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Royal College of
General Practitioners



Armed Forces veteran
friendly accredited
GP practice

**AN EVALUATION OF THE
VETERAN FRIENDLY GP PRACTICE
ACCREDITATION PROGRAMME**

Westminster Centre for
Research in Veterans



University of
Chester

Background



Veteran Friendly GP Practices



RC GP Royal College of General Practitioners NHS

Armed Forces veteran friendly accredited GP practice

We are an Armed Forces veteran friendly accredited GP practice.

This means that, as part of the health commitments of the Armed Forces Covenant, we have a dedicated clinician who has a specialist knowledge of military related health conditions and veteran specific health services. This is important in helping ex-forces to get the best care and treatment.

If you are ex-forces, please let your GP know to help ensure you are getting the best possible care.

To find out more, ask your nurse or GP.


ARMED FORCES COVENANT

PHC Registration

Read Code Chapters

- Three categories:
 - Diagnoses
 - Processes of Care
 - Medication
- These categories are further divided into sub-chapters




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Veterans' Health in General Practice

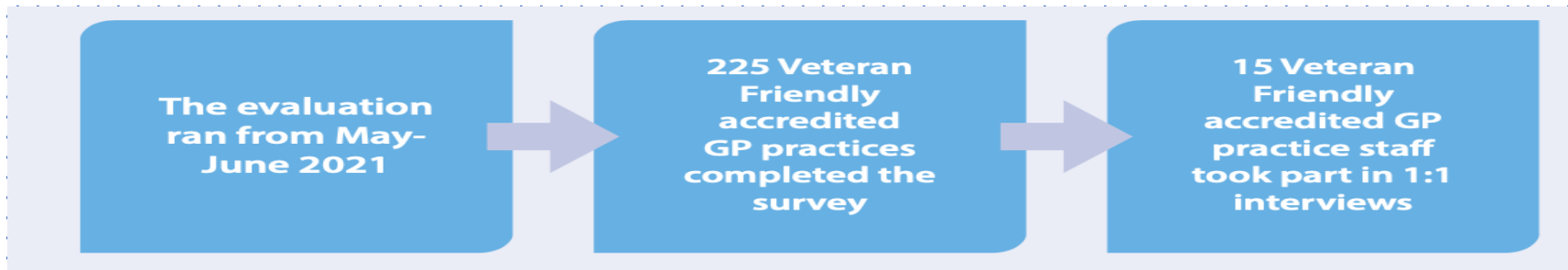
Duration	2 hours	Member price: £0.00 Non-member price: £0.00	
Type	Online learning		
Topic	Equality and diversity, Carers, End-of-life care, Mens health, Mental health, Musculoskeletal rheumatology and trauma, Work and health, Drug and alcohol problems	Book now	
Audience	GP, GP Trainee, GP Trainer or educator, Physician assistant, Retired GP, First5, Practice nurse		



