

A Veteran is anyone who has served for at least one day in Her Majesty's Armed Forces (Regular or Reserve), or Merchant Mariners who have seen duty on legally defined military operations. In this context, Veterans are those who have already left the Armed Forces¹. Nationally, the number of Veterans represents 5% of household residents aged over 16 in 2016. Whilst this is projected to decrease over the next ten years (by 2-3%), the number of working age Veterans are projected to increase from 37% to 44% by 2028². Meeting the health needs of veterans may increase demand on the provision of existing services. This summary has been produced to guide commissioning decisions to improve the health and wellbeing of veterans' living across the South West Peninsula (Devon, Plymouth, Torbay and Cornwall & The Isles of Scilly).

Summary Statistics for the Peninsula:

319,738¹³



Veterans estimated to live across the SW (12% of population)

60%¹³



Veterans across the SW are aged over 65 (highest band being those aged 80-84)

2,505^e



Armed Forces & Reserve Forces Compensation Scheme (AFCS)(March 2019)

>60%^a



Self reported they had a previous health problem limiting their activity

Key Messages



Depending on service, 49-56% of medical discharges are attributable to musculoskeletal disorders, and 21-33% from a mental health disorders^d



More veterans claim AFCS (12%) for a mental health disorder than those currently serving (4%)^e



National lifetime self harm has increased from 3.8% to 6.6% in veterans (4.2% in serving personnel). Lifetime suicide prevalence among veterans is thought to be 10.5% (4.2% among serving personnel)^{24,25}



60% of military personnel with mental health issues do not seek help²²

Areas for focus:

- **Lifestyle and community prevention** – Promote protective factors influencing health and wellbeing, including providing support to help overcome key risk factors influencing the health of veterans. These include measures to overcome problems with social isolation, adequate housing, employment and training opportunities, domestic abuse, mental health, early service leavers, sensory problems (e.g. hearing), smoking and alcohol misuse, access to healthcare and support in the criminal justice system. Greater collaboration is needed to ensure a smooth transition into civilian life.
- **General health status** – Focus on interventions to improve general health status among older adults and other vulnerable groups, such as those leaving the armed services early, and those with a physical and/or mental health condition.
- **Veteran Friendly schemes** – Promote the adoption of Veteran Friendly Schemes and their adoption within primary care to become Veteran Friendly across the Peninsula, ensuring Veterans receive priority when their illness is attributable to their military service. This needs adoption alongside improved coding and use of code 13JY for veterans.
- **Physical and mental health** – Programmes are needed to address physical and mental health, particularly addressing those at risk of self harming and suicide. This could include greater access to the Veteran Reserves Mental Health Programme, Veterans Mental Health Transition service, The Intervention and Liaison Service, NHS Veterans Mental Health Complex Treatment service and Improving Access to Psychological Therapies.
- **Criminal Justice System** – To undertake mental health assessments, increased access to support from education and resettlement services, alcohol misuse services and mentoring whilst in custody.
- **Families and children** – Improved information is needed about the health needs of children and families of veterans.

The UK strategy¹ highlights a number of determinants of health known to influence the lives of Veterans; the provision of services (e.g. perception and recognition); community and relationships; employment, education and skills; finance and debt; health and wellbeing; making a home in civilian society; and the criminal justice system.

These are important factors influencing the health and wellbeing of veterans and their immediate families. For example, over half (51%) of service personnel perceived their military career as having a negative impact on relationships and their children³. Children and spouses can experience increased emotional and behavioural problems during deployment, which can result from family demographics (e.g. housing circumstances), the number and duration of deployments and mental health problems^{4,34}.



Loneliness and social isolation - Integrating into civilian life represents a health risk with 65% of veterans reporting feelings of loneliness and social isolation (The Royal British Legion, 2018). 31% of veterans have one or no close friends, and 53% are unlikely to discuss feelings of loneliness with a family member or close friend. Risk factors include losing touch with friends (41%), physical and mental health issue (33%) and relating to civilian life (SSAFA, 2017).



Housing / homelessness - Military lifestyles can reduce someone's ability to cope post service (e.g. housing). While homelessness is a risk factor, there is limited evidence to support this is a result of military life (The Royal British Legion, 2011).



Employment - Whilst employment rates are similar with non-veterans (79%), veterans are more likely to work as 'process, plant and machine operatives' (18%) and less likely to work in 'professional occupations' (11%) (Ministry of Defence, 2017).



Education - The number of veterans with a qualification was similar to non-veterans (92%). Less veterans had a degree (21%) and more had gained a qualification through work (60%) (Ministry of Defence, 2017).



Domestic abuse - Combat can result in post deployment physical aggression and violence in around 13% of military personnel (MacManus *et al.*, 2015).



Mental health issues - Such as PTSD increases risk of developing cardiovascular Diseases (circulatory diseases, including hypertension), elevated heart rate, tobacco use, dyslipidaemia, and obesity (Dyball *et al.*, 2019).



Early service leavers - More early leavers experience mental health problems (46%) than other military leavers (27%) (Buckman *et al.*, 2012), and may have increased heavy drinking, self harm and suicidal thoughts (Woodhead *et al.*, 2011).



Hearing problems - Veterans aged <75 are around three and a half times more likely than the general population to report hearing problems (7% and 2% respectively) (The Royal British Legion, 2014).



Smoking - Veterans of working age and retirement age were more likely to have ever smoked (55% and 66% respectively) (Ministry of Defence, 2017). Smoking rates increase in those suffering from PTSD (Fu *et al.*, 2007).



Alcohol - Veterans may have higher rates of hazardous drinking in both men (67%) and women (49%) than non-veterans (33% and 16%, respectively) (Fear *et al.*, 2007). While, the severity of alcohol misuse and hospital admissions are similar, veterans are more likely to be referred for support with alcohol at an older age and to be admitted for longer periods of time (Murphy *et al.*, 2016).



Access to healthcare - Lack of access to services such as dentists. Read codes are available to identify veterans registered with GP practices and support programmes to address health needs. However, there is an unwillingness for veterans to identify themselves and lack of awareness of appropriate read codes (FIMT, 2015).



Criminal justice system - Whilst a risk factor, veterans may be less likely to be incarcerated than the general public (Phillips, 2014)

Prevention is about taking action to improve the health and wellbeing of those who have served in the UK Armed Forces and their immediate family. This includes having a planned and smooth transition back into civilian life and maximising opportunities to fully contribute to a society that understands and values what veterans have done and what they have to offer.

The veterans strategy places a need to address key determinants of health, including employment, education and skills, finance, housing, and support within the criminal justice system. These also need to be supported by a range of lifestyle factors such as adopting healthy behaviours (e.g. not smoking, eating healthy food, being more active and engaging in social activities)⁵.

Lifestyle Factors

Be smoke free



Eat well



Maintain a healthy weight



Group activities or volunteering



Self management of physical health



Healthy homes & communities



Move more



Cut down alcohol consumption



Support with finance and debt



Training, skills and employment



Access to quality natural spaces



Reduce stigma



Other

Communities & social connections



Timely access to healthcare services



Support for people who self harm



Key Messages



Greater collaboration across healthcare, community outreach programmes and integrated mental health services can help improve the health needs of veterans' with post-traumatic stress disorder⁶



Whole population campaigns to reduce social isolation do not directly recognise veterans⁷. Whilst there is increased support in the voluntary sector (e.g. the Newquay breakfast club), future campaigns must address this need

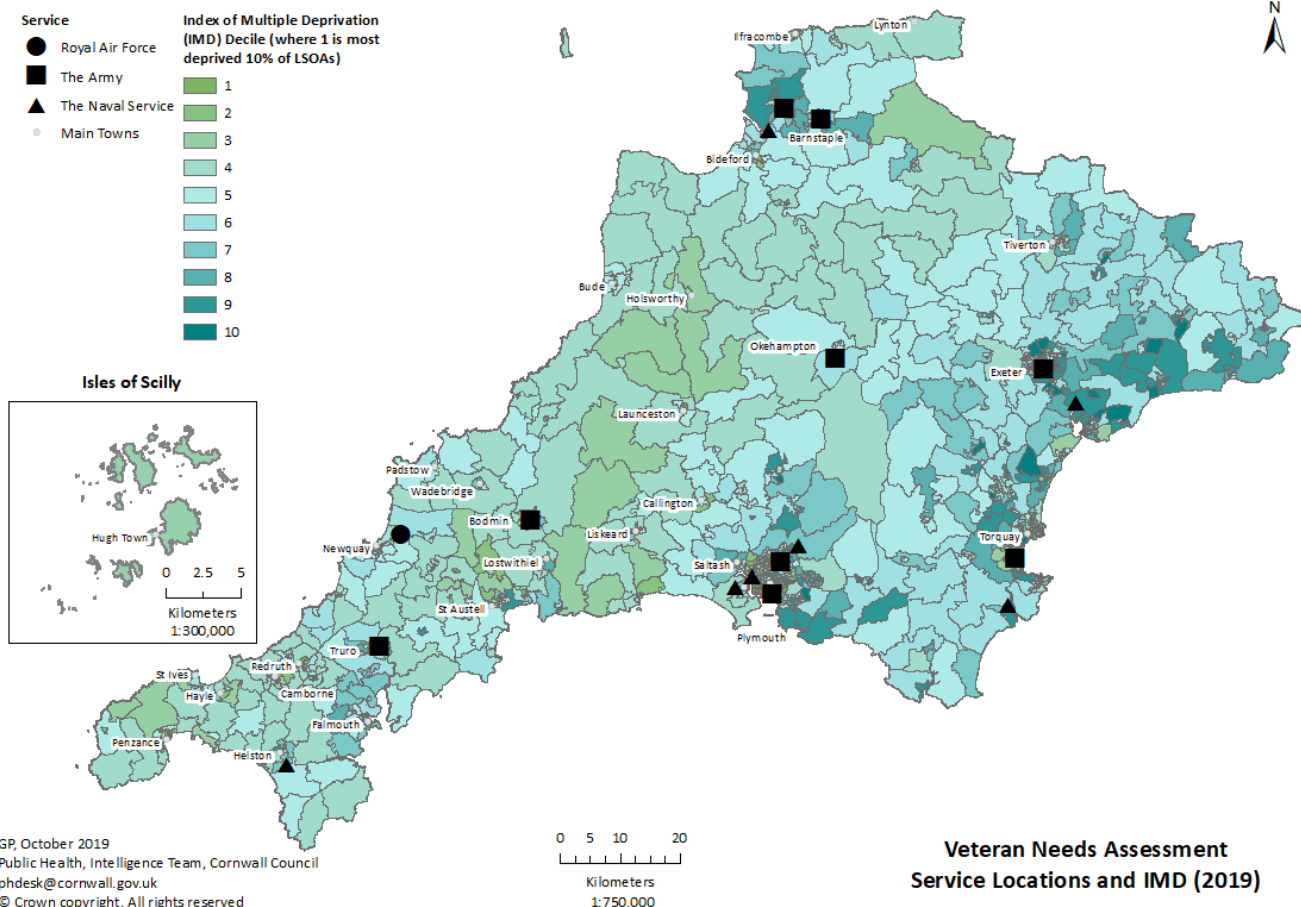


The promotion and adoption of physical activity programmes for veterans can help improve physical and mental wellbeing, including programmes such as Surf Action and Turn to Starboard (a sailing based training charity)



Demographic changes over the next 10 years will see a generational shift in the Veteran community. Today, the oldest Veterans in the UK are those who served in the Second World War and until the early 1960s⁸. Many younger veterans have had operational experiences, often across multiple conflicts, and it is likely that their physical and mental health needs will differ from their predecessors⁵. The 2014 veterans health needs assessment highlighted key policies to improve the health of veterans. Some of the key policies are summarised here.

Historically, both the South West Region and South West Peninsula have strong military ties and heritage arising from both serving personnel being stationed here and veterans living locally. Whilst the Armed Forces reviews have resulted in a reduction of serving personnel and military infrastructure, there is still a significant military presence with an accompanying economic benefit across the peninsula.



