

Mental health provision for armed forces veterans

House of Commons adjournment debate
Wednesday 14 October

The British Medical Association (BMA) is an apolitical professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care. We have a membership of over 154,000, which continues to grow each year.

The medical branches of the armed forces and the reserve armed forces are represented by the BMA's Armed Forces Committee (AFC).

Key points

- It is essential that serving armed forces personnel and veterans have sufficient access to healthcare services. However, the BMA is concerned about the viability of the future provision of high quality healthcare in the armed forces.
- Chronic under-manning of the Defence Medical Services (DMS) has had a detrimental effect on morale, motivation, and retention of armed forces doctors.
- A legacy of ten years of deployed operations is likely to be an increased incidence of mental health problems, including Post Traumatic Stress Disorder (PTSD). As a result, the BMA is calling for appropriate and sustained long term funding of the Defence Medical Services to ensure appropriate medical, psychiatric, psychological, physical and prosthetic support for veterans.

Introduction

DMS doctors make a strong commitment to the UK armed forces; delivering high quality care to their military colleagues both in the operational theatre and in the UK. The DMS has continued to provide high quality medical healthcare at a time of high operational tempo despite considerable personnel shortages in the DMS that are affecting motivation and morale as well as increasing workload.

Under-manning

The BMA is concerned about the chronic under-manning in the DMS and the effect that this has on morale, motivation and retention. We believe that DMS provision should reflect the number of personnel that the Armed Forces can potentially deploy and that under-manning should be addressed as a matter of urgency. MOD provided staffing figures in July 2014¹ showing Medical and Dental Officer (MODO) staffing was at 86 per cent (795) of trained requirement (924). The 2014 figures also showed that there was a deficit in trained Medical Officers of 16 per cent against requirement compared with 20 per cent a year earlier.

The under-manning of the DMS and recent operational tempo has led to a reliance on reservists. Medical reservists will make up to 50 per cent of the DMS manning provision in the future, with some specialties, such as neurology and urology being provided entirely by the reserve forces. The reserve forces are also under recruited and shortages continue to exist in secondary care within specialities crucial to supporting military personnel in the operational theatre and the UK. The current medical reserves manning against the existing establishment baseline is not being met, with a shortfall of approximately 68 per cent. There appears to be little evidence or prospect of substantial change to the chronic manning shortfall across the service.



Reserve forces and time commitments

A considerable range of practice exists in the NHS regarding the ease that reserve doctors are allowed leave from their NHS jobs to meet their reserve training commitments. There is also a growing concern that Trusts are becoming more reluctant to employ those in the Reserve Forces due to the perceived disruption to the Trust when doctors take time out for training and deployment. Whilst some trusts allow two weeks paid leave to undertake training, others provide none and doctors have to take time out of their annual leave entitlement or take unpaid leave to meet their training commitments. Over a full reserve career of 30 years, the cumulative effect of taking unpaid leave can have a significant effect on a doctor's pension and seniority.

Access to mental health services

Armed forces veterans have access to DMS mental health services for 6 months after the end of their service. This is a crucial resource which the BMA understands to be well used by former service personnel and is invaluable at helping to ensure a healthy and successful transition back into civilian life.

The Veterans and Reservists Mental Health Programme (VRMHP) provides mental health assessments for veterans and reservists who have concerns about their mental health as a result of service. The free service is available to veterans who have deployed since 1982 and are experiencing mental health challenges as a result of military service. The VRMHP investigates patients' mental health concerns, including a full mental health assessment by a Consultant Psychiatrist and, so far as possible, it provides a diagnosis if the veteran has a mental health disorder. Recommendations and accompanying guidance on care and treatment for the veteran's local clinical team are also provided. Advice is also provided on the extensive support network that is available to veterans and their families in the UK. The BMA would like to ensure that funding for programmes like these continues.

The DMS also administers an enhanced mental health assessment (EMHA) into all routine and discharge medicals of the armed forces in order to facilitate treatment on return to civilian life. As part of this assessment, service personnel have to fill in a questionnaire which includes questions about depression, anxiety, post-traumatic stress disorder, alcohol use, sleep and anger. The BMA is unsure as to what effect this assessment has had on service personnel and would like to see the government complete some type of analysis on how this has helped service personnel transitioning to civilian life.

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References

¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417151/48392_Cm_9045_Armed_Forces_Pay_accessible.pdf