



November 2014

Issue 2

Veterans First Point Scotland Partnership Event 10 October 2014

Introduction

Lucy Abraham, Clinical Lead for V1P Scotland, welcomed all participants to the second V1P Scotland Partnership Meeting, which was held on 10 October 2014 in Edinburgh. 86 individuals who represented key veterans agencies, partnerships, Health Board and Local Authority areas across Scotland attended.

Lucy highlighted that the event marked the establishment of the V1P Scotland National Development Team and would give all an opportunity, through table-top discussion, for participants to comment on and influence the roll out of the V1P service delivery model in their areas. The discussion time would also enable identifying common themes across Scotland, local variations and expressed needs within the target populations.

Linda Irvine, Strategic Lead for V1P Scotland began her presentation with the three issues which The Veterans Advisory Group back in 2007 identified as key issues which needed to be addressed and underpin any development. These were:

- Credibility
- Co-ordination
- Accessibility.

These three concepts drove the development of Veterans First Point and the last five years have identified clear strengths within the service model. These strengths being:

- Employment of Veterans as Peer Workers
- V1P Therapists delivering a range of quality evidence-based care, treatment and support to veterans and their families
- Sustaining and building new partnerships and relationships
- Understanding that until basic needs are met a person will not feel or be ready to deal with mental health issues or problems
- Underpinned by shared governance; one point of access; self referral and drop in; single data set.

These strengths informed the successful LIBOR submission for V1P Scotland.

The objective of V1P Scotland is to work in partnership to deliver high quality evidence-based care, treatment and support for veterans and their families across Scotland.

V1P Scotland is for:

- Veterans – Therapy for those that have served a day in HM forces, whether reservist or regular.

- Families of reservists/veterans – family members can access services at the veteran spokes.
- Bereaved – Counselling offered to those that have lost a loved one that served in HM forces.
- Reservists – support where appropriate to reservists whilst not on deployment.
- Regular serving personnel – Work with local regiments to offer mutual training, attend discharge planning meetings and assist in smoothing the transition
- Engaging with local communities – building communities’ understanding of veterans needs and issues; ensuring that veterans and their families are linked into wider community support and participation; promote veterans’ skills and abilities as assets to communities; maximising the value and potential of Community Covenants

The aims of V1P Scotland are to:

- Establish centres and networks across Scotland
- Provide a single point of access for the armed services, reservists and veterans’ communities
- Deliver a co-ordinated national Education, Training and Supervision programme to support the delivery of evidence-based psychological therapies
- Create a network of V1P teams in each health board area which have access to veteran peer workers and mental health therapists
- Maximise use of e-health technology to support networks
- Build opportunities for high quality audit and research to inform service development and delivery, contributing to the global evidence base

The outcomes of V1P Scotland are to deliver:

- Increased knowledge of the nature and extent of veterans health and social care needs
- Quantifiable improvements in the physical, mental and financial health of veterans and their families who present to VIP Scotland
- Increased capacity of NHS and partners to respond more appropriately to the needs of veterans within their community
- Development of training to equip health staff and partners to assess and respond appropriately to the needs of veterans
- Recruitment and training of veterans by veteran peer workers to provide informal peer support and act as co-deliverers of training
- Delivery of training to staff across Board areas
- Provision of ongoing advice, information and liaison to V1P Scotland teams
- Increased knowledge and evidence base on what works for veterans

Linda introduced the members of the **V1P Scotland Team** who are now all in post. The team are:

- Lucy Abraham, Clinical Lead / Consultant Clinical Psychologist
- Dave Carson, Senior Health Promotion Specialist Veterans Mental Health
- John Wills, Consultant Psychological Therapist
- Sharon Fegan, Consultant Psychological Therapist
- Sarah Cairns, Administrator
- Anne Gioko, Secretary

Short biographies of all the team members were included as part of the participants’ pack.

Linda summarised the discussions which are being encouraged across all Health Board areas in Scotland. There has been particular interest in the roll out by Tayside (who are likely to be the first roll out partnership), Fife, Borders, Lanarkshire and Highland. She concluded by hoping that today will create further dialogues and opportunities for the team to meet with key partners and to progress further with the rollout.