Key Messages



There are currently 18 military bases across the South West (SW) Peninsula, including the Navy (8), Royal Air Force (1) and Army (9). The illustration shows the location of these bases and levels of deprivation across the SW. It shows that many of the bases and personnel are located in areas of relatively high deprivation.



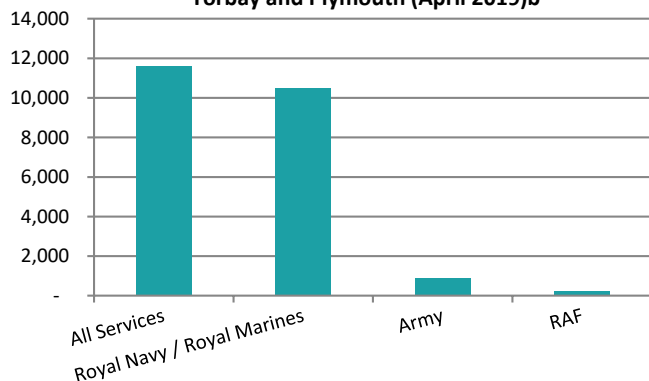
The Ministry of Defence (MOD) expenditure with UK industry and commerce was £18.9 billion in 2017/18. The (SW) receives the greatest expenditure in UK industry and commerce (£940 per person). Nationally, expenditure is greatest in technical financial services and other business services, which is followed by ship building and repair; and aircraft and spacecraft¹⁰.



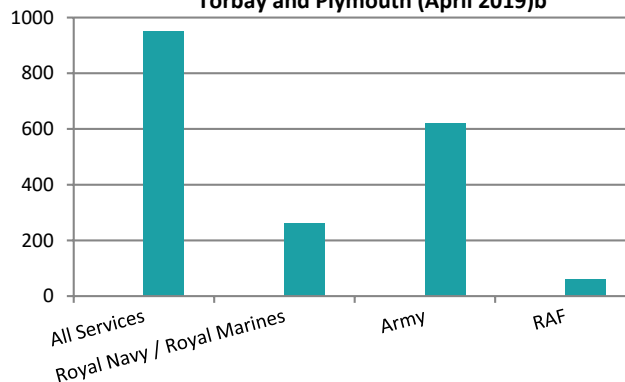
The total number of MOD personnel in the SW has declined from 57,150 personnel in 2012 to 54,350 personnel in April 2019. There are currently 35,080 military personnel and 19,260 civilians in the SW, which varies –

Cornwall (3,580 personnel, 88% military)
Plymouth (5,770 personnel, 84% military)
Devon (3,880 personnel, 92% military)¹¹.

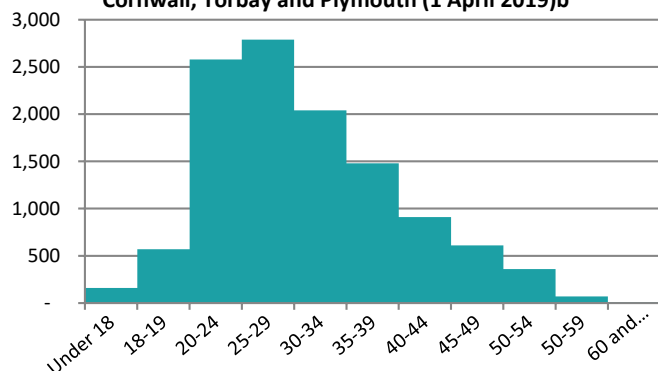
Count of UK Regulars stationed in Devon, Cornwall, Torbay and Plymouth (April 2019)^b



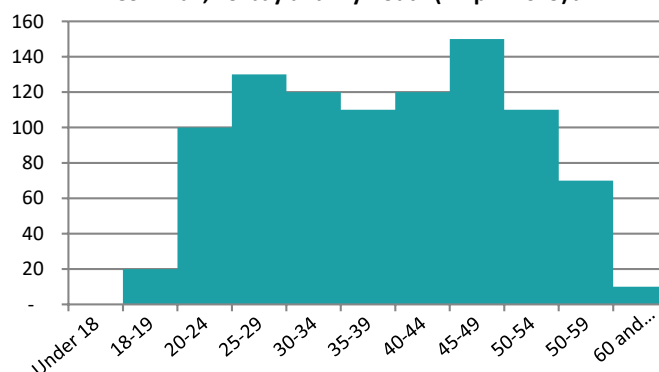
Count of UK Regulars stationed in Devon, Cornwall, Torbay and Plymouth (April 2019)^b



Age profile of UK Regulars stationed in Devon, Cornwall, Torbay and Plymouth (1 April 2019)^b



Age profile of UK Regulars stationed in Devon, Cornwall, Torbay and Plymouth (1 April 2019)^b



Key Messages



Across the Peninsula there were 11,590 serving regulars in the armed forces on the 1st April 2019. This included the Royal Navy/Royal Marines (90%), the Army (8%) and RAF (2%).



Around 20% were officers, though this varied across the Royal Navy/Royal Marines (19.7%), the Army (17.1%) and RAF (35.3%).



Nearly half (46%) of UK regulars are aged 20-29 years. The majority of serving regulars are men (91%) and there are a lower proportion of other ethnic minorities such as Black, Asian and Minority Ethnic (5%).



There were a total of 950 reservists across Devon, Cornwall, Torbay and Plymouth, with majority serving in the army (65%).



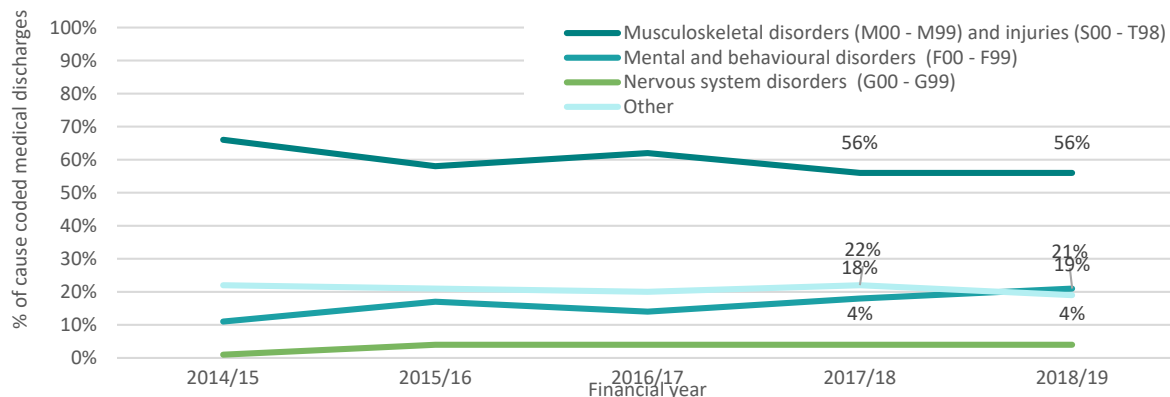
The age profile of reservists varies considerably with 88% being aged 20-59 years. Around 87% were men and 2% were Black, Asian and Minority Ethnic" (BAME).

1. Figures are for UK Regular Forces (including both Trained and Untrained personnel) and, therefore, exclude Gurkhas, Full Time Reserve Service personnel and mobilised reservists.
2. Armed Forces statistics are compiled from Service personnel records from the Joint Personnel Administration (JPA) system.
3. Number of Service Personnel has been rounded to the nearest 10. Numbers ending in a "5" have been rounded to the nearest multiple of 20 to avoid the systematic bias caused by always rounding numbers upwards.
4. Under 18 reservists suppressed as number is equal or less than 5

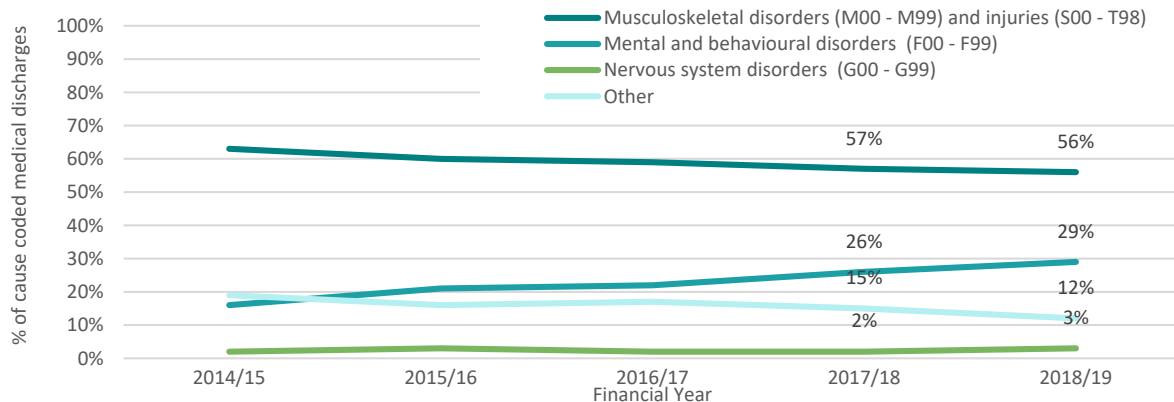
South West Veterans 2019 : Medically discharged

The Ministry Defence published annual statistics on medical discharges on UK regular service personnel. While this may provide an indication of the health needs of those being discharged from a service, the available statistics do not represent the true morbidity or pathology but indicates a minimum burden of ill-health in the forces.

UK Regular Naval Service medical discharges by principal ICD-10 code^d



UK Regular Army medical discharges by principal ICD-10 code^d



Note: Each medical discharge can only have one principal condition and a decrease in one cause code group may appear as an increase in another. Therefore, it is important to consider all cause code groups when looking at trends over time.

Key Messages



Rates of medical discharges varied across the naval service (12/1,000 personnel), army (17/1,000) and RAF (5/1,000) between April 2018 and March 2019.



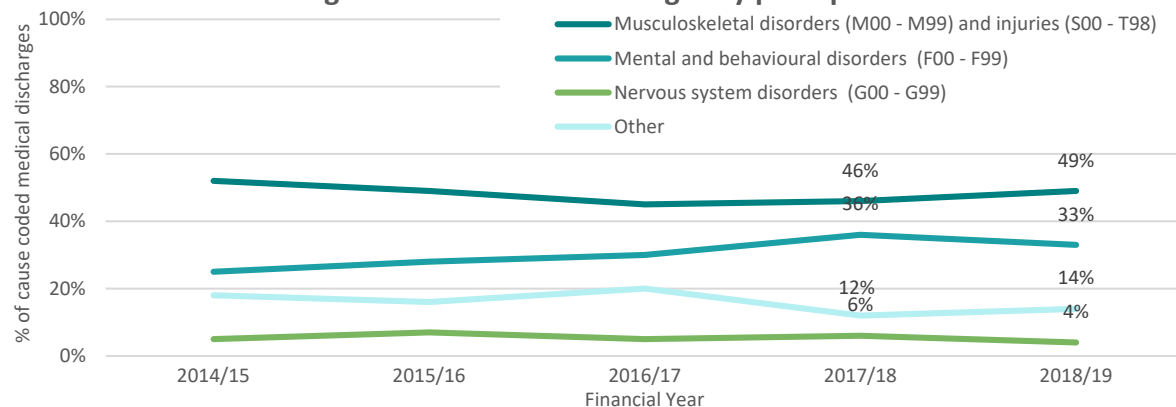
Similar to previous years, **the main causes of medical discharges were musculoskeletal disorders and injuries** (56% navy; 56% army; and 49% RAF); and mental health and behavioural disorders (21% navy; 29% army; 33% RAF) across the three services during 2018/19. Over half of personnel (57%) were medically discharged due to multiple conditions.



