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COMBAT STRESS
FOR VETERANS' MENTAL HEALTH

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Welcome

Carol Smith
Director Client Services
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Introduction to Combat Stress & the Wellbeing of Veterans in the Workplace

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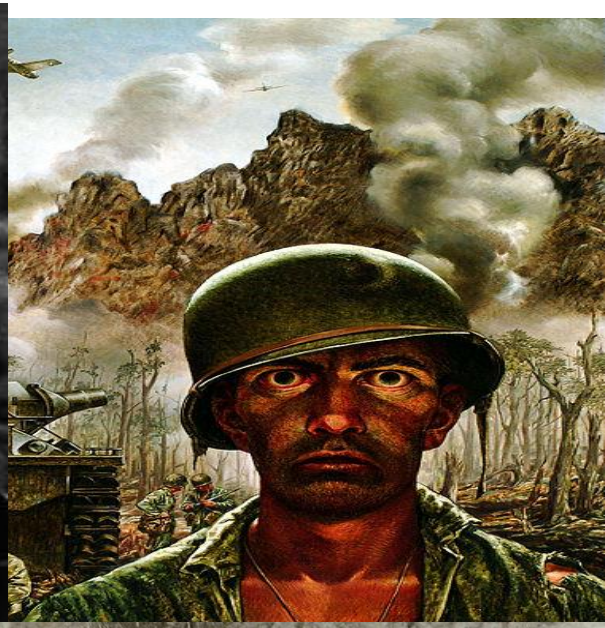
1000 MILE STARE:
COMBAT STRESS REACTIONS



