

## Issue 03, December 2022

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# WELCOME

Welcome to our 3<sup>rd</sup> Issue of the Quality Network for Veterans Mental Health Services newsletter! We are pleased to be sharing another fantastic range of articles with our members. This newsletter covers articles on delivering an equine assisted therapy program, providing a transdiagnostic approach for veterans, crafting a recovery intervention and an update on Project -100 featured in our previous issue. Thank you to all contributors! Moreover, we are particularly thrilled to showcase some of the artwork submissions received from veterans, carers and family members, and staff from veterans mental health services.

As we near the end of our first year of offering the accreditation membership, we are pleased to include a section in this newsletter to celebrate our recently accredited members and to recognise this fantastic achievement.

As a Network we are committed to supporting all services engaging with this process and

offering flexible membership options where required for the coming year. Additionally, we hope to be welcoming some new member services to take part in our network and get involved in the sharing of best practice through peer reviews.

This year we have conducted 28 peer reviews, successfully hosted our second Annual Forum, published another Aggregated Report and, following member feedback, revised some of our review processes. We are now at the start of our third cycle of reviews and are looking forward to supporting existing and new members through their reviews.

Finally, we would like to wish all our members and stakeholders a wonderful festive season and a happy new year!

**Melina Charalambous, QNVMHS Project Officer**

## Have you read our Aggregated Report (2021-2022)?

We are pleased to share the second aggregated report for Veterans Mental Health Services (PDF) following the 2021 - 2022 cycle.

This report provides an overview of how services performed against the QNVMHS standards and helps services benchmark themselves against their peers. It also provides a great range of good practice examples and themes from commonly unmet standards.

You can access the report on our [website](#).



## Equine assisted therapy program for veterans in Northern Ireland

**David Cameron**, Consultant Clinical Lead  
Psychologist, Inspire and June Burgess –  
Horses for People

The horses for people (HFP) group equine assisted therapy (EAT) program was delivered to Northern Ireland veterans as part of the Tackling Serious Stress Recovery Together Program, funded by the Armed Forces Covenant Trust Fund.



*Jackson a military veteran of some standing*

Many Veterans are often reluctant or actively avoid seeking mental health treatment. Barriers to accessing support include poor psycho-education, logistical problems, perceived shame - stigma, poor treatment experience, and emotional capacity – readiness to engage. These barriers are compounded for veterans who served and live in post conflict NI where the ongoing security risk and socio political sensitivities mean they are understandably guarded about disclosing their veteran status. In addition for veterans who do engage in evidence based psychological therapy the attrition rate is notably high while upwards of

one-third to one-half of those who complete treatment demonstrate little meaningful clinical change or significantly improved functioning. Psychopharmacological interventions (most commonly, serotonin reuptake inhibitors) do benefit some patients, however because of intolerable side effects, alongside limited therapeutic gains many are con-compliant. It is essential therefore to identify and develop additional safe, acceptable primary or adjunctive treatment alternatives for the veteran population.

Experientially-oriented, group Equine Assisted Therapy (EAT) is an alternative therapy which uses horses to facilitate communication, camaraderie and mindful awareness of thoughts and behaviors. Non-riding, on the ground – in the paddock exercises with horses are designed to promote affect regulation, grounding, reflection and verbal and nonverbal communication and where typically each session opens and closes with a reflective space “circle” to allow participants to process their experiences. Preliminary findings from standardized EAT are promising indicating it is safe, acceptable



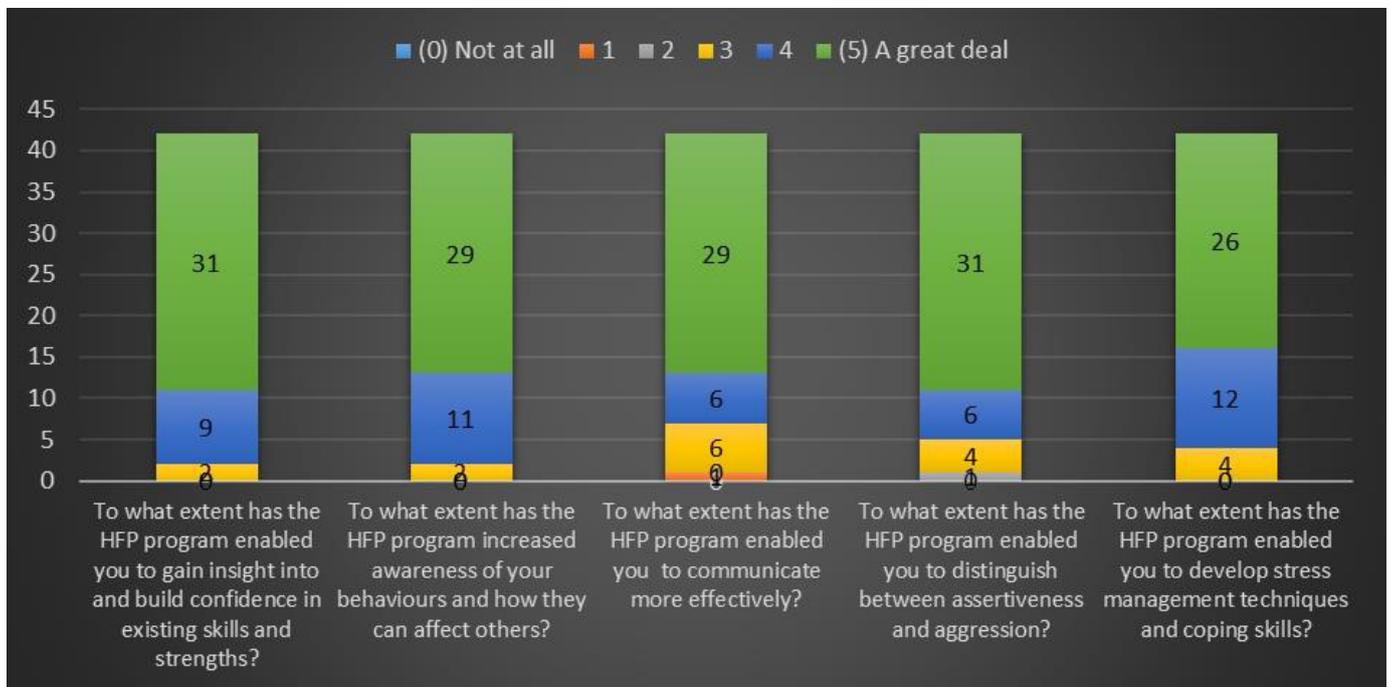
*Clinical Lead being put through his paces*