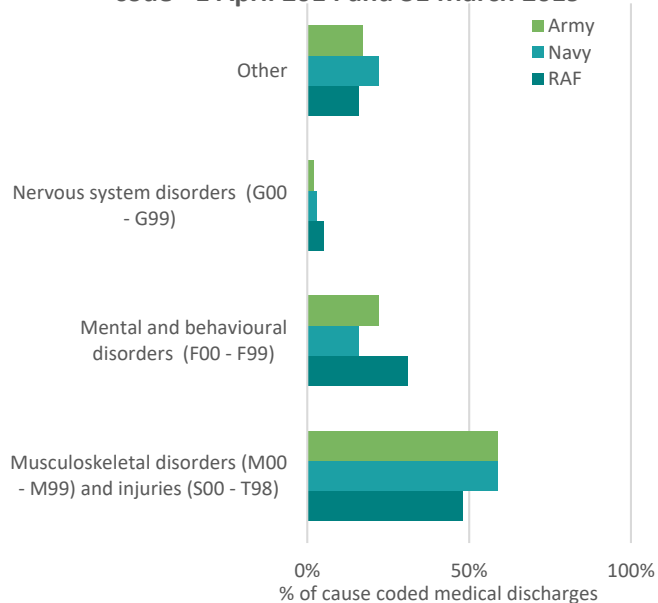
Since 2014/15, the proportion of discharges resulting from **mental and behavioral disorders increased slightly in the navy (16-21%), army (22-29%) and RAF (31-33%) in 2018/19**. Across the navy and army, this appears to have corresponded with a rise in presentations at Departments of Community Mental Health for mental health conditions and/or MOD specialist mental health services¹².

South West Veterans 2019 : Medically discharged

UK Regular RAF medical discharges by principal ICD-10 code^d



UK medical discharges by principal ICD-10 code - 1 April 2014 and 31 March 2019^d



Key Messages



Personnel serving in the RAF had slightly higher proportion of mental and behavioural disorders (31%) than those in the navy (16%) and army (22%). RAF personnel had a lower proportion of adults with a musculoskeletal disorder and injury (48% compared to 59%).



Women were significantly at higher risk of medical discharge across all services between April 2018 and March 2019. The age groups and most at risk groups varied by service.



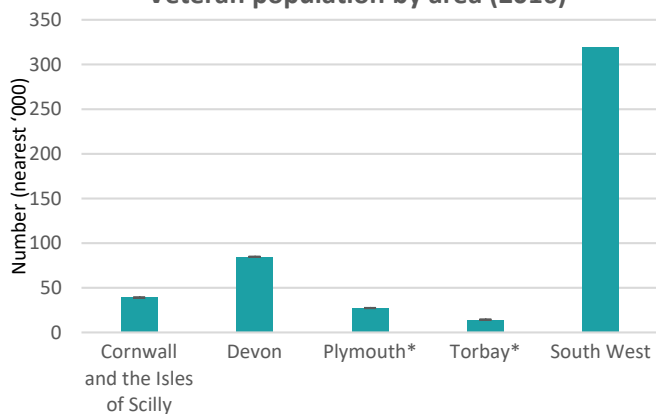
Younger personnel serving in the army (aged between 20-24 years) were the highest risk group when compared against the navy (personnel aged 25-34 years) and RAF (45-49 years).



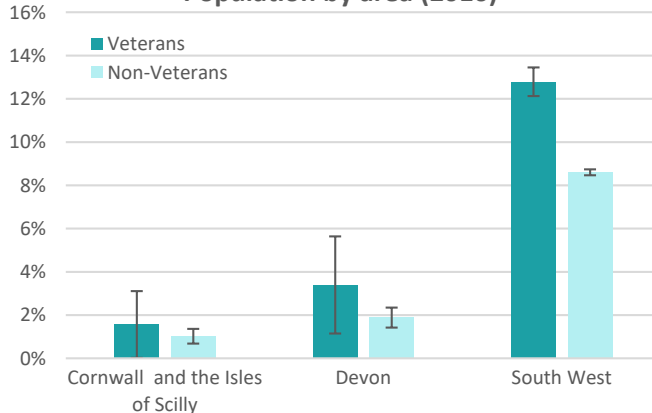
Additional high risk groups included 'Other ranks (i.e. not officers), the Royal Marines in the Naval Service and untrained personnel in the Army¹².

Due to difficulties in defining a veteran and, in some cases, a reluctance of a veteran to identify themselves the number of veterans remains largely hidden from the general population. There are currently no official figures available on the number of military veterans, particularly at a local level. The 2016 annual population survey of UK veterans provides an estimate of the size of the veteran population in England. The findings of the study have been applied to the latest population estimates (2018) for the SW in order to give an indication of the size of the local veteran population¹³.

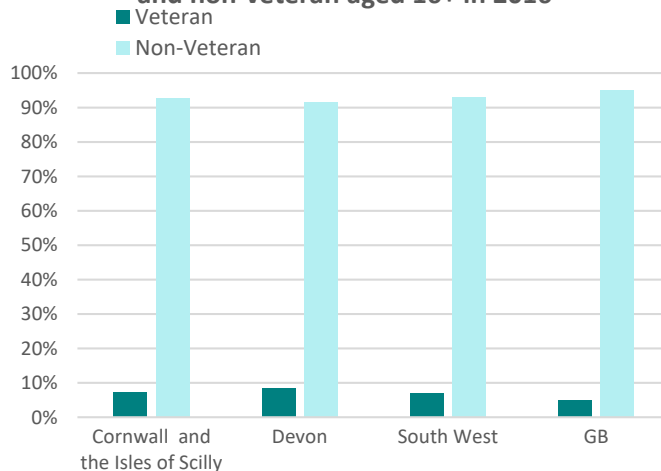
Veteran population by area (2016)



Population by area (2016)



Proportion of each area that were veteran and non-veteran aged 16+ in 2016



Key Messages



In 2016, there were an estimated 2.4 million armed forces veterans in Great Britain, making up an estimated 5% of household residents aged 16 and over¹³.



Over a quarter of veterans (29%) are estimated to reside in the South East and South West (SW) region. Veterans' in the SW make up over 12% of the regions population, which is one of the highest across the UK^{8,13}.



In the South West there are an estimated 319,738 veterans. Of this population, 39,166 and 84,834 reside across Cornwall and Devon (including Torbay and Plymouth), respectively. There are a smaller number of veterans living across Torbay (14,407) and Plymouth (27,505).



There is a higher proportion of the population in Cornwall (1.6% of the population are veterans versus 1% non-veterans) and Devon (3.4% versus 2%) estimated to be veterans. For example, 1% of Great Britain's (GB) population lives in Cornwall, and 1.6% of the total veteran population of GB lived in Cornwall in 2016.

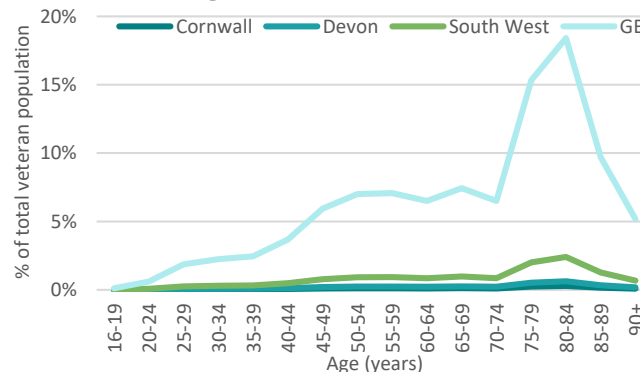


Veterans consist of a higher proportion of the population in Cornwall (7.3%) , Devon (8.5%) and the South West (7.12%) when compared to the GB (4.9%) average.

Veterans by area and age bracket (2016) ^a				
Age (years)	Number (Nearest '000)			
	Cornwall*	Devon*	South West*	Great Britain
16-19	0.042	0.091	0.352	3
20-24	0.235	0.509	1.963	15
25-29	0.732	1.585	6.110	47
30-34	0.879	1.903	7.335	56
35-39	0.957	2.074	7.993	61
40-44	1.440	3.120	12.023	92
45-49	2.323	5.033	19.396	148
50-54	2.742	5.940	22.892	175
55-59	2.771	6.002	23.131	177
60-64	2.547	5.517	21.262	163
65-69	2.914	6.313	24.329	186
70-74	2.547	5.517	21.264	163
75-79	6.002	13.001	50.104	383
80-84	7.210	15.618	60.191	460
85-89	3.796	8.223	31.692	242
90+	2.026	4.389	16.913	129

*Veterans ('000s) estimated using percentage of veteran population in an area multiplied by the veteran population for GB for that age group

Percentage of total veteran population by age and location (2016)^a



Key Messages



Veterans' were predominately white (99%), male (89%) and/or aged 65 and over (60%), with nearly half of the current Veterans in the UK aged over 75 years old. Veterans are less likely to be single (11%) or married/in a civil partnership (62%) but more likely to be widowed (16%) than non-veterans (14%, 66% and 9%, respectively)¹³.



The highest veteran population age band is 80-84 years of age, consistent with Great Britain (GB). Just over 2% of veterans in this age bracket live across the South West of England.

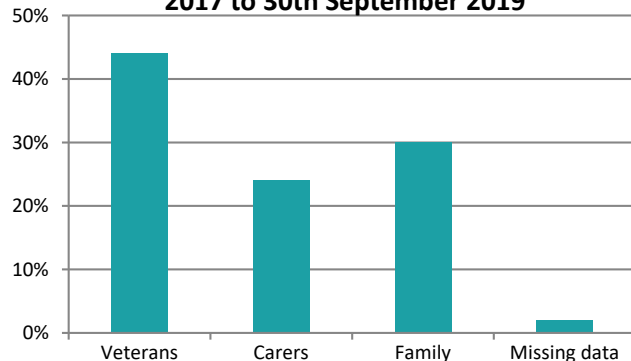


As expected there is a smaller proportion of veterans aged between 16 and 19 years. The number of veterans increases from this age group up until the age of 50 years where the number of veterans plateaus. The number of veterans then increases from the age of 75 years until age of 85 years.

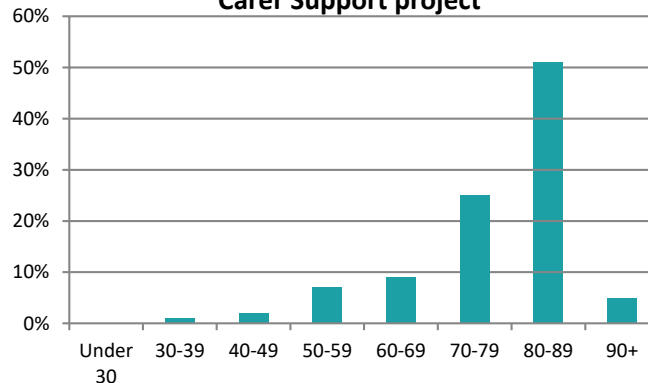


The higher number of older aged veterans across the SW suggests that the Peninsula is home to a growing ageing population¹⁴.

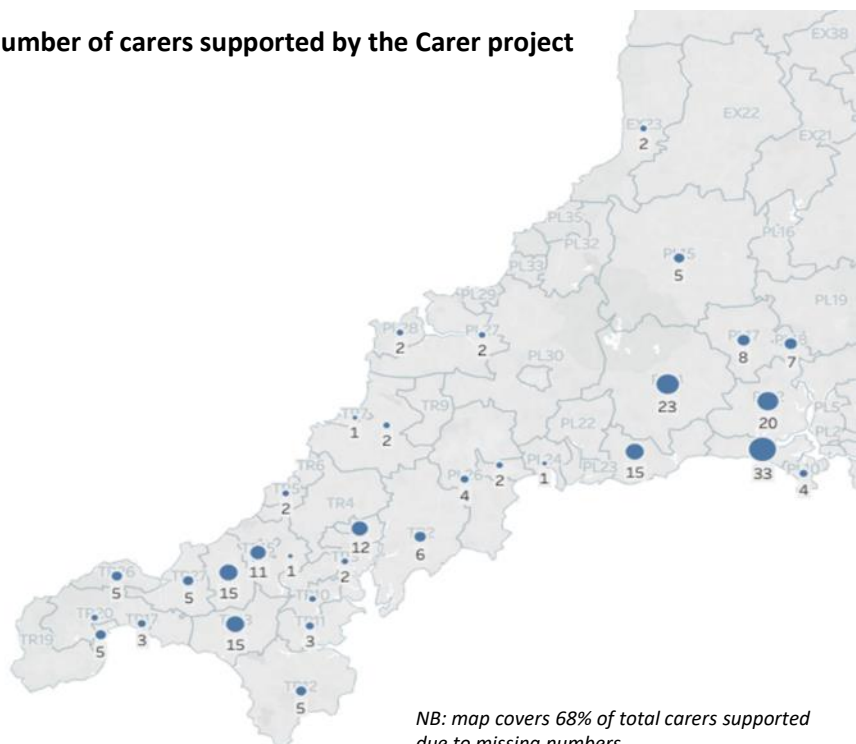
Proportion of beneficiaries between April 2017 to 30th September 2019



Current age of carers supported by the Carer Support project



Map of the number of carers supported by the Carer project



NB: map covers 68% of total carers supported due to missing numbers

Key Messages



The Combined Cornwall and Plymouth Veteran Support project¹⁵ was formed in April 2017, to provide support for anyone born before January 1st 1950 who completed at least one day of service with any of the armed forces or who completed National Service (including their families and their carers). The project is made up of three partners which deliver four projects across Cornwall, the Isles of Scilly and Plymouth, (includes Get F+IT, Home Guard, Veterans Together, and Carer Support).