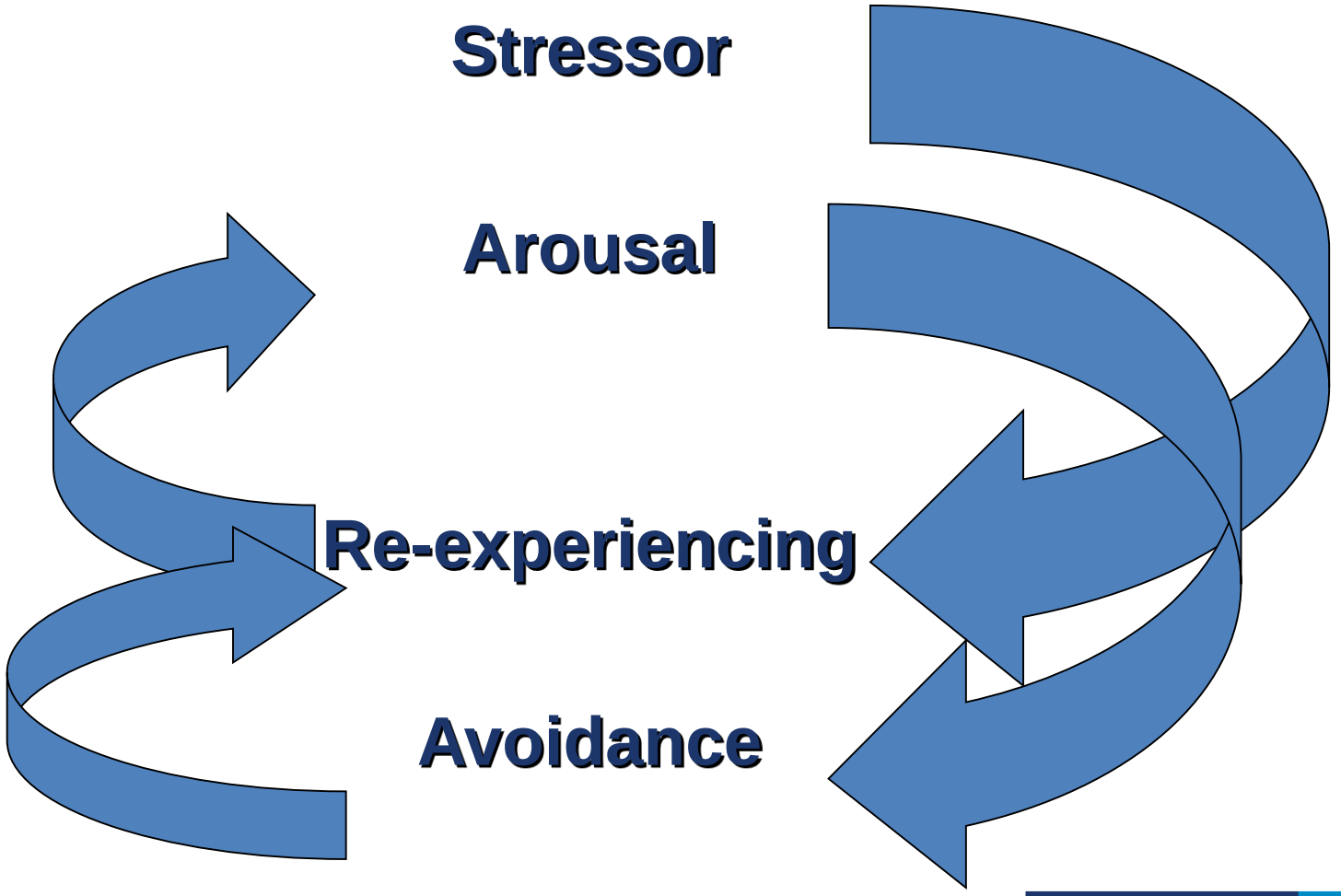
Military Psychiatry: Combat

War theatre mental breakdown described as **Combat Stress Reaction (CSR)** by military psychiatrists.

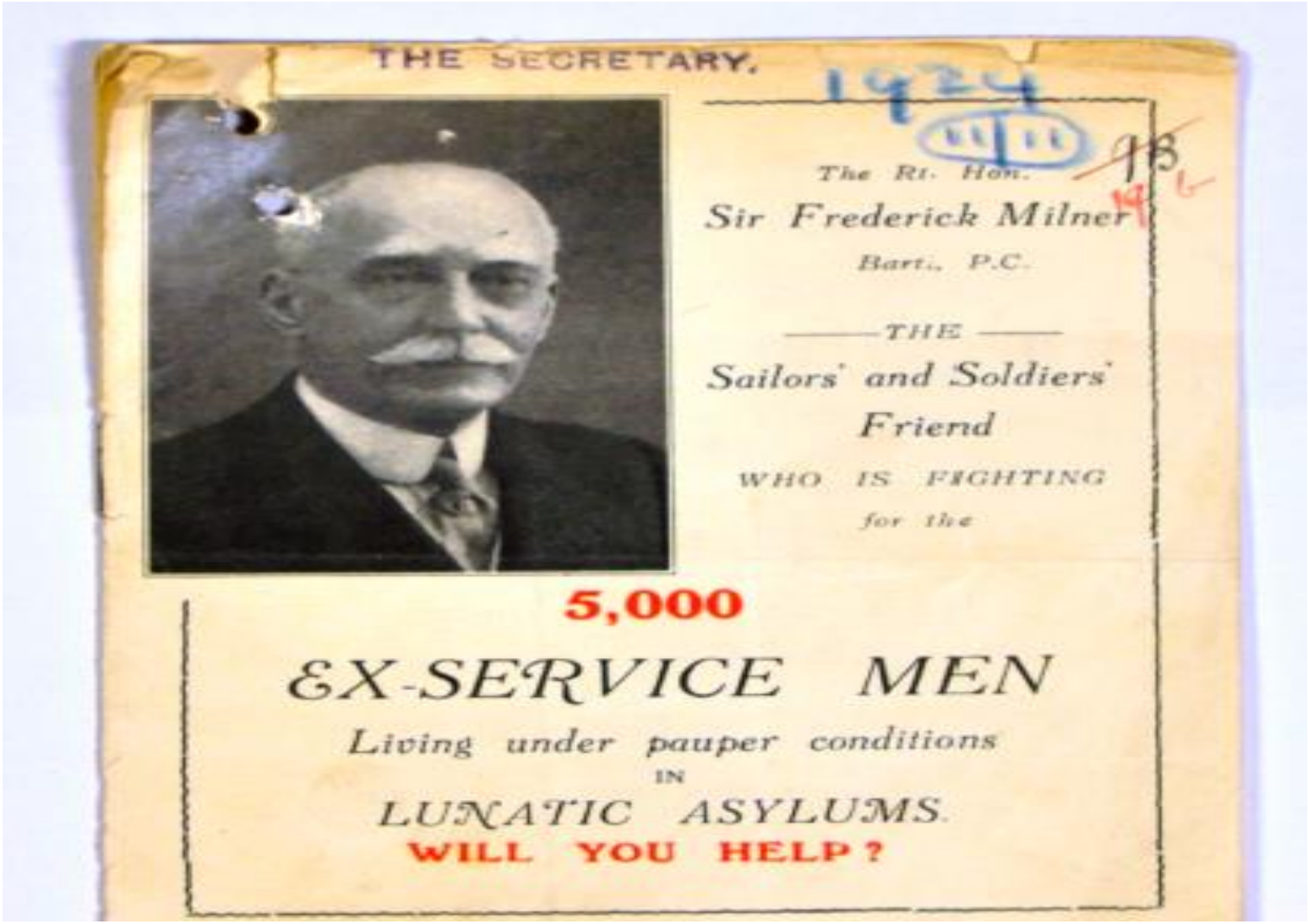
Three phases of functional decompensation & symptom development (incorporates many features of Acute Stress Disorder).

