



2023

3rd

AGGREGATED REPORT

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Artwork displayed on the front cover of this report was created by Lauren Baguley, user of Mode Rehabilitation and entrant of the QNVMHS Artwork Competition (2022).



FOREWORD

The mental health of military veterans remains a topic of considerable national significance. Some three years ago now, the Royal College of Psychiatrists, in collaboration with the Contact Group, established the Quality Network for Veterans Mental Health Services (QNVMHs). As you will see from this third QNVMHs Aggregated Report, over the last year the network has gone from strength to strength. Veterans who engage with a mental health service which has successfully completed the accreditation process can be reassured that the care they receive will be of a high quality.

The QNVMHs is supported by an Advisory Group and Accreditation Committee both of which comprise of experts by experience and clinicians. However, the network could not function without the hard work of the peer reviewers who check that services are meeting the relevant standards as well as the patients and carers who provide their vital views to the review teams.

The report provides a wealth of information about how the accrediting services deliver their vital care. It includes information about caseloads and the time it takes to provide treatment. The report also details the views of the service providers themselves about their experience of providing care and of the challenges they face whilst doing so.

We strongly believe that becoming accredited should be an aspiration for all veterans' mental health care providers. Better quality care provision should help encourage veterans who are hesitant to seek help. Surely that can only be a good thing.

Professor Neil Greenberg, QNVMHs Advisory Group Chair

Professor Walter Busuttill, QNVMHs Accreditation Committee Chair

INTRODUCTION

This is the third Aggregated Report produced by the Quality Network for Veterans Mental Health Services (QNVMHs) and showcases the year of findings from peer review visits completed this year (2022 – 2023).

We hope this report provides a useful summary for participating member services and be a helpful tool for benchmarking purposes. This report is also aimed to demonstrate the impact the network has had on services over the three years of operating. The impact analysis and overview of achievements are hoped to bring light to the benefits of being a member of QNVMHs.

ACKNOWLEDGEMENTS

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 Lloyd's Patriotic Fund for providing grant funding to enable a number of small charity services to receive a subsidised membership fee.

Thank you also to all members of our Advisory Group, Accreditation Committee and all our participating member services.

contact

Collaborating for Military Mental Health



**Lloyd's
Patriotic Fund**

WHO WE ARE AND WHAT WE DO

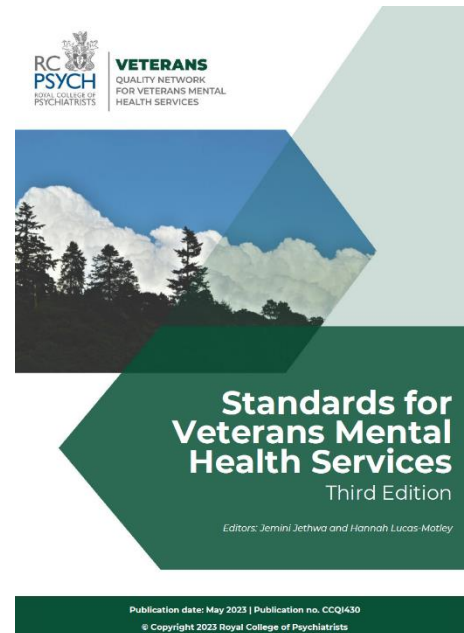
The Quality Network for Veterans Mental Health Services (QNVMHS) was established in collaboration with the Contact Group in 2020 to promote quality improvement within and between veterans' mental health services. It is one of 28 quality networks, accreditation and audit programmes organised by the Royal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

HOW WE SUPPORT SERVICES

We adopt a multi-disciplinary approach to quality improvement in veterans' mental health services, using a set of a quality standards for veterans mental health services. These evidence-based standards are revised every two-years to remain in line with current guidance and best practice.

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.

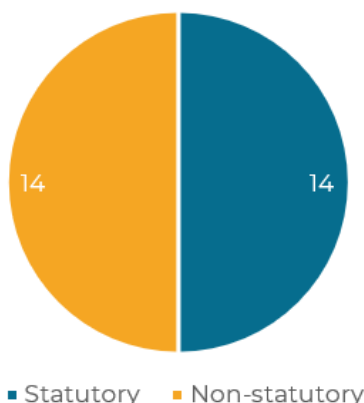


MEMBERSHIP

Membership is open to all veterans mental health services whether these statutory services (NHS) or non-statutory services (third sector, private and charities). Services sign up to the network voluntarily by paying an annual subscription fee.

We currently have member services across all devolved nations in the United Kingdom, as demonstrated in the membership map to the right.

We are also pleased to have an equal split of members from statutory and non-statutory services signed up to the network for the period 2022 – 2023.



MEMBERSHIP BENEFITS

All veteran's mental health services signed up to the Quality Network for Veterans Mental Health Services will have access to a range of membership benefits. These are summarised below.



Additionally, a range of publications are produced to support member services in a number of different ways. These publications include:

SERVICE LEVEL REPORTS

Type of standard	Number of standards met	Number not met	Number N/A	% Met
Type 1	36	0	1	100%
Type 2	36	0	0	100%
Type 3	4	1	0	95%
Total	76	1	1	98%

Comprehensive reports on how your service is meeting our standards, with tailored recommendations.

ANNUAL REPORTS

Annual reports to be used for benchmarking, learning lessons and seeking ideas for best practice.

NEWSLETTERS

Newsletters published twice a year which member services can contribute to by submitting articles of good practice.

