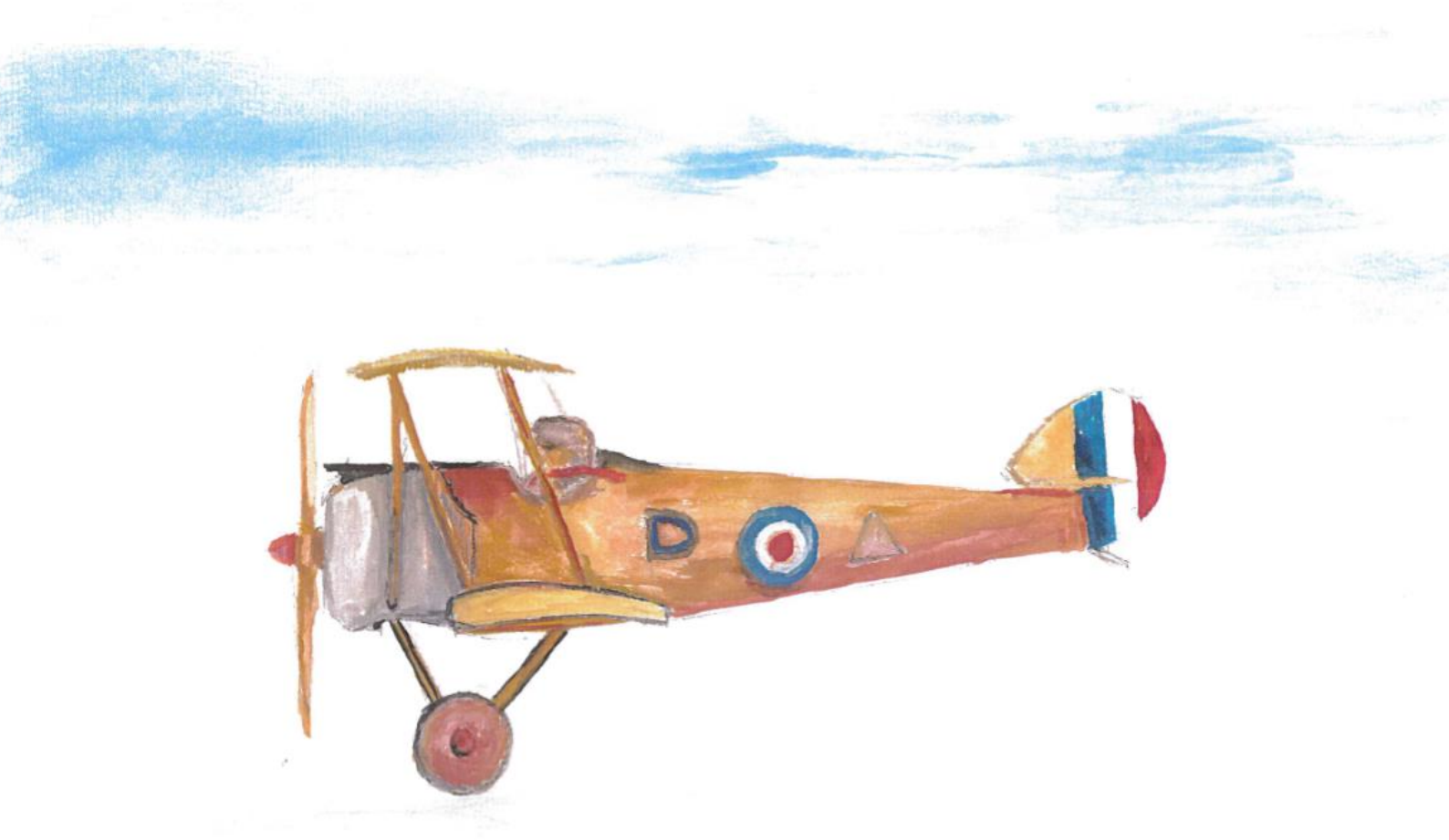
contact
Collaborating for Military Mental Health

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

VETERANS
QUALITY NETWORK FOR VETERANS MENTAL HEALTH SERVICES

Quality Network for Veterans Mental Health Services



AGGREGATED REPORT

Cycle 2 (2021-2022)

Editors: Melina Charalambous and Jemini Jethwa

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The Quality Network for Veterans Mental Health Services (QNVMHS) gratefully acknowledges the Contact Group. The network has been set up in collaboration with the Contact Group and we are grateful for their continued support in the development and growth of the network and promoting quality improvement for veterans' mental health services.

Further acknowledgements are provided to:

- NHS England for providing funding for all 10 participant teams in the pilot year, as well as partial membership fee subsidies for the 10 pilot teams and an additional 10 teams in this second annual cycle.
- The Veterans' Foundation for providing additional funding to assist two small charities with their membership fees in this second cycle.
- Members of the QNVMHS Advisory Group.
- All staff working in member services of QNVMHS who organised and hosted a peer review.
- Individuals who attended peer reviews as part of a peer review team to offer best practice recommendations and share learning.
- Veterans and their families/carers for offering their time to feedback as part of peer reviews.

