my illness earlier could have saved our marriage."

Chris received a prescription to help with his PTSD and contacted Combat Stress for further support after seeing an advert in the newspaper. Unfortunately, Chris faced stigma after his diagnosis and found that a number of his friends began to shun him after he told them about his PTSD. This led to him feeling socially isolated. Fortunately he remains close friends with his second wife.

Chris still struggles with his symptoms, but he has received counselling which has helped with his anger management issues and he no longer drinks. Chris has also begun speaking at veterans awareness training courses for NHS staff to help make people aware of PTSD. He is also working with medical students to help them understand how to diagnose PTSD.

8. VETERANS' HEALTH: ISSUES AND CONCERNS CONTINUED

If the symptoms are left untreated, in a small number of cases the consequences can be tragic.

Research has shown that the overall suicide risk for veterans is no greater than it is for the general population. However, the suicide risk for veterans under 24 years old is nearly three times that of the general population, with those of lower ranks proving most vulnerable.⁹ It is not possible to say whether this relates to traumatic or other military related events or pre-enlistment vulnerabilities and experiences.

Post traumatic stress disorder (PTSD)

PTSD is an anxiety disorder caused by very stressful, frightening or distressing events. The incident rates of PTSD for those who have served in combat is 5%, however, the numbers of those exposed to combat has increased since 2011, therefore the volume of veterans with PTSD has also increased. Reservists who have served in combat are at slightly greater risk of experiencing PTSD than those in the regular forces.

It is quite normal for some people to experience flashbacks and stress immediately after a traumatic event. If symptoms persist months after the disturbing event, then they may be experiencing PTSD. Veterans with PTSD will often relive traumatic events through nightmares and flashbacks and they may

experience feelings of isolation, irritability and guilt. They may also have problems sleeping.

Mental health impact

Those experiencing mental health problems may find that there are problems in other areas of their lives. Symptoms of mental illness may prevent people from functioning properly and can make activities of daily living difficult. It can also interfere with relationships and cause disharmony and breakdown of marriages and friendships.

Encouraging veterans with mental ill health issues to accept support can be a significant challenge. Many perceive that they will be misunderstood by civilian health professionals and society. They might then withdraw and suffer in silence. Others frequently feel guilt and shame which leads them to feel unworthy or undeserving of help.

Veterans' barriers to seeking help

In the armed forces there are a number of factors that may contribute to a person's resistance to seeking help for mental health problems.

These factors include concerns about how a serving member will be perceived by the chain of command, including peers and subordinates. In the individual's own mind, those with mental health problems may be associated with weakness and failure, rendering them as an undependable liability.

Talking to a military medical officer (military GP) about such problems may not be an option for fear of being medically downgraded, discharged or scorned by comrades.

Concerns about stigma may therefore prevent those most in need of help seeking support during service. This stigma of mental illness may also be the reason why they are reluctant to seek assistance after leaving.

As they are used to being part of a tight knit team, seeking help from "outside" of the team may be difficult for them.

They are also trained to face dangers and difficulties head on, so they may have the attitude to "just get on with things" and not realise they have an issue.

Reservists' mental health

Reservists who are demobilised after operations may find readjustment difficult which may impact on them and their families. They are returning to civilian life and are surrounded by a peer group who have not shared their operational experiences; this can increase feelings of social isolation.

Research has shown that reservists can be most at risk of combat related psychological injury.

HELP AND SUPPORT - MENTAL HEALTH

Veterans' Wellbeing Assessment and Liaison Service (VWALS)

The Veterans' Wellbeing Assessment and Liaison Service (VWALS) provides a single point of access for north east veterans and reservists who need mental health support.

To use VWALS, veterans simply need to contact the service directly by phone or email. An outreach worker from the service will then visit the veteran in their own home to carry out an assessment to determine which local NHS services, social care organisations and charities are best placed to provide the help they need. VWALS will then work closely with the services which are helping each veteran to ensure that they receive the best possible care and support.