THE REVIEW PROCESS

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

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

DEVELOPMENTAL AND ACCREDITATION PROCESS

SELF-REVIEW

Services complete a workbook which includes a self-rated score with a 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.

ACCREDITATION PROCESS

ACCREDITATION

Services will need to respond with additional evidence for any standards that are scored as not met in the service level report, which will have been agreed at the peer review stage.

Using service level reports and any further evidence provided, the Accreditation Committee (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.

CONTEXTUAL INFORMATION

Services that undergo a peer review assessment are asked to provide contextual information about their service as part of a self-review assessment. The following information has been taken from services self-report data from the period 2022 – 2023.

The following data has been collected from those services that provided this information, where the data has not been provided or is unclear, this has not been included in the figures.

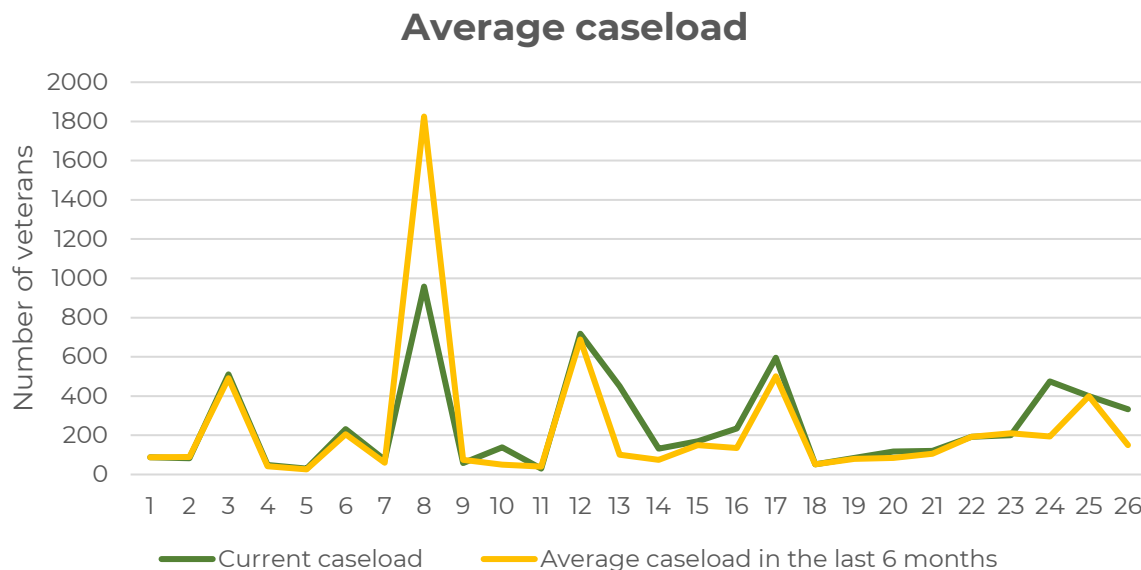


Figure 1. Comparisons to average caseload at the time of their self-review data collection with the average caseload over the last six months.

