



Quality Network for Veterans Mental Health Services

AGGREGATED REPORT

Pilot year (2020-2021)

Editor: Jemini Jethwa

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www.rcpsych.ac.uk/qnvmhs

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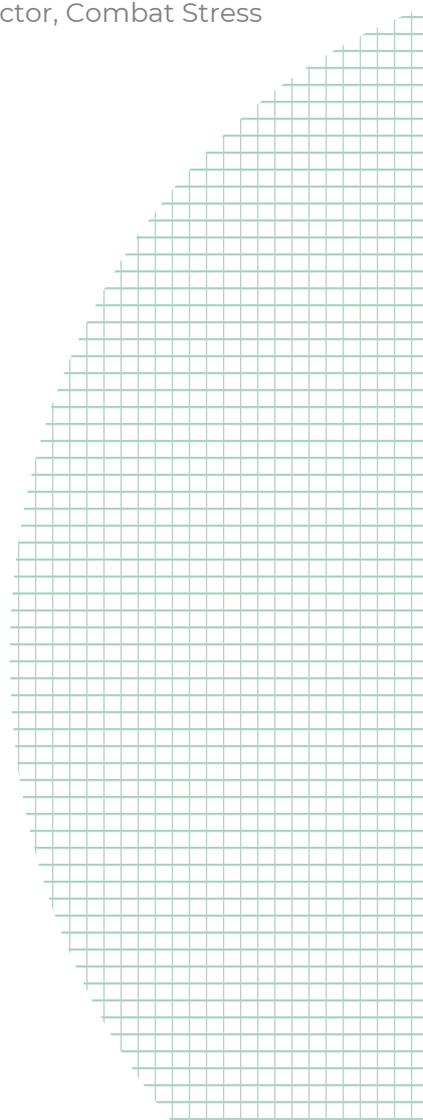
veterans@rcpsych.ac.uk

Artwork displayed on the front cover of this report:



A long way home

By Mr Christopher Proctor, Combat Stress



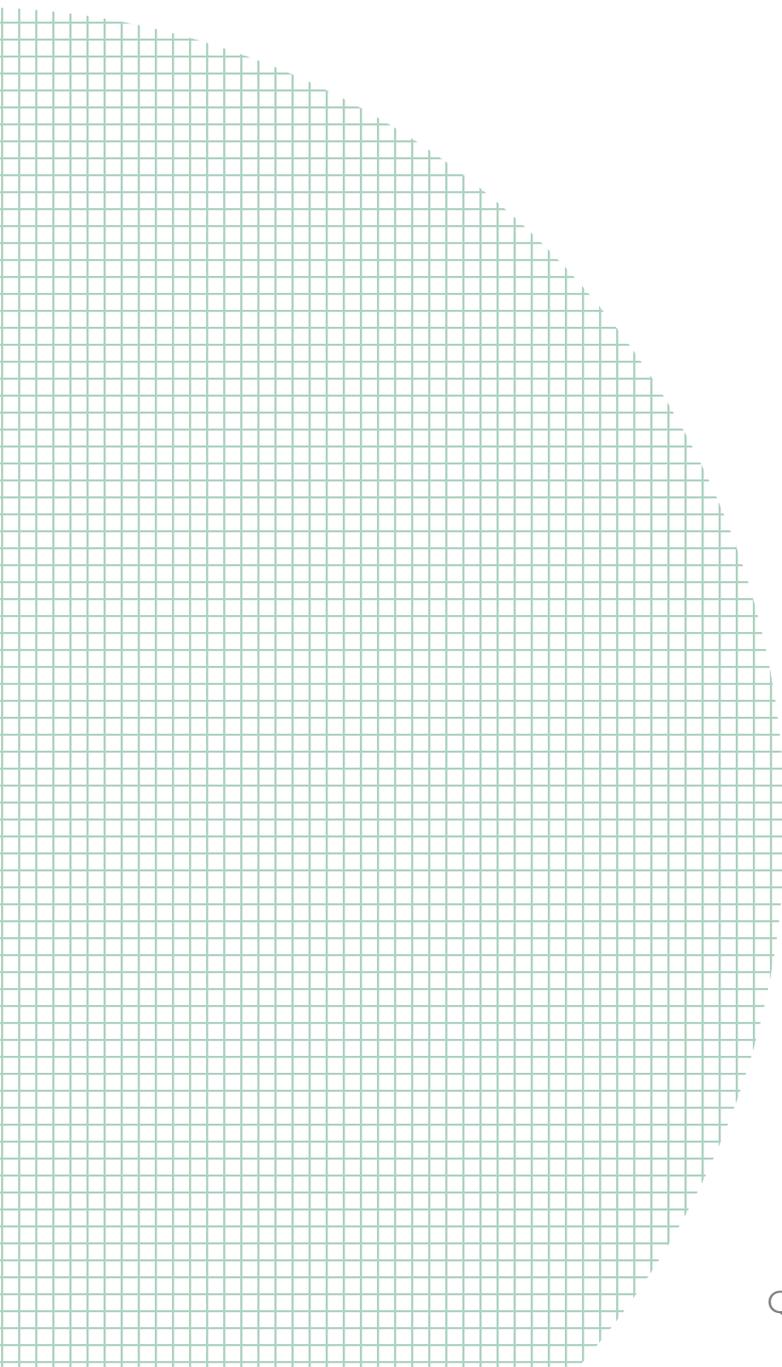
ACKNOWLEDGEMENTS

The Quality Network for Veterans Mental Health Services (QNVMS) gratefully acknowledges the Contact Group. The network has been set up in collaboration with the Contact Group and is 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:

- The Department of Health and Social Care and NHS England for funding the Quality Network pilot.
- Members of the QNVMS advisory group.
- All staff working in member services of QNVMS 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.
- Everyone who has taken the time to feedback following peer-reviews.



FOREWORD

When CONTACT was established in 2016, the Third Sector and NHS bespoke mental healthcare providers for veterans aimed to pool efforts to coordinate and deliver appropriate services avoiding duplication, delivering quality cutting-edge evidence-based interventions. Clear and straightforward coordinated clinical pathways ensuring high levels of treatment engagement, compliance, and completion were also envisaged. This first Aggregated Report from QNVMHS has been produced through the co-operation of Third Sector and NHS services across the UK directed by the Royal College of Psychiatrists. It sets the standards directed at achieving these aims.

The report highlights published specialist standards set against each clinical service collated into an anonymised report. Each service also receives a confidential feedback report about their own unique performance against each standard allowing for service enhancements, alignment, and improvement of practice with each standard.

Findings include high levels of performance accessing services, service user satisfaction, care standards and clinical governance.

This has been a collaborative non-judgemental learning and improvement process which will enhance the development of all participant services.

This report will attract other clinical service providers yet to join this process.

My thanks go to all members of the QNVMHS Advisory Group and Charles Winstanley, the Chair of CONTACT for their participation, and encouragement.

**Walter Busuttil, Consultant Psychiatrist,
Director of Research and Training and Chair of
QNVMHS Advisory Group**

The Quality Network For Veterans Mental Health Services is a ground breaking, leading-edge initiative to help transform mental health care for veterans across the UK. As the Veteran's Representative, and as a veteran with PTSD myself, I know only too well the fragmented scattering of a myriad of services, with different providers, different approaches, in many cases a lack of resources, coupled with an increasing patient population, and the attendant problems those pressures bring. This leads to very little sharing of experience and best practice, and few evidence based standards for services to benchmark themselves against.

This in turn means mental health treatment for veterans in the UK can be a post code lottery.

The Quality Network seeks to improve that, by providing a confidential peer-review service, against a set of nationally agreed evidence-based standards. The Network acts as a critical friend, providing sensitive, collegial support and guidance to member services. Self assessment and peer-review reveal areas of strength and areas for improvement, fed back confidentially in a supportive, collaborative manner. The emphasis is on peer support, not inspection.

No organisation can improve without reliable data collection and interpretation. The Network creates an environment where member organisations can benefit from aggregated data such as in this annual report, share experience and ideas via the Knowledge Hub, and through free conference and training events. Members contribute to the forming of the National standards, and can show service users, their carers and families, staff and commissioners, evidence of just what their service is doing well, and how they aim to improve further.

This report has many encouraging examples of best practice, and compliance to standards, with positive comments from members, staff, and patients. But it also highlights areas for improvement, with suggestions for further investigation and development.

I am honoured to be involved in this project, pleased with the positive results within the report, and I'm enthusiastic and committed to seeing the network grow in the coming year.

**Andrew Brown, Veteran Representative, The
Royal College of Psychiatrists**

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 just under 30 quality network, accreditation and audit programmes organised by the Royal College of Psychiatrists' Centre for Quality Improvement.

Member services are reviewed against published specialist standards for veterans mental health services¹.

WHAT WE DO

We adopt a multi-disciplinary approach to quality improvement in veterans mental health services. A key component of our work is the sharing of best practice by listening to and being led by staff, veterans and their families/carers.

We serve to identify areas for improvement through a culture of openness and enquiry. The model is one of engagement rather than inspection. We aim to facilitate quality improvement through a supportive network and peer-review process.

MEMBERSHIP BENEFITS

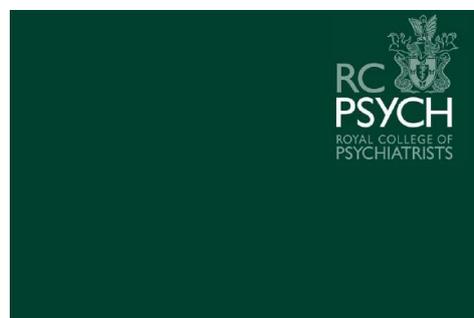
- The opportunity to review and network with other veterans mental health services to learn and share good practice
- A detailed service report and a national aggregated annual report
- The ability to benchmark your practices with other similar services
- Involvement in the development of nationally agreed standards for veterans mental health services
- Free attendance at QNVMHs events or training

¹ www.rcpsych.ac.uk/qnmhhs

OUR STANDARDS

These standards were developed in 2020 from recommendations in key literature, research and in consultation with a range of stakeholders.