VWALS is available to anyone who has served in the armed forces (regular or reserve), for any length of time. The service is provided by the region's two mental health trusts Northumberland, Tyne and Wear NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust in partnership with the charities Combat Stress and the Royal British Legion.

Telephone: 0191 441 5974
Email: vwals@nhs.net

Veterans' wellbeing groups

Veterans' wellbeing groups provide veterans in the north east with a 12 week programme to help them with mental health issues as well as supporting them to adjust to civilian life. They are provided by the two mental health trusts in the region, Northumberland, Tyne and Wear NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust.

The groups bring together veterans facing similar problems and are led by clinicians who are veterans or who have received training in military culture and veteran issues.

Groups in Northumberland, Tyne and Wear

Telephone: 0191 478 8700
Email: veterans@ntw.nhs.uk

Groups in Teesside, County Durham and North Yorkshire

Telephone: 01388 646 831
Email: veterans.veterans@nhs.net
Website: www.tewv.nhs.uk/veterans

Community veterans' mental health service

The community veterans' mental health service is provided by Tees, Esk and Wear Valleys NHS Foundation Trust and is available to veterans living in Teesside, County Durham and North Yorkshire.

Telephone: 01388 646 800
Email: veterans.veterans@nhs.net
Website: www.tewv.nhs.uk/veterans

Veterans and Reserves Mental Health Programme (VRMPH)

The Veterans and Reserves Mental Health Programme (formerly the Medical Assessment Programme / Reservist Mental Health Programme) provides mental health assessments for veterans and reservists who have concerns about their mental health as a result of their service. The programme is based in Chilwell, Nottingham, and has close links with the department of community mental health based there.

The service offers a full mental health assessment by a consultant psychiatrist with accompanying guidance on care and treatment for the veteran's local clinical team. Referrals to the VRMHP are usually made by the individual's GP, however, self referrals are also accepted.

Freephone helpline: 0800 032 6258
Email: aphcsedcmhchl-vmhp@mod.uk
Website: www.veterans-uk.info/map/faq.html

8. VETERANS' HEALTH: ISSUES AND CONCERNS CONTINUED

Improving Access to Psychological Therapies (IAPT)

The Improving Access to Psychological Therapies (IAPT) programme aims to improve access to evidence based talking therapies in the NHS for people suffering from anxiety and depression disorders.

GPs will be able to offer further information and advice about accessing local IAPT services in your area. Alternatively, you can find out about local services at: www.justastep.co.uk

An IAPT special interest group has produced a positive practice guide for working with veterans which can be downloaded from the IAPT website: www.iapt.nhs.uk/silo/files/veterans-positive-practice-guide.pdf

Big White Wall

Big White Wall is an online early intervention service for people experiencing emotional distress. It offers free anonymous support 24 hours a day, seven days a week, for serving personnel, veterans and their families. The service combines social networking principles with a choice of clinically informed interventions to improve self management of mental wellbeing. Website: www.bigwhitewall.com

Combat Stress

Combat Stress looks after veterans, their families and reservists with a wide range of mental health issues. They offer a range of services including:

- 24 hour helpline
- Community outreach teams
- Territorial Army and reserve forces liaison
- Short stay treatment programmes
- Six week PTSD treatment programme
- Wellbeing and rehabilitation programme

Combat Stress helpline:

0800 138 1619

General enquiries: 01372 587 000

Website: www.combatstress.org.uk

Veterans Awareness Training Programme

Northumberland, Tyne and Wear NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust are working together to deliver a 12 month training programme on awareness of veterans' health issues across the north east. The training is aimed at health partners including GPs, their practice staff, acute trust hospital staff, A&E staff, paramedics as well as those working in substance misuse services and mental health services.

The training will also be open to other partners, such as local authorities and the third sector, who work with veterans.