Artwork displayed on the front cover of this report:

WW1 Plane
By Steve Cox, entrant of the Memory Services National Accreditation Programme Artwork Competition

FOREWORD

I feel very privileged to be asked to write the foreword to this report. This is the second year now that the Advisory Group of the Quality Network for Veterans Mental Health Services has been operating with the CONTACT Group. We have increased our membership substantially. There has been pleasing coherent collaborative working with all member organisations, which provide Veteran Mental Health Services across the United Kingdom. This has included the Third Sector as well as the National Health Services from all the devolved governments.

Standards have been tested through self and peer review, through an annual cycle resulting in a service level report from the Royal College of Psychiatrists to each service provider. An Annual Forum held in July has helped services to understand each other's contribution and role and improved collaboration.

The standards we have set have been tried and tested and we intend to modify and improve them from lessons learnt, next year. The intention is to improve clinical governance and hence the quality of services delivered. We will be tracking within improved standards: performance data including, numbers of veterans accessing services, clinical outcomes both functional and symptomatic, waiting times from initial contact to treatment engagement, delivery, completion, and drop-outs; and the evidence base of the interventions used.

We have encouraged all the services to involve veteran service users not only in service planning but also in their own care planning.

We will be looking to further the collaborative spirit we have fostered across the clinical services, and we hope to expand the network.

This last year has been a milestone for the Quality Network for Veterans Mental Health Services of the Royal College of Psychiatrists which has been working with the CONTACT Group. There has been an increased shared understanding of what is expected by the Standards. This has improved all clinical services to benefit veterans and their families.

The Advisory Group has started to operate a process of Accreditation of the various services. An Accreditation Group is to be formed next year which will focus on the accreditation of clinical services.

The Advisory Group will continue to set standards, advise the various organisations and clinical services and evaluate quality standards. I hope you enjoy reading this report.

Professor Walter Busuttil, Consultant Psychiatrist, Director of Research and Training Combat Stress, Visiting Professor to the Institute of Psychiatry, Psychology and Neurosciences, Kings Centre for Military Health Research

WHO WE ARE AND WHAT WE DO

Who we are

The Quality Network for Veterans Mental Health Services (QNVMHS) was established in collaboration with the Contact Group in 2020 to promote quality improvement within and between veterans' mental health services. It is one of 28 quality networks, accreditation and audit programmes organised by the Royal College of Psychiatrists' Centre for Quality Improvement.

What we do

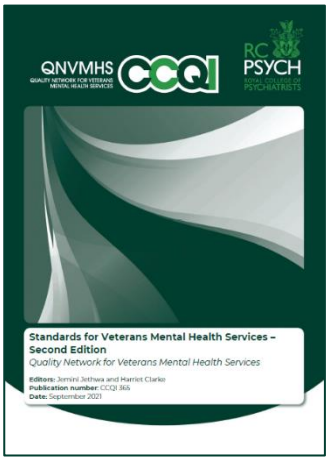
We adopt a multi-disciplinary approach to quality improvement in veterans' mental health services.

Our comprehensive peer review process allows for a two-fold outcome. Firstly, through a culture of openness and enquiry we serve to identify areas for improvement. Secondly, through discussions led by staff members, veterans and their families/carers, we highlight areas of achievement. Overall, the model is one of mutual support and learning rather than inspection.

Another key component of the quality network is the facilitation and sharing of ideas and best practice across different members. This is accomplished through peer reviews, various webinars, and our Annual Forum held at the end of each peer review cycle.

Our Standards

We published our 2nd Edition of Standards for Veterans Mental Health Services in September 2021.



A consultation was held with key stakeholders and member organisations that took part in the pilot year (2020 – 2021). The aim was to assess the appropriateness of the standards and identify any areas that needed improvements. The standards can be found on our website.

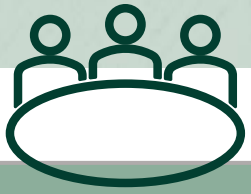
Our Advisory Group

The Quality Network is governed by a multi-disciplinary group of professionals who represent key interests and areas of expertise in the field of veteran mental health, as well as a veteran representative who has lived experience of accessing these services. A list of Advisory Group members can be found in Appendix 2.

MEMBERSHIP BENEFITS

Review and network with other veterans' mental health services

Receive a detailed service report and a national aggregated annual report



Benchmark your practices with other similar services and share ideas in line with good practice

Involvement in the development of nationally agreed standards for veterans' mental health services

Free attendance at QNVMHS online events and training

THE REVIEW PROCESS

Annual Review Cycle

The peer review process consists of **two phases**:

- The completion of a **self-review** assessment
- The external **peer review** day

Self-Review

Services complete a workbook which includes a self-rated score and comment against each standard and any accompanying evidence. Questionnaires are distributed to staff, veterans, and carers.

The self-review process is an opportunity for services to score themselves and provide commentary against each of the standards for veterans' mental health services. Services are able to identify whether they have met or not met specific standards and understand their own challenges and achievements.

Peer Review

A visiting multi-disciplinary peer review team meets with those working in and accessing the service (including veterans and family members/carers) to validate the information provided at the self-review stage. A tour of the service environment (if applicable) is completed. The service receives feedback on the preliminary findings at the end of the review, drawing on achievements and areas for improvement.

The peer-review process allows for greater discussion on aspects of the service and provides an opportunity to learn from each other in a way that might not be possible in a visit by an inspectorate.