1. **(pre-combat). Premonitory Phase *starts before*** explicit exposure to psychological trauma occurs ***Symptoms of***: high arousal, restricted field of interest; severe psychological and physical symptoms of anxiety, emotional dysfunction, diminished social interaction and withdrawal, sustained criticism and mistrust.
2. **(combat).** Followed by an **Acute Phase** precipitated by exposure to a severe psychologically traumatic event Characterised by gross psychiatric symptoms including cognitive impairment with dissociation, confusion and disorientation.
3. **(post combat) Stabilisation Phase:** Final phase is develops over several days or weeks Characterised by affective symptoms (depression, guilt and shame), intrusive thoughts and vivid images of traumatic event/s; sleep disturbance, fatigue and irritability.

POST TRAUMATIC STRESS SYMPTOM CLUSTERS



Sir Frederick George Milner, 7th Baronet, GCVO (7 November 1849 – 8 June 1931) was a British Conservative Party politician who sat in the House of Commons from 1883 to 1885, & from 1890 to 1906



FOR MENTALLY BROKEN EX-SERVICE MEN

H.R.H. THE DUKE OF CONNAUGHT opens the
"Sir Frederick Milner" Home, Beckenham, Kent, 22nd October, 1924

[OVER

Combat Stress before 2007

- “Sheltered Work”
- Respite care
- Residential Care
- “Mental Health Welfare”

Health and Social Care Advisory Service (HASCAS) Report on Combat Stress 2005

- 3 respite care homes
- 14 Welfare Officers
- Little formal clinical assessment
- Veteran Needs not fully identified
- ? Mainly present with Depression, alcohol disorders and PTSD – one clinical audit (n=100)
- No trauma focussed therapy
- No community services
- No clinical governance

Brief in 2007

- Set up cutting edge clinical services for multi-era veterans
- Anticipate that many veterans will need treatment for mental health disorders from wars in Iraq and Afghanistan

Clinical Strategy Document 2007

Main Principles

- Clinical governance framework
- Multidisciplinary Clinical teams
- Clinical audits to establish veterans' clinical needs
- Psychological Trauma Phasic Treatment Model
- Residential intensive treatment programme/s
- Community services for most
- Case Management and detox in community for alcohol and illicit substance misuse disorders
- Outcome measurement
- Evaluate and publish research evidence

What is Wellbeing

(just to remind you)

Dimensions

1. Employment and Meaningful Activity
2. Finance
3. Health
4. Life skills, preparedness
5. Social integration
6. Housing and physical environment
7. Cultural and social environment

Wellbeing & understanding Military Culture

- **Reasons for joining up**
- **Mental illness and going sick frowned upon**
- **Military Hierarchy**
- **Total Institution** – banter, humour, initiation, support structures – conformists vs non-conformists
- **Military training** - team work, **weakest links fails** – acceptance vs rejection by the team
- **Trained to solve own problems and not to get help**
- **Alcohol culture**
- **Illicit Drugs increasing issue**
  - Formal Drug Testing Surprise Drug testing of whole barracks – lock down
- **Exposure to military operations and combat: Post Traumatic Growth and Post Traumatic Stress**
- **Breaking of secure attachments when leaving the military**

Transition: Leaving the military

- **Institutionalisation makes this difficult for some**
- B**reaking of military bonds and relearning how to function in a civilian world.**
- **For some disadvantages** – eg ability to get on the housing ladder, and reduced employability prospects.
- **Re-ignition of attachment issues stemming from the primary – pre-military – families**.
- **Underlying mental illness can make transition very difficult and conversely transition can precipitate mental illness.**
- **Mode of exit from the military**

Military vs Civilian

Military	Civvi Street
Hierarchy	No obvious Hierarchy
Respect for the Queen and rank	Respect? No idea about the military or rank
Team	No Team – I'm in it for me
Peers	Peers – colleagues – my life does not depend on these men
Organised	Organised – more or less
Timely	Timely – usually not
My Job is my life	My job is a means to an end

Veterans Becoming Civvies
Making Friends

Is making friends good for veterans' mental health?