For further information contact: Symon Day

Telephone: 01388 646 831

Email: symon.day@nhs.net

Anna Burke

Email: anna.burke@ntw.nhs.uk

ALCOHOL AND DRUG MISUSE

Alcohol plays a large part in the social life associated with the military and is often easily available to those in the armed forces. As a result, some armed forces personnel can develop issues with alcohol misuse.

Many are unaware of the levels of drinking that will take them into the harmful/hazardous category of drinkers and, as such, may not consider themselves as having a problem.

Research is consistently showing that the biggest health issue facing members of the armed forces who have been deployed in combat is the misuse of alcohol, as well as common mental health problems.¹⁰

This may be a method of coping with distressing thoughts and feelings. Also, for those who have been diagnosed with PTSD, around 35% are thought to have an alcohol misuse problem. Alcohol misuse, although often used as a form of self medication, will make symptoms worse and consequently more difficult to address in terms of interventions.

The charity Combat Stress identifies alcohol misuse as more typical than illicit drug misuse amongst veterans, although younger veterans are more likely to have turned to both alcohol and illicit drugs while older veterans predominantly turn to alcohol alone.¹¹

HELP AND SUPPORT—ALCOHOL AND DRUG MISUSE

Veterans Wellbeing Assessment and Liaison Service (VWALS)

The Veterans' Wellbeing Assessment and Liaison Service (VWALS) can provide an assessment to veterans suffering from alcohol misuse issues in their own home to ensure they get the support they need.

Some substance misuse services are abstinence only, whilst others focus on harm reduction. A VWALS assessment can ensure the individual is referred to the most appropriate service.

Telephone: 0191 441 5974

Email: vwals@nhs.net

North East Council on Addictions (NECA)

The North East Council on Addictions (NECA) is a charity which provides support and help to those suffering from substance misuse issues.

Telephone: 0191 414 6446

Email: info@neca.co.uk

Website: www.neca.co.uk

Other substance misuse services

The Directory of support for Veterans in the North East of England provides details of organisations providing support for those with alcohol and drug misuse issues.

Website:

www.northeastveterans.net/directory.html

10. Fear NT et al, Patterns of drinking in the UK Armed Forces, Kings College, London, 2007

11. Hill, D.M. & Busuttill, W., Dual Diagnosis in service Veterans with Post-Traumatic Stress Disorder and Co-Existing Substance Misuse., Advances in Dual Diagnosis, vol. 1, no. 1, pp. 33-36, 2008

8. VETERANS' HEALTH: ISSUES AND CONCERNS CONTINUED

PHYSICAL HEALTH

Veterans can experience physical health issues linked to their service, such as combat related injuries and back problems from carrying heavy equipment.

Seriously injured casualties of combat are generally given initial treatment and stabilised by medical personnel in the theatre of war, then returned to the UK when appropriate. Advances in emergency medicine mean that people with life threatening injuries are now surviving wounds which would have proved fatal in the past. There are an increasing number of veterans with life changing injuries, such as those who have lost a limb, who will require care and support for the rest of their lives.

A national veterans prosthetic panel has been established to support veteran amputees to access the additional funds provided by the government in response to the Murrison report A Better Deal for Military Amputees.¹² The panel meets on a monthly basis.

Applications to the veterans prosthetics panel should be made via the veteran's local disablement service centre (DSC). A full list of disablement service centres is available at:

Website:

www.focusondisability.org.uk/disablement-service-centres.html

Veterans who have difficulty contacting their DSC should contact their GP for support.

Other health concerns commonly faced by veterans can include ear, nose and throat (ENT) problems, orthopaedic problems (from carrying heavy kit etc), sleep disorders and chronic pain problems. It is important that veterans are encouraged to see their GP for these and that they mention that their physical health problems may be a result of their service within the armed forces.