In September 2019, the project supported a cumulative total of 802 beneficiaries, which included support provided by Kernow Carers Service (333 people), Home Guard (148), Get FI+T (310) and Veterans Together (11).



Majority of those supported were veterans (44%), followed by their families (30%) and carers (24%). Majority of the carers supported were aged 70-89 years (76%) suggesting an aging carers population.

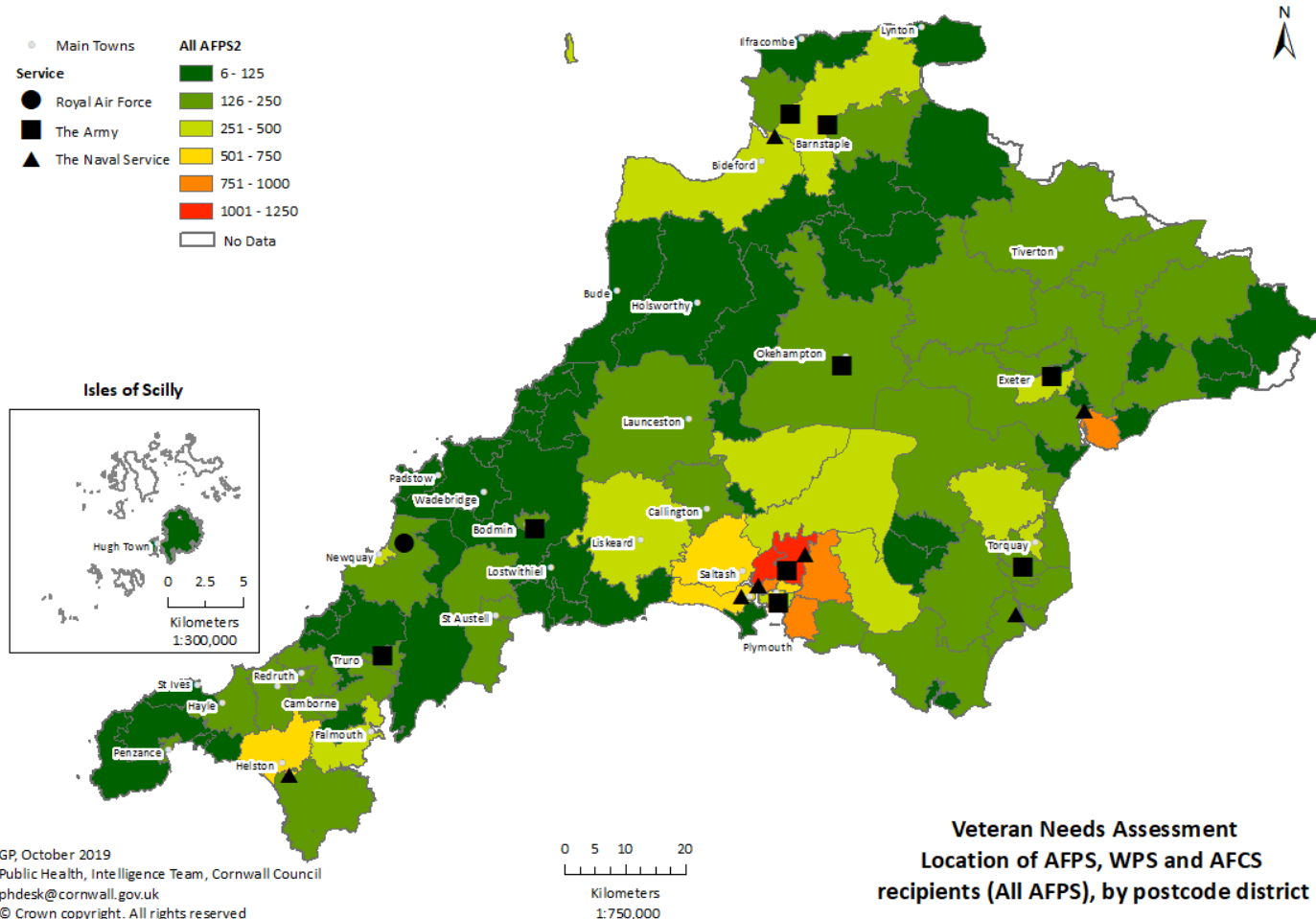
South West Veterans 2019 : Armed Forces Pension Scheme (AFPS)

The Armed Forces and Reserve Forces Compensation Scheme (AFCS) came into force on April 2005 to pay compensation for injury, illness or death attributable to Service that occurred on or after that date. It replaced the previous compensation arrangements provided by the War Pensions Scheme (WPS) and the attributable elements of the AFCS.

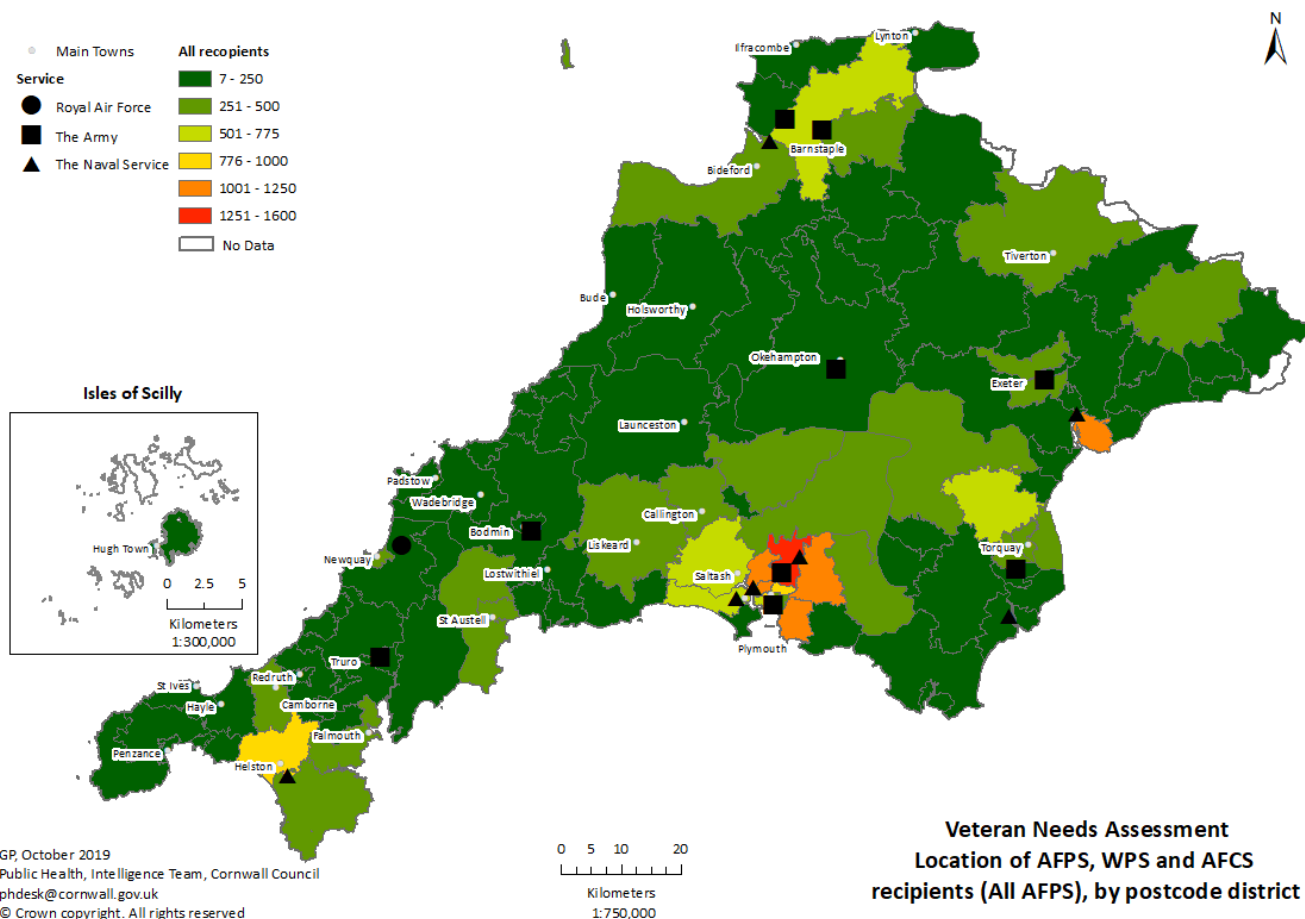
As of 31 March 2018, there were 1,801 recipients of the War Pension Scheme (WPS) and 266 veterans who were recipients of the Armed Forces Compensation Scheme (AFCS) registered in Cornwall. In Devon there were 4,787 recipients of the War Pension Scheme (WPS) and 951 veterans who were recipients of the Armed Forces Compensation Scheme (AFCS)¹⁶.

Claims can be submitted under the WPS if disablement was caused as a result of service in the Armed Forces before 6 April 2005. Claims under the AFCS can be filed where illness or injury was caused as a result of service on or after 6 April 2005 and an individual does not need to have left the Armed Forces before claiming.

Location of armed forces pension and compensation recipients: 2018^e



Location of armed forces pension and compensation recipients: 2018^e



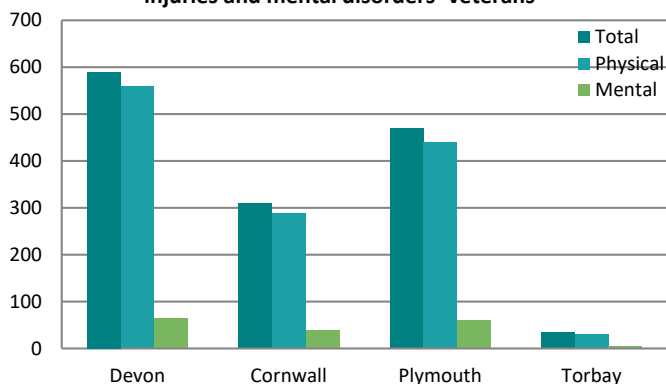
These numbers refer only to those veterans who have been medically discharged (either under the old scheme (WPS) or new (AFCS)) or those in receipt of an additional allowance due to a medical condition attributed to military service.

This data do not capture all those who have either retired or have voluntarily left the service and have not claimed against these schemes. This data also does not include those unable to claim and have preserved pension due to time served.

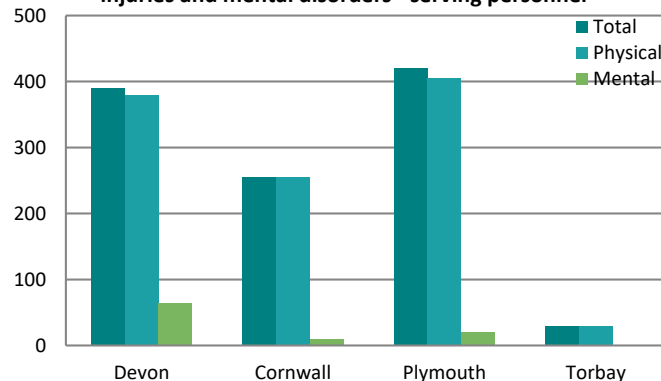
This means that personnel completing their full career will receive an immediate pension. Whereas those that do not serve a full career and do not qualify for an immediate pension, will receive a preserved pension on reaching the age of 65 year¹⁴.