Service Level Report

The data that is collected from the peer review is recorded in a service level report, which summarises the areas of good practice and areas in need of improvement.
The reports are comprehensive and provide a clear overview of how services have performed overall against the standards for veterans' mental health services. If standards are not met, the report contains recommendations for services as to how they can work on these areas.

If services are undertaking accreditation reviews, they are then given one month to make any changes and provide further evidence before being presented to the *Accreditation Committee (AC)* for consideration.

Accreditation

Using service level reports and any further evidence provided, the AC will provide the service with one of three outcomes:

1. Accredited
2. Deferred
3. Not Accredited

The AC can defer services up to three times. As a result, services have multiple opportunities to make changes and collect further evidence for the AC. Throughout the process, the network provides teams with time, support, and guidance to help services reach accreditation.

Annual Forum

At the end of each review cycle, our Annual Forum is held for members and those interested in the Quality Network. It focuses on the themes and trends from the review cycle with presentations on specific areas relevant to veteran mental health.

Last year's forum included presentations on promoting diversity and inclusion, developing a mental health and wellbeing action plan, creating an intensive treatment service for complex PTSD, as well as undertaking a treatment trial for the Reconsolidation of Traumatic Memories.

Aggregated Report

Following our Annual Forum, we publish our Aggregated Report. The Report is broken down into categories and provides an overview of the highest and lowest scoring standards, including recommendations for improvement and examples of best practice.

Services can use the report to benchmark their practices and understand how they scored compared to the average score of participating services.

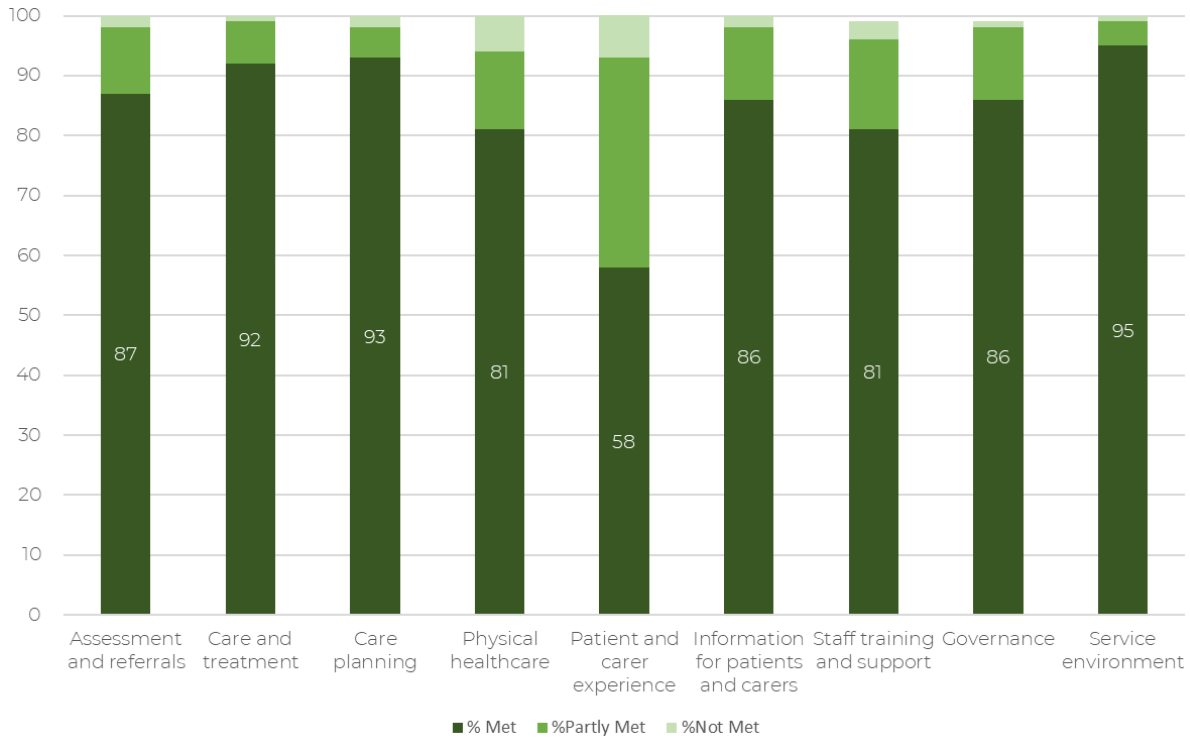
INTRODUCTION

This report uses the data collected from member services who completed their peer review from February to June 2022 against the **Standards for Veterans Mental Health Services – 2nd Edition (2021)**.

Overall, 25 veterans' mental health services took part in this peer review cycle and data used in this report has been gathered from these services. Data is anonymised per service using a randomly assigned service code. A list of members can be found in Appendix 1.

Key findings

On average, developmental member services fully complied with **84% of standards** for veterans' mental health services. The table below demonstrates the average compliance rates per domain.



Services demonstrated **outstanding results** in the categories of **care and treatment**, **care planning**, as well as the **service environment**.

The **greatest variation** across services was identified in **veteran and carer experiences**, in which the average veteran experience strongly outperformed the average carer and family member experience.

Assessment and referrals

Services met an average of **87%**

Ranging from 50% to 100%

This category considers procedures around assessment and referrals, information received by veterans, and potential waiting times.