Care has been taken to ensure that the development of these standards has taken into consideration a wide range of sources, including research, policies and the views of professionals working in veteran mental health services. Access the standards below.



Quality Network for Veteran Mental Health Services
Quality Standards for Veteran Mental Health Services
Editors: Cassie Baugh, Deputy Programme Manager and
Harriet Clarke, Head of Quality and Accreditation
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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 veterans mental health, as well as a veteran representative who has military experience. A list of advisory group members can be found in Appendix 2.

KNOWLEDGE HUB

Members of the Quality Network will also receive access to our online discussion platform called Knowledge Hub. This is specifically for veterans mental health services and will enable you to engage in discussions to share learning, upload and share documents and network with others.

THE REVIEW PROCESS

Annual review cycle



After the standards have been published, the peer-review process consists of two phases, the completion of a self-review assessment which is followed by an external peer-review process. Local reports are then sent to member services within four weeks of the peer-review date. At the end of a review cycle, an 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 veterans mental health.

Self-review

As part of the peer-review, services complete a self-review process which includes a self-rated score and comment against each standard and any accompanying evidence. Questionnaires are distributed to staff, patients 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 identify where their own achievements and challenges lie.

Peer-review

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.

A visiting multi-disciplinary peer-review team meets with those working in and using the service (including patients 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 being reviewed receives preliminary findings at the end of the review, drawing on achievements and areas for improvement. These findings are expanded on in a comprehensive local report and include supportive recommendations to assist in making improvements.

Report

The data that is collected from a 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 in how they can work on these areas.

The data obtained within reports is then fed into a national aggregated report and action is taken to address any development needs that have been identified.

An aggregated report is produced including data from all participating member services, which can be used to benchmark veterans mental health services with one another and identify good practice examples and areas of innovation across services.

INTRODUCTION

This report uses the data collected from member services who completed their peer-review against the Standards for Veterans Mental Health Services – 1st Edition (2020).

10 veterans mental health services took part in the pilot year 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.

CONTEXTUAL INFORMATION

As part of the self-review process, we asked member services to provide us with some contextual information about the service and the way in which they operate. We have summarised some key findings from the contextual information below, which refer to the average caseload across services and the average length of time between referrals and assessment.

Figure 1.