- Veteran to Veteran not too good
- Veteran to no friends not too good
- Veteran to civilian best transition

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Veteran In the Workplace

Huge asset

- Skilled
- Organised,
- Punctual
- Respectful
- Efficient
- Loyal
- Willing
- etc etc

Combat Stress Clinical Services

User friendly

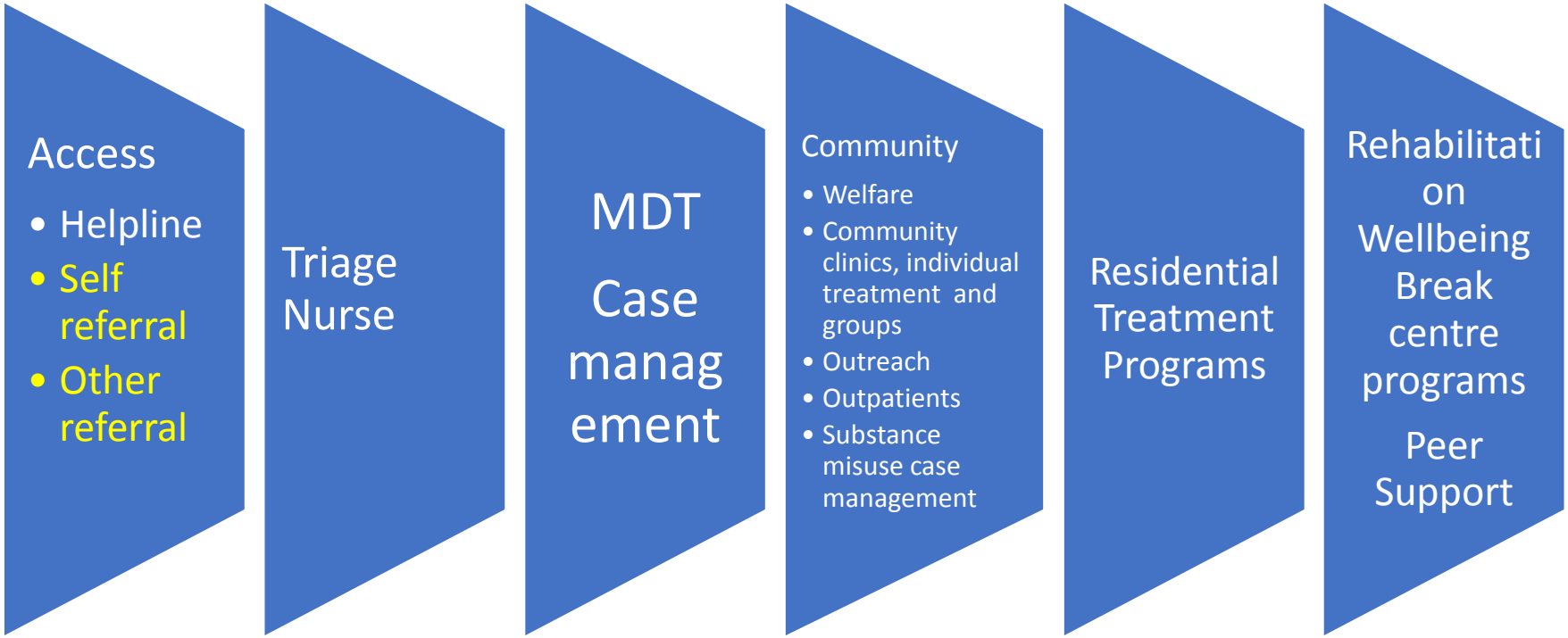
Excellent at:

- Easy Access – Veteran, Professional, Occupational Health
- Engaging veterans into care and persuading them to do difficult things
- Very high completion rates
- Punctual, responsive, listen to veterans and their families;
- User and family involvement

Interventions

- Use Group Factors
- Use Peer support
- Use a directive model – cooperative – Rogerian Model
- Use military language = programme; course not treatment, psychiatric care,

Accessing Clinical Services: Pathways



Combat Stress Phasic Treatment Pathways

(Herman, 1992)

Chronic Disease Management

(2005 NICE Guidelines for treatment of Veterans with PTSD)