Accessibility: Evidence- Based Psychological Therapies

Lucy Abraham, Clinical Lead / Consultant Clinical Psychologist and John Wills, Consultant Psychological Therapist, gave a brief outline of the range of mental health difficulties that clients of Veterans First Point have typically sought help with in recent years. To summarise, about 75% of new clients will describe psychological difficulties. The most common disorders are anxiety and depression; fewer than 20% of clients meet the full diagnostic criteria for post-traumatic stress disorder.

It is important that proven psychological therapies are available that adequately meet the requirements of the range of issues that the veterans are presenting with.

A key function of the Veterans First Point Scotland Development Team is to support the education, training and clinical supervision requirements for partner organisations to delivery evidence based psychological therapies. John talked briefly about Motivational Interviewing and how this could be really useful to support all teams and partnerships, Participants were asked to think about and discuss:

- What training would be useful from the V1P Scotland Development team?
- How can we best provide co-ordinated supervision arrangements?

This discussion is summarised below under key themes:

<p>Core Skills</p> <ul style="list-style-type: none"> • Common experience • Quality of assessments is very important, persons doing initial assessments and signposting for treatment must be skilled • Resilience skills for workers level of experience specific, • Help organisations to encourage and facilitate exchange of information and ways of problem solving and addressing presenting issues 	<p>Specific Training</p> <ul style="list-style-type: none"> • Training in trauma • Raise awareness of issues affecting resettling military personnel: regular, early leavers, reservists – inequalities groups within personnel (Women, BME, LGBT) • provide ongoing coaching groups (developing and maintaining skills) • Using developing technology
<p>Awareness Raising</p> <ul style="list-style-type: none"> • Road shows • Leaflets, • Promotion of V1P service within Primary Care once established 	

Co-ordinated Single Point of Access

Sharon Fegan, Consultant Psychological Therapist, highlighted that the “Single Point of Access” model developed by V1P enabled our service to be credible, co-ordinated and accessible thus enhancing opportunities to deliver the four key service areas: Information and signposting, Understanding and listening, Support and social networking and Health and wellbeing in a cohesive manner.

This model ensures that client’s welfare and mental health needs are met with opportunities to influence and positively impact on physical health needs. Barriers to engaging in mainstream services were identified, for example, homelessness, no GP, lack of documentation, pride/shame and not understanding civilian systems.

Factors that would facilitate engagement were also identified for example, Peer Support Workers, on-going support and working closely with partnership agencies.

Emphasis was placed on the importance of working in partnership.

Participants were asked to discuss:

- Given the elements identified as important within “Single Point of Access” model how can you ensure they are met within your area?
- How can we in the Development Team work with you in meeting our goals?

The discussion is summarised below under key themes:

<p>Identification</p> <ul style="list-style-type: none"> • Difficult to know how to access website information for veterans • Veterans present later to Mental Health services but Forces are getting better at recognising mental health problems • How do you identify the people who need help? • Really important to keep raising awareness of GPs as primary gatekeepers 	<p>Families and friends</p> <ul style="list-style-type: none"> • Signposting for significant others • Awareness Raising • Focusing on children of serving families • Targeting friends and wider networks as well as families
<p>Times and Locations</p> <ul style="list-style-type: none"> • Flexible hours • Outreach working across the country • Access to treatment in a timely manner • Recognise not all veterans live in cities 	<p>Partnership</p> <ul style="list-style-type: none"> • Working with well established Veterans Agencies • Using Firm Base and Community Covenant Groups as starting points for building V1P partnerships

Credible Peer Support

This presentation took the form of an interview between Dave Carson, Senior Health Promotion Specialist Veterans Mental Health and Andy Bowman, who works as a Peer Support Worker at V1P Lothian.

Dave asked when a Veteran contacts V1P Lothian what did Andy do?

Andy explained that the Peer Support Worker is the first point of contact, so he will take details of the client down and begin a conversation to find out why the person has come today. This initial assessment or conversation might result in the offer of ongoing support, access and encouragement to utilise afternoon drop-in, invited to become involved in social group activity program (educational and partner agency inputs, walking group, music group, art therapy).