and well attended, alongside demonstrating reduced symptomatology and improved quality of life.

The horses for people program was facilitated by June Burgess, herself an accomplished equestrian who competed for Ireland upwards of sixty times. June and her team – Horses for People are the first organisation in the UK to be approved for inclusion in the

gold standard Human Equine Interaction Register, which regulates the equine assisted industry. The two day course adapted for NI veterans was delivered from her stables in Ballygraffan, an area of outstanding beauty and home to several now retired thoroughbred race horses and Jackson, himself a military veteran of some standing who at an impressive eighteen hands is rumoured to be the largest horse in Ireland.

**Figure 1. Veterans self-rated experience of the two-day EAT program**



For a cohort of 42 veterans who rotated through and completed the EAT program they rated their experience on each of five questions using a Likert Scale which ranged from (0) not at all to (5) a great deal. As highlighted in Figure 1. above, positively a substantial majority reported that the HFP program helped identify and build on existing strengths, develop stress management techniques, communicate more effectively, increase awareness of the

impact of their behavior on others and significantly discriminate between healthy assertiveness and unhealthy disproportionate aggression.

Notwithstanding the small numbers and the limitation of not administering a standardised psychometrically validated clinical scale, the positive trends were corroborated by the personal testimonies of the participants which indicated high levels of satisfaction with the program;

## Testimonies of participants

"Delivers a very worthwhile experience to help people gain confidence in everyday aspects of life"

"I would highly recommend this course to any veterans who require any help. I have gained more insight about myself in the past two days than a year of counselling"

"Has gave me belief and show me trust can be gained through being confident. Would strongly recommend"

"The course made me realise that I have more strength to do things for myself and has left me feeling more positive about my future"

"Took you out of your comfort zone and helped you think and understand yourself better through activity working with the horses"

"Reminded me that I can be assertive in a positive way and not to worry about others reactions to my assertiveness. It has also improved my mood and stress levels"

"A great experience - simple exercises but so effective - raising awareness to boundaries, trust, respect"

"Informative, educational, motivational"

# A Transdiagnostic Approach for Veterans, Partners, Families and Carers

**Susan McCormack**, CEO & Clinical Lead,  
Mode Rehabilitation

With the ever-evolving environment we are living in, mental health suffering is the most common and crucial evidence hampering growth gigantically and despite such awakening, an appropriate and effective system for supporting this desperate situation, is not setup. This led to the establishment of Mode Rehabilitation an independent recovery and rehabilitation facility, registered charity in South Manchester, supporting divergent client groups in varied contexts through the application of transdiagnostic approaches to psychopathology. The organisation primarily aims at offering suitable services which empower and support veterans, partners, families and carers. To engage veterans in mental health support including psychological therapy, we include systemic support for individuals, partners and carers to express their views during a time of emotional experiences.

There is an increasing awareness of the effects of family engagement and benefits to their support, when working with individuals. Benefits can be found when family and friends' share in that support. The chaotic and traumatised internal world of the client and behavioural changes can impact family members. In being mindful of this tension between veterans and family/carers, exposure to stressors can create vicarious trauma incidents impacting various aspects of the lives of all involved. The impact of

traumatic stress on psychological (e.g., identity) social, and relational, individuals with a trauma history pose significant challenges.

Studies have recognised that the needs of the individual may lead to an incomplete understanding of decision making for informed consent. However, family can certainly coerce, persuade, or even manipulate a patient and therefore, agency, is essential, particularly when making important decisions that affect everyone involved. Families can offer suggestions with the best intentions, however, independent decision making to ensure that the patient feels free to decide is also important. Therefore, we encourage support for the whole family involved in the care of the veteran, and this approach encourages attendance, improves monitoring and amplify an effective therapeutic relationship.

