

**The Second Meeting of the Cross Party Group on Mental Health  
24 January 2017, 6pm, James Clerk Maxwell Committee Room 4**

**1. PRESENT**

**MSPs:** Clare Haughey MSP; Maree Todd MSP; Tom Arthur MSP.

Jenna Austin; Susan Donnelly; Oxana Macgregor-Gunn; Jenny Marr; Lindsay Moore; Andrew Muir, Claire Muir; Robin Murphy; Julie Robertson; Adela Stockton; Anna Templeton; Hunter Watson; Tom Wightman; Caroline Allen; Beverly Bergman; Lena Dunn; Adam Edwards; Sharon Fegan; Jennifer Ferguson; Jennifer Gracie; Sharon Higgins; Linda Irvine; Willie Macfadyen; Debbie McKinnon; Frances Rose; Andy Smith; Matthew Tang; Glenda Watt; Christine Wilson; and David Wright.

In attendance: Elena Slodecki (Minutes); and Angela Currie (Minutes).

**2. APOLOGIES**

Apologies for absences were received from: Hilary Robertson; Shaben Begum; Alison Cairns; Cath Logan; Brian Magee; Carolyn Lochhead; Stacey Webster; Alex-Cole Hamilton MSP; Jackie Baillie MSP; Sheila Halliday; Alice Gentle; Steve Mulligan; Sheila Duffy; Barry Gale; Tony McLaren; and Frank Reilly.

**3. MINUTES OF THE MEETING HELD ON 27 SEPTEMBER 2016**

Minutes of the previous meeting held on 27 September 2016 were proposed by Susan Donnelly and seconded by Maree Todd MSP.

**4. MENTAL HEALTH OF VETERANS**

The group heard short presentations from invited guest speakers which was followed by a Q & A session.

*Dr Beverly Bergman, PhD, Honorary Senior Research Fellow in Veterans' Health, University of Glasgow*

Dr Bergman, PhD, discussed the research which culminated in the Scottish Veterans' Health Study. The study provides data on the scale of mental health problems within the veteran community and looked at 57,000 veterans in Scotland. The study followed long-term health – both physical and mental – from the start of Scottish mental health records in 1981 to 2012. Dr Bergman explained there has previously been little understanding of the needs assessment side of veterans' mental health, how many cases there are and how it compares with civilian population.

The study looked at mental illness which resulted in admission to hospital or psychiatric care. Around 5% of veterans had experienced a serious mental health disorder, the most common of which was depression (2.8%), followed by anxiety (2.5%). In terms of depression, those who are worse off than the non-veterans' are the older veterans. However, when looking at those who are 60 and under there is not much difference between veterans' and non-veterans on average. The

peak age for developing a depressive illness for both veterans and non-veterans is between 30 and 40 years of age.

It was found that the longest serving veterans were at reduced risk compared to non-veterans, with middling length of service about same level. Early service leavers are more likely to have mental health problems irrespective of whether they completed their basic training or not. The most likely reason for these mental disorders are things that happened prior to service, or in some cases after service. Dr Bergman highlighted we really need to focus attention on the early service leavers, as the longer your service, the better your long-term mental health. This is in line with the healthy worker effect. The longer you're in employment, the better your long-term health; physical or mental. Dr Bergman went on to explain the needs of those with PTSD is enormous. At any age the risk of having PTSD is much higher if you're a veteran than a non-veteran. Surprisingly, it is similar throughout age groups. It is not until the Iraq and Afghanistan period that we see a large increase in PTSD. Again, it is the early service leavers who are at most risk of PTSD.

The Armed Forces are a lot better now at teaching young recruits how to look after their mental health. Dr Bergman explained there is a hidden burden in this group of problems carried with them when they enter the armed forces and they are being encouraged to seek help for these problems. It was acknowledged that 95% of veterans have not had a serious mental health disorder, and 5% of veterans have had a very serious mental health disorder. Dr Bergman noted that some in this 95% would have experienced mental illness but it would have been managed at a GP level. Those at higher risk of a serious mental health disorder are, again, the older veterans and early service leavers.

To conclude, Dr Bergman acknowledged there has been gradual improvement across the piece at addressing veterans' mental health. Dr Bergman suggested there is a need to look closely at supporting ageing veterans, particularly as they start to decompensate with the mental health problems of old age. There is also a need for better research to understand PTSD. It was also noted that early service leavers are a very high risk group and for this group employment is protective. However, they are more likely to go into unemployment which is bad for mental health. To end, Dr Bergman indicated the hardest thing will be to help the hard to reach veterans.

*Sharon Fegan, Consultant Psychological Therapist, Veterans' First Point Scotland Development Team*

Sharon Fegan presented on both Veterans First Point (V1P) and the cross over between V1P Highland and Poppy Scotland Inverness (on behalf of Sarah Muir and Nina Semple). Sharon highlighted veterans were originally seen as outpatients in the trauma service at the Royal Edinburgh Hospital. Later, V1P Lothian was formed to provide accessibility, coordination and credibility throughout that service. Sharon emphasised the first person a veteran will meet when they walk through a V1P door is a veteran peer support worker. Later, they may meet with a clinical team comprising psychological services and a consultant psychiatrist. V1P is

integrated with the NHS, accessible in the building and work to NHS governance standards, including safe and client-centred care. In 2014, V1P received £2.5M funding from Libor to open regional centres, provide training and support and see where they could go with research and services.