Andy then talks through with the client a checklist which includes asking about welfare benefits, housing, social isolation, relationships and family support. This is then used by other members of the team who might see the client so he doesn't have to tell the same things over and over again.

Dave then asked Andy if he could explain what makes his role as Peer Support Worker unique.

Andy explained that he is a paid NHS Lothian employee and a valued member of the VIP Clinical Team with access to all relevant patient information. This is quite a different experience from other roles Andy has when he has worked in nursing roles but is not seen as full member of the clinical teams even though he may have lots of important knowledge and insights about patients. The Peer Workers offer empathy and have shared experiences with the patient/ client group through their own past and current military service and importantly lived experience of transition from military service into civilian life. He described how peer workers have a common language and understanding which breaks down communication barriers and promotes help seeking behavior.

Dave's final question was how the Peer Support Worker role supports team-working at V1P.

Andy responded by saying that with the above skills and expertise the Peer Support Worker is able to contribute to patient formulation and give a much richer picture to what factors are influencing patient presentation. He can help with identifying solutions and problem solving that supports engagement in psychological therapies and other services coordinated at the V1P Lothian drop-in centre.

Dave thanked Andy for this thoughtful and unique insight into his role.

Participants were asked to discuss:

- From your experience and from what you have heard today, what are the differences between a Volunteer role and a Peer Support Worker role?
- How do you see the Peer Support Worker role contributing to your local Veterans first Point Scotland Service?

The discussion is summarised overleaf under key themes:

<p>Peer Worker Role</p> <ul style="list-style-type: none"> • Peer Support Workers are part of / integral to the clinical team. • Need of robust training because of varied professional backgrounds • Peer Support Worker has lived experience related to military, wife / relative who serves/ served • Paid Peer Support Workers have greater experience and help with providing shared experience • Peer Support provides credibility and helps veterans feel more at ease and relaxed • Ability to gather more information due to trust / empathy • The art of recruiting and supporting veterans for the peer support worker role – experience learnt from V1P 	<p>Volunteer Role</p> <ul style="list-style-type: none"> • Volunteers could offer drop in sessions and other activities • Volunteers can provide long term support • Use volunteers in roles such as raising awareness and mentoring
<p>Identified shared reflective practice / practice development groups i.e. practitioners, peer shared experience of Peer Support Worker vs. Governance of volunteer, what are the boundaries?</p>	

Putting it all into Practice

Neil Fraser from NHS Tayside presented on progress so far in developing V1P in Dundee in partnership with Tayforth Veterans. He described the discussion he has been having with local partners which included Service Organisations e.g.SSAFA, RBL; Local Authorities, Prison Service, Primary Care, and Local “Firmbase”.

There has been good engagement with local veterans using focus groups. These had identified Poor Experience of Health Service (Mental Health, Primary Care), issues with access, Assessment, lack of available information and a greater need to focus on families and welfare issues.

Neil explained how a developing partnership was emerging with Tayforth Veterans Project, V1P Scotland and Local Stakeholders. He now working his way through governance and formal sign off with NHS Tayside and a Partnership Agreement (Memorandum of Understanding) was being drawn up with V1P Scotland. Neil concluded by stating that he was very optimistic to have V1P Tayside model signed off by the end of November.

Closing Remarks

Linda thanked Neil for his presentation and echoed Neil’s hope that this would all be signed up in the next few weeks.

She spoke briefly of the need to consider how we will evaluate the inputs, activities and outputs which will enable delivery of the agreed outcomes. She highlighted the importance of

the evaluation focusing on “Distance Travelled”. This is a measurement term that refers to the progress that a person makes towards harder outcomes like employment or ceasing reoffending. This can include differences in feelings, attitudes, perceptions or skills over time, using self-reporting and observation methods

Linda concluded by confirming that today’s event would be summarised and included in the next V1P Scotland Briefing. She thanked Sarah and Anne for organising today’s event.