Aim & Objectives

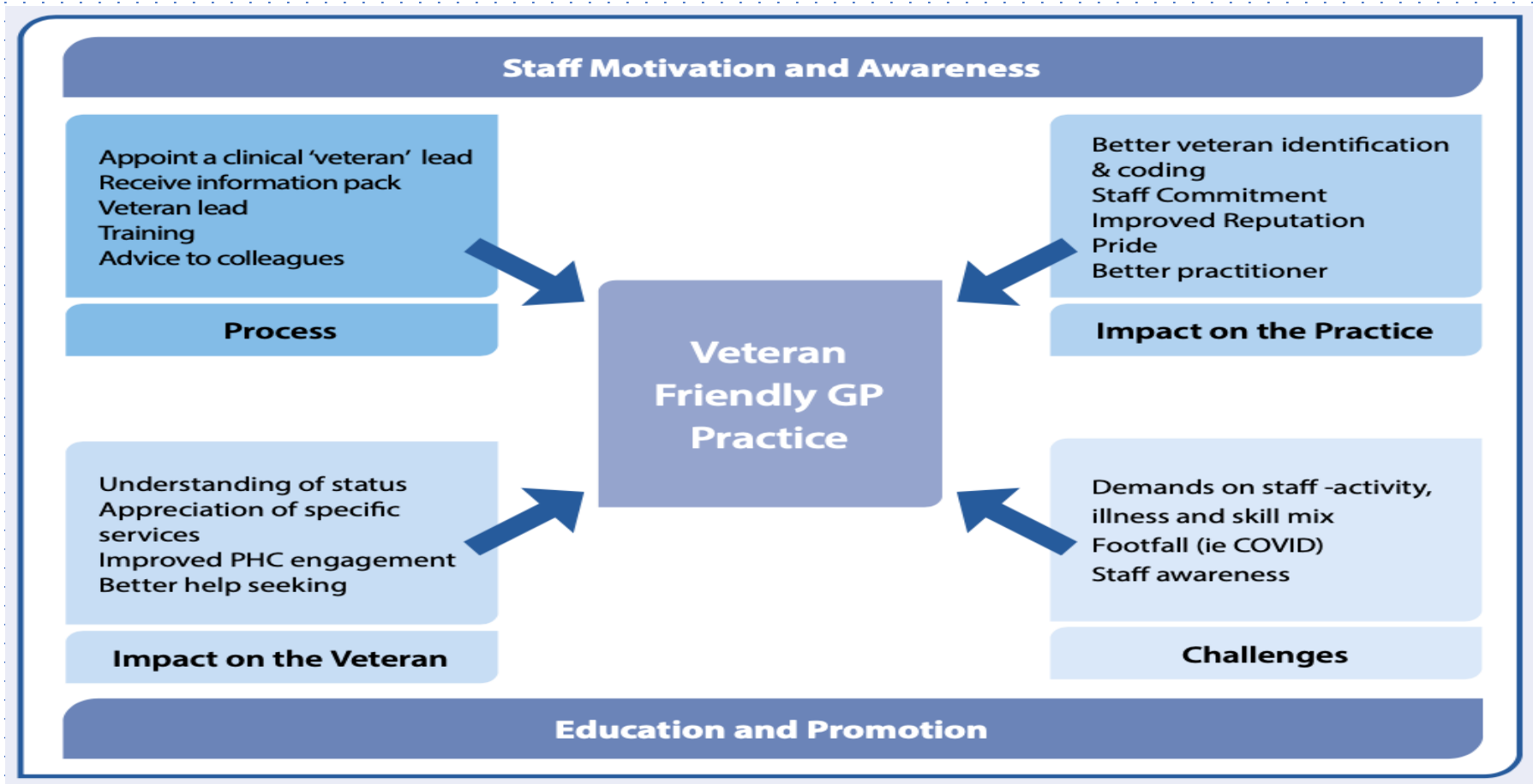
- The **aim** of this study was to evaluate the effectiveness of the RCGP Veteran Friendly Practice Accreditation Programme to highlight positive outcomes and identify areas for improvement.
- The **objectives** were to:
 - Identify and evaluate GPs and PHC's staff assessment of the effectiveness, benefits, problems and means for improvement of the RCGP Veteran Friendly Accreditation Programme for both veterans and the practices.
 - Recognise the challenges of this intervention, why they exist and how they can be positively addressed.
 - Distinguish the potential for lessons learnt to improve the programme.

Methodology & Method



Serial	Survey distribution	Date 2021	Responses	Percentage increase %
1	Initial 50 surveys	29 th April		
2	Remaining surveys	11 th May	96	
3	Reminder 1	18 th May	159	65
4	Reminder 2	2 nd June	189	19
5	RCGP newsletter	23 rd June		
6	Reminder 3	24 th June	232	23
7	Total responses		232	

Results



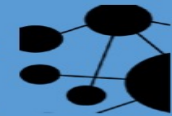
RECOMMENDATIONS

Based on the findings from this independent evaluation, there are a number of emerging recommendations for NHS England and the RCGP to consider for the remainder (and future implementation) of the accreditation programme.

1) Educational provision. To evaluate the current online educational packages and update and improve accordingly. Educational material should target all practice staff.



2) Specific development opportunities for PHC Veteran Leads. Examples include developing networks across the Primary Care Networks and connecting with their regional Armed Forces Covenant Partnership Committee.



3) More time to fully assess the impact of the programme. As highlighted in the limitations section, the timing of the study during the COVID 19 lockdown period and the reduced footfall within PHC will have impacted on the results. Consideration should be given to repeating the survey after all COVID restrictions are removed.



4) Identify ways in which to better promote the Veteran Friendly GP Practice Accreditation programme and bring this initiative onto the agenda of those forums that can have a positive impact such as the Armed Forces Networks.



5) Raise awareness of veteran status in the veteran community.



6) Improve correct registration of veterans status on their PHC medical records. This could be enhanced with CCG funding for regular SNOMED / READ Code searches.