Eight regional centres were opened in total. Each centre reflects local needs, priorities, service landscapes and partnership arrangements, with the same ethos throughout. Centres were opened where most veterans live and close to transport links. V1P are currently evaluating their services through Queen Margaret University. Preliminary data from the evaluation shows that 34% of veterans are self-referred, with most referrals being from the Army, male (92%) and Scottish (79%). The average length of service of those referred is 10 years, ranging from three months to 25 years. Sharon pointed out that 29% of those referred have experienced homelessness, and 81% want paid employment.

In terms of what is next for V1P, Sharon indicated they would like to increase the use of volunteers, raise the use of technology, and work more closely with Ministry of Defence mental health services. V1P are also aiming to raise awareness of what they do and contribute to the evidence base through research and evaluation. To conclude, Sharon pointed out there needs to be awareness that the military footprint in Scotland is changing and we need to be ready to meet that need.

*V1P Highland and Poppy Scotland Inverness (Sharon Fegan on behalf of Nina Semple and Sarah Muir).*

Doors to the Highland service opened on 13 June. Sharon highlighted that collaboration is an ongoing process and the service providers wanted to adapt and share spaces to get it right for veterans in the Highlands. There is cross over between Poppy Scotland Inverness and V1P Highland: a single point of access, signposting, checking service attendance and peer support workers working side-by-side throughout.

Peer Support Workers bring with them the culture of a military family, unique skills, knowledge and experience. They can teach about resilience and organisational skills, with a shoulder-to-shoulder approach. They know where pitfalls exist in the NHS and anticipate barriers for veterans. Sharon noted this is especially important due to the increased challenge of access in Highlands. It was noted that Poppy Scotland and V1P literature are also joined up, and both are looking at smart screen technology and delivery of psychological therapies. V1P Grampian and Highland are also working together to maximise input. To sum up, the culture is one of collaboration not competition.

*Andy Smith, Regional Operations Manager, Combat Stress*

Andy Smith spoke about Combat Stress, the service it provides and the impact on service users. Combat Stress services focus on the 5% of unwell veterans. Combat Stress has been in existence since 1919. The charity is unique in that it existed well before society and the medical world accepted that operations, conflict and going to war could affect a persons' mental health. Combat Stress are now the leading Veterans' Mental Health Charity in the UK. Andy stated that in Scotland

they have seen 355 new referrals in the last 12 months, via NHS, GPs, partners or concerned individuals. Combat Stress are accessible 24-hours a day through a national helpline and provide evidence-based, recovery-focused interventions. Combat Stress have specialist treatment centres, with 90 residential beds across the UK. Twenty-four of these beds are in Hollybush House, Ayr. Up to 620 veterans will transition through Hollybush house each year.

Andy indicated that demand for services has risen gradually year-on-year, with a lot of veterans coming forward for help. Demand on services is the highest it has ever been. Combat Stress believe that is because of reduction in stigma, better education about mental and physical health, as well as being told where to get help and encouragement to get help. Most veterans seen by Combat Stress are ex-army, lower ranks and male. Andy noted the average time from leaving service to seeking help has decreased which is positive. Those who served in Northern Ireland make up the biggest population of veterans seen by Combat Stress. It was acknowledged that a significant proportion of veterans have been traumatised prior to joining the forces.

Half of the people seen by combat stress are employed, the other half are unemployed. The average age of veterans is 43 which is why Combat Stress employ Occupational therapists to try and improve the return to work rate. The mental health profile of new referrals shows that 79% meet the clinical markers of PTSD, and 88% of depression. Younger veterans leaving the forces are more likely to engage in illegal substance misuse, as opposed to alcohol misuse. Andy pointed out that 52% of veterans have a history of childhood trauma and may already have some mental health problems that, if not managed, present later in life. Combat Stress also run several residential programmes specifically for PTSD. This is for the most unwell proportion of those affected by mental disorders who require residential treatment. Several shorter-term courses are run by Combat Stress, including anger management, substance misuse and stabilisation courses.

The absence of Scott Hale was acknowledged. Scott Hale is a veteran who was going to tell his story of recovery through a Combat Stress PTSD Intensive Treatment Programme (ITP). Outcomes of ITPs run by Combat Stress in the UK are excellent in comparison with other countries. Andy argued it is the best PTSD intensive treatment programme in the world, which has come about through support from the Scottish Government, NHS, charity sector, people who donate, and volunteers.