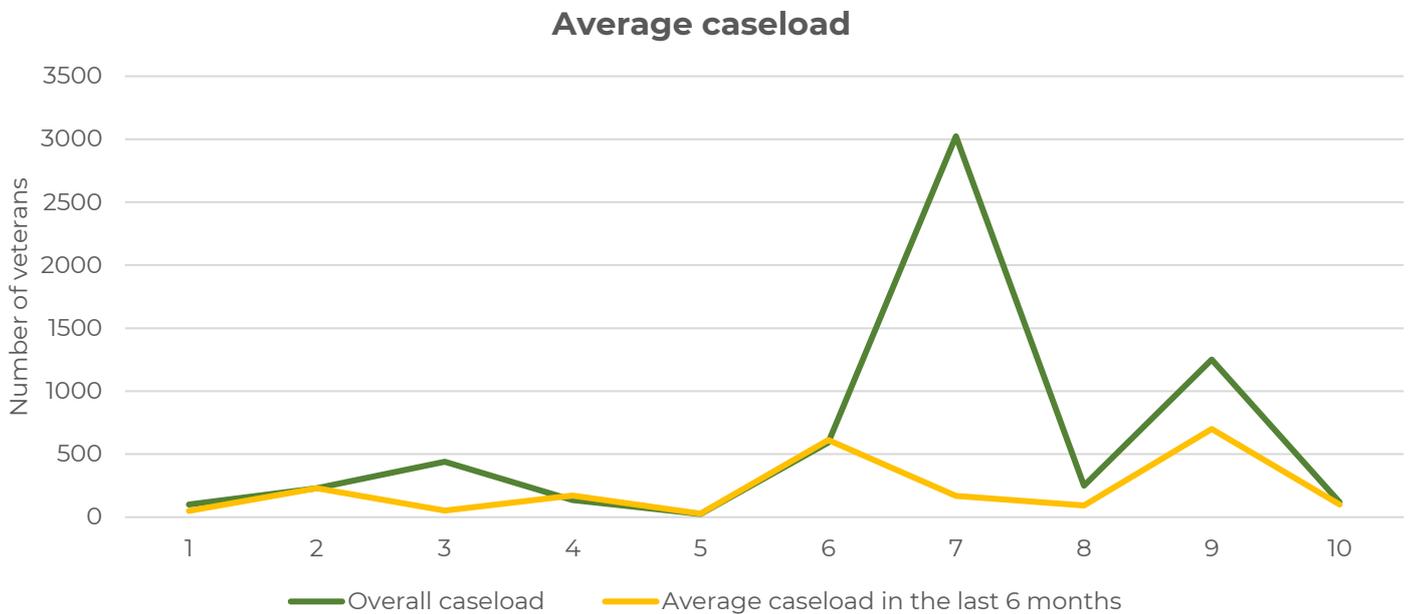
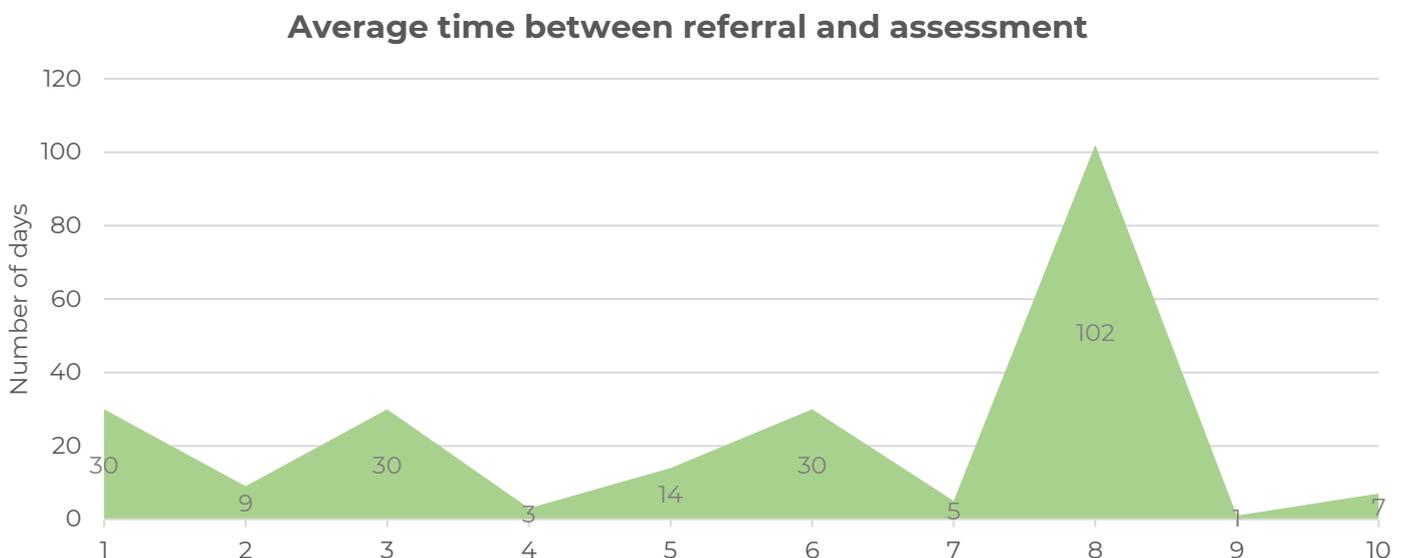


Figure 2.



KEY FINDINGS

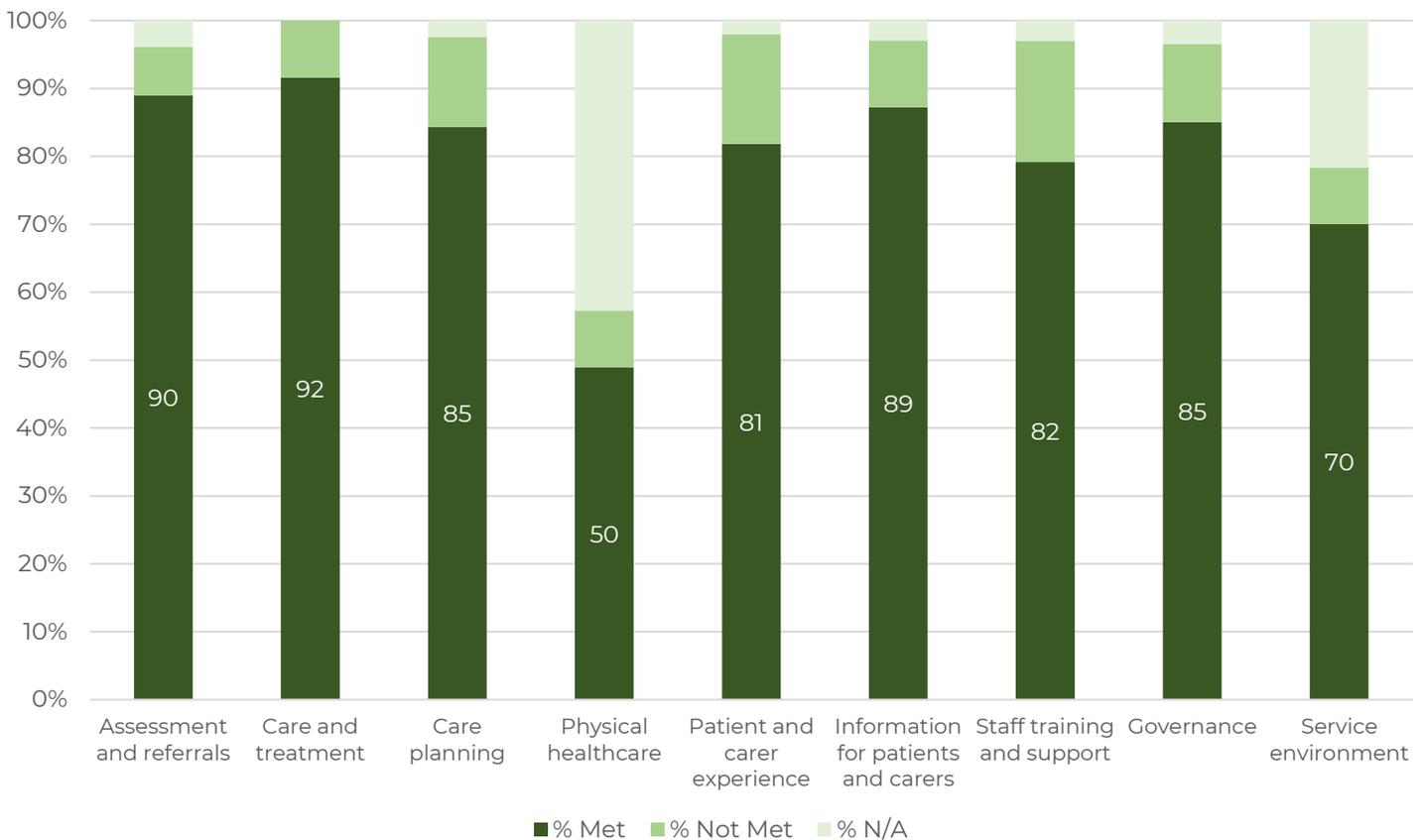
This section provides an overview of the findings from the pilot year peer-reviews. It explores key findings identified in terms of how services are performing against the QNVMHS standards.