## Methodology adopted for facilitation of therapeutic sessions

### 1. Method of Levels (MOL)

- ⇒ Is effective theory which aims to allow whatever is in the person's awareness to be highlighted; maximising symptomatic and functional remission; avoiding arbitrary control (the entanglement of content). The method also allows flexibility in confined spaces for spontaneous change.
- ⇒ It can be understood as a psychological therapy based on Perceptual Control Theory (PCT) wherein due assistance is offered to individuals in reducing psychological distress. This therapeutic process has systematically proven to help individuals navigate their distress by shifting their awareness to the potential source of conflict.
- ⇒ It is transdiagnostic and can be applied across a range of presenting problems and

psychiatric diagnoses. In previous articles, we have discussed how we have implemented this approach and its effectiveness on client attended between one and five sessions.

- ⇒ Discussing the efficacy and sustainability of employing MOL, it is particularly advantageous in partners, family, carers and young people.
- ⇒ Importantly, its flexible approach assists individuals navigate present moment instigators by drawing attention to their individual conflicting goals. It circumvents around talking through differing values illuminating patterns of control that are perpetuating distress.
- ⇒ The sessions enabled these individuals to shift his or her awareness from rigid core beliefs to understand higher goals, which when attended to, resolve deep rooted systemic issues and facilitate harmonious relationships, through greater focus/attention on engagement of each person's goals.
- ⇒ Clients revealed that the PCT techniques and the application of MOL was uniquely helpful, flexible and impacted their mental well-being in a positive way in developing awareness of higher goals such as, maintaining 'macho' integrity, employment, education and purpose.

## 2. Goal-based Outcome Materials

- ⇒ This method is to aid partners and friends identify and work with their goals.
- ⇒ Often the conflicting goals, that is, what we see or think, manifests consequently resulting in withdrawal from the society, symptoms of anxiety, rumination which further can lead to isolation, aggressive behaviour and thoughts of suicide. Through this method we aim to eliminate the conflicting goals with our personal, self-actualized goal which resonates with our personality.
- ⇒ It is our understanding that the conflicting goals take space when the goal of maintaining meaning was lost through the loss of opportunity or important goals unmet, to serve and feel valued, or an emerging perception of letting their fellow family, partners and/or friends down arose.
- ⇒ The thorough recognition of these goals will lead to an immediate relaxation of reducing anxiety symptoms, to further shift awareness of the blockages in attaining peace, and creating disempowerment from maintaining important goals.

### Conclusion

The feedback received from the clients for this approach, was that it was gentle, non-invasive, or coercive and instead, a safe environment to talk about the turmoil, without explaining unimportant or arbitrary detail and giving attention to the problem (at a level directed by the person/veteran or helping the client navigate their attention on struggles). It is hoped that the research outcomes from our interventions will make a great contribution towards helping more armed forces community members, and professionals in understand veterans and family/carers cope during the support process.

## Craft a recovery intervention

*Emma Forrest, Lead Psychological Wellbeing Practitioner, Hidden Wounds Service*

Psychological Wellbeing Practitioners (PWP's) within Help for Heroes Hidden Wounds Service offer those we support a bespoke and effective intervention known as CRAFT (Community Reinforcement and Family Training). The intervention has been created and designed to support the loved one (or significant other) of a veteran. CRAFT is a Cognitive Behavioural Therapeutic (CBT) based programme focusing on providing the family member or friend with the skills necessary to improve their own wellbeing, improve the relationship with the veteran and offers the means with which to sensitively encourage the veteran to seek professional help where they are currently averse to engaging in support.

CRAFT is underpinned by two key principles:

- ◇ Behaviour change happens through positive intervention. CRAFT assists those engaged in the intervention to develop the skills to improve positive communication with the veteran and also to encourage their healthy behaviours.
- ◇ Loved ones play a crucial role in supporting the veteran in their wellbeing and recovery. CRAFT recognises that loved ones may have a better understanding of their veteran's situation and the intervention is underpinned by assisting loved ones to make small changes that can have a significant impact on the way they and their veteran interact. Significantly, CRAFT also recognises that in many cases the loved one may be directly

impacted by the veterans' difficulties and it is also designed to improve the emotional and physical health of the loved one, allowing them improved wellbeing whilst helping the veteran.

CRAFT was originally developed in the USA back in the late 1970's for the concerned significant others (CSOs) of people misusing alcohol and other substances. Evidence compiled in the USA utilising CRAFT in this way suggests that CSOs who engaged in the intervention were 66% more able to encourage their loved ones to seek professional help after 3 months. CSO's also reported reductions in their own physical and psychological symptoms of anxiety, depression, anger and described improved relationship functioning.

Following this, Veterans' Affairs (VA) adapted the original CRAFT program for the CSOs of their veteran population, creating and piloting online versions of CRAFT for both Post Traumatic Stress disorder (PTSD) and Alcohol Use disorder (AUD) reporting similarly positive results.

Kings College Mental Health Research (KCMHR) in turn adapted the VA-CRAFT materials to create UKV-CRAFT for depression, anxiety disorders, PTSD and alcohol misuse. In 2017, PWP's within the Help for Heroes Hidden Wounds Service began implementing a study offering either the CRAFT intervention or the randomised control to the loved ones of treatment resistant veterans.