7) Research. Further studies could target help seeking and engagement from certain demographic groups such as gender, age, minority groups and families.



8) There is clear evidence regarding the benefits of this programme to warrant continuation of the project and further funding.



Strengths and Limitations



What difference has the report made to GP practices?



Free online resource launched offers training to help support veterans

POSTED ON
January 6, 2022

A new free online module to enable clinical staff to learn more about the Armed Forces Community has been launched by the University of Chester.

Home > Free online resource launched offers training to help support veterans

SHARE THIS CONTENT



TAGS

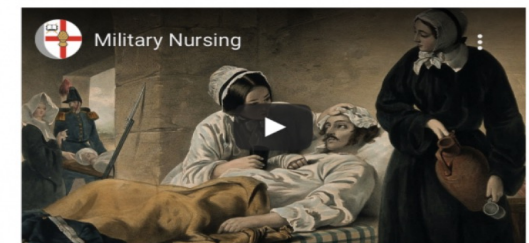
Veterans Centre



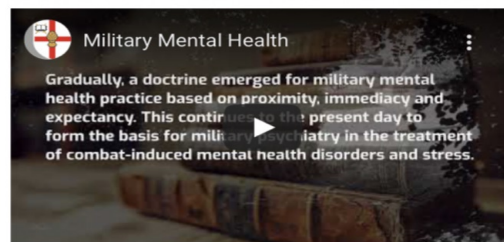
Introduction to the Armed Forces Community
Session One



The British Armed Forces and Veterans
Session Two



Military Nursing
Session Three

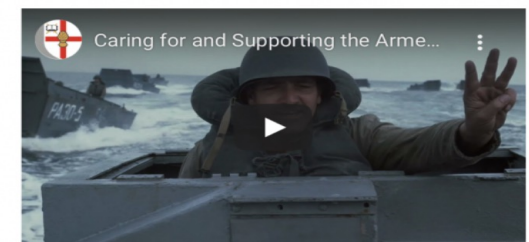


Gradually, a doctrine emerged for military mental health practice based on proximity, immediacy and expectancy. This continues to the present day to form the basis for military psychiatry in the treatment of combat-induced mental health disorders and stress.

Military Mental Health
Session Four



Caring for and Supporting the Armed Forces Community
Session Five



Caring for and Supporting the Armed Forces Community: Reflections
Session Six

Veteran help-seeking behaviour for mental health issues: a systematic review

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ABSTRACT

Introduction Serving military personnel and veterans have been identified to have a high prevalence of mental health disorders. Despite this, only a significantly small number seek mental healthcare. With the UK beginning to invest further support to the armed forces community, identification of barriers and facilitators of help-seeking behaviour is needed.

Methods Corresponding literature search was conducted in PsycINFO, PsycArticles, Medline, Web of Science and EBSCO. Articles which discussed barriers and facilitators of seeking help for mental health concerns in the veteran population were included. Those which discussed serving personnel or physical problems were not included within this review. A total of 26 papers were analysed.

Results A number of barriers and facilitators of help-seeking for a mental health issue within the veteran population were identified. Barriers included stigma, military culture of stoicism and self-reliance, as well as deployment characteristics of combat exposure and different warzone deployments. Health service difficulties such as access and lack of understanding by civilian staff were also identified. Facilitators to help combat these barriers included a campaign to dispel the stigma, including involvement of veterans and training of military personnel, as well as more accessibility and understanding from healthcare staff.

Conclusions While some barriers and facilitators have been identified, much of this research has been conducted within the USA and on male veterans and lacks longitudinal evidence. Further research is needed within the context of other nations and female veterans and to further indicate the facilitators of help-seeking among veterans.

INTRODUCTION

Serving military personnel and veterans have been identified to have a high prevalence of mental health (MH) disorders.^{1,2} Despite this, only a significantly small number seek MH care.^{3,4} With the UK beginning to invest further support to the armed forces community (AFC), identification of barriers and facilitators of help-seeking behaviour is needed.^{5,6} Help-seeking behaviour is defined as a planned behaviour of actively seeking help with a healthcare professional due to changes in health.⁸ Facilitators and barriers to help-seeking behaviour in reference to MH difficulties have been frequently researched in the literature.^{7,13} Certain MH disorders within the veteran community have been found to be associated with more substantial health service utilisation, with collaboration between