OVERVIEW

On average, member services fully complied with **87%** of standards for veterans mental health services. The table below demonstrates the overall score for each service according to their individual service code.

	1	2	3	4	5	6	7	8	9	10
Score	91%	96%	91%	94%	84%	91%	75%	86%	74%	88%

The figure below demonstrates how services complied with the QNVMHS standards by each category.



Services excelled in the **care and treatment** and **governance** categories. The category which demonstrated the lowest compliance with standards is **physical healthcare**, which involves reviewing and supporting patients with their medication and linking in with primary care services.

The most variation across services was identified in the **staff training and support** category, which looks at statutory and mandatory training provided to staff and the regularity of clinical and managerial supervision, as well as the provision of reflective practice.

ASSESSMENT AND REFERRALS



90% of services met standards within this category.

All services have systems in place to monitor waiting times and ensure adherence to local and/or national waiting time standards. Additionally, all services conduct an assessment that includes a consideration of adverse circumstances that may be presenting difficulties such as debt, employment, housing or social isolation to signpost for additional sources of information and support where appropriate.

However, not all patients are given accessible written information on their rights regarding consent to treatment, their rights under the Mental Health Act, how to access advocacy, a second opinion, interpreting services, how to view their records or how to raise complaints and compliments. There are also inconsistencies with services sending correspondence on the outcomes of assessments with the referrer, the GP and other relevant services within a week of the assessment.

GOOD PRACTICE EXAMPLES

The service has done a lot of work to reduce the waiting list. In particular, the welfare calls and access to the online group are both positive ways to support those waiting to access the service.
Leeds and York Partnership NHS Foundation Trust

The service is able to respond quickly to referrals. The client is put in contact with a therapist, who then arranges an appointment promptly. The service reported there is currently no waiting list in operation.
PTSD Resolution

There is a clear, streamlined pathway and method of access from the referral or self-referral right through to screening and assessments. This ensures that veterans are kept informed of the next steps along the process and is also supported by the buddy-buddy system.
Combat Stress

RECOMMENDATION

Determine a set of standards around waiting times and provide more information to veterans on the waiting list around how long they might expect before being seen. This could also include some information or support in the mean time while individuals are on the waiting list.

“It was my first time going through therapy and I thought the staff were excellent in supporting me.”

CARE AND TREATMENT



92% of services

met standards within this category.

Standards within this category look at assessments and interventions as part of a veterans care and treatment with the mental health service.

All services obtain patient consent to care and treatment which is in accordance with current legislation.

In addition, all teams have systems in place to follow up patients who have not attended an appointment or assessment. If veterans are unable to be engaged, these services will make a decision based on the veterans need and risk as to how long to continue to follow up with the veteran. However, 40% of services do not contact the referrer if a patient does not attend an assessment or appointment.

Some services are also not currently demonstrating that they offer evidence-based interventions which are appropriate for the bio-psychosocial needs of veterans within an agreed timeframe.

Services demonstrate that they can link in with other organisations to support veterans in undertaking structured activities such as work, education and volunteering.

RECOMMENDATION

For services that do not monitor DNA's, implement a formalised process for responding to when patients do not attend for their appointments and share this information with referrers.