These illustrations present new unpublished data from the Ministry of Defence^c, about the number of Armed Forces and Reserve Forces Compensation Scheme (AFCS) claimants awarded compensation. This compensation is for physical injuries and mental health disorders in Devon, Cornwall, Plymouth and Torbay between 6 April 2005 and 31 March 2019. Following advice from the MOD's Chief Medical Advisor, claimants' injuries/illnesses are awarded under the AFCS in line with one of nine tariff of injury tables including mental health disorders and physical injuries. This includes burns; injury, wounds and scarring; physical disorders; amputations; neurological disorders; senses; fractures and dislocations; and musculoskeletal disorders.

AFCS Claimants awarded compensation for physical injuries and mental disorders- veterans^c



AFCS Claimants awarded compensation for physical injuries and mental disorders - serving personnel^c



Notes:

1. Attribution to these locations is based upon last recorded residence as at 31st March 2019, therefore, can include claimants who submitted claims at a previous address but have moved in the subsequent interim.
2. Count of AFCS claimants based on the count of National Insurance numbers provided when submitting a claim.
3. Service status and location recorded as at 31 March 2019.
4. The latest outcome refers to the latest outcome of the claim recorded on the CAPS as at 31 March 2019, including later changes to initial claim outcomes following reconsiderations, appeals and/or reviews. This outcome may change in the future if the claim is further reconsidered, appealed and/or reviewed.
5. In line with the JSP 200 directive on statistical disclosure control, numbers fewer than 3 have been suppressed and replaced with ~, and figures have been rounded to the nearest five.
6. AFCS claimants awarded compensation for both physical injuries and mental disorders have been captured under each category but are only captured once in the 'total' column. See background notes for further detail.

Key Messages



The number of AFPS recipients varies considerably. Whilst there appears to be clustering of recipients around existing armed forces bases, this is not consistent across the Peninsula. A similar pattern is observed when considering all recipients (see previous figure).



There were 2,505 claimants awarded under the AFCS for a physical injury and/or a mental disorder who were identified as residing within the Peninsula as of 31st March 2019.



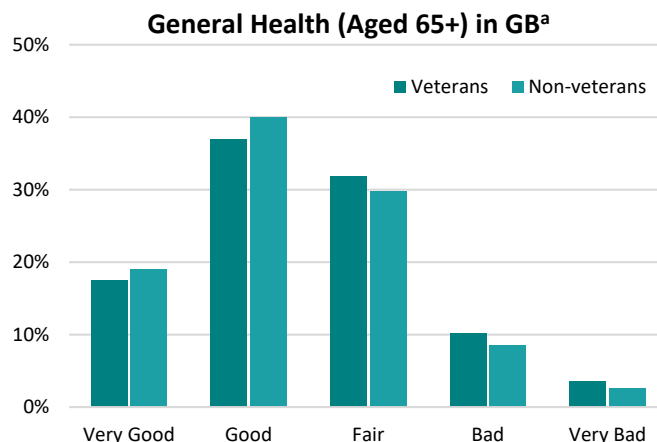
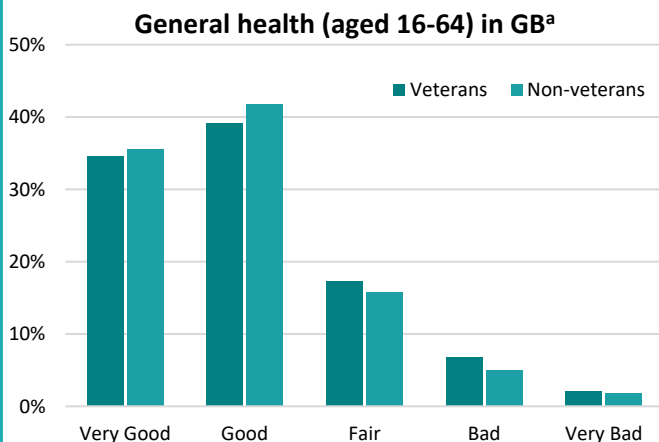
Majority of the AFCS claimants were due to a physical injury (95%) across both serving personnel and veterans. Veterans made up 56% of the total claimants, which varied slightly across Devon (60%), Cornwall (54%), Plymouth (53%) and Torbay (54%).



There were more veteran claimants (12%) for a mental health disorder when compared to serving personnel (4%). Veteran mental health claimants varied slightly across Devon (11%), Cornwall (13%), Plymouth (13%) and Torbay (14%).

There are no systemic recordings of veteran health status on healthcare records¹⁷. Few veterans experience significant adversity related to their time in Service or consume healthcare resources at any rate different to the general population.

Irrespective of age, veterans do not feel adverse health effects were due to their time in service. Those that did, the common health problems were musculoskeletal disorders and hearing loss. Some veterans have reported some adverse mental health outcomes, which have been compounded by other factors such as financial and welfare problems and associated alcohol misuse, particularly younger men and those in lower ranks or leave service early¹⁸.



Key Messages



In terms of self-reported general health status nationally, there does not appear to be significant differences between veterans (35%) and non-veterans (36%) aged 16-64 years who reported their general health status as very good. This pattern is also reflected in veterans (18%) and non-veterans (19%) aged 65+ years. However, there are a lower proportion of veterans aged over 65+ with very good general health when compared to working aged veterans.

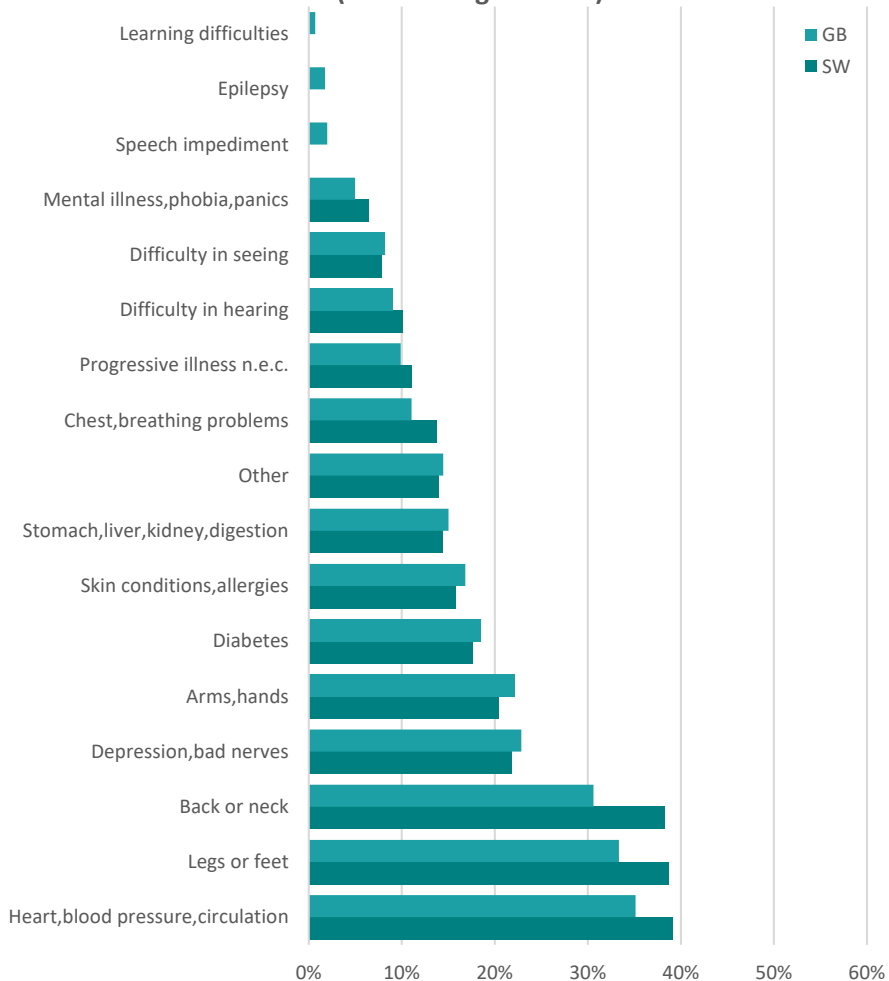


The health needs of veterans that result from long-term conditions in the south West (SW) differs from veterans residing across GB (see next page). More working-age veterans in the SW suffer from; back or neck issues (38% to 31%); legs or feet issues (39% to 33%); cardiovascular issues (39% to 35%); and chest & breathing problems (14% to 11%). But they are less likely to suffer from arms and hand problems (20% and 22%).

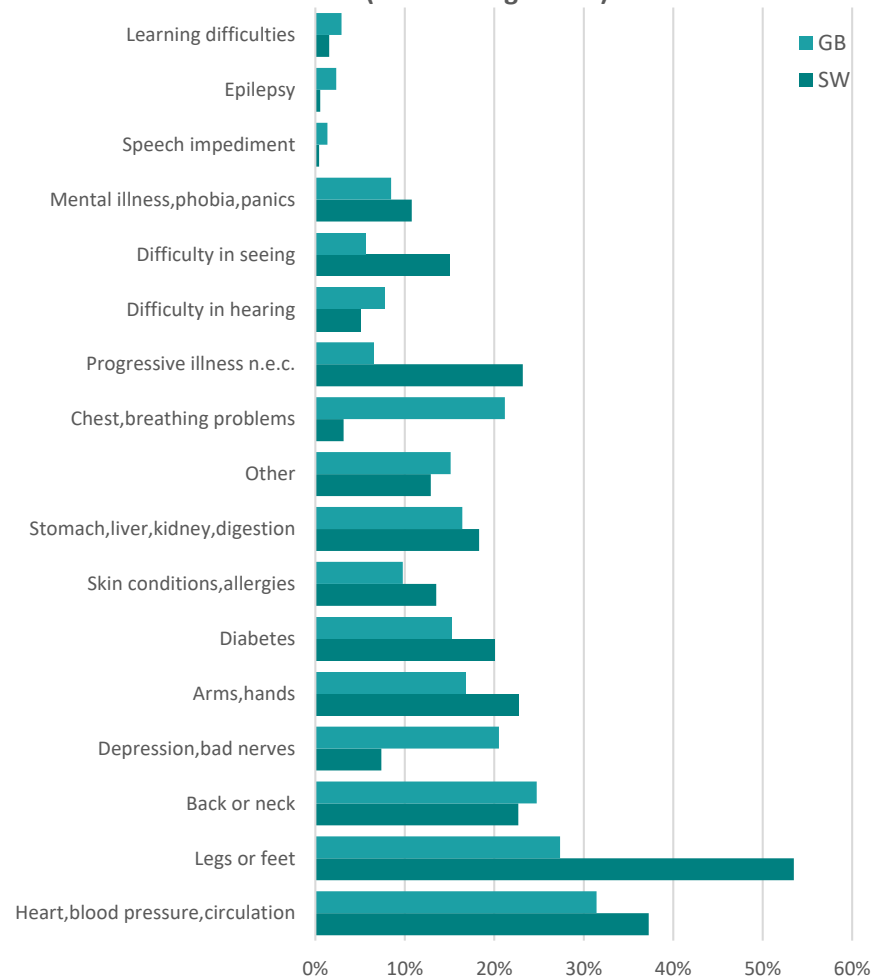


Similarly, more retired veterans in the SW experience problems with; Legs or feet problems (53% to 27%); cardiovascular issues (37% to 31%); progressive illnesses (23% to 7%); and difficulty in seeing (15% to 6%). But they are less likely to suffer from; Depression; bad nerves (7% to 21%); chest breathing problems (3% to 21%); and back or neck issues (23% to 25%).