An online training package for GP and primary care staff, Veterans Health in General Practice, is available in the GP Training section at: www.elearning.rcgp.org.uk/

HELP AND SUPPORT – PHYSICAL HEALTH

British Limbless Ex Service Men's Association (BLESMA)

BLESMA is the national charity for limbless serving and ex-servicemen and women and their dependents and widows. They provide rehabilitation and support to veterans who have lost limbs or their sight as a result of their service.

Telephone: 0208 590 1124

Email: headquarters@blesma.org

Website: www.blesma.org

Defence Medical Rehabilitation Centre (DMRC) - Headley Court

The DMRC is a rehabilitation centre for members of the British armed forces who are undergoing recovery from injury or illness. Treatment of amputees and polytrauma patients are now a major part of the DMRC contribution to military healthcare.

Telephone: 01372 378 271

Website:

www.headleysurrey.org.uk/hc.htm

Royal Centre for Defence Medicine (RCDM)

The Royal Centre for Defence Medicine (RCDM) provides medical support to military operational deployments. It also provides secondary and specialist care for members of the armed forces.

The RCDM is based at the Queen Elizabeth Hospital Birmingham, with defence personnel fully integrated with NHS staff to treat both military and civilian patients.

Website:

www.uhb.nhs.uk/rcdm.htm

SUE'S STORY

Sue joined the army at the age of 16 and served as a chef for six years, seeing service in Iraq during that time. She abused alcohol during her service and received a medical discharge after being injured in Iraq. Sue has since been diagnosed with post traumatic stress disorder.

Her family and other civilian social networks had broken down during her army service so that when Sue was discharged she had no support and didn't know where to get help. She found it a struggle to come to terms with civilian life and relied on alcohol, together with an increasing drug habit to help her through her difficulties.

Sue could not find work and her loss of temporary accommodation led to homelessness, during which time she became pregnant and had her child whilst living on the streets. As she commented herself, 'I was in the gutter and couldn't seem to get out of it.'

Sue was referred to the Royal British Legion who referred her to the Progression Pathways Programme at Finchale College, Durham (see page 36).

It took three months to persuade her to join the programme, but once she had committed herself her progress was rapid. Sue received mental health support, help to build her confidence, stable accommodation and vocational counselling.

Support was also provided by the North East Council on Addictions (NECA), Combat Stress, the Royal British Legion, Soldiers, Sailors, Airmen and Families Association (SSAFA), the police, the Probation Service and social services.

Sue is now living independently with her child and has commenced a training course that will lead to employment in the catering sector.

9. VETERANS' FAMILIES AND RELATIONSHIPS

When intense relationships with comrades are broken as a result of service ending, the ex-service person may feel alienated from those who have not shared a similar experience. This can make it difficult for veterans to establish relationships with non-veterans after discharge and may explain why veterans tend not to discuss their experiences with their families.

Family members may have no idea what to expect upon the return of loved ones from active service. For many, fear of the unknown maybe uncomfortable and stressful. Military life (and its cessation) can include a number of factors that may lead to marital problems, such as:

- The disruption of the life cycle which military service brings (in terms of family, education, and career)
- Frequent moves
- Long periods of separation
- The psychological impact of combat

Leaving the armed forces requires adjustment not only on the part of the veteran but also on the part of their spouse/partner. They will have built up support networks whilst within the military community and these can be hard to maintain once their spouse/partner has left the service.

During service, military life encourages families to support one another by building a network of families who will be sharing similar experiences.

For most serving personnel and families, it is easy to make friends within the military community. This network will have been vital in providing support throughout good times and bad.

Many veterans encounter relationship difficulties and marriage breakdowns on leaving the forces. Relationship breakdowns can create complications due to challenges in finding housing, access to children and the isolation this can create for someone already struggling to adjust to civilian life. Several studies have found that the most common reason for veterans becoming homeless is relationship breakdown.¹³

In cases in which younger people are deployed parents can be adversely affected by the experience of their children being in military service. Anxiety about their safety, lack of contact for periods of time and readjusting as a family when their offspring return home can all create difficulties for families.