Higher scored standards

Considering the ongoing challenges presented by the global pandemic, services successfully adapted to providing remote appointments and support to veterans with digital access. Many services have found this to improve accessibility. Moreover, services provide clear information as to who can access support from their service and how to refer in. Lastly, veterans reported feeling welcomed by staff members when attending the team base for their appointments.

Lower scored standards

While services do provide information on referrals, they do not always share information on the waiting times veterans may face until the start of their treatment. Moreover, veterans are not always provided with accessible written information on their rights under the Mental Health Act, consent to treatment, accessing advocacy services, a second opinion or interpreting services and how to raise concerns, and compliments.

GOOD PRACTICE EXAMPLES

Veterans Outreach Support: The service runs monthly drop-in sessions in partnership with other organisations to provide advice and support. New attendees can be seen by a clinician in a separate room to carry out initial discussions and an assessment. As a result, the service provides swift support to veterans that need it.

Combat Stress: The service offers considerable support to enable veterans to attend remote appointments. This includes group or taster sessions on accessing digital appointments and access to tablets equipped with Wi-Fi.

Essex Partnership: The service offers an effective system of accepting referrals and for assessing veterans according to a clear timescale. As a result, veterans reported that the process was quick and they had rapid access to therapy.

QI SUGGESTIONS

Coproduce some clear, easily accessible written information leaflets with veterans to help them understand their rights and options in relation to their mental health.

Provide verbal or written information on waiting times for assessment and treatment. This can either be via email or text message updates. This would help veterans in understanding their options and manage expectations from the outset. Regular updates can be sent out depending on where they are on the waiting list.

Care and treatment

Services met an average of **92%**

Ranging from 57% to 100%

This category achieved one of the highest scores across this cycle of reviews. Providing outstanding care and treatment is clearly prioritised by services, which was reflected in the scoring.

Higher scored standards

Services follow the appropriate guidelines when delivering treatments and interventions.

Moreover, services provide a holistic care approach to veterans. This includes encouraging veterans to build social and community networks, through participating in initiatives such as breakfast clubs. In addition, services are supporting veterans to undertake or return to activities such as work, education, and volunteering. These are crucial to reducing social isolation and creating day-to-day structure.

Lower scored standards

As seen, services deliver appropriate interventions. However, timeframes until start of treatment are not always monitored. This makes it difficult for services to analyse how waiting times could be reduced.

Moreover, not all teams follow a formalised process when veterans miss an appointment or assessment. For example, survey responses indicated that referrers are not routinely informed if appointments or assessments are missed.

QI SUGGESTION

Collect and monitor data on waiting times from referral to the start of interventions. Implement change ideas to bring the waiting lists down and review waiting time data on a regular basis i.e. quarterly, to determine improvements against set targets.

GOOD PRACTICE EXAMPLES

Avon and Wiltshire Partnership: The service offers access to social prescribing opportunities, such as equine therapy, and a ten-week gardening programme.

Anxious Minds: The team run outdoor activities for veterans such as hiking, walking, rock climbing, hill skills and canoeing, offering opportunities to socialise, develop friendships and remain active.

Icarus: The service runs a mentorship programme which involves veterans that have been discharged returning to support others going through the same process.

Inspire Wellbeing: The service offers initiatives such as equine therapy and mindfulness sessions. These are often run in a group setting, enabling veterans to support each other.

Care planning

Services met an average of **93%**

Ranging from 75% to 100%

This category looks at care planning, which includes measuring clinical outcomes, co-producing care plans, and providing transition support to veterans.

Higher scored standards

Overall, veterans are aware of who is co-ordinating their care and who to contact if they have any questions or concerns. Moreover, veterans also reported feeling involved in the decision-making process around their mental and physical healthcare, treatment, and discharge planning.

Services confirmed that they create written care plans for veterans, and most veterans recalled being involved in discussions around setting treatment goals.

Lower scored standards

Services struggled to collect and review clinical outcome measurement data to assess veterans' progress against user-defined goals.

Most veterans were unaware of a written care plan or had not seen a copy. As a result, it was not always clear if care plans were developed in collaboration with veterans. Moreover, carer involvement levels (with veteran consent) or awareness of a care plan were low across all services.

GOOD PRACTICE EXAMPLES

Berkshire Healthcare NHS Foundation Trust (TILS):
Peer support workers complete a form with the veterans which includes consideration of self-care activities, leisure activities, family needs, and support with housing, finance, and employment.

NHS Lanarkshire:
The service implements an archive policy which allows discharged veterans to re-engage with the service in a quicker way and provides comfort that they are not dropped by the end of the process.

QI SUGGESTION

Strengthen clinical outcome measurement data collection efforts. This can be psychometric data relating to pre and post intervention, measuring outcomes such as symptoms, occupational, social, and family function etc. Share your analysis with commissioners, the team, veterans and carers, and make improvements to the service.

Develop written care plans in collaboration with veterans discussing goals and next steps together. Veterans can sign the care plans at the end of the session and receive a copy in order to refer back to what was discussed in - between sessions.

Physical healthcare

Services met an average of 81%

Ranging from 50% to 100%

This category considers referrals for accessing screening and treatment for physical healthcare, as well as prescribing and reviewing medication.

Higher Scored Standards

Services are able to successfully arrange for veterans to access screening, monitoring, and treatment for any physical problems that may arise. This is done through primary or secondary care services and frequently involves referring veterans to their GPs.