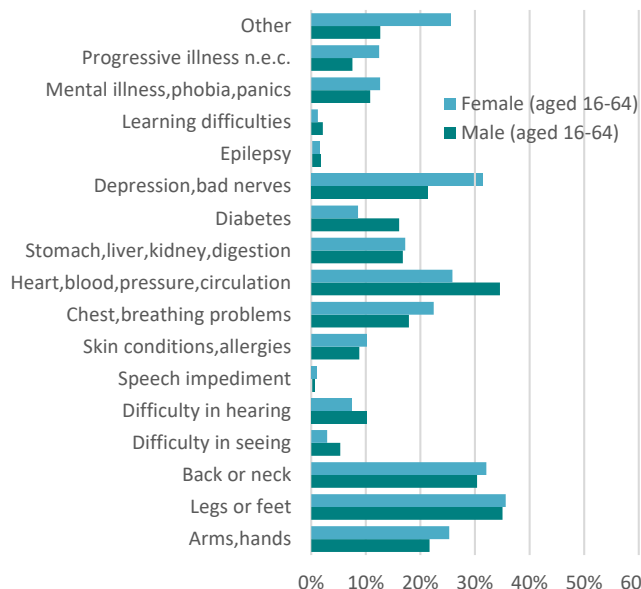
Long Term Health Problems by areas of residence in 2016
(Veterans aged 16-64)^a



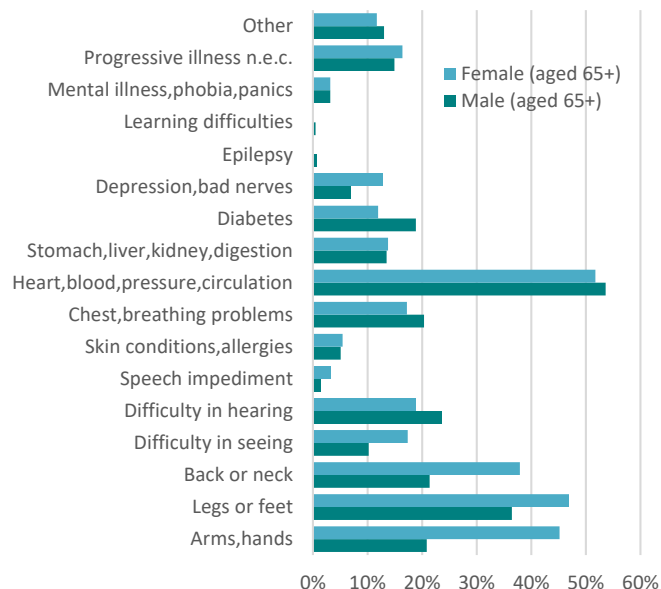
Long Term Health Problems by areas of residence in 2016
(Veterans aged 65+)^a



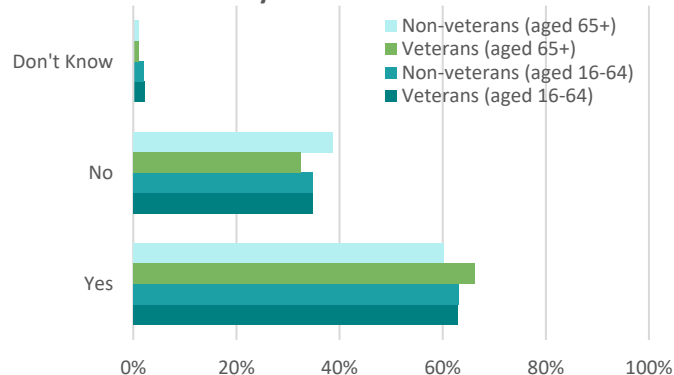
**Long Term Health Problems by Gender
(Veterans aged 16-64) in GB in 2016^a**



**Long Term Health Problems by Gender
(Veterans aged 65+) in GB in 2016^a**



**Did previous health problems limit
activity? in GB in 2016^a**



Key Messages



Compared to women, more veteran men aged 16-64 years have; diabetes (16%); cardiovascular problems (35%); and difficulties in hearing (7%) and seeing (3%). More women suffer from a range of conditions with the most notable differences concerning depression or bad nerves (31%) and respiratory problems (22%).

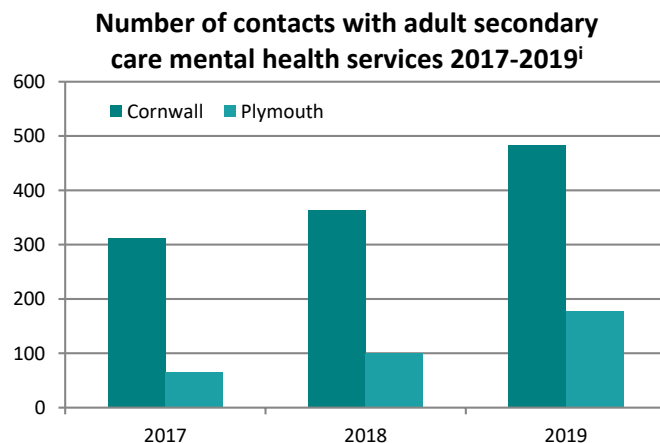
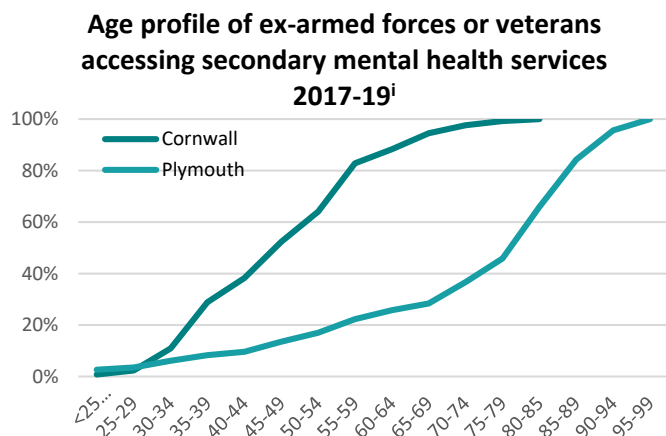


The prevalence of long-term conditions in retired veteran men and women differs slightly to working aged veterans. More veteran men and women still suffer from diabetes and depression or bad nerves, respectively. The most notable differences concern other musculoskeletal problems. More veteran women suffer from; back or neck (38%); legs or feet (47%); and arms and hands (45%).








Veterans aged 65+ are more likely to have a previous health problem that limits their activity, when compared to non-veterans (66% and 60%). However, 63% of working aged veterans and non-veterans suffered from a previous health problem that limits their activity.

Mental illness is common and can affect anyone, including serving and ex-members of the armed forces and their families¹⁹. Of the 6,137 personnel referred to MOD specialist mental health services, 5,083 were assessed to have a mental health condition in 2016/17. The most common disorders in the UK armed forces post-deployment are depression, alcohol misuse and anxiety disorders²⁰. For example, Gulf War veterans were more than twice as likely to experience depression compared with military personnel who were not deployed to the Gulf War²¹. It is also important to note that around 60% of military personnel with mental health issues do not seek help²².

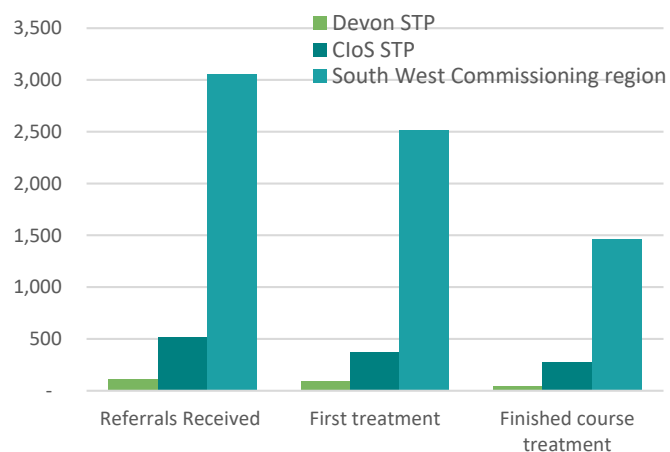
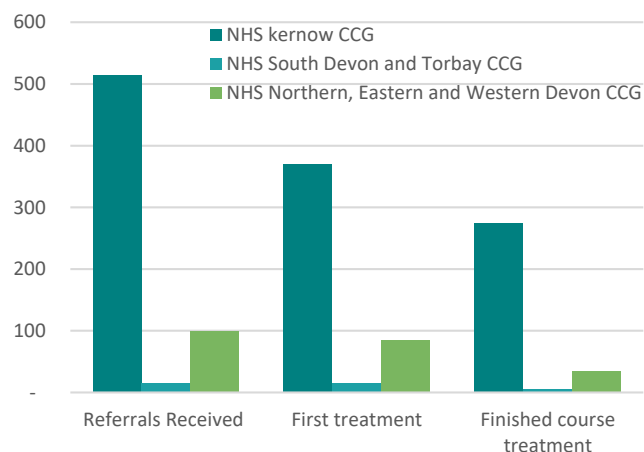
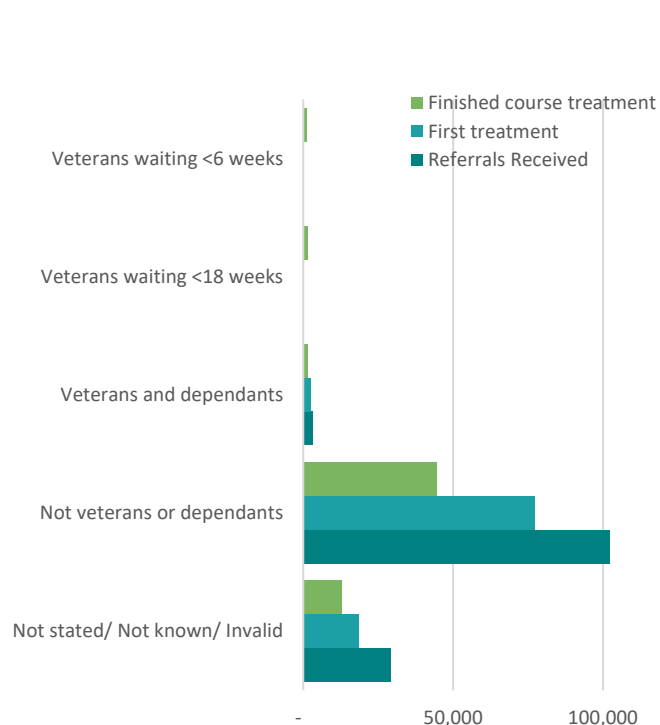


Key Messages

-  National data shows that 3.2% armed forces personnel have been assessed for a mental health disorder. Presentations are higher in the army/RAF, women and those aged 20-44 yrs^{8,13}.
-  Between 2017 and end of 2019 a total of 127 unique ex-armed forces and veterans were accessing secondary care mental health services in Cornwall. The average number of contacts per adult accessing the services was 9.7 over this duration (range 0 to 143).
-  Across Cornwall (95%) and Plymouth (84%) the majority of veterans were men). In Cornwall, just over half were aged under 50 years old, which differs to the age profile in Plymouth.
-  The Veterans and Reserves Mental Health programme (VRMHP) provides assessment and treatment advice for veterans (who have deployed since 1982) and reserves who have been deployed overseas since 1 January 2003 as a reservist, and believe that their deployment may have affected their mental health.
-  In addition, the NHS offers a range of support and treatment for veterans with a mental health problem. This includes the Veterans' Mental Health Transition, Intervention and Liaison Service (TILS) or the NHS Veterans' Mental Health Complex Treatment Service (CTS)¹⁹.

South West Veterans 2019 : Adult Improving Access to Psychological Therapies (IAPT)

Ex-British armed forces and dependants key activity in the year, 2018-19 - SW Commissioning region^h



Key Messages



IAPT is an NHS programme in England that offers interventions approved by the National Institute for Health and Care Excellence (NICE)¹ for treating people with depression or anxiety.



Between 1st April 2018 and 31st March 2019, there were a total of 3,055 referrals from veterans and dependants across the SW commissioning region. Of these, 2,520 received their first treatment and 1,460 completed the course of treatment.



Cornwall and the Isles of Scilly had the greatest number of veterans and dependants being referred into IAPT and completing the first treatment and finishing the programme.



Veterans and dependants represent a small proportion of those accessing IAPT services across the SW region. Of those accessing the service, 1,455 adults waited <18 weeks for their first course of treatment. A total of 1,320 adults waited less than 6 weeks for their first course of treatment.