Whilst the study with KCL was successfully completed some time ago Hidden Wounds Service have continued to offer CRAFT as one of our Step 2 Low Intensity Cognitive Behavioural Therapy (LICBT) interventions, where clinically appropriate, and continue to see encouraging results.

## Help For Heroes

We remain focused on the three key skills offered within the intervention:

- ◇ Encourage and support their loved one (Veteran) to access help for their problems.
- ◇ Help the loved one to more effectively manage day-to-day and improve their own wellbeing.
- ◇ Improve the relationship between veteran

and loved one, whether or not treatment is sought.

The intervention itself is offered one to one either via telephone or Teams and is completed over 8 to 10 sessions. The process is accompanied and supported by a workbook specifically adapted for use with the UK armed forces community in mind. The sessions themselves follow a particular format as listed below:

- Lesson 1: What are common mental health disorders
- Lesson 2: Safety Planning
- Lesson 3: Increasing positive behaviours
- Lesson 4: Improving your communication skills
- Lesson 5: Improving problem solving
- Lesson 6: Responding to problem behaviours
- Lesson 7: Goal setting
- Lesson 8: Self care
- Lesson 9: Understanding professional help and treatment options
- Lesson 10: How to help your veteran consider professional help
- Lesson 11 Supporting your veteran's recovery

Recent feedback from a family member who completed the intervention highlights how impactful this intervention can be:

**"I'd been trying for years to encourage my husband to seek help for his PTSD for both his and his family's sake but he's always refused. By changing how I spoke with him about this and making some small changes to my own behaviour we have had a huge break through! He has referred himself for support and is due to be assessed next week!"**

### Have you signed up to Knowledge Hub?

Knowledge Hub is an online discussion platform exclusive for veterans mental health services signed up to QNVMHS.

The platform allows members to:

- Ask questions, have conversations, discuss solutions to problems and share experiences
- Network with one another independently
- Upload, share and comment on documents
- Promote forthcoming events and access events and booking forms

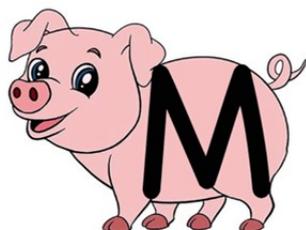
If you would like to sign up, please [email us](#) so we can send you an invitation.



## Project-100, 6 months on

**Bill Andrews**, originator of the Pragmatic Tracker online outcomes measurement tool, (<https://pragmatictracker.com/>) updates on Project 100 being undertaken by PTSD Resolution and takes a look at early findings.

In issue 2 of this newsletter I described the rationale underpinning the project, along with its aims and objectives. Now, as we pass the 6 month mark since commencement, this provides an opportunity to look at how all is progressing.



### *Measures / problems / interventions / goals*

*We use the aid-memoir of 'MPIG' (Measures, Problems, Interventions, Goals) to help keep us all on track.*

The success of Project-100 is dependent on every aspect of the client journey from point of referral through follow-up operating smoothly and efficiently. This involves clarity and cooperation of all members of the team; from the administration staff at the charity communicating clearly with new referrals about how the charity works, about the help that's on offer and, importantly, about the expectations on the cooperation of the client to participate in the process. Ensuring clients

understand the rationale behind, for example, why they are asked to complete measures before and after treatment, is paramount to success. Following the screening process, when a client is referred to a treating Human Givens therapist, clearly explaining the expectations to the therapist around all the steps involved so that they know what needs to be done at every session is critical. Finally, when an episode of therapy is completed, the transition to the follow-up team who will track the client for at least 12 months following completion, needs to be handled carefully and efficiently.

Full use is made of communication tools like YouTube and shared documents on Google Drive to provide clear instructions to therapists. Online meetings with therapists and administrators are conducted where any additional challenges arise. Data quality are continuously monitored and any gaps are identified. The need to maintain morale across all who are involved is seen as critical to the success of the project. The smooth flow of the client journey is critical to the provision of a truly accurate reflection of the activity of the charity in respect of the treatment of veterans. All new referrals, whether they be self-referred (the majority) or referred by other organisations, who opt to proceed to a screening appointment are automatically included in the study.

Typically, following screening by admin, should clients request to see a therapist they will be offered an assessment and up to six treatment sessions. If therapists feel the client is likely to gain additional benefit from additional sessions they may request them. Furthermore, it's made to clear to clients that the door is always open should they feel the need to contact the service again in the future.

Numbers of clients at the various stages — 30/09/2022

Stage	Number
Referred	11 (Admin team)
Screened	16 (Admin team)
Assessed	10 (Therapist)
In therapy	71 (Therapist)
Completed	23 (Therapist)
Followed up	2 (Admin team)