Lower Scored Standards

Due to funding constraints and differences in how services are set up, services are not always able to provide access to prescribed medication or medication reviews.

QI SUGGESTION

Stronger links could be established with veteran's GPs. For instance, the initial assessment form could include a record of the veteran's GP. This can be referred back to during the course of treatment, if medication or physical health reviews are required and are not delivered from the service.

GOOD PRACTICE EXAMPLES

Leeds & York Partnership NHS Foundation Trust (High Intensity Service):
There is an effective pain pathway in place to prevent losing people with physical injuries who seek support and are potentially slipping through the net. The pain pathway is addressed throughout the 12-week pathway, rather than just at initial screening. This is further enhanced with external speakers who are invited to monthly CPD events to enhance the working knowledge of staff in this area.

Camden and Islington NHS Trust:
The service considers physical health as part of the overall support they offer. Veterans fed back that they had been supported with various aspects of their physical health, such as exercise and healthy eating, and staff had contacted their employers to advise them on potential triggers and how to create a supportive workplace environment.

Veteran and carer experience

Services met an average of 58%

Ranging from 20% to 100%

This category relates to feedback received from both veterans and their family members or carers on their experiences engaging with services.

Higher Scored Standards

Overall, veterans reported high satisfaction rates with the treatment received by staff members. Veterans felt that they were treated with compassion, dignity, and respect throughout their engagement with the services. Furthermore, veterans felt that staff members listened and understood their needs.

Lower Scored Standards

While veterans spoke highly of their experiences, the overall score in this category was low. This was due to the difficulty observed in complying with carer-related standards. These include standards around carer information, such as providing contact details of key staff members in case of an emergency, providing local sources of advice and access to carer specific care. Moreover, information on attending carer support networks and accessing statutory carers' assessment were also commonly missed standards.

GOOD PRACTICE EXAMPLES

Mode Rehabilitation: Veterans reflected that the service was accessible, helpful and flexible to their needs, and their experience gave them hope for the future.

Solent NHS Trust: The service keeps open lines of communication which was greatly appreciated by veterans. Moreover, veterans felt able to trust the team, and develop positive relationships with staff members.

Brooke House: Veterans felt welcome, safe and supported whilst accessing treatment with the service. One veteran described Brooke House as their "home away from home".

> *I felt heartbroken, but thanks to Combat Stress I was supported in everything I needed to get back on my feet.*
> Veteran feedback for Combat Stress

> *Icarus is excellent and innovative, and I have been completely blown away by the support they offered me.*
> Carer feedback for Icarus

> *The service has a very human element to it and creates a sense of community. Their compassion and understanding made the process much more bearable and engaging.*
> Veteran feedback for First Point Lothian

Information for veterans and carers

Services met an average of 86%

Ranging from 55% to 100%

This category relates to information shared with veterans, carers, and the family.

Higher Scored Standards

Veterans reported that they receive contact details of various team members they can speak to if they experience difficulties with the therapy process. Another positive finding was that veterans felt supported to access peer support groups in their region. In some services, peer support workers played an active role in attending peer support sessions with the veterans. Lastly, services made veterans aware that they could receive copies of correspondence about their health and treatment.

Lower Scored Standards

Nevertheless, most services are not able to provide information to veterans in a range of formats to suit their individual needs. Moreover, most services do not have access to interpreters who could provide accurate translations if that is needed for service users. Lastly, veterans and carers (with veteran consent) may benefit from written and verbal information on their mental illness and potential treatment options. This was not consistently provided.

QI SUGGESTIONS

Provide information in accessible formats to suit different needs. This includes key information in different languages, and accessible formats for people with sight, hearing, learning or literacy difficulties. Establish relationships with local charities or other organisations who could provide translation support should this be required.

Create information sheets which explain various mental health conditions and different treatment options. These could be taken home by veterans or carers (with the appropriate consent) to be read in their own time and pace.

GOOD PRACTICE EXAMPLES

PTSD Resolution: The service's website information, including the referral video, is clear, easily accessible and informative.

Veterans Outreach Support: During monthly drop-in sessions, there is a table with information leaflets on a wide range of activities, sign-up sheets, and forms to suggest new activities.

The Military Veterans Service (Pennine Care NHS): The service provides regular information on regional charities that offer activities to veterans such as Breakfast Clubs.

Staff training and support

Services met an average of 81%

Ranging from 54% to 100%

This category looks at feedback from staff members in various areas including wellbeing, training opportunities and support in raising concerns.

Higher Scored Standards

Overall, services successfully provide clinical and line management supervision opportunities to staff at least once a month.
Staff members also feel confident that they can challenge decisions and raise any concerns they may have around the standard of care without facing any personal repercussions. Moreover, staff reported that they are aware of the procedures relating to escalating concerns around risk.
Lastly, services played an active role in supporting staff health and wellbeing, and staff are able to take regular breaks.

Lower Scored Standards

While staff wellbeing and overall feedback was high, lower scores were observed in relation to training opportunities. The majority of services do not provide opportunities for training around recognising and communicating with veterans with cognitive impairment or learning disabilities. Moreover, services do not offer training on carer awareness, family inclusive practice and social systems.