Men aged under 25 years who leave the UK armed forces are at increased risk of suicide. These risks are greatest in the first 2 years after discharge²³. While there is data collected on the number of suicides and self-harm cases among the serving personnel population, there is currently little reliable information about this risk among the veteran population (see 'useful links' section). The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) are currently collecting data on those who die by suicide and were former members of the Armed Forces. However, this approach was introduced fairly recently and there is currently no available data, but the centre has plans to conduct a study on suicide in veterans in the future.

Death by suicide with a "History of service in the Armed Forces? e.g. a Veteran?" in Devon and Torbay

Year of death	No	Not known	Yes	Total
2014		1		1
2016	28	7	1	36
2017	30	12	3	45
2018	27	12		39
Grand Total	85	32	4	121

Death by suicide with a "History of service in the Armed Forces? e.g. a Veteran?" in Cornwall and Isles of Scilly

Year of death	No	Not known	Yes	Total
2014	61	2	1	64
2015	66	11	1	78
2016	51	5	1	57
2017	51	14	0	65
2018	45	28	0	73
Grand Total			3	

According to local records, there were a total of three suicides involving veterans between the end of January 2014 and end of January 2019 across Cornwall and the Isles of Scilly. This was obtained from assessing the 'Occupation at time of death' and 'Employment Status at time of death', which is unlikely to provide an accurate picture of the number of veterans.

Key Messages



Self-harm rates are important to consider because lifetime self-harm has increased from 1.8% among serving personnel and 3.8% among veterans in 2004/06 to 1.9% and 4.5% in 2007/09 and to 4.2% and 6.6% in 2014/16 in the two groups, respectively²⁴.



Lifetime suicide prevalence among veterans is thought to be higher than cases among service personnel. Prevalence rates have been estimated to be 4.2% among serving personnel and 10.5% among ex-service veterans. Suicide rates across military personnel has been estimated to be 5.6%²⁵.



The suicide audit across Devon and Torbay revealed that there were a total of 121 records on whether there was a "History of service in the Armed Forces? e.g. a Veteran?". Of the 121 records, there were 4 cases of death by suicide across the area.



The reliability of suicide audit data is largely dependent on the information provided by the Coroner's file. For example, in Devon 32 of the 121 records were 'Not known'.



The suicide audit across Cornwall relies on a 'free text' entry for the occupation at time of death. A search of these records revealed a total of 3 death by suicide since 2014 where there was a record of a veteran.



The reliance on Coroner's reports and the reporting of occupation at time of death **highlights the need for improved data recording of both suicide and self-harm. Suicide audits and prevention work must consider the impact on veterans and wider family networks.**

South West Veterans 2019 : Determinants of health



Key Messages



Smoking is a key health risk factor. Veterans aged 16-64 are more likely to have smoked than non veterans (49.3% and 46.2%). Veterans aged 65+ are also more likely to have smoked than non veterans (66.3% and 54.8%). More veterans aged 16-64 smoke (39%) in the SW than those aged over 65 years (7.8%). This appears to be reflected across the veteran population in GB.



Veterans in the SW are less likely to have a degree when compared to non-veterans (23.8% to 30.2%). However, they are more likely to have attained a qualification when compared to the GB average. Also, 4.2% of SW veterans reported having no qualifications compared to 5.7% in GB.

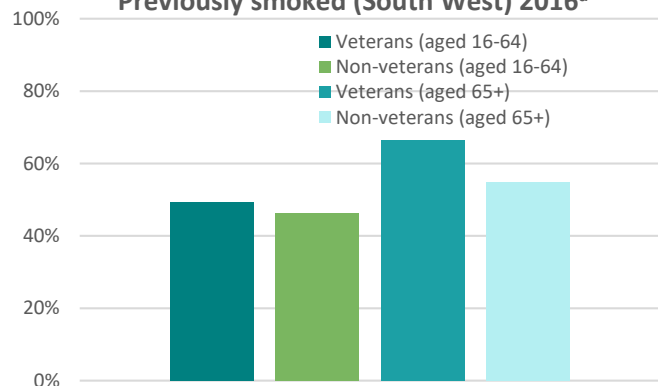


Veterans in the SW aged 16-64 are more likely to be inactive (an individual whose employment has not been terminated) than non veterans (19.7% and 15.7%). But less veterans in the SW (2.1%) are considered unemployed when compared to non-veterans in the area (3.2%) and GB veterans (4.2%).

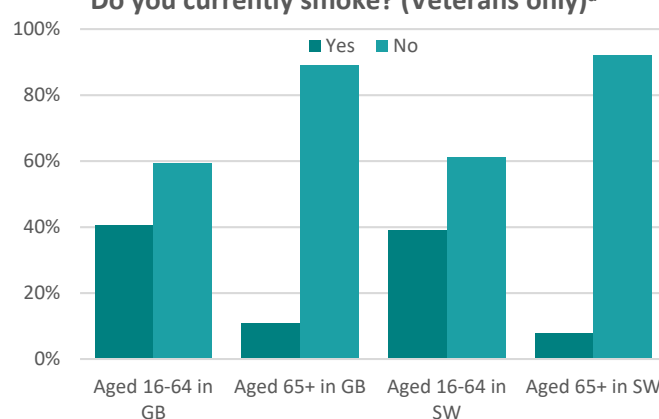


Access to adequate housing has been highlighted as a determinant of good health (data not shown). Veterans should receive adequate support to access suitable and affordable accommodation for their family.

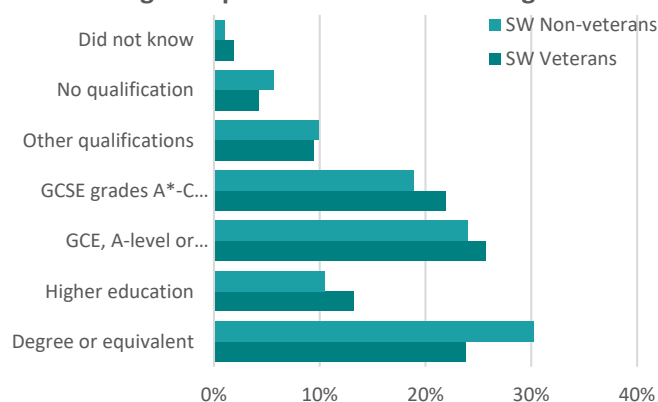
Previously smoked (South West) 2016^a



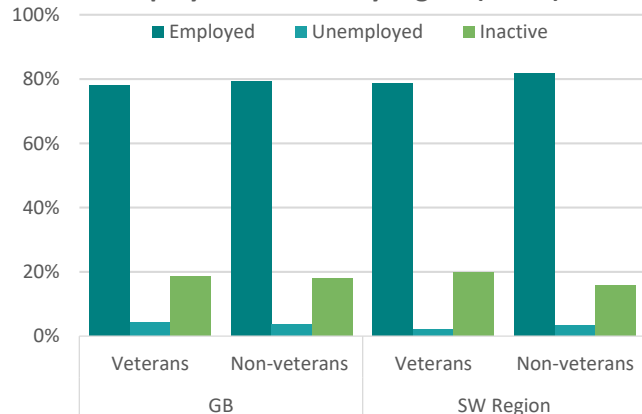
Do you currently smoke? (Veterans only)^a



Highest qualification in the SW region^a

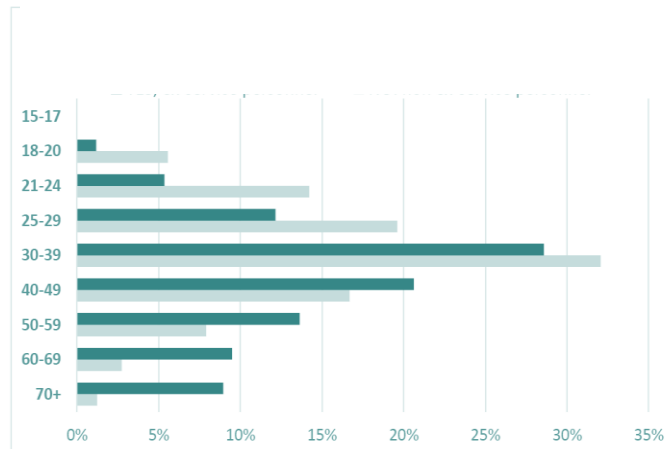
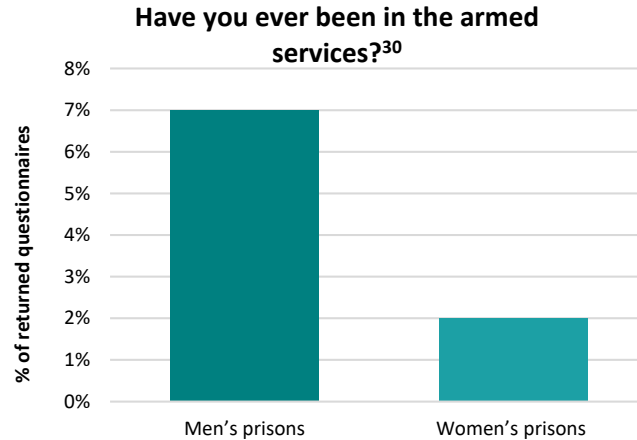


Employment status by region (16-64)^a



South West Veterans 2019 : Criminal justice system

Those leaving the armed forces are approximately 40% less likely to be in prison than non-veterans²⁶. A small proportion of the veteran population face challenges during their transition, which can include contact with the criminal justice system, mental health problems and alcohol misuse²⁷. Estimates of veterans in the criminal justice system varies considerably (3.5% to 17%)²⁷, although recent evidence suggests that around 4% (total of 2,032) of the prison receptions were those who had served in the armed forces (including 192 foreign nationals and 8 unknowns)²⁸.



Key Messages



Since January 2015, the Basic Custody Screening (BCS) interview asked whether someone had previously served in the armed forces. Of the 53,935 (65% "coverage") prison population (as at 30 June 2019), 2,105 (3.9%) had indicated they were ex-service personnel.



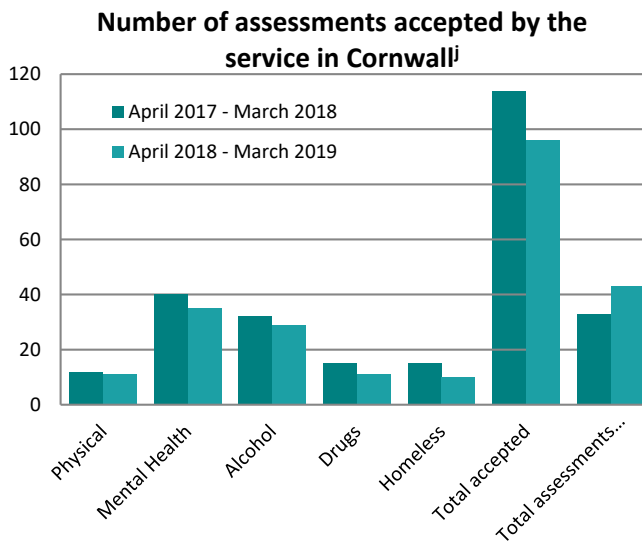
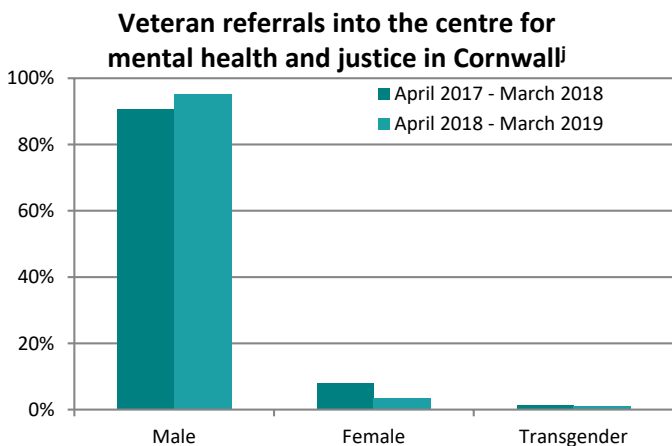
Veterans who come into contact with the criminal justice system are vulnerable and often require alternative levels of support because they have different wellbeing needs, offending behaviour patterns and often find it hard to ask for help^{29,48}.