#### Q&A

Tom Wightman from Autism Rights asked about immunisation and the cocktail of medical drugs that servicemen and women get prior to deployment and whether this had any effect on mental disorders. Dr Bergman answered that not that she is aware, as these drugs were standard immunisations. Drugs to prevent against nerve agents were also standard and there is no evidence to link to mental illness. It is more likely that an increase in mentally ill veterans is a 'clinical iceberg' of people who have come forward for treatment, and those who haven't come forward for treatment but are still ill. Tom furthered his question by asking about

use of drugs in combination affecting the immune system, gut and brain. Dr Bergman stated that apart from vaccines there were no drugs being used which affected the immune system.

Claire Muir from Psychiatric Rights Scotland stated it was pinpointed that mental health problems are coming from bullying and childhood abuse, however, there is a fallacy that a chemical imbalance can be fixed with drugs. Claire stated no speakers have mentioned drugs and asked whether they agree that chemical imbalances of the brain are fallacy and people cannot be forced to take drugs. Sharon Fegan responded that the first person a veteran will meet is a peer support worker who is not a clinician. If the person needs support they will be referred to talking therapy, then onto a psychiatrist if they so choose. Sharon noted that V1P does not generally see patients who are so unwell they require use of the Mental Health Act. Claire intimated that if they do not need to use the Mental Health Act or drugs then those people must not be that unwell. Dr Bergman outlined that forced treatment would only be invoked if someone has a condition which meets the criteria of the Mental Health Act and the vast majority of veterans do not fall into that category.

Adam Edwards, Veteran, Coming Home Centre, asked whether the speakers knew of research in the UK which is considering traumatic brain injury and the effect of blast injuries on PTSD. Andy Smith responded that Combat Stress is looking at this and noted there is not a lot of research in the UK. Dr Bergman noted that Dr Willie Stewart from Glasgow University is working with Daniel Pearl from the US. Daniel Pearl has done some work on diagnoses of PTSD in veterans and mild traumatic brain injury (MTBI) in sportsmen, and whether one is more likely than the other. Dr Bergman noted it is not impossible that there is a diagnostic bias towards PTSD in veterans or MTBI in sportsmen.

Glenda Watt from the Scottish Older Peoples Assembly asked Sharon Fegan about the experience and voice of those who have been in receipt of V1Ps service – what do they say about it? Sharon Fegan responded that word of mouth is big in the veterans' area and that experience and feedback of veterans is the kind of thing they will be looking at in their evaluation.

Willie Macfadyen from Hayfield Limited noted people who have been in combat may have problems with their hearing following incidents. Willie questioned whether there is any evidence speakers were aware of about links between PTSD and physical injuries. Willie noted people who lose hearing have a much higher rate of mental illness than the general population and asked whether it was something speakers were aware of and take account of. Sharon Fegan answered that Help for Hearing came to V1P to look at how they could work in partnership. Sharon noted there is funding in Westminster – around £12M to assist people with hearing loss – but they don't always know how to access it. V1P refer hearing impaired veterans to other services. Debbie McKinnon from Help for Heroes noted that Action on Hearing and Sense both refer on for veterans with hearing loss and for deaf-blind veterans. Debbie stated there is an awareness of the issues that veterans with hearing loss face. Willie stated he would be happy to look at working

on actions with the group or individuals. Sharon Higgins from Poppy Scotland noted the Royal British Legion Group have ownership of hearing funds and individuals are able to apply directly to them for funds.

Clare Haughey MSP asked how important speakers think it is to have veterans supported by other veterans. Andy Smith stated that operational stress and social support research from the US government being looked at by Combat Stress. They have proved how effective shared experience can be as it is low cost and high impact. Sharon Fegan noted V1P couldn't run their service without their veterans. There is always a commonality between peer support workers and veterans. Peer support workers help clinicians. V1P have access to military records and a peer support worker will explain the impact of notes in the records, so that the veteran coming in for help doesn't have to spend the session telling the clinician what they need to know to understand where they are coming from. Debbie McKinnon from Help for Heroes noted the impact mental health injuries can have on the family and family dynamic. Help for Heroes have a fellowship which involves men, women and children and are very aware of the impact on relationships when someone is transitioning out of the forces. Debbie also noted Help for Heroes provide a mental health first aid course for spouses of veterans who suffer mental health issues.

Susan Donnelly from the Care Inspectorate opened an invitation to all attendees to contact the Care Inspectorate if they can do anything to assist improving understanding of veterans' mental health. Susan also noted this would be her last CPG. Susan stated since veterans' mental health first came to the table Scotland has come a long way and the evidence heard tonight is very encouraging.

## **5. DATE AND TIME OF NEXT MEETING**

There is no date for next mental health CPG but the secretariat will liaise with the co-convenors to organise and circulate the date and time for the next meeting.

## **6. OTHER BUSINESS**

An invitation was extended to attendees to join the next CPG on Rural Policy which is to be themed on rural mental health. The secretariat will circulate the date to CPG attendees and members.

### ***Addendum***

The next meeting of the CPG on Mental Health will be a joint meeting with the CPG on Older People, Age and Ageing. The meeting will take place in CR6 on Wednesday, 26 April 2017 from 5.30pm – 7.30pm.