RECOMMENDATION

Implement a carer strategy which covers all areas on how they can get involved in their loved one's care and treatment. Provide staff with training in carer awareness and/or family inclusive practice.

GOOD PRACTICE EXAMPLES

There is compassionate consideration provided to patients' cultural background and protected characteristics to ensure therapists appropriately match their needs.

Walking with the Wounded

There are a range of innovative ways of working and providing alternative interventions including the new modelling group and nature ecotherapy group that has been piloted.

Ely Centre

The service is transparent and collaborative with veterans. The team try to empower individuals and enable them to recognise their own life goals and support them to reach these targets.

Icarus

CARE PLANNING

85% of services
met standards within this category.

This category looks at care planning provided to veterans when they access the service. Across all services, patients know who is co-ordinating their care and how to contact them if they have any questions.

A majority of services also actively involve patients in shared decision-making about their mental and physical healthcare, treatment and discharge planning and support them in self-management.

However, not all services are obtaining clinical outcome measurement data which includes progress against user defined goals. Only 40% of services will review clinical outcome measurement data every six months and share this data with commissioners, the team, patients and carers.

GOOD PRACTICE EXAMPLES

A new initiative was introduced where therapists will share their screen for online therapy, to go through patient care plans together and patients can directly contribute. This was also reflected in patient feedback, where it was reported that patients can input into their own care plans and are offered a copy of these via email.

Walking with the Wounded

There are good links with other services including third sector charities. The collaboration between these services enables the service to refer and signpost veterans to organisations that provide specialised support in employment, housing and social services.

Veterans' NHS Wales

I was asked for my approval and if I understood my care plan. My feelings always came first and I was asked if I was ready for what happens next.

RECOMMENDATION

Review clinical outcome measurement data on a 6-monthly basis to produce a snapshot of the findings so far, ahead of the larger, annual analysis and publication of the national report. Consider which outcome measures can be used to demonstrate success of the service.

PHYSICAL HEALTHCARE

50% of services

met standards within this category.

Standards within this category look at the use of medication (for applicable services) and linking in with primary healthcare.

Most services will arrange for patients to access screening, monitoring and treatment for physical health problems through primary and secondary care services, which is documented in care plans.

A majority of services will also offer personalised healthy lifestyle interventions including advice on healthy eating, physical activity and access to smoking cessation services.

For all services that prescribe medication, specific treatment goals are set and patient consent is recorded. There are also regular medication reviews which includes an assessment of therapeutic response, safety, management of side effects and adherence to the medication regime. However, of these services, none provide access to a specialist pharmacist for patients, carers or prescribers to discuss medication.



RECOMMENDATION

Promote the service to GPs to raise awareness and build an understanding of what support may be required from primary healthcare professionals for the mental health service.

RECOMMENDATION

For services that prescribe medication, ensure patients, carers and prescribers can contact a specialist pharmacist when required, to discuss medications.

GOOD PRACTICE EXAMPLES

Outreach work to local GPs has made them aware of the service, and a positive relationship has been developed as a result.

Ely Centre

The service offers a wide range of evidence-based interventions in accordance with NICE guidelines. There are also more novel interventions being looked into to benefit the patient population and a Randomised Control Trial (RCT) is currently taking place to review this.

Veterans' NHS Wales

There are good links with GP services to discuss physical healthcare. The team have presented at a GP forum and have had regular discussions with GPs around joint working.

Veterans First Point - Lothian

PATIENT AND CARER EXPERIENCE

81% of services
met standards within this category.

This category assesses the experience of veterans and their carers and/or families. It aims to identify how patients and carers are involved and engaged with their service and if services are developed collaboratively with them.

All services demonstrate that staff treat patients and carers with compassion, dignity and respect. It was also reported by patients in all services that they feel listened to and understood by staff members. A majority of services also ask for feedback from patients and carers to make improvements to the service.

However, some services demonstrated poor compliance with standards relating to carer involvement. For instance, not all services support carers to access a statutory carers' assessment or provide carers with information on how they might be able to support their loved one.

GOOD PRACTICE EXAMPLES

The team adopts a holistic, needs-led and person-centered approach to all beneficiaries. Any feedback that has been received from beneficiaries and families has been used to adapt and improve services, such as responding to feedback.

Help for Heroes

The service is client centred and flexible to clients' needs. Clients and carers gave positive feedback on their experience with the service, reporting they felt treated with compassionate, respect and staff were 'good humoured'.

PTSD Resolution

Feedback from veterans on their experience of using the service was very positive around staff's understanding of veterans and military culture, and being very approachable and supportive. It was positive to note that the service emphasises and adopts a veteran-to-veteran approach and establishes a good rapport with those that use the service.

Icarus

Staff are outstanding and they go out of their way to support you.

I felt like the staff cared about me and I'm so grateful for them.

RECOMMENDATION

Identify a carers champion within services to act as a main point of contact for carers in providing information and support. This includes how to access a statutory carers assessment and how they may be able to support their loved one.