Key messages

- ▶ Serving military personnel and veterans have a high prevalence of mental disorders, but only a significantly small number seek help.
- ▶ Barriers to help-seeking behaviour included stigma, military culture of stoicism and self-reliance as well as deployment characteristics such as combat exposure.
- ▶ Facilitators of help-seeking included dispelling the stigma and myths surrounding help-seeking and mental health treatment as well as involvement of other veterans.
- ▶ Further research is needed within the UK context with the lack of longitudinal evidence on the barriers and facilitators as well as the limited research on female veterans.

primary healthcare and MH services attributing to successful support and treatment for veterans.¹³

Primary healthcare within the UK is expected to record and support their veterans through prioritisation and veteran-specific services.^{14,15} Research has shown as little as 8.7% of veterans have been identified, with many healthcare staff and veterans not seeing the benefit in recording a veteran's status, leading to barriers among veterans who are seeking support.¹³ More recently, the UK NHS has introduced Op COURAGE, which aims to support the AFC by providing bespoke MH and well-being services.^{16,17} There is UK research regarding help-seeking behaviour in the armed forces¹² and the use of social prescribing activities such as archaeology¹⁶ to help facilitate access to appropriate support. However, the focus of this article is the identification of barriers and facilitators of help-seeking behaviour and the beneficial approaches to understand how the military veteran community can be better supported.

METHODOLOGY

Literature search strategy

A rapid review of the literature was conducted over a period of three months. This review was guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA).¹⁷ Corresponding literature searches were conducted in the following databases: PsycINFO, PsycArticles, Medline, Web of Science and EBSCO. These databases were selected due to the quality of their peer-reviewed publications and their utilisation in previous literature review publications of a similar focus. Furthermore, the journal impact factors of

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Prevalence of common mental health disorders in military veterans: using primary healthcare data

Alan Finnegan , R Randles 



▶ Additional supplemental material is published online only. To view, please visit the journal online (https://doi.org/10.1136/bmjilitary-2021-002045).

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This paper presents results of 2449 veteran primary healthcare (PHC) medical records in the Northwest of England, providing a profile of the prevalence of common mental health disorders in military veterans. Demographical differences of age and gender were also explored in relation to common mental health disorders. As far as the authors are aware, a cohort profile of veterans has yet to be presented within the UK, using PHC records.

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ABSTRACT

Introduction Serving military personnel and military veterans have been identified as having a high prevalence of mental disorders. Since 1985, UK patients' primary healthcare (PHC) medical records contain Read Codes (now being replaced by Systematized Nomenclature of Medicine - Clinical Terms (SNOMED CT) codes) that mark characteristics such as diagnosis, ethnicity and therapeutic interventions. This English study accesses a cohort profile of British Armed Forces veterans to examine the diagnosed common mental disorders by using PHC records.

Methods This analysis has been drawn from initiatives with PHC practices in the Northwest of England to increase veteran registration in general practice. Demographic data were collected including gender, age and marital status.

Data were also collected on common mental health disorders associated with the Armed Forces.

Result 2449 veteran PHC records were analysed. 38% (N=938) of veterans in this cohort had a code on their medical record for common mental health disorders. The highest disorder prevalence was depression (17.8%, N=437), followed by alcohol misuse (17.3%, N=423) and anxiety (15.0%, N=367). Lower disorder prevalence was seen across post-traumatic stress disorder (PTSD) (3.4%, N=83), dementia (1.8%, N=45) and substance misuse (0.8%, N=19). Female veterans had a higher prevalence of mental disorders than their male counterparts, while men a higher prevalence of PTSD; however, the gender difference in the latter was not significant (p>0.05).

Conclusion The SNOMED searches do not detail why certain groups had higher recordings of certain disorders. A future study that accesses the PHC written medical notes would prove enlightening to specifically identify what situational factors are having the most impact on the veteran population. The results from a sizeable English veteran population provide information that should be considered in developing veteran-specific clinical provision, educational syllabus and policy.