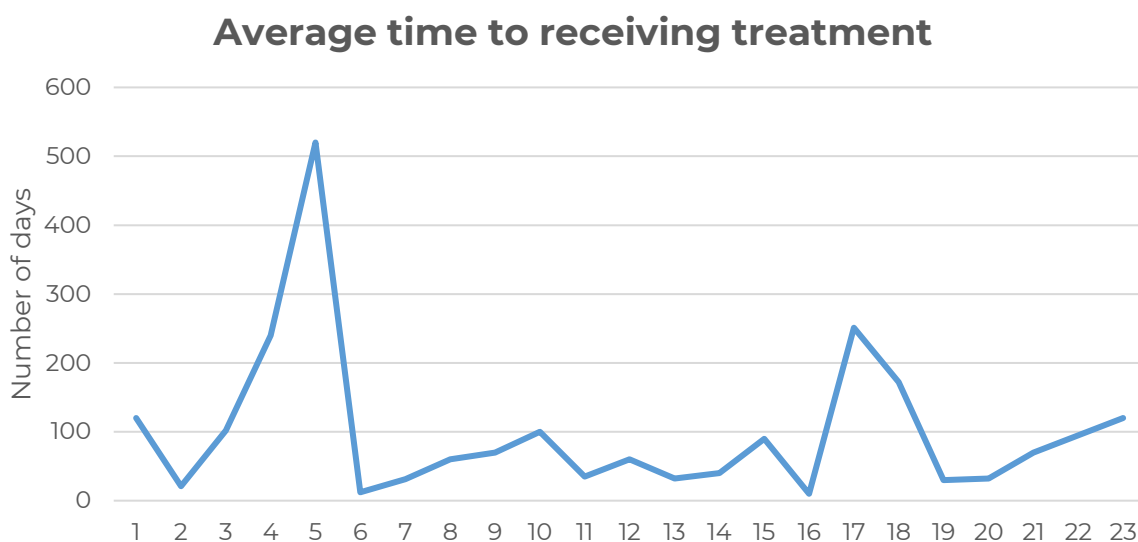
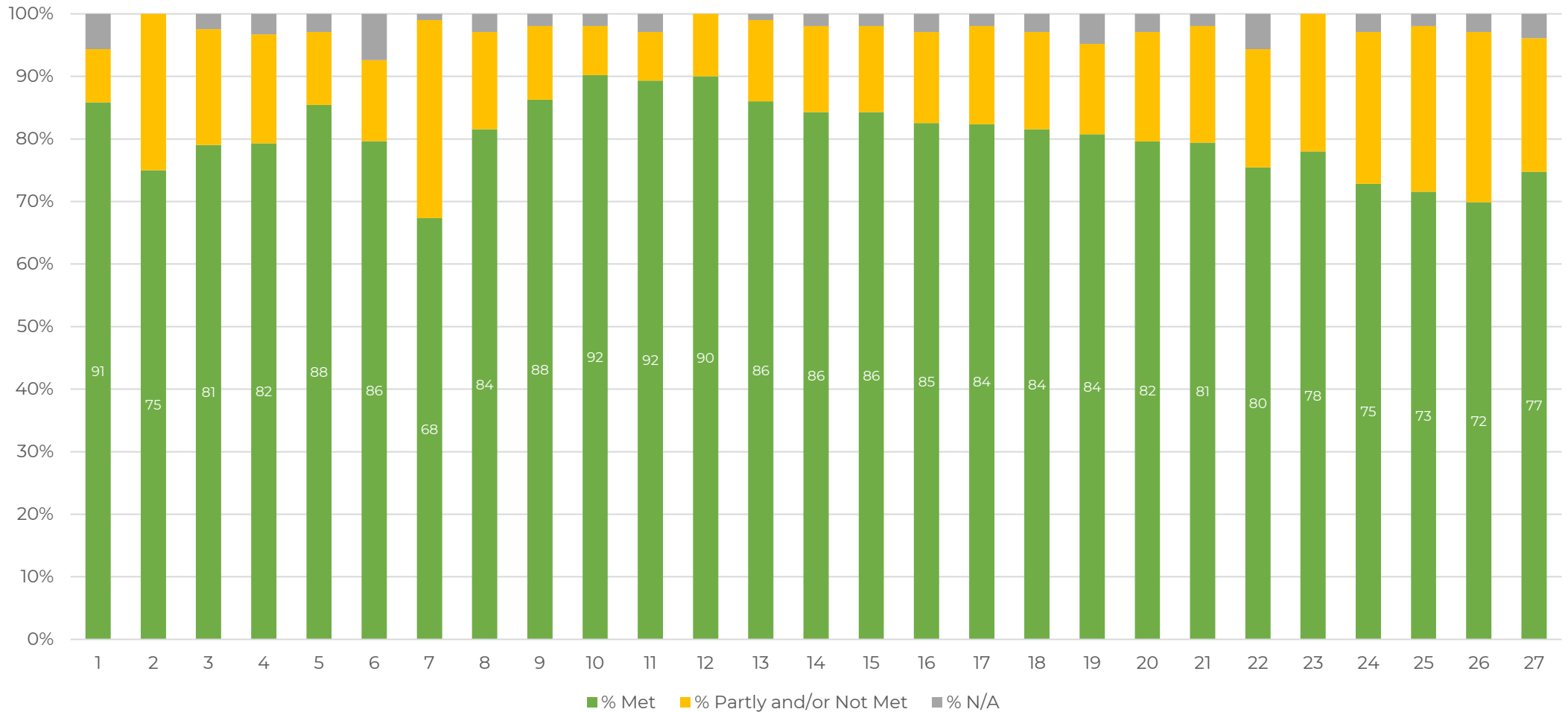


Figure 2. Average time (in days) from the point of assessment to receiving treatment at the service. Note, only the services that recorded this data accurately have been included in this graph.

PERFORMANCE OVERVIEW

The following graph demonstrates how veterans mental health services scored against the Quality Standards for Veterans Mental Health Services¹ that were reviewed from February 2022 to September 2023. This includes a total of 27 services and a mix of developmental and accreditation peer reviews. For this reason, draft report data has been used to analyse compliance against standards as accreditation members are subject to receive different scores after going through the accreditation process.

On average, services met **82%** of our standards

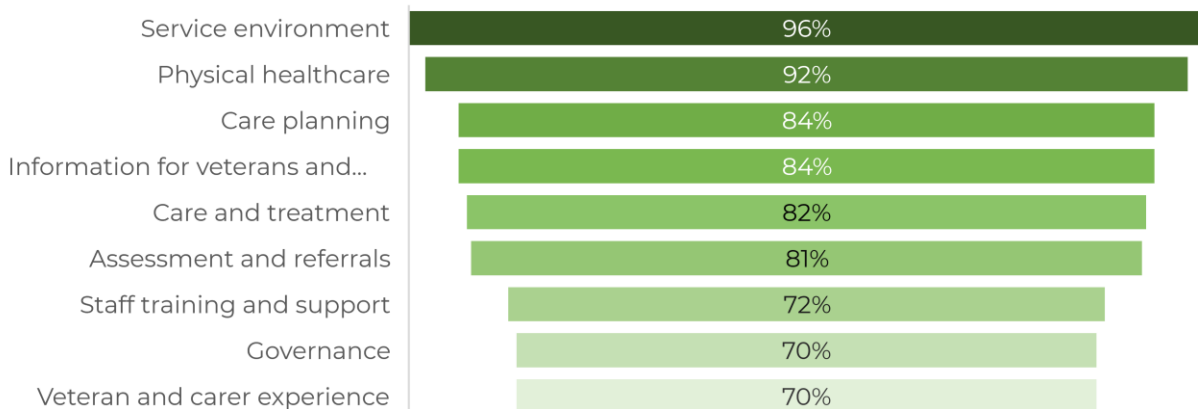


¹ [Quality Network for Veterans Mental Health Services | Royal College of Psychiatrists \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/quality-network-for-veterans-mental-health-services)

COMPLIANCE AGAINST STANDARDS

This section demonstrates how services performed against specific standards.