INFORMATION FOR PATIENTS AND CARERS



89% of services

met standards within this category.

Standards within this category look at information and correspondence that is sent out to patients and their carers from the service.

It is positive to note that all services provide patients with information on their treatment including their choice of time, venue and type of therapy that they are receiving. Patients spoken to across all services reported having information on who to speak to if they are experiencing difficulties with the therapy process.

A majority of services provide patients (and carers, with patient consent) with information on the patient's mental illness and treatment, but this is mostly verbal. Most services can provide this information in a range of formats to suit individual needs.

However, not all services have access to, or use interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation.

RECOMMENDATION

Co-produce leaflets and written information for veterans on their mental illness and treatment, or make this information easily available on the service website.

RECOMMENDATION

Establish links with interpreting services that are sufficiently knowledgeable and skilled to provide accurate translations. Patient's relatives should not be used unless in exceptional circumstances.

GOOD PRACTICE EXAMPLES

The team have provided an accessible service with a range of flexible options for patients to access appointments. They have adapted well to providing a service online including a 'how to' guide for video calls and providing a test call to alleviate any anxieties.

St Andrew's VMH CTS

Resources are currently being compiled by a volunteer who works with the service. These resources will be available for veterans accessing the service which will be beneficial in providing additional information going forward.

Leeds and York Partnership NHS Foundation Trust

There are self-help guides which have been made easily accessible to people on the website.

Help for Heroes

STAFF TRAINING AND SUPPORT

82% of services

met standards within this category.

This category looks at staff support including access to supervision and reflective practice sessions. It also identifies what access to training staff members have.

All services demonstrate that they are actively supporting staff health and wellbeing. This also includes supporting staff members to take breaks during their working day. In addition, all services offer post-incident support to staff members who may be affected by a serious incident.

However, there was a lot of variation across services in terms of access to training. All services demonstrate that staff receive training consistent with their role, but many services were not providing staff with training on carer awareness, family inclusive practice and social systems. There was also a lack of training in some services on recognising and communicating with patients with cognitive impairments or learning disabilities.

GOOD PRACTICE EXAMPLES

The team offer a lot of support to one another, but there is also an approachable and supportive leadership team in place. There are daily team meetings to enable staff to check in with one another and ensure breaks are taken.

Veterans First Point - Lothian

The team at Combat Stress are innovative, forward thinking and passionate. There are support systems in place for staff including workshops on resilience, mindfulness, relaxation and yoga for staff to access.

Combat Stress

Staff receive individualised funding for training courses to support them in their professional development.

Veterans' NHS Wales

The staff team reported they are happy, feel supported in their roles and find their work rewarding.

PTSD Resolution

RECOMMENDATION

Provide all staff members with training on carer awareness, family inclusive practice and social systems (including carers' rights and confidentiality). Additionally, provide training on recognising and communicating with patients that have learning disabilities.

Working here feels like a family environment, we all work really well together. The support we receive is unbelievable.

GOVERNANCE

85% of services

met standards within this category.

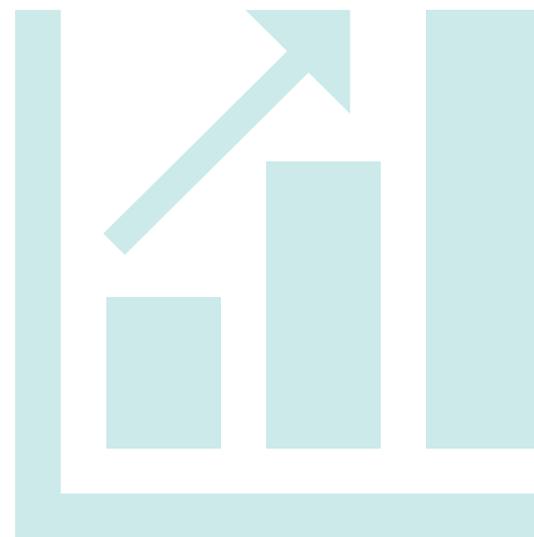
Standards within this category look at services joint working links with other agencies to promote and support veteran mental health, as well as staffing and service developments.

It is positive that all services are able to support patients to access housing support, support with finances and debt management and social services.

In terms of staffing, all services have a mechanism for responding to low or unsafe staffing levels and if staff are on leave, there are plans in place to provide adequate cover.

Many services use quality improvement (QI) methods to implement service improvements. However, only 50% of services actively encourage patient and carers to get involved in these QI initiatives.

Furthermore, only 30% of services have a care pathway for the care of women in the perinatal period, which includes pregnancy and 12 months postpartum.



RECOMMENDATION

Implement quality improvement projects for the service that actively involves the input from patients and carers at the service.

RECOMMENDATION

Services to develop a care pathway for the care of women in the perinatal period which includes assessment, care and treatment and referral to a specialist perinatal team.

GOOD PRACTICE EXAMPLES

There is a multi-layered out-of-hours support service to provide comprehensive access to other organisations.