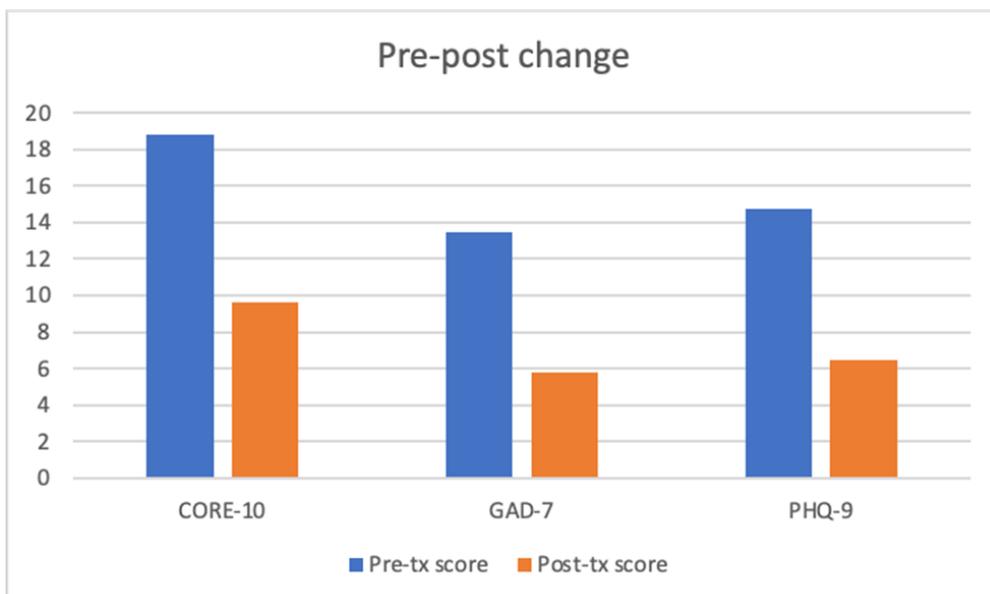
Early analysis has been conducted on completed cases to get some indication of the progress of the project. Various hypotheses are to be tested:

- ◇ Change can be measured as satisfactorily by CORE-10 (a 10 item tool that PTSD Resolution has been using for well over a decade) as by the Improving Access to Psychological Therapy (IAPT) measures, GAD-7 & PHQ-9.
- ◇ The effect size of treatment when

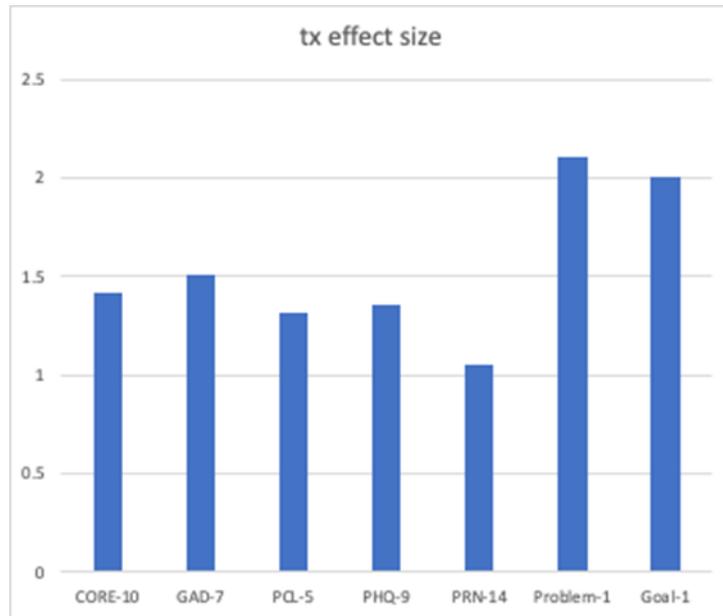
measured by a trauma specific measure (PCL-5) will be higher than more general measures.

- ◇ The effect size of treatment when measured by a needs-based instrument will be more conservative.
- ◇ Idiographic measurement of goals will demonstrate improvement in parallel with the diminishing of symptoms as measured by the nomothetic measures (referred to above).

Chart displaying pre-and post-treatment scores on completed cases (The magnitude of change on CORE-10 is similar to other measures)



Effect size of different instruments on pre-to post-treatment change



Reference to the charts provides a strong early indication that finding in favour of all hypotheses is highly likely.

**Problems**

In addition to use of measures, therapists explore how clients describe their problems

in their own words and also how long they have been suffering from these problems. The word cloud below demonstrates clearly the dominant issues that frequently arise. The chronicity of problems ranges from less than 3 months to more than 10 years.