AVERAGE COMPLIANCE PER STANDARD CATEGORY

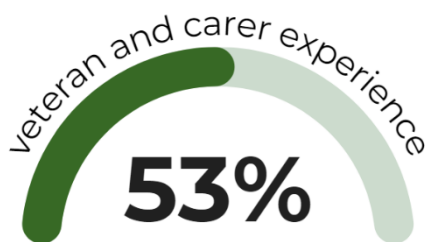


This demonstrates that the highest scoring categories were to do with service environment, which focuses on safe, warm and welcoming clinical spaces as well as physical healthcare, which ensures that appropriate physical health screening is conducted and that services appropriately refer onto GP's for further physical health assessments (if they do not conduct these themselves).

The lowest scoring categories were to do with governance, which focuses on how the service collects and reviews data on outcomes, demographics and accessibility and then developing appropriate action plans in place to address gaps. The other lower scoring category was around veteran and carer experience. Whilst veteran feedback across all peer review visits was overwhelmingly positive, the areas that services tended to lack in were support offered to family, friends and loved ones (carers).

COMMONLY UNMET STANDARDS

Looking across all data from peer reviews, several commonly unmet standards were identified, as listed below.



Of services provide carers with accessible carer's information on accessing support for themselves



Of staff receive training on recognising and communicating with veterans with cognitive impairments or learning disabilities.



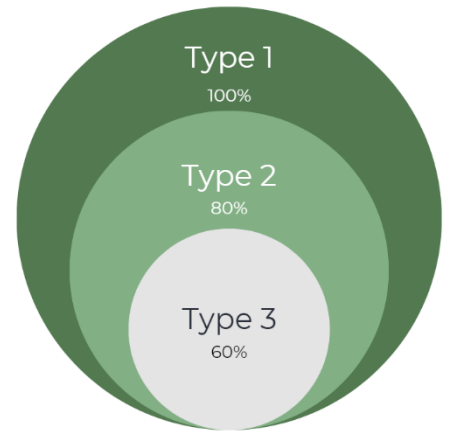
Of services review data at least annually about the people who use it, then compare this with local population statistics



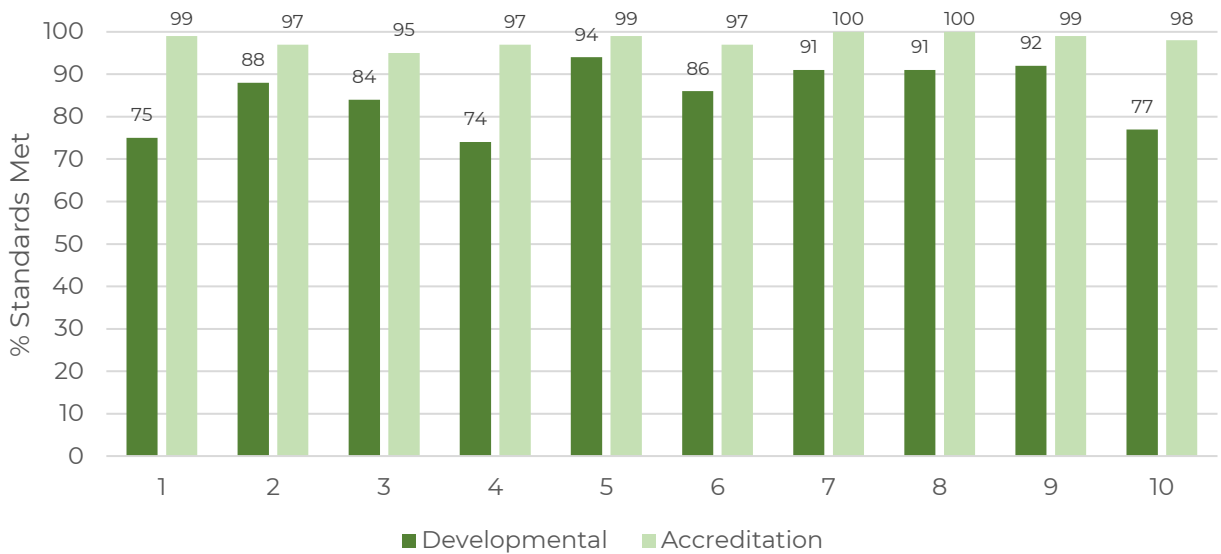
Of services provide specific transition support to veterans when their care is being transferred to another service

PROGRESS REVIEW

All member services receive a supportive, developmental peer review when they first join the network. This is aimed to be a less rigorous assessment process so that services can get familiar with the standards and receive some individualised feedback against any standards that are not being met. For services that embark on the accreditation pathway, they would need to demonstrate that they are meeting a certain threshold of standards as indicated on the right.



The chart below demonstrates how our first 10 teams that were accredited performed against the standards in their developmental review vs. their accreditation review the following year.



All teams performed higher going through the accreditation process, which demonstrates the additional set of standards that would need to be met in order to receive the accreditation award. For a list of teams that are accredited, please see our membership list on the [website](#).

WHY GO FOR ACCREDITATION?

We asked our member services what the key reasons were for signing up to the network and going for accreditation, here are some of their responses:

Having minimum standards across veteran services provides a degree of safety and increases credibility for people using our service, and for those we may refer people on to. It is also expected having accreditation will impact future funding decisions.