INTRODUCTION

Serving military personnel have been identified as having a high prevalence of mental disorders with the likelihood of common mental disorders (CMDs) being approximately doubled.¹ In the British Armed Forces, depression is the most common mental health (MH) disorder, with the Ministry of Defence (MoD) reporting that 12.7% of the British Armed Forces were seen in military healthcare for an MH-related reason with 2.7% being seen by a specialist MH clinician.² There is estimated to be 2.4 million UK Armed Forces veterans, which make up an approximated 5% of the total population.³ Within this veteran population, 89% are male, 60%

Key messages

- ▶ Thirty-eight per cent of veterans had a code on their medical record for a common mental health disorder.
- ▶ The highest disorder prevalence was depression at 18%, followed by alcohol misuse at 17%, anxiety 15%, post-traumatic stress disorder was 3% and dementia 2%.
- ▶ The SNOMED searches do not detail why certain groups had higher recordings of certain disorders.
- ▶ Female veterans have a higher prevalence of common mental disorders than their male counterparts.
- ▶ The National Health Service England and Royal College of General Practitioners need to identify if there is a mechanism for increasing primary healthcare veteran registration to provide a more reliable source of data.

are aged 65 years and over, and 62% are married.³ Military veterans have a higher prevalence of CMD including anxiety, depression,^{4,5} post-traumatic stress disorder (PTSD) and alcohol misuse than the general population,⁶ and these rates are higher for those with combat experience.⁷

To improve MH support for veterans, National Health Service England (NHS) launched Op COURAGE: the Veterans Mental Health and Well-being Service, which aims to facilitate priority access to veteran-specific services for service-related problems.⁸ The effectiveness of this initiative in part requires veterans to be correctly identified and registered with a primary healthcare (PHC) practice. Since 1985, UK patients' PHC medical records contain Read Codes (now being replaced by Systematized Nomenclature of Medicine - Clinical Terms (SNOMED CT) codes) that mark characteristics such as diagnosis, ethnicity and therapeutic interventions, and a code to annotate 'military veteran'.⁹ One means to therefore estimate the level of MH disorders in the veteran population is through the PHC medical records. However, veterans typically have poor help-seeking behaviour for mental disorders; barriers include stigma, military culture of stoicism and concerns surrounding understanding by healthcare staff.¹⁰ It may take reaching crisis point to seek help, leading to higher rates of PTSD.¹¹ Research indicates that only 8% of the veteran population are correctly registered; resulting in a potential lack of support for their specialised MH needs.¹² The Royal College of General Practitioners (RCGP) launched

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Questions



Professor Alan Finnegan PhD RN FRCN FRSA CF FAAN

Director of the Centre and Professor of Nursing and Military Mental Health. Alan is a Registered Nurse (Adult) and Registered Nurse (Mental Health). Alan joined the British Army as a Nursing Officer in 1987. During his military career he reached the rank of Colonel and his appointments included the MoD Nurse Consultant in Military MH (MMH), MOD Nursing Advisor in MMH and Senior Military Nurse and Commanding Officer at the Royal Centre for Defence Medicine (Clinical). Since commencing at the University of Chester in 2016, Alan has been appointed as the principal investigator for over 20 research projects including awards from the NHS, Armed Forces Covenant Fund Trust, Forces in Mind Trust, Health Education England and Business. See: <https://www1.chester.ac.uk/departments/health-and-social-care/staff/alan-finnegan>



Kate Salem BSc MRes MBPsS

Kate works at the Centre as a Researcher. Kate has experience of conducting research into military families and prior to completing her degrees, worked for the Ministry of Defence. In this evaluation, Kate has contributed to data collection including conducting the qualitative interviews. Kate had led on the analysis and contributed significantly to the writing of the report and presenting the initial findings to the RCGP. Kate is a member of the Armed Forces Community and the wife of an Army veteran.



Lottie Ainsworth Moore

Lottie joined the Centre in January 2019. She is a military spouse of a currently serving Officer and has previously worked for military charities. Her principle role within the Centre is Project Administrator where she is working on various evaluations with the Armed Forces Covenant Fund Trust and the NHS. Lottie is also a Families Representative on the Cheshire Armed Forces Covenant Partnership Committee. In this evaluation, Lottie was responsible for the constructing the online questionnaires, collecting initial data and creating heatmaps and charts.



Dr Rebecca Randles BSc PhD FHEA PGCert MBPsS

Becky works at the Centre as a Researcher. Becky was awarded her PhD from Liverpool John Moores University and has research experience in both qualitative and quantitative methodologies, using her experience to assist with the grant application of this evaluation. She also contributed to the ethics application and development of the survey design for this project.



Lauren West BBA

Lauren works at the Centre as an Administration Assistant and PA to Professor Finnegan. Lauren assists in a number of military forums including being Secretary for the Cheshire Armed Forces Covenant Partnership Committee and oversees administration of all veteran related projects within the centre. In this project, Lauren helped specifically with the project report and infographics.