Word cloud based on client description of their problems



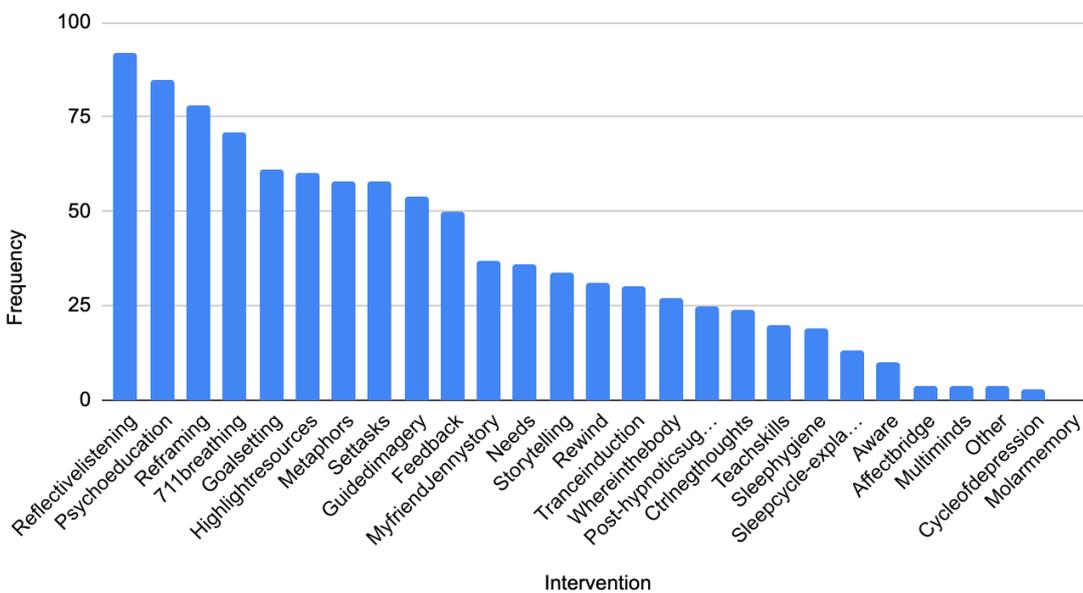
**Interventions**

At each treatment session therapists capture the type of interventions they have conducted with clients in the session. While a wide range of interventions is used it's also clear that the most frequently used are;

Reflective listening, psychoeducation, reframing, goal setting, highlighting resources and use of metaphor. It's anticipated that much more will be learnt about the role of different interventions in change as time progresses.

*Frequency of interventions across 135 sessions of treatment*

**Frequency vs. Intervention**



**Goals**

The final part that's captured by our 'M'-PIG is Goals. Working with goals in this more formal manner was new to many therapists and required considerable training. Many therapists have embraced this with their clients and successfully tracked and measured the client goals as described in the language of the client. The change through treatment in the scoring of the first goal identified by clients strongly indicates that as symptoms reduce and needs get met so too do goals get achieved.

**Summary**

With 25 completed cases, where 21 have arrived at an agreed planned ending, Project 100 is well on its way towards achieving its target of 100 such closed cases. To date, 44 Human Givens therapists are involved in treatment delivery, with many now on their 3rd or 4th case. The work continues with enthusiasm on this ambitious and comprehensive project. I look forward to reporting further on progress in the future.

## NEWLY ACCREDITED MEMBERS



We want to congratulate the following services for achieving accreditation and thank all teams for their hard work and dedication throughout the process:

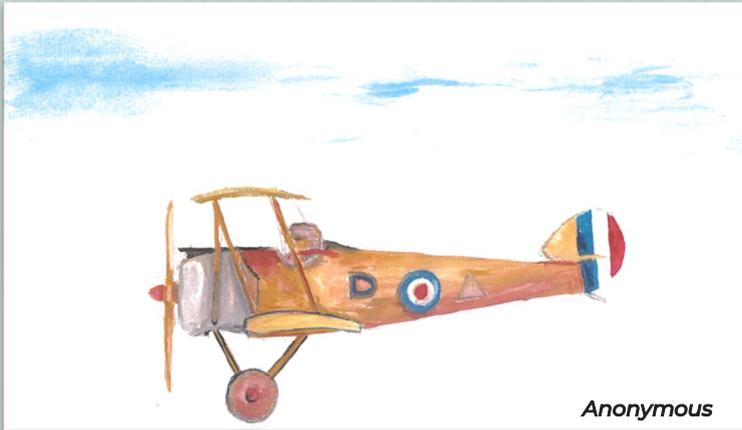
Organisation	Team	Accreditation Date
Icarus Online SCIO	The Icarus Charity	7 <sup>th</sup> July 2022
Walking with the Wounded	Head Start	20 <sup>th</sup> July 2022
Cardiff & Vale University Health Board	Veterans' NHS Wales	21 <sup>st</sup> September 2022
Help for Heroes	Hidden Wounds Service	26 <sup>th</sup> September 2022
PTSD Resolution	PTSD Resolution	12 <sup>th</sup> October 2022



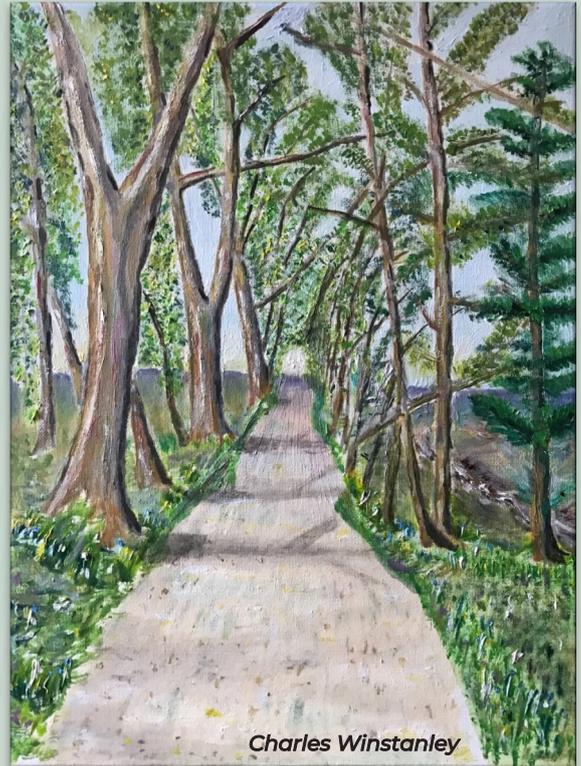
**VETERANS**  
QUALITY NETWORK  
FOR VETERANS MENTAL  
HEALTH SERVICES

## Art Corner

This is a space to showcase all of the excellent art submissions we have received recently from veterans, family members and staff from our member services. We are delighted to share the artwork with you and will be using a selection of them in our future publications on the network.