GOOD PRACTICE EXAMPLES

First Point Lothian: The service holds daily staff meetings to ensure there is immediate support available from colleagues and managers if any concerns arise.

Defence Medical Welfare Service: The team is cohesive, and support from peers and managers is strong. As a result, staff feel like they can approach each other and ask for help when needed.

***Help for Heroes*:** The service set up a remote wellbeing hub to offer a range of resources and tools in maintaining positive wellbeing. Awareness is also regularly raised about their Employee Assistance Programme. The service further offers line management training in supporting staff health and wellbeing.

Walking with the Wounded: There is a strong sense of understanding of military culture and military mental health amongst staff members. Therapists have either a military background or attend training around military and veteran awareness.

Governance

Services met an average of 86%

Ranging from 65% to 100%

This category considers policies and governance procedures on various issues including promoting equality and diversity, and managing staffing levels, incidents, or complaints.

Higher Scored Standards

Generally speaking, services excel in their handling of incidents and complaints. The majority of services have systems in place that enable staff members to quickly and effectively report any incidents. Moreover, when mistakes are made, these are discussed with veterans and their carers, in line with the Duty of Candour agreement.

Finally, any lessons learned are shared with the team and changes are made within the wider organisation. Depending on the seriousness of the complaint, a Serious Events Analysis is undertaken and the outcomes are communicated in an appropriate way.

Cumbria Northumberland Tyne and Wear NHS Foundation Trust (TILS): The service has robust serious incidents review procedures. Incidents are discussed with relevant staff, veterans and family members, and added into the online incident reporting system. The service creates action plans and conducts a thematic review. Findings are shared across the team and wider organisation.

Lower scored standards

Services scored lower in standards around collecting data that are used to measure equity of access and equity of delivery against protected characteristics.

Moreover, many services do not analyse this data and, as a result, fail to create a strategy to promote equality and diversity and to address any potential barriers to access. This could lead to disparities in who can access the service.

GOOD PRACTICE EXAMPLES

Cardiff & Vale University Health Board: The service publishes an excellent annual report which analyses a wide range of collected data. This includes outcome measures, the demographic representation of referrals and common issues the team support veterans with.

Leeds and York Partnership NHS Foundation Trust (CTS): The service excelled in clinical governance initiatives such as monthly welfare calls for veterans on waiting lists, meeting with veterans in different venues as well as their research partnership with York St John's University.

Service environment

Services met an average of 95%

Ranging from 83% to 100%

This category relates to standards around the environment the service is operating within.

Higher Scored Standards

Services scored highly in this area. All services operate from clean, comfortable, welcoming, and safe bases, with measures in place to ensure the safety of veterans, carers and staff. Furthermore, services avoid exposing people to triggers that could worsen their symptoms or stop them from engaging with treatment.

Lower scored standards

Most services provided individual panic alarms to staff members. However, the majority of services did not have any panic buttons fitted into their clinical rooms, which meant veterans and carers did not have access to one if they needed it.

GOOD PRACTICE EXAMPLES

NHS Ayrshire & Arran: The service base is easily accessible, and the office is open and clean with comfortable seating in the waiting area. Veterans felt that the space is welcoming and doesn't have a 'clinical feel' to it.

Ely Centre: The service operates from an impressive space which has been developed over time to allow more activities to take place on different sites. For example, they offer sensory rooms which is a fantastic initiative and allows veterans and staff members to decompress before and after appointments.

Berkshire Healthcare NHS Foundation Trust (CTS): The service covers a large geographical area and, despite this, are incredibly flexible in accommodating veterans' needs. Veterans are able to choose the format of their appointments (i.e., face to face or virtual), and methods of communication.

QI SUGGESTION

Services operating out of physical bases would benefit from personal or fitted panic alarms in clinical rooms to enable veterans, carers, and staff to have access to one if needed.

If organisations are using outsourced therapists, conduct an environmental audit or checklist for therapists to ensure that their clinical rooms are adhering to our standards around confidentiality and safety.

COMMONLY UNMET STANDARDS

Carer related standards

Services scored lower in carer-related standards

QI SUGGESTION

While funding constraints are recognised, certain one-off actions could make a big difference. For example, services could work with carer representatives or focus groups to create a carers' pack which includes information on local carer support groups, details of key staff members in case of an emergency, how to access a statutory carer's assessment (or equivalent) and regional carer-related charities.

Equality and Diversity

Services struggled meeting equality and diversity standards. Our standards focus on data collection and analysis to understand disparities on who is accessing your service and who might fall through the net.

QI SUGGESTION

Improve efforts to implement a system for collecting data on protected characteristics to measure equity of access and equity of delivery. Consider collecting data from the entry point to the service, entry to assessment, assessment to intervention, and treatment completion. Action plans and strategies that are region-specific should be developed to address any barriers to access to the service.

We can share a best practice example upon request.

Staff training

Overall, services met most standards relating to staff training and support. However, certain training requirements were repeatedly missed.

QI SUGGESTION

Undertake a skills analysis of your workforce to identify potential training gaps. Common areas identified within the reviews:

- Recognising and communicating with veterans with cognitive impairment or learning disabilities.
- Carer awareness, family inclusive practice and social systems.
- Military culture incl. the regimental system, effects of deployment on active service, how those in the armed forces are supported, unique military bond with colleagues, military vocabulary, challenges of transition to civilian life.