Interventions along a clinical pathway:

1. **Initial preparation**
2. **Stabilisation and safety**
3. **Disclosure and working through** of the traumatic material and psychotherapy on an individual basis
4. **Rehabilitation and reintegration** within society; normalising activities of daily living and maintenance within the chronic disease model
5. **Relapse Prevention / Maintenance**

Combat Stress Clinical Services *(as at May 2018)*

Peer support

National 24 Hour Help Line – 1200 calls per month (and growing)

– Two Helplines one for serving personnel and other for veterans and their families

Telephone Triage

Community

- Community and Outreach Service (Welfare, CPN & OT assessment, treatment).
- **Hub and Spoke The Royal British Legion (TRBL) Pop In Centres (42 sites)**
- **Substance Misuse Case Management Service – to be subsumed into mainstream community services**
- **Outpatient Clinics** (Consultant Psychiatrists and Psychologists)

Residential

- 57 Residential beds across **two treatment centres** in Scotland (Ayr); and South (Leatherhead, Surrey)
- Community treatment centre hub in Midlands (Shropshire)

Wellbeing, Recovery and Social Reintegration Programme

Research Department linked to Kings Centre for Military Health Research (KCMHR).

Combat Stress Research

- ❑Formal Link into Kings Centre for Military Health Research since 2014
- ❑Academic and International Collaborations
- ❑Research Challenges:
  - **Who are the help seeking veterans?**
  - **What are their needs?**
  - **What works in treatment?**
- ❑**Publications available on CS and KCMHR websites**
- ❑**35+ publications in past 5 years**
- ❑**National and International collaborations**

Consistent Mental health profile of new referrals to Combat Stress (audits) since 2005

Health outcome	% (N=425) (*Murphy 2014*)
PTSD	79%
Depression	88%
Anxiety	79%
Anger problems	46%
Alcohol problems	44%
Drug misuse	13%
Functional impairment	
Significant	25%
Severe	64%
Childhood adversity (e.g. CSA, neglect etc)	52%
Significant Physical illness	71%

Needs Study (2017-8)

N= 403 representative of 3500 veterans. 67.2% Response rate

Psychiatric Illness

- PTSD 82%
- Anger 74%
- Common Mental Disorders 72%
- Alcohol 43%

- Co-morbidity the norm with those who endorsed PTSD having 3 or more co-morbid psychiatric diagnoses.

Physical Illness and PTSD populations - US literature

Chronic Pain – up to 50% of most PTSD populations

Physical Illness

- **US Veterans:** Stroke, Heart attacks, Hypertension, obesity, diabetes and death 10 years prematurely *(Boscarino, 1997; 2003; 2004)*

Adult survivors of sexual abuse: Stroke, Heart attacks, Hypertension, obesity, diabetes and death 10 years prematurely *(Filletti, 1998)*

Needs Study (2017-8)

N= 403 representative of 3500 veterans. 67.2% Response rate

Physical Illness and links to Psychiatric Morbidity

- **Chronic Pain**
- **Poor Mobility**
- **Hearing Impairment**
- **Cardiovascular**
- **Gastro intestinal**
- **Obesity**

Table 1 Description of physical health problems and health-related behaviours

Variable	Effective Sample (N=403)
Physical health complaint, n (%)	
Chronic pain	166/403 (41.2)
Poor mobility	138/403 (34.2)
Hearing impairment	119/403 (29.5)
High/low blood Pressure	100/403 (24.8)
Gastro problems	88/403 (21.8)
Heart problems	60/403 (14.9)
Diabetes	58/403 (14.4)
Respiratory problems	58/403 (14.4)
Communication problems	56/403 (13.9)
Sight impairment	46/403 (11.4)
Neurological problems	31/403 (7.7)
Liver or kidney problems	30/403 (7.4)
Amputation of limb(s)	7/403 (1.7)
Body Mass Index, n (%)	
Normal	90/384 (23.5)
Overweight	151/384 (39.3)
Obese	143/384 (37.2)
Current Illegal Drug use, n (%)	
Yes	44/403 (10.9)
Current smoker, n (%)	
Yes	62/403 (15.4)
Alcohol Problems, n (%)	
AUDIT score 8+	166/403 (41.2)
Functional Impairment, n (%)	
WSAS 20+ Severe	268/403 (66.5)

Note. Body Mass Index data does not add up to 403 because of missing data.