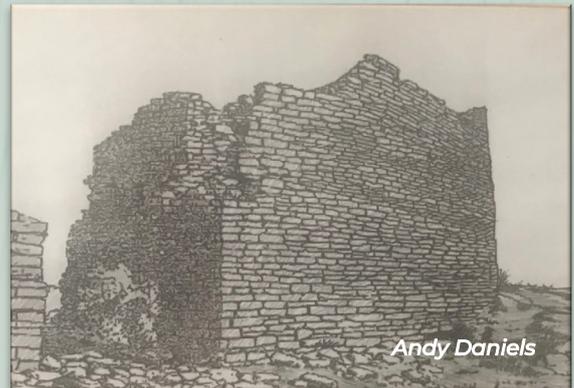
*Anonymous*



*Charles Winstanley*



*Christopher Proctor*



*Andy Daniels*



*Lauren Baguley*



*Kevin Reilly*

For up-to-date information on the Quality Network, including upcoming initiatives and publications, please visit our website or follow us on Twitter!

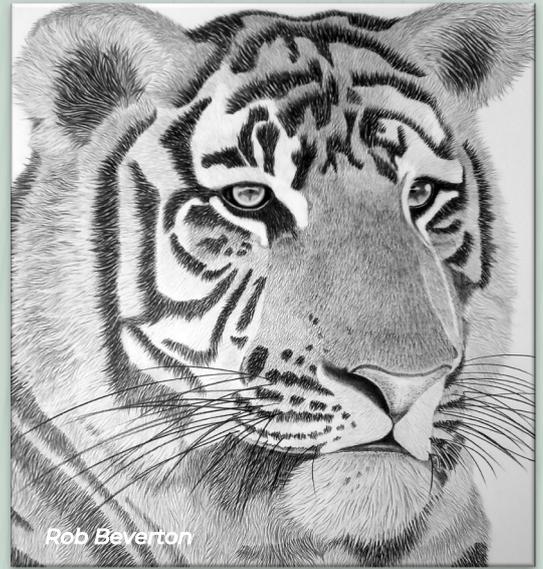
[www.rcpsych.ac.uk/qnvmhs](http://www.rcpsych.ac.uk/qnvmhs)

@RCPsychCCQI\_ #QNMHS

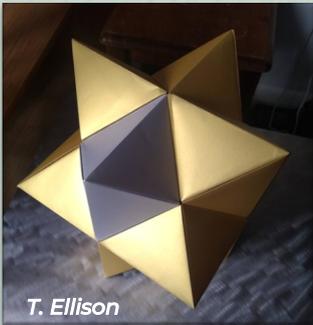
Art Corner



Kevin Reilly



Rob Beverton



T. Ellison



Lauren Baguley



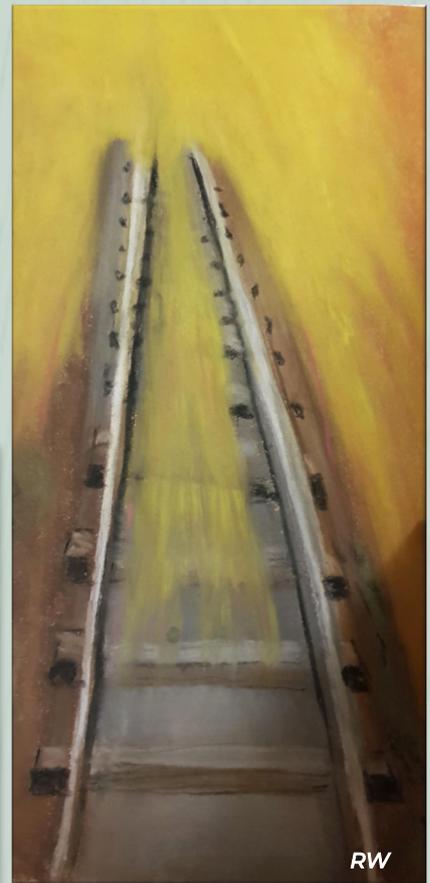
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Lauren Baguley



Andy Daniels



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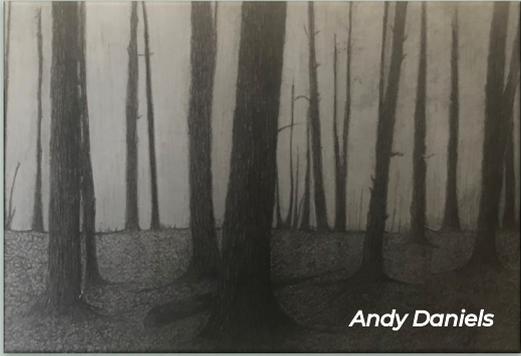