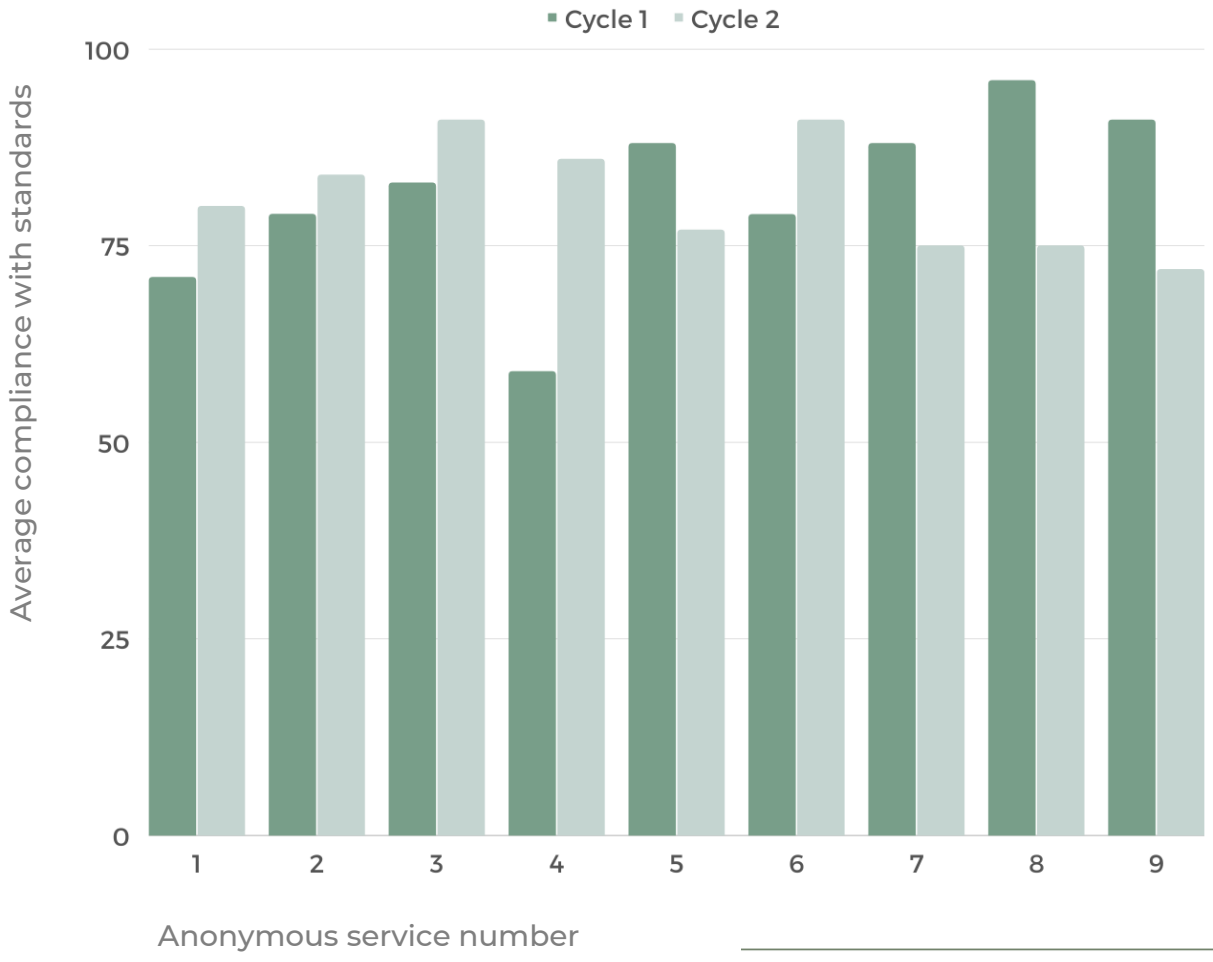
PROGRESS REVIEW

Some of our developmental members from the pilot year have already embarked on their journey to accreditation.

The following graph shows how these services complied against our standards from their first to their second review.

We would expect to see some variation in the scores for several reasons. The accreditation review process is much more rigorous than developmental and seeks to look at more information and feedback from staff, veterans and carers. This could potentially uncover issues that were not looked at in detail during the developmental reviews. Furthermore, services that have made significant changes to their service following their initial developmental review may see a higher score during their accreditation review compared with their previous review.

Service scores from their first developmental review to their accreditation review.



MEMBER FEEDBACK

WHAT WENT WELL

Services fed back that review teams were professional and friendly.

Members also appreciated the opportunity to network, share knowledge, and learn from each other.

Services felt like the review day was well coordinated, with defined roles, and clear structure.

Services also confirmed that it was a helpful and supportive process.

SUGGESTIONS

Members felt like some standards were repetitive or too aspirational.

Review teams reported that it would be helpful to have more time to prepare and a better understanding of what is expected in advance of the review day, including allocating chairs for meetings.

Members felt like there was not enough time to go through the standards.

There was a suggestion to include more opportunities for open discussion.

WHAT WE ARE DOING

For the upcoming cycle, we will be piloting pre-review meetings. These will include discussions on how to navigate the workbook, analyse evidence and chair sessions.