Veterans in contact with the justice system, are more likely to; be male (98% compared to 95% in non-veteran prison population), white and older on average (mean age 44 years) than those who had not served in the forces (mean 35 years); have higher qualifications and insecure employment; recorded as having mental health issues, harmful or hazardous drinking, and physical health problems; and anxieties/stigma over identity and experience social isolation^{27,28}.



Having a mental health assessment and offered access to; education and resettlement services; alcohol misuse services; and mentoring can help improve outcomes for veterans in custody²⁷.



Key Messages



Forensic Mental Health Teams (FMHT) provide a mental health service for people aged over 16 years, who come into contact with the police or courts. This includes adults who have a mental health illness and have committed or are suspected of committing a criminal offence or are on probation. FMHT work in collaboration with community mental health teams, the police, probation services and the local courts. Referrals are usually made through the community mental health teams, criminal justice agencies and prison services.

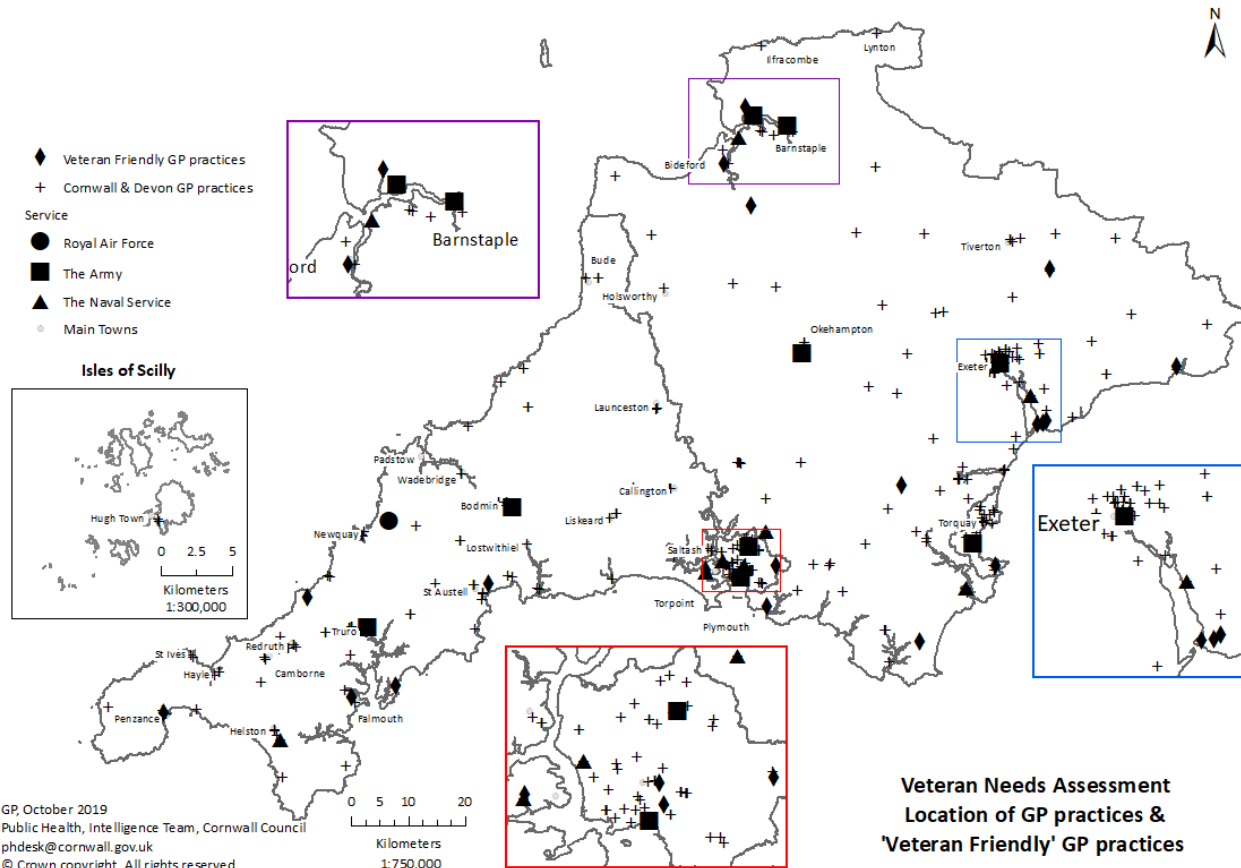


In Cornwall, over 90% of referrals into the service are men. A total of 114 and 96 assessments were accepted in 2017/18 and 2018/19, respectively. While around 40% of assessments concerned mental health problems, there are clear additional needs associated with physical health conditions, alcohol and drug misuse and homelessness.

South West Veterans 2019 : Provision of healthcare services

Healthcare is provided by the Defence Medical Services whilst serving in the armed forces. Upon discharge, however, this responsibility returns to the NHS with veterans being eligible for the same full range of local NHS services as the general population. While progress has been made, there are still concerns of the continuing difficulties in veterans receiving priority access to NHS medical treatment, when their injuries or ill-health are attributable to their military service³¹. The NHS long term plan³² has committed to expanding support for veterans and their families, which includes rolling out a veterans accreditation scheme.

Map of the number of accredited 'Veteran Friendly' GP practices^f



Key Messages



Becoming a 'Veteran Friendly' practice involves meeting a specified criteria and providing evidence that they are supportive of veterans' healthcare³³. 'Veteran friendly' accredited for GP practices should be adopted across primary care to ensure the healthcare needs of veterans are met. To date there are a total of 21 'Veteran Friendly' practices across Devon and Cornwall³³.



There is a 'veteran status' read code that GPs should enter when registering new patients who are veterans. The Code (13JY) should activate the Covenant on all treatment, where appropriate. Improving the coding of veterans will better inform the health needs of this population.



A group of 47 "Veteran Aware" NHS Trusts have also been accredited as exemplars of the best care for veterans, helping to drive improvements in NHS care. In the SW, All three major hospitals are 'Veteran Aware' ³².



It is also not possible to obtain an accurate number of veterans accessing emergency healthcare. Improved coding of veterans should also be progressed to gain a better understanding of the number and cause of hospital admissions.

The Devon armed forces (community) wellbeing partnership annual conference in November 2019 investigated a number of areas in relation to the covenant and the needs of this population across the SW. The conference focused on the health needs of veterans, families serving with young children and community outreach.

Needs	Description
Induction pack	There is an aspiration to combine data already collected by a number of agencies to give a pre prepared, locally based, induction pack to incoming service families or veterans. A mechanism would need to be put in place to collate this data with a clear, along with a communicated plan of what it will be used for (This might include housing charities and trusts and private landlords).
Building relationships with services	Often simply asking the question as to whether an individual is a veteran can change the conversation, and develop trust, especially if the person asking the question is ex services. For instance, Social Workers don't routinely ask whether people have served. Service providers need to ascertain whether some one is a veteran and explain the purposes of asking this question e.g. provision of support, target services and provide training.
Improved information	This forms an important part of the new veterans strategy. Maximising the use of linked data sets across the SW (e.g. population health management data linking) could improve future support by building on existing knowledge of veterans health needs and service use.
Improved engagement	Understanding the "voice" of veterans and engagement through existing community groups such as the growing number of Veterans Breakfast Clubs and veterans networks across Devon County Council.
Support from the Office for Veterans Affairs	<p>Informing future support and service provision requires greater collaboration such as with the Office for Veterans Affairs (which sits within the Cabinet Office) who have been tasked to work with Local Authorities and Devolved Administrations to;</p> <ul style="list-style-type: none"> • Ensure that every single veteran and their family knows where to turn to access support when required; • Help to generate a 'single view of the veteran' by making better use of data to understand veterans' needs and where gaps in provision exist; and • Improve the perception of veterans.

Key Messages



Focus groups conducted to ascertain the needs of the armed forces in the SW highlighted a number of areas requiring support including; financial services, healthcare; divorce within serving personnel and families; spouses employment; armed forces children (education and Service Pupil Premium); housing for personnel transitioning into the community; employment for veterans; comradeship for older veterans; and mental health ¹⁴.



South West Veterans 2019 : Veteran population projections

Table 1: UK Armed Forces veterans residing in Great Britain, by year, numbers^g

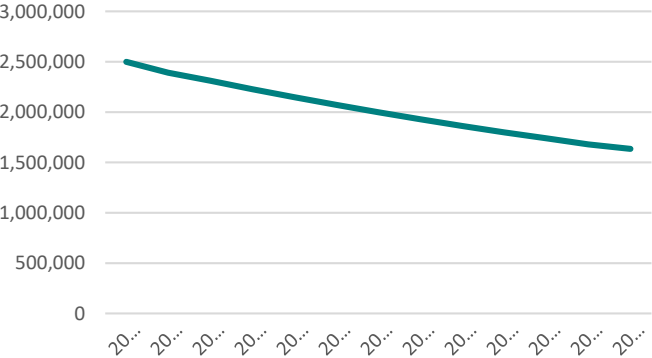


Table 2: UK Armed Forces veterans residing in Great Britain, by age^g

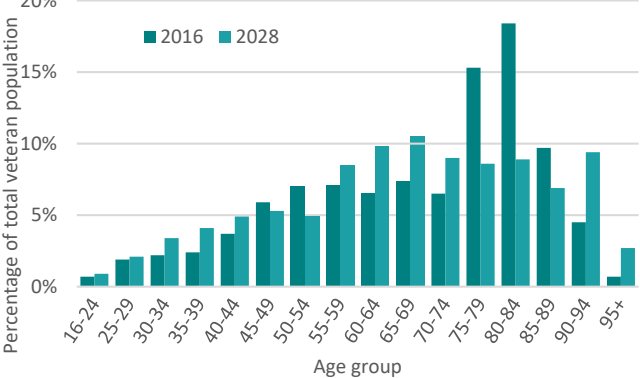


Table 2: UK Armed Forces veterans residing in Great Britain, by age^g

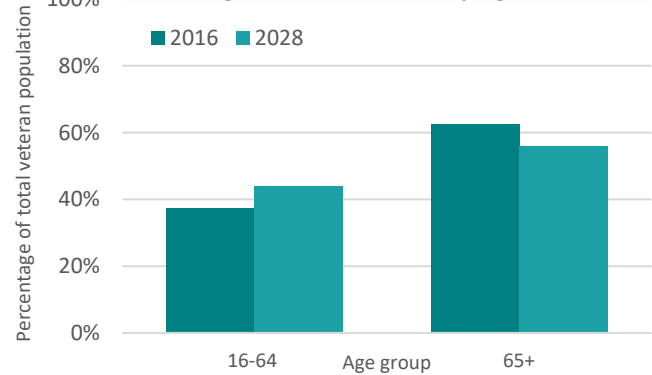
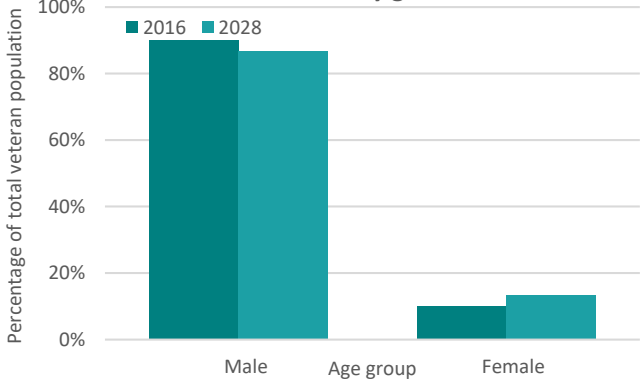


Table 2: UK Armed Forces veterans residing in Great Britain, by gender^g



Key Messages



There were 2.5 million in Great Britain (GB) in 2016. The number of veterans living in GB is predicted to reduce to 1.6 million by 2028. In 2016, the veteran population represented 5% of household residents aged over 16, which is projected to decrease to 2-3% by 2028.



The overall number of veterans residing in Great Britain is projected to decrease over the next ten years. However, the proportion of working age veterans is expected to increase in 2028 (37% to 44%), while the number of adults aged over 65 years is set to reduce from 63% to 56%.



Additionally, the number of men who are veterans is predicted to decline from 90% to 87% between 2016 and 2028, the number of women are set to increase slightly (10% to 13%)².

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