NHS Lanarkshire

It's important to have a level of regulation around service provision that allows an individual who may be accessing mental health support to have a level of confidence in the services they are engaging with. Many of these individuals are unsure of the various services available and the information can be difficult to sift and understand when you in what could be considered a vulnerable 'state'. This accreditation mark allows a level of confidence that they are engaging with a professional accredited service, providing evidenced based therapy.

Hidden Wounds Service

STAFF, VETERAN AND CARER FEEDBACK

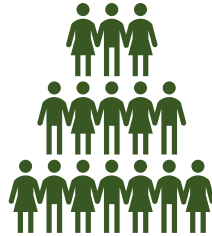
When services undergo the peer review assessment, they are asked to send anonymous feedback surveys out to staff members working in the service, veterans accessing the service as well as their loved ones (carers). This feedback is a vital component of the peer review process.

We have collected a vast amount of data across the UK to demonstrate how services are performing, as told by staff, veterans and carers.

DATA COLLECTED



406
staff
completed
surveys



380
veterans
completed
surveys

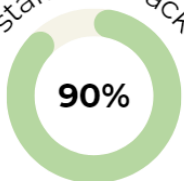


155
carers
completed surveys

SURVEY RESULTS

A summary of key survey responses from staff, veterans and carers are included below.

staff feedback



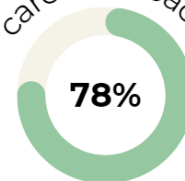
Of staff reported supporting veterans to access **screening and treatment for physical health issues**.

veteran feedback

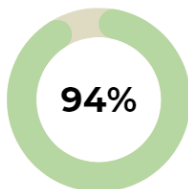


Of veterans reported having a **written care plan** that reflects their own needs.

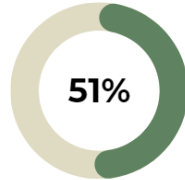
carer feedback



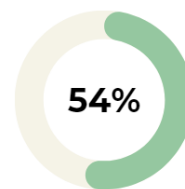
Of carers were encouraged by services to attend **carer support networks or groups**.



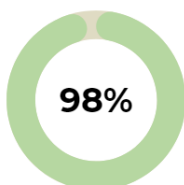
Of staff reported supporting veterans to undertake structured activities like **work or education**.



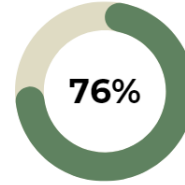
Of veterans were **asked for their feedback** on the service which in turn was used to make service improvements.



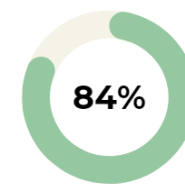
Of carers were supported to access a **statutory carers' assessment**, or signposted to services that offer this.



Of staff feel that their service actively supports their **health and wellbeing**.



Of veterans were given **written information** about their mental health and treatment.



Of carers were offered **individual time with staff** to discuss their own concerns and needs.

WHAT ARE SERVICES PROUD OF?

As part of services self-review assessments, we ask teams to reflect on what they are most proud of within their service. We are pleased to be able to showcase some of the highlights that were brought out through a thematic analysis of this information.



THERAPEUTIC INTERVENTIONS

Services reported being proud of the range of interventions they are able to provide to veterans to support their individual needs. This included NICE-approved, evidence-based interventions to support complex mental health issues, but also more novel approaches to support veterans with their health and wellbeing.

These may include both indoor and outdoor, individual and group, short-term and long-term, in person and online, free-flowing or solution based, psychotherapy and practical interventions. All these with the aim of providing a holistic, bespoke approach to each veteran that seeks support.

Many services will offer a range of interventions within their team, but there are also many established links with other organisations that services can signpost veterans on to, to ensure they receive the best support for their needs.

“To meet the needs of veterans and carers, our peer support workers offer low level interventions, practical and advocacy support with a range of welfare issues and walk-and-talk drop-in sessions.”



VETERAN EXPERIENCE

Many services have received compliments on their services from veterans and their families. Services take huge amounts of pride in their service provision and reflected on this positively in their self-reviews.

Positive satisfaction from veterans was reported to be in relation to either the welcoming approach of services and making them feel at ease, providing quick access to treatment for services with lower waiting times and also for effective treatment outcomes. All these aspects are encouraged through our standards, so it is positive to see that many services are already excelling in these areas.

One part of the journey that positively affects the veteran's experience is the rapport that is built that is so important to make those breakthroughs. Working with the veteran's families was reported to be a challenge for some teams, however where this does take place, teams report that this has significantly helped the veteran accessing treatment. Services report their main aim is to support veterans in their health and treatment, but also in other aspects of their life to keep well, such as looking after their physical health.

“We are very proud to be able to support veterans that for whatever reason have had unsuccessful engagement with other health care services. We also know from veterans and their families that this service is needed and is very effective.”

“We are proud of the flexibility and individualised approach we offer to each veteran, which is echoed in their positive feedback. As a result, our team has been able to successfully engage with some highly complex individuals who had previously struggled to engage with mental health services.”

“We aim to develop strong, collaborative relationships with the veterans we work with, and we place significant value on their skills, input and insight when working together with them.”



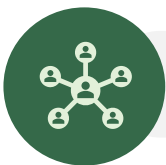
STAFF SKILL MIX

“Our staff team are very passionate about their roles. We have a mix of backgrounds in the team, where some have served in the armed forces themselves; are from an armed forces community background or have experience working with veterans mental health. We are proud of the 'just culture' we have created within our service- promoting psychological safety, encouraging wellbeing discussions with our team and the offer of wellbeing support for our staff.”