We are introducing a final meeting on the review day for open discussion and clarification on any questions the review team may have for the service.

We are revising our number of standards discussed on the review day to reduce the volume but increase the quality of discussion.

APPENDIX 1: LIST OF MEMBERS

This list details the veterans' mental health services that took part in the year 2021 – 2022

Anxious Minds
Avon and Wiltshire Partnership
Berkshire Healthcare NHS Foundation Trust (CTS)
Berkshire Healthcare NHS Foundation Trust (TILS)
Camden and Islington NHS Trust
Cardiff & Vale University Health Board
Charity Trust - Brooke House Health & Wellbeing Centre
Combat Stress
Cumbria Northumberland Tyne and Wear NHS Foundation Trust (TILS)
Defence Medical Welfare Service
Ely Centre
Essex Partnership University NHS Trust (TILS)
Help for Heroes
Icarus Online SCIO
Inspire Wellbeing
Leeds and York Partnership NHS Foundation Trust (HIS)
Leeds and York Partnership NHS Foundation Trust (CTS)
Mode Rehabilitation
NHS Ayrshire & Arran
NHS Lanarkshire
Pennine Care NHS Foundation Trust
PTSD Resolution
Solent NHS Trust
St Andrew's Healthcare
V1P Lothian, NHS Lothian
Veterans Outreach Support
Walking with the Wounded

APPENDIX 2: ADVISORY GROUP

The Quality Network is governed by a group of professionals who represent key interests and areas of expertise in the field of veterans' mental health, as well as a veteran representative who has lived experience of accessing military services.

QNVMHS advisory group members:

Andrew Brown, Veteran Representative, RCPsych
Anna Owen, Project Officer, Contact Group
Carolyn Brown, Clinical Lead, Walking With The Wounded
Colonel (Retired) Tony Gauvain, Founder & CEO, PTSD Resolution
David Bellamy, Co-founder & CEO, Icarus
Deirdre McManus, Consultant Psychiatrist, NHS Op Courage Veterans' Mental Health and Wellbeing Services, London & South East region
Dr Charles Winstanley, Chair, Contact Group
Dr Ciaran Mulholland, Director, NI Regional Trauma Network
Dr Jonathan Leach, Associate Medical Director, NHS England
Dr Lucy Abraham, Clinical Lead, Scottish Veterans Care Network, NSS
Dr Neil Kitchiner, Director, Veterans NHS Wales
Prof Walter Busuttil, Medical Director, Combat Stress, visiting Professor to the Institute of Psychiatry, Psychology and Neurosciences, Kings Centre for Military Health Research (Chair)
Ellen Martin, Head of Armed Forces Health – Transformation, Armed Forces Health (England)
Prof Neil Greenberg, Professor of Defence Mental Health, King's College London
Theresa Mitchell, Psychological Wellbeing Service Development Lead, Help for Heroes

APPENDIX 3: 2ND ANNUAL FORUM

Quality Network for
Veterans Mental Health Services
2nd Annual Forum 2022
Tuesday 12th July, 10:00 – 15:15
Online (Zoom)

contact
Collaborating for Military Mental Health

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

Programme

10:00	**Welcome and introduction** *Chair: Walter Busuttil, Consultant Psychiatrist, Combat Stress and Chair of the QNVMHS Advisory Group*
10:10	**Reconsolidation of Traumatic Memories (RTM) therapy trial for PTSD in veterans** *Neil Greenberg, Professor of Defence Mental Health, King's College London*
10:30	**An update from the Contact Group** *Anna Owen, Project Manager and Charles Winstanley, Independent Chair, Contact Group*
10:45	**An update from the Quality Network** *Jem Jethwa, Programme Manager and Andy Brown, Veteran Representative, The Royal College of Psychiatrists*
11:05	**Break**
11:20	**Innovations within Combat Stress services for veterans with complex mental health difficulties** *Naomi Wilson, Associate Clinical Director and Head of Psychological Therapies, Catherine Kinane, Medical Director and Dave Aitken, Head of Engagement and Social Care, Combat Stress*
11:50	**Developing a mental health and wellbeing action plan and VIP Lothian's involvement and experience of QNVMHS** *Lucy Abraham, National Clinical Lead, Natasha Berry, Veteran Support Worker and Laura Key, Clinical Associate in Applied Psychology, Veterans First Point Lothian*
12:20	**Lunch break**
13:35	**Confederation of service charities update** *Rachel Price, Programme and Cluster Manager and Nick Grace, Project Manager, The Confederation of Service Charities*
13:50	**Veterans' NHS Wales: Promoting diversity and inclusion** *Charis Winter, Assistant Psychologist, Veterans' NHS Wales*
14:20	**The nature of caring** *Joan Clements, Chief Executive Officer and Clinical Care Manager, and Anja Rosler, Integrative Counsellor and Eco Therapist, Brooke House Health and Wellbeing Centre*
14:50	**Final plenary and close of conference**
15:15	**Close**

Join the conversation on Twitter @RCPsychCCQI #qnvmhs

This activity has been approved for a maximum number of 4 CPD points, subject to peer approval.

CCQI

APPENDIX 4: CONTACT DETAILS

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Online discussion platform

veterans@rcpsych.ac.uk or www.khub.net

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VETERANS QUALITY NETWORK FOR VETERANS MENTAL HEALTH SERVICES