Support for veterans' families

There are a number of organisations that provide support to veteran's families. Some examples are included below:

Army Families Federation (AFF)
www.aff.org.uk

Naval Families Federation (NFF)
www.nff.org.uk

Royal Air Force Families Federation
www.raf-families-federation.org.uk

Relate

Relate offers advice, relationship counselling, sex therapy, workshops, mediation, consultations and support face-to-face, by phone and through its website: www.relate.org.uk

Find your nearest Relate office at:
www.relate.org.uk/find-your-nearest-service/index.html

10. SUPPORT FROM LOCAL AUTHORITIES

Local authorities in the north east provide a wide range of support and advice for veterans and the wider community. For example, they can offer help with employment, housing, benefits and homelessness.

All 12 north east local authorities have signed the regional North East Armed Forces Community Charter to demonstrate their commitment to supporting veterans and the armed forces community. You can read a copy of the regional charter by following the link below:

www.northeastcouncils.gov.uk/downloadaddoc.asp?id=540

They have also signed local Armed Forces Community Covenants which set out their local plans to support the armed forces community.

Each local authority has appointed councillors as armed forces champions. These champions work with partners both locally and regionally to help drive forward improvements in services offered to veterans and are supported by nominated officers.

Many areas also now have a local armed forces network to address veterans' issues in their locality.

You can contact your local authority to find out more about the work taking place in each area or to access support using the details below.

DARLINGTON BOROUGH COUNCIL

General enquiries: 01325 380 651
Website: www.darlington.gov.uk/Generic/veterans.htm

Armed forces champion

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Armed forces network

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General enquiries: 03000 260 000
Website: www.durham.gov.uk

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GATESHEAD COUNCIL

General enquiries: 0191 433 3000
Armed forces community support line: 0191 433 4545
Email: customerservices@gateshead.gov.uk
Website: www.gateshead.gov.uk/ArmedForces

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HARTLEPOOL BOROUGH COUNCIL

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Email: customer.service@hartlepool.gov.uk
Website: www.hartlepool.gov.uk

Armed forces champion

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10. SUPPORT FROM LOCAL AUTHORITIES CONTINUED

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MIDDLESBROUGH COUNCIL

General enquiries: 01642 245 432
Email: contactcentre@
middlesbrough.gov.uk
Website:
www.middlesbrough.gov.uk/
index.aspx?articleid=3453

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NEWCASTLE CITY COUNCIL

General enquiries: 0191 278 7878
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NORTH TYNESIDE COUNCIL

General enquiries: 0345 200 0101
Armed forces line: 0345 200 0101
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www.northtyneside.gov.uk/
browse.shtml?p_subjectCategory=
1510

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**REDCAR AND CLEVELAND
BOROUGH COUNCIL**

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SOUTH TYNESIDE COUNCIL

General enquiries: 0191 427 7000
Website: www.southtyneside.info/article/16325/armed-forces-support-in-south-tyneside

Armed forces champions

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Armed forces network

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**STOCKTON ON TEES
BOROUGH COUNCIL**

General enquiries: 01642 393 939
Armed forces and ex-service
personnel helpline: 01642 528 334
Email: customercomments@stockton.gov.uk
Website: www.stockton.gov.uk/help/helpforexservice/

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Armed forces network (Tees Valley)

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SUNDERLAND CITY COUNCIL

General enquiries: 0191 520 5555
Email: enquiries@sunderland.gov.uk
Website: www.sunderland.gov.uk

Armed forces champion

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11. VETERANS SUPPORT AGENCIES

Each section of this booklet has included the contact details of support agencies that are able to help veterans with the issues being discussed. This section adds to this by including details of regional organisations, regimental associations and key national organisations that are able to provide additional support to veterans.

REGIONAL SUPPORT

Directory of support for Veterans in the North East of England

The Directory of support for Veterans in the North East of England provides details of support services available to veterans and their families in the north east. It is regularly reviewed and updated with new services.