Veterans' NHS Wales

There is a wide-reaching network with other veteran charities and organisations. This enables the team to signpost patients to access support for employment, housing and resettlement, alcohol or addiction problems, legal issues and education.

Icarus

There is a good skill mix across the team and they have been proactive in looking at longer term opportunities for staff such as offering student placements.

Leeds and York Partnership NHS Foundation Trust

The service has a clear road map for the future. They knew where the challenges are and have ideas for working towards them with a clear vision of what they want to achieve.

St Andrew's VMH CTS

SERVICE ENVIRONMENT

70% of services

met standards within this category.

This category looks at the physical environment of team bases, if applicable. This category of standards does not apply to services that work remotely.

All services have an environment which is clean, comfortable, welcoming and safe. There are procedures in place to ensure the safety of patients, carers and staff. In addition, all service environments comply with current legislation on disabled access, which includes providing any relevant assistive equipment. A majority of service environments are also designed to avoid exposing people to triggers that could worsen their symptoms or stop them from engaging with treatment.

Most services ensure that clinical rooms are private and conversations cannot be overheard. However, alarm systems (e.g. panic buttons or personal alarms) which are easily accessible for patients, carer and staff are not in place at all services.

GOOD PRACTICE EXAMPLES

The installation of three soundproof pods is an innovative initiative, to ensure there is greater ability for staff to have a private conversation with patients or for virtual conferencing. These pods will allow for private and confidential sessions to take place and ensure conversations cannot be overheard.

Walking with the Wounded

The service environment has an impressive space and has been developed over time to allow more to take place on the different sites.

Ely Centre

The service environment offers a welcoming and homely atmosphere. The team have put consideration into any aspects of the environment which might act as potential triggers for veterans and adapting the environment where this is the case. There is plenty of information available, including information leaflets and self-help resources.

Veterans First Point - Lothian

“It is discrete so I feel comfortable going there. It’s an open and welcoming space, there are things to do while I wait and I like going there.”

RECOMMENDATION

Conduct an audit of clinical rooms used by the service, to ensure that they are fitted with alarm systems (either panic buttons or personal alarms) that are accessible easily for those using the rooms.

MEMBER FEEDBACK

This sections summarises the feedback we sought from peer-reviews. We collected feedback from the 10 member services following each peer-review, as well as feedback from those that attended these as peer-reviewers.

100%

found the opportunity to meet people from other services useful.

100%

felt they had the opportunity to discuss issues relevant to veterans mental health services.

100%

felt it was made clear that the review is intended to be a supportive process.

100%

found the review team provided feedback sensitively highlighting strengths and areas for improvement.

WHAT WENT WELL

- The whole process was helpful in finding out about other military charities and reinforced our own charity objectives.
- I look forward to taking part in future reviews, I found the experience a very positive one.
- A really helpful and supportive process. It has guided us to move some of our projects up the priority list for completion, given us validation for our service and good practice ideas from other organisations.
- I was really impressed with how the process was organised and facilitated.
- We found the process beneficial and interesting. It prompted us to improve some of our practices.
- Our review was well-managed and we had good engagement from the review team.

SUGGESTIONS

- It would be good to have a mix of reviewers who are both new to reviewing and ones who had already completed a review.
- There were a couple of technical issues as the review was virtual, it would be good to start the review day a bit earlier.
- It would be good to have face-to-face review visits.
- Adjusting the wording of the standards as some were ambiguous.

APPENDIX 1: LIST OF MEMBERS

This list consists of veterans mental health services that took part in the pilot year (2020 – 2021). The services in this report have been anonymised by an individual service code for this report. The list below is not representative of the order of service codes used throughout this report.

Team Name	Trust/Organisation	Location
Combat Stress	Combat Stress	Leatherhead
Ely Centre	Ely Centre	Co Fermanagh
Head Start	Walking with the Wounded	Norfolk
Hidden Wounds	Help for Heroes	Wiltshire
Icarus	Icarus	Aberdeenshire
PTSD Resolution	Charity	East Sussex
Veterans First Point - Lothian	NHS Scotland	Edinburgh
Veterans' Mental Health Complex Treatment Service - North of England	Leeds & York Partnership NHS Foundation Trust	Yeadon
Veteran's Mental Health Complex Treatment Service (VMH CTS)	St Andrew's Healthcare	Northampton
Veterans' NHS Wales	Cardiff & Vale UHB	Cardiff

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 patient representative who has military experience.

A list of members of the QNVMHS advisory group can be seen below.

Dr Walter Busuttil, Medical Director, Combat Stress (Chair)

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

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

Dr Sarah Jones, Head of Psychological Wellbeing, Help for Heroes

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

Prof Neil Greenberg, Professor of Defence Mental Health, King's College London

APPENDIX 3: PROJECT TEAM CONTACT DETAILS

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Website

www.rcpsych.ac.uk/qnvmhs

Online discussion platform

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

Royal College of Psychiatrists Centre for Quality Improvement
21 Prescott Street · London · E1 8BB

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