Suggested focus for next V1P Scotland partnership event

Participants were asked to complete feedback forms which include suggestions and ideas for future Partnership events. A total of 36 forms were completed and the ideas are themed below:

<p>Engagement with veterans</p> <ul style="list-style-type: none"> • How to engage more effectively with “disengaged” veterans • To hear the voice of service users/ veterans of V1P services 	<p>Training and support</p> <ul style="list-style-type: none"> • Ongoing supervision and support • Understanding and plans for inter-agency working, what training is available from V1P for other agencies, family support and engagement • More specific, detailed examples of the training on offer
<p>Shared experiences</p> <ul style="list-style-type: none"> • Are veterans issues presented to V1P typical of issues across Scotland e.g. do urban areas and rural areas display different problems. • Comparisons between issues / statistics of veteran’s community Vis a Vis general population • Some issues for community organisations supporting veterans around gender and stereotyping e.g. fathers / family domestic abuse 	<p>Learning from others</p> <ul style="list-style-type: none"> • How Tayside NHS and others are implementing V1P, • Obstacles to implementing and how to get round them • Referral processes, exchange of information • Discussion on good practice throughout NHS Trusts as each Trust is different
<p>Measuring our outcomes</p> <ul style="list-style-type: none"> • Common outcomes / Goals for clients with mental health illness • Information on outcomes, Housing, Mental Health and Welfare • Joined up working for common outcomes i.e. housing / health /support 	<p>Widening our reach and partnerships</p> <ul style="list-style-type: none"> • Encourage each organisation to apply for funding to create employment opportunities for veterans to work with them and link to all local V1P services • Employability, health and well being, healthy working lives. • Wider Partners like Relationship Scotland, CAB, Employment, Housing • More about linking up with agencies - presentations from the various support organisations within the forces • Build proactive ideas and how to influence changing MOD policies

Participants

We have included a full list of all who attended the event. There may be some connections you want to follow up on too.

First name	Surname	Job Title	Organisation
Lucy	Abraham	Service Lead / Consultant Clinical Psychologist	V1P Scotland, NHS Lothian
Charlie	Allanson-Oddy	Service Lead / Consultant Psychological Therapist	V1P, NHS Lothian
Jenna	Austin	Employability Advisor	SAMH
Stephen	Baird	National Well-being Coordinator	Legion Scotland
Beverly	Bergman	Postgraduate Researcher	Institute of Health & Well-being University of Glasgow
Andy	Bowman	Peer Support Worker	V1P Lothian
Kerry	Brooks	Senior Strategy Officer	East Lothian Council
Sarah	Cairns	Project Administrator	V1P Scotland, NHS Lothian
Ewen	Cameron	Policy Officer	Directorate for Health and Social Care Integration Scottish Government
Colin B	Carmicheal	Project Development Officer	West Lothian Council
Dave	Carson	Senior Health Promotion Specialist	V1P Scotland, NHS Lothian
Mark	Carter	Projects Manager	Citizens Advice Edinburgh
Sarah	Cleary	Health & Well-being service Manager	Volunteer Center Edinburgh
Paul	Cleugh	Welfare Manager	MOD
Brigitte	Cosford	Partnership and Engagement Officer	NHS 24
Jonathan	Crossfield	CPN	DTTO, NHS Lothian
John	Dempster	Health & Safety Advisor	New College Lanarkshire
Janine	Dunn	Consultant Psychiatrist	NHS Grampian
Sharon	Fegan	Consultant Psychological Therapist	V1P Scotland, NHS Lothian
Julie	Fletcher	General Manager Mental Health & Learning Disabilities Services	NHS Grampian
Linda	Fox	Referral Governance Manager	NHS Tayside
Neil	Fraser	Strategy and Performance Manager	NHS Tayside
Anne	Fraser	Independent	Independent
Karen	Fulton	CPN	NHS Lothian
Claire	Fyvie	Head of Service	The Rivers Centre, NHS Lothian
Ross	Gallier	Employment Advisor	Remploy
Susan	Gaughan	Assessment and Advice Officer	City of Edinburgh Council (Housing)
Anne	Gioko	Secretary	V1P Scotland, NHS Lothian
Gary	Gray	Head of Welfare Services	Poppy Scotland
Kevin	Gray MM	Chief Executive Officer	Legion Scotland