The make-up of staff teams vary significantly across services. However, services identify this as being a great strength, as each team is able to provide holistic care to veterans and carers based on needs.

Whilst it is not necessary for all staff to have a military background, services reported positively on having a mix of professional backgrounds and expertise within their services to be able to offer a full complement of interventions and support to veterans.

For instance, some services were proud to highlight tailored roles such as substance misuse practitioners to help with comorbid substance misuse issues, or a family lead to support families, partners or loved one's who are supporting a veteran accessing treatment.



PARTNERSHIP WORKING

In line to our standards, services are encouraged to work with other organisations to offer things like physical health assessments (including comorbid chronic pain and brain injury assessments) (if not providing these in-house).

There are also standards that focus on how services are able to refer veterans on for support with social and/or welfare concerns relating to employment, education, financial support or housing. Several services have noted their partnership working to have been a strength of their service delivery and also contributes to veterans and carers accessing the right support.

“We are proud of the strong partnerships we have developed and continue to maintain across the veteran organisations within our community. As a coordinated service, we are able to support veterans to access the right support when they need it. This integrated way of working has allowed us to provide a more seamless service to veterans.”



HYBRID DELIVERY

“We are proud of the diversity of the support we can offer which has continued throughout the pandemic. We have evolved to provide online therapy and wellbeing activities to meet the needs of vulnerable service users and those who were already isolated. We can provide support to the veteran, their partners and family with a range of wellbeing, peer support and welfare support.”

Many services noted adapting their delivery of mental health services to be both in-person and online as a result of the Covid-19 pandemic. Services mobilised in several ways and developing formal business continuity plans to be able to ensure continuity of care for veterans that are not able to engage with services in-person.

Clinicians began working remotely using various digital platforms and offering therapeutic interventions in different ways than before. Services reflected that this is a huge achievement and have now continued to offer their hybrid delivery model as standard for all veterans and carers.

WHAT ARE THE KEY CHALLENGES?

Similar to the previous section, we ask services to share with us what they identify to be their greatest challenges at the time of their peer review assessment. This section highlights some of the most common themes which were identified through a thematic analysis, along with some of their direct quotes.



FUNDING

Funding was one of the largest themes that was identified by services, particularly the smaller services and those in the charity sector.

Funding is often approved on a yearly basis for services, which poses many challenges for those who rely on this to be able to operate. It was reported that services are unable to plan strategically and prepare for bigger projects as funding is not certain or long-term. These issues can have a knock-on effect for services meeting our standards around producing strategies or action plans for improving accessibility to the service.

Some services reported that limited funding has led to them needing to charge for services, such as counselling. In turn, this creates a barrier for some veterans to be able to access support.

“Our biggest challenge facing the service is the ongoing uncertainty around funding. Our funding is required to be re-approved every year. The lack of long-term funding affects our ability to plan strategically.”



STAFFING

Staffing is a common challenge for services. This was specifically reported as an issue by smaller services as any staff absences can influence service delivery. For example, if there are staff absences then there is also the challenge of workload increasing to support the caseload of veterans. Our standards around ensuring services implement a safe staffing policy with clear contingencies, aims to help eliminate and mitigate these issues.

It appears as though issues relating to recruitment of staff have been felt nationally for services. The issue relating to recruitment was more prominent in the geographically isolated areas, which poses significant challenges to the services operating there.

Some services also reported challenges with recruiting staff with a military background or understanding. To recruit to these patient-facing roles, our standards encourage services to deliver training in military culture to all staff, and also to consider inviting veterans or carers to be part of the interview process for recruiting new staff.



LOCATION

“The geography remains vast and whilst the service is operating a blended approach of online, telephone and face-to-face appointments, there are vacancies in some areas and this makes it more challenging to respond quickly to requests for appointments in those locations.”

Similar to the previous theme, the geographical location has been found to pose a challenge for veterans and carers accessing services. Many organisations are positioned in areas far away from where veterans were referred from, meaning that a lot of time is spent on travelling to and from appointments and this could have negative effects on engagement as well as treatment continuity. Our standards also require services to be easily accessible via public transport and if not, services would be encouraged to support veterans or carers with their transport to access the service.



COMPLEXITY OF REFERRALS

It was reported that the complexity of referrals has been challenging for services. Where this was seen, services have had to work towards meeting these new needs. This has posed a challenge as it requires the service facilities and staff body to be robust enough for the service to provide the most appropriate support for veterans.

“We have seen increased complexity of symptoms over recent years which has been exacerbated by COVID, the withdrawal from Afghanistan and recent Ukraine conflict.”

“The complexity of the current client group which has seen a significant shift in the type of client that is now accessing the team compared to that of before. Issues in relation to multiple, complex mental health presentations, as well as poly substance misuse issues, with an increase in level of risk posed by individuals who need to be managed clinically safely and effectively by having very frequent oversight from clinicians in the team.”



VETERAN ENGAGEMENT

Disengagement from veterans poses an obstacle for organisations, particularly those with high caseloads. Some services commented on the importance of ensuring that when veterans do engage, that their experience is positive so that they can continue to receive any ongoing support they may require.

Within our standards, services are encouraged to develop a clear process for how the team responds to when veterans do not attend their appointments and that all staff are clear on this process. Services are also required to inform referrers (i.e. GP's) when veterans do not attend appointments, particularly if there are any identified risks.