Website: www.northeastveterans.net/directory.html

Finchale Training College

Finchale is a specialist provider with a wide range of services for veterans who are in civilian life or those who are making the transition from the forces. These include:

- Vocational training leading to employment

- A Progression Pathways programme for veterans struggling to adjust to civilian life that supports them into employment or further/higher education and training
- Support and mentoring for early service leavers from County Durham to help them achieve a successful transition to civilian life
- Support and mentoring for reservists from County Durham
- A health trainer service for the armed forces community in County Durham

Telephone: 0191 386 2634

Website: www.finchalecollege.co.uk

REGIMENTAL ASSOCIATIONS

For many veterans, regimental associations are an important part of their lives. Other veterans may be the only people a veteran can talk to because of the special relationship forged through shared wartime experiences. For older veterans, they are places the veteran can make friends following retirement.

They provide practical help with advice on pensions, financial support and other matters. For many, the companionship afforded through membership of an organisation or club is often the only means of social contact that they experience.

You can find a list of regimental associations by following the web link below:

www.cobseo.org.uk/member-organisations/regimental-associations/

NATIONAL SUPPORT AGENCIES

The Citizens Advice Bureau (CAB)

The Citizens Advice Bureau (CAB) delivers services from over 3,500 community locations throughout England and Wales, helping people resolve their legal, monetary and other problems by providing advice and information.

The CAB can be accessed locally or online via the Advice Guide website: www.adviceguide.org.uk

Find your local advice centre at: www.citizensadvice.org.uk/

Confederation of British Service and Ex-Service Organisations (COBSEO)

COBSEO is an organisation that exists to work for the interests of the armed forces community in order to:

- Represent and support the needs and opinions of members to all levels of government and other organisations
- Identify, communicate and act on issues of common interest on behalf of members
- Exchange and coordinate information between members
- Act as a single point of contact for external enquiries

Their website includes a list of support agencies, charities and other organisations who provide information and help to veterans.

Website: www.cobseo.org.uk

The National Gulf Veterans and Families Association (NGVFA)

The NGVFA is an independent registered charity supporting those affected by Gulf War 1 and Gulf War 2 (Iraq), the ongoing conflict in Afghanistan and all future desert conflicts. This is a national charity based in Hull.

Telephone: 0845 257 4853

Website: www.ngvfa.org.uk

The Royal British Legion (RBL)

The Royal British Legion is the UK's leading service charity, providing practical care, advice and support to serving members of the armed forces, veterans of all ages and their families. Their services include:

- Financial advice, including temporary crisis funds and loans
- Careers advice
- Short and long term care in RBL homes
- Handy-person service

Telephone: 0845 772 5725

Website: www.britishlegion.org.uk

Soldiers, Sailors, Airmen and Families Association (SSAFA)

SSAFA help and support those who serve in the armed forces, veterans and their families. Support is offered in various forms including a friendly listening and advisory service. The SSAFA helpline is open from 10.30am – 7.30pm, Monday - Friday, including bank holidays.

Telephone: 0800 731 4880

Website: www.ssafa.org.uk

Veterans UK

Veterans UK is part of the Service Personnel and Veterans Agency (SPVA) and the Veterans Welfare Service (VWS) and provides a range of advice and services including:

- Veterans helpline: 0800 169 2277
- Pensions and compensation
- Service records, medals and badges
- Welfare support
- Special support programmes

Website: www.veterans-uk.info

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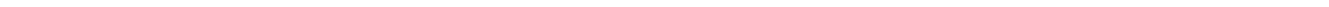
Darren Bickerstaffe, Future Horizons Project, Catterick Garrison

Colonel Arthur Charlton, North of England SaBRE Campaign

Mark Logie, Military Civil Integration, Imphal Barracks, York

Major George Crozier, Ministry of Defence

North east NHS armed forces forum





North of England
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www.nemhdu.org.uk

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