First name	Surname	Job Title	Organisation
Callum	Grigor	Employer & Partnership Manager and Armed Forces	DWP
Lesley	Haddow	Financial Inclusion Principal Officer	Glasgow City Council
Alan	Hamilton	Regional Support Officer	Armed Services Advice Project (ASAP)
Elaine	Hand	Practise Nurse	Keep Well, NHS Lothian
LizAnne	Handibode		South Lanakshire Council
James	Handibode	Councilor Armed Forces & Veterans Champion	South Lanakshire Council
Barry	Henderson	Project Manager	Glasgow's Helping Heroes
Flora	Henderson	Head of Business Development	Thistle Foundation
Helen	Homewood	Caseworker	SSAFA
Rob	Jefferies CBE	Deputy Commander	HQ 51st Infantry Brigade and HQ Scotland
Wayne	Kirkham	National Lead, National Veterans Mental Health Network	National Veterans Mental Health Network
James	Lambie	Primary Nurse Care	Edinburgh Access Practise
Irvine	Linda	Strategic Lead	V1P Scotland, NHS Lothian
Jillian	Lovie	Social Worker	Access Practice
Lachlan	Mac Pherson	Capacity Performance Manager / Armed Forces & Veterans Champion for Board	NHS Western isles
Glen	MacDonald	Reserve Forces Liaison Officer (North)	Combat Stress
Ralph	MacGillivray	Senior Housing Officer (Homelessness & Housing Options)	City of Edinburgh Council
Lt Col Doug	Mackay	Commander Edinburgh Garrison	Ministry of Defence
Isobel	McCarthy	Choose Life Mental Health & Well-being Development Officer	South Lanakshire Council
George	McDonald		Tayforth Veterans Project
Cpt Alan	McEwen	Unit Welfare Officer	51st Highland , 7th Battalion The Royal Regiment of Scotland
Mary	McGeady	Clinical Psychologist	NHS Lanarkshire
Debbie	McKie	Housing Officer	Access Practice
Caroline	McLean	Housing Officer	CEC- The Access Point
Scott	Methven	Content Officer	NHS 24
Mini	Mishra	Senior Medical Officer	Scottish Government
Neil	Morrison	Health & Wellbeing Officer	Veterans Scotland
David	Morton	Community Safety Officer	City of Edinburgh Council
Kevin	O'Neill	Public Mental Health Manager	NHS Lankashire
Anita	Popplestone		Office of the Scottish Veterans Comissioner
Alex	Quinn	Consultant Psychiatrist	V1P, NHS Lothian

First name	Surname	Job Title	Organisation
Shegufta	Rahman	Project Coordinator	Be The Boss The Royal British Legion
Jim	Reilly		Tayforth Veterans Project
Sharon	Reilly	Financial Inclusion Lead Officer	Glasgow City Council
Lisa	Reynolds	Lead:	GG& GG&C NHS Psychological Trauma Service C NHS
Neil John	Robinson	Head of Advocacy	Legion Scotland
Nina	Semple	Welfare Services Manager (North of Scotland)	Poppy Scotland
Cliff	Sharp	Associate Medical Director (Mental Health)	NHS Borders
Warwick	Shaw	Head of Delivery Support	NHS Borders
Paula	Shields	Community and Outreach Manager	Combat Stress
Ali	Smith	Project Coordinator (Shoulder to Shoulder Erskine Project)	Time Bank
Karen	Stock	Support Officer	Veterans Scotland
Charlie	Walker	Regional Support Officer	Armed Services Advice Project (ASAP)
Maurice	Walsh	Major	Scot Tpt Regt
Claire	Williams	Armed Services Advice Project Coordinator	Citizens Advice Scotland
John	Wills	Consultant Psychological Therapist	V1P Scotland, NHS Lothian
Jim	Wilson	Chairman	Veterans Scotland
Dave	Chaverlin		
Nick	Smithers		
Andy	Marsh		
Alex	Alum		

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