“As with most NHS services, demand continues to outweigh service capacity. Another challenge that the service faces is being unable to offer a service to the veterans' family as well as the veteran themselves.”



COVID-19

It was interesting to see that the longer-term impact of Covid-19 was reported as being a challenge. The pandemic had created a knock-on effect for things like funding, an influx of referrals and change in service delivery (i.e. operating remotely).

“Following the COVID-19 pandemic, access to rooms has been a challenge. Alongside the continuation of hybrid working, the lack of a central office with space for all staff members and bookable clinic rooms, is a challenge.”

The surge of referrals that came through from the beginning of Covid created a huge waiting list of which the backlog is still being worked on now for many services. Services reported that acquiring venues that were suitable for booking in client appointments became an obstacle to service delivery.

Post-Covid, some services now appear to be functioning as normal again, and others have implemented new ways of working such as more access to hybrid sessions for veterans or carers and providing them with a choice based on their preference, which is in line with our standards.

IMPACT ANALYSIS

We gathered some feedback from members on their experiences of the service. Contributions from the following services are summarised below: Veterans' NHS Wales, Veterans First Point Lanarkshire, The Ely Centre, Brooke House, Defence Medical Welfare Service, Anxious Minds, and Hidden Wounds Service Help for Heroes.

Why do services decide to sign up to the Quality Network for Veterans Mental Health Services?

There have been a range of reasons for services signing up to QNVMHS. For some, this was to improve and develop their own individual service. They felt the accreditation process allows their service to audit and benchmark themselves, in turn, providing a higher standard of service from start to finish. One service also noted that they expected being accredited to impact future funding decisions.

For a couple of services, they joined due to recommendation, either from other services or from the Contact Group. One stated they signed up to be part of a professional registration body.

It was also noted that QNVMHS was important for veteran mental health service provision as a whole. It was thought that the regulation provides a degree of safety, allows someone who is accessing services to have a level of confidence in the services they engage with, makes it easier for someone to decide which services to engage with as well as increases credibility for their own services as well as those they might refer Veterans to.

How has the peer review process helped services?

Services reported that the review process helped them to improve their services. This was either through highlighting specific areas to improve and develop, helping them realise what they weren't doing, providing a framework to review their processes to ensure they were current and fit for purpose. One service believed it was "much more than a tick box exercise" and allowed them to look closely at their service provision and how best they can improve the support of their services users and colleagues, with specific focus on training and equality and diversity. Linked to service improvement, services found it was helpful to allow them to benchmark their service against the standards or other organisations.

The opportunities for networking and shared learning were also thought to be a helpful part of the review process. Seeing how other services tackle similar problems, share learning, connect with colleagues and get direct feedback from peers were particularly mentioned.

Services also found it helpful to have clarification on the areas they are doing well on and enjoyed having peers say they would like to work there. It was also felt the process was generally supportive, informative and collaborative.

WHAT SPECIFIC CHANGES HAVE SERVICES MADE FOLLOWING THEIR PEER REVIEW?

Our **family member interactions** formed into a pathway within existing funding constraints.

Developing and implementing a new **training course on military culture** for staff.

Having more **veteran involvement in service delivery and initiatives** and clubs.

Monitoring feedback from veterans and **making improvements to the service** as a result of this.

Developing a new service-level policy on **equality, diversity and inclusion**.

Developing a **carers leaflet** and additional information our service website for veterans and carers.

Providing training to staff on **neurodiversity** and **inclusivity and diversity**.

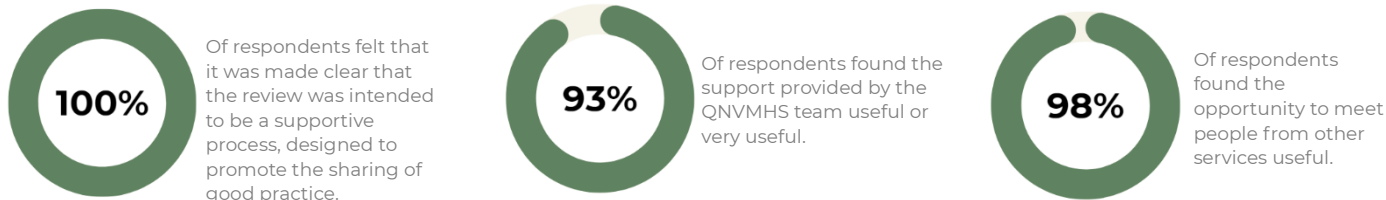
Providing every veteran with a **written care plan** that covers their individual needs.

Producing **written information packs** for veterans and carers and in different formats.

MEMBER FEEDBACK

Following each peer review visit, we are very keen to hear what our members have to say about the peer review process and the network in general. We are committed to providing an excellent service to our members and are always happy to hear feedback on what we've done well and where can make improvements.