Kevin Reilly



Lauren Baguley

Art Corner



Andy Daniels



Lauren Baguley



H. Elliott



Kevin Reilly



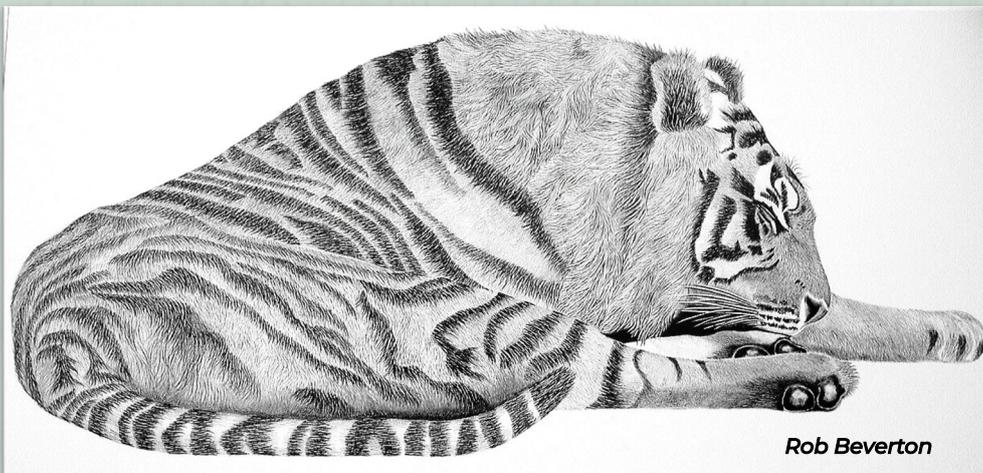
Lauren Baguley



Lee McVicar



Lauren Baguley

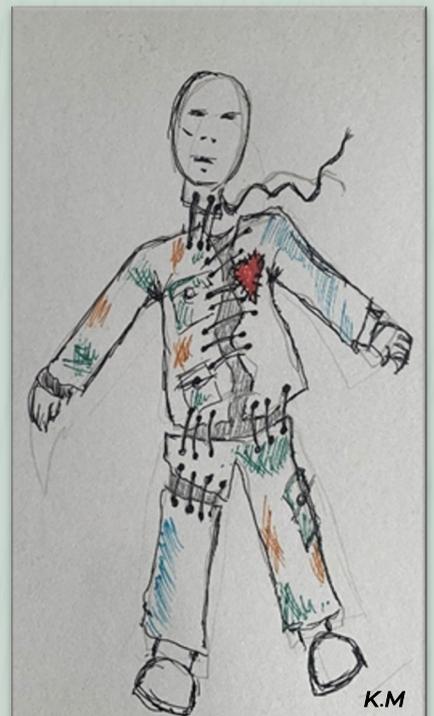
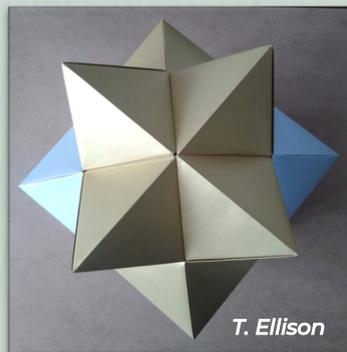


Rob Beverton



K.M

Art Corner



# QNVMHS Aggregated Report 2021—2022

At the end of every peer-review cycle we publish our Aggregated Report. The report is broken down into categories corresponding to our standards:

- Assessment And Referrals
- Care And Treatment
- Care Planning
- Physical Healthcare
- Veteran And Carer Experience
- Information For Veterans And Carers
- Staff Training And Support
- Governance
- Service Environment

Each category 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.

Moreover, the report includes information on commonly unmet standards, a progress review for services that took part in the pilot year and themes from our member feedback.

You can access our most recent report [here](#).



## Useful Links

### **QNVMS Website:**

[Quality Network for Veterans Mental Health Services | Royal College of Psychiatrists \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk)

### **The Royal College of Psychiatrists:**

[www.rcpsych.ac.uk](https://www.rcpsych.ac.uk)

### **Contact Group**

[www.contactarmedforces.co.uk](https://www.contactarmedforces.co.uk)

### **Veterans' Gateway**

[Advice and support for veterans & ex-forces | Veterans' Gateway \(veteransgateway.org.uk\)](https://www.veteransgateway.org.uk)

### **Royal British Legion**

[Veterans' Gateway | Royal British Legion](https://www.rbl.org.uk)

### **General queries:**

[veterans@rcpsych.ac.uk](mailto:veterans@rcpsych.ac.uk)

### **QNVMS standards, 2<sup>nd</sup> edition**

[Access the standards here](#)

### **Twitter**

Follow us: [@rcpsych](https://twitter.com/rcpsych) [@rcpsychCCQI](https://twitter.com/rcpsychCCQI)  
And use **#QNVMS** for up-to-date information

### **Royal College of Psychiatrists'**

### **Centre for Quality for Improvement**

21 Prescott Street, London, E1 8BB



## **Would you like to be featured in our next newsletter?**

If you have an article that you would like to submit for the next edition of our newsletter, please [email us!](#)

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