Responses from our peer review feedback survey have been largely positive:



There were also a range of positive comments on the process:

- “Supportive and positive, both for me as a new reviewer and for the team being reviewed.”
- “It felt relaxed and not too formal which was helpful being a developmental review.”
- “I appreciated the structure of the day, roles clearly defined and guidance throughout the day for those who had not been part of a review before.”
- “There was a clear plan for the day and the expectations and reference made to the evidence submitted.”
- “The training provided pre-review around the process was helpful, and the responsiveness of the team during the process was also a positive.”
- “The host team works in a different way to the team I belong to, therefore having discussions around different ways of working, challenges and solutions was beneficial.”
- “It was a good mix of people on the panel from other veteran services, the QNVMHS and a veteran representative. The panel members were really helpful and it felt like a supportive process.”
- “It was great to get the feedback from the individual veterans and family members called for feedback.”
- “Useful opportunity to hear and see what other likeminded organisations are providing support to veterans and families.”
- “The contact and responsiveness of the QNVMHS team was excellent. The peer review day was really well managed, and the reviewers appeared very supportive.”
- “Providing the veteran and client feedback opportunity as clients frequently ask about how they can feed back about our services. “

However, we did receive some comments suggesting improvements that we could make as a network to our peer review process. These are summarised below with comments to explain how we plan to address these.

YOU SAID

WE DID

<p>“There was a lot to get through on the peer review day. More time could be used for the feedback session at the end to focus more on problem solving with the service.”</p> 	<p>We will be reviewing our timetable and ensuring there is adequate time to go through feedback at the end of the review day.</p>
<p>“We hadn’t realised that the veteran and carer phone calls could take place on different days, or who should be attending the staff meeting.”</p> 	<p>The guidance documents sent out to services will be revised to ensure that there is clear information around the veteran/carers calls, and who should attend the staff meeting.</p>
<p>“Some of the standards felt repetitive and it was also difficult to get through some of the aspirational standards with the time we had.”</p> 	<p>We will be devising meeting scripts for each meeting to ensure that the standards are condensed into overarching themes, to save time and reduce repetitiveness.</p>
<p>“It would have been beneficial to visit the service in-person, particularly when meeting with veterans and carers”</p> 	<p>All of our peer reviews currently take place online, but we will continue to review this decision in line with our member feedback to see if moving towards face-to-face reviews will be possible.</p>

APPENDIX 1: LIST OF MEMBERS

The following list details the veterans' mental health services that participated in this year of membership (2022 – 2023) and have been referred to throughout this report.

Ely Centre
St Andrew's Veterans Complex Treatment Service (CTS) - Operation Courage
Veterans at Ease
NHS Borders – Veterans First Point
NHS Tayside – Veterans First Point Tayside
Mode Rehabilitation
NHS Ayrshire and Arran - Veterans First Point Ayrshire and Arran
Cumbria Northumberland Tyne and Wear NHS Foundation Trust - Veteran Transition Intervention and Liaison Service (North Team)
Defence Medical Welfare Service
NHS Lanarkshire - Veterans First Point - Lanarkshire
Brooke House - Brooke House Health & Wellbeing Centre
Anxious Minds
East Durham Veterans Service
Berkshire Healthcare NHS Foundation Trust - TILS and CTS
Camden and Islington NHS Trust - Operation Courage Veterans' Mental Health and Wellbeing Service
Veterans Outreach Support
The Royal Marines Charity - Veterans Mental Health Referral Programme
Pennine Care NHS Foundation Trust - The Military Veterans Service (incorporating MVS Greater Manchester & Lancashire & OpCourage-TILS, North West)
Essex Partnership University NHS Trust - Military and Veterans transition Intervention and Liaison Service. Op Courage.
Inspire Wellbeing – Mental Health Charity
Strategic Planning & Performance Group - Department of Health - Regional Trauma Network

APPENDIX 2: COMMITTEE MEMBERS

The Quality Network is governed by two key groups 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.

QNVMS advisory group members:

Prof Neil Greenberg, Prof of Defence Mental Health, King's College London (Chair)

Alison Salford, Programme Lead for Head Start, Walking With the Wounded

Andrew Brown, Veteran Representative, RCPsych

Anna Owen, Project Manager, Contact Group

Angus Kerr, Chair of Contact, Contact Group

Charles Highett, CEO, PTSD Resolution

Deirdre McManus, Consultant Psychiatrist, NHS Op Courage Veterans' Mental Health and Wellbeing Services, London & South East region

Diane Palmer, Associate Director of Nursing, Norfolk and Suffolk NHS Foundation Trust

Dr Jonathan Leach, Associate Medical Director, NHS England

Ellen Martin, Head of Armed Forces Health – Transformation, Armed Forces Health (England)

Kashmir Sidhu, Head of Quality and Clinical Governance, Combat Stress

Kirsteen Waller, Health Research Programme Manager, Forces in Mind Trust

Mark Bruce, Chartered Counselling Psychologist, Berkshire Healthcare NHS Foundation Trust

Maura Lynch, Scottish Veterans Care Network

QNVMHS accreditation committee members:

Professor Walter Busuttil, Director of Research and Training, Combat Stress

Andrew Brown, Veteran Representative, RCPsych

Anna Owen, Project Manager, Contact Group

Theresa Mitchell, Psychological Wellbeing Service Development Lead, Help for Heroes

Carolyn Brown, Clinical Lead, Walking with The Wounded

Dr Lucy Abraham, Clinical Lead, Scottish Veterans Care Network, NSS

Dr Ciaran Mulholland, Director, NI Regional Trauma Network

Lindsay Kirkwood, Consultant Counselling Psychologist, NHS Ayrshire and Arran

Samantha Booth, Counselling Psychologist, NHS Lanarkshire

APPENDIX 3: CONTACT DETAILS

Contact the team

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Website

www.rcpsych.ac.uk/qnvmhs

Online discussion platform

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



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VETERANS
QUALITY NETWORK
FOR VETERANS MENTAL
HEALTH SERVICES