Table 2 Exploring associations between the five most prevalence physical health difficulties and socio-demographic characteristics

	Chronic Pain		Poor Mobility		Hearing Impairment		High/Low Blood Pressure		Gastro/digestive problems	
	%	OR (95% CI)	%	OR (95% CI)	%	OR (95% CI)	%	OR (95% CI)	%	OR (95% CI)
Age group										
< 35	30.6	1.00	14.3	1.00	20.4	1.00	8.1	1.00	14.3	1.00
35-44	36.8	1.91 (0.86 to 4.42)	25.3	3.04 (1.13 to 8.14)*	17.9	0.93 (0.38 to 2.27)	13.7	1.63 (0.49 to 5.49)	15.8	1.27 (0.47 to 3.43)
45-54	49.1	3.03 (1.39 to 6.63)*	34.6	4.01 (1.54 to 10.5)*	21.8	1.07 (0.45 to 2.54)	20.0	2.32 (0.73 to 7.37)	23.6	1.96 (0.76 to 5.07)
55+	41.6	2.28 (1.02 to 5.08)*	46.3	5.92 (2.25 to 15.6)*	45.6	3.03 (1.29 to 7.07)	40.9	5.36 (1.73 to 16.7)*	26.9	1.85 (0.71 to 4.83)
Relationship Status										
Not single	42.9	1.00	34.8	1.00	32.6	1.00	29.4	1.00	22.3	1.00
Single	37.7	0.72 (0.45 to 1.15)	33.1	0.85 (0.52 to 1.39)	23.1	0.65 (0.39 to 1.08)	21.5	0.78 0.45 to 1.34)	20.8	0.89 (0.53 to 1.52)
Employment status										
Working	27.8	1.00	14.3	1.00	23.8	1.00	14.3	1.00	13.5	1.00
Not working	36.0	1.38 (0.72 to 2.66)	39.0	2.31 (1.12 to 4.76)*	41.0	10.5 (0.54 to 2.06)	38.0	1.93 (0.92 to 4.05)	27.0	1.96 (0.92 to 4.21)
Ill not work	53.7	2.68 (1.60 to 4.51)*	45.8	4.47 (2.43 to 8.12)*	27.1	0.91 (0.51 to 1.62)	24.9	1.77 (0.91 to 3.43)	24.9	1.95 (1.03 o 3.69)*
Military Discharge										
Voluntary	33.2	1.00	29.3	1.00	25.4	1.00	24.4	1.00	21.0	1.00
Medical	56.9	2.55 (1.56 to 4.17)*	46.3	1.89 (1.13 to 3.16)*	37.4	1.85 (1.09 to 3.14)*	27.6	1.10 (0.63 to1.92)	26.0	1.21 (0.70 to 2.10)
Non-voluntary	38.0	1.37 (0.76 to 2.46)	29.6	1.22 (0.65 to 2.33)	29.6	1.60 (0.85 to 3.04)	19.7	0.95 (0.47 to 1.94)	18.3	0.93 (0.46 to 1.89)

Note. *=p≤.05. OR=Odds Ratio. 95% CI=95% Confidence Intervals.Odds Ratios adjusted for all other variables in table.

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Exploring Indices of Multiple Deprivation within a Sample of Veterans Seeking Help for Mental Health Difficulties Residing in England

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Abstract

Background: The interaction between experiencing multiple deprivation and mental illness has been established for non-veteran populations. Less is known for UK veterans.

Methods: Data was extracted from the Department of Communities and Local Government on indices of multiple deprivations (IMD) and from a third sector mental health charity for veterans in the UK. Data linkage was then performed between 1,967 veterans residing in England who had attended a clinical mental health service and measures of multiple deprivations. IMD was explored within this sample of helping-seeking veterans. Analysis of demographic factors was conducted to explore whether sub-groups were at a higher risk of deprivation.

Results: Evidence suggested that veterans who seek support for mental health difficulties experience greater levels of deprivation than the English general public. Forty one percent of the sample resided in locations ranked to be within the three most deprived deciles in England compared to 21% residing in the three least deprived deciles. Taking longer to seek help was associated with a greater risk of deprivation. As were being single, male, in receipt of a war pension and at a younger age. Analysis of the seven sub-domains used to calculate the IMD suggested that veterans are at more risk of deprivation for measures related to their personal circumstances rather than associated with the neighbourhood they reside within.

Conclusions: Help-seeking veterans appear to be at an increased risk of experiencing multiple deprivations. Results from this suggest how care could be targeted effectively to those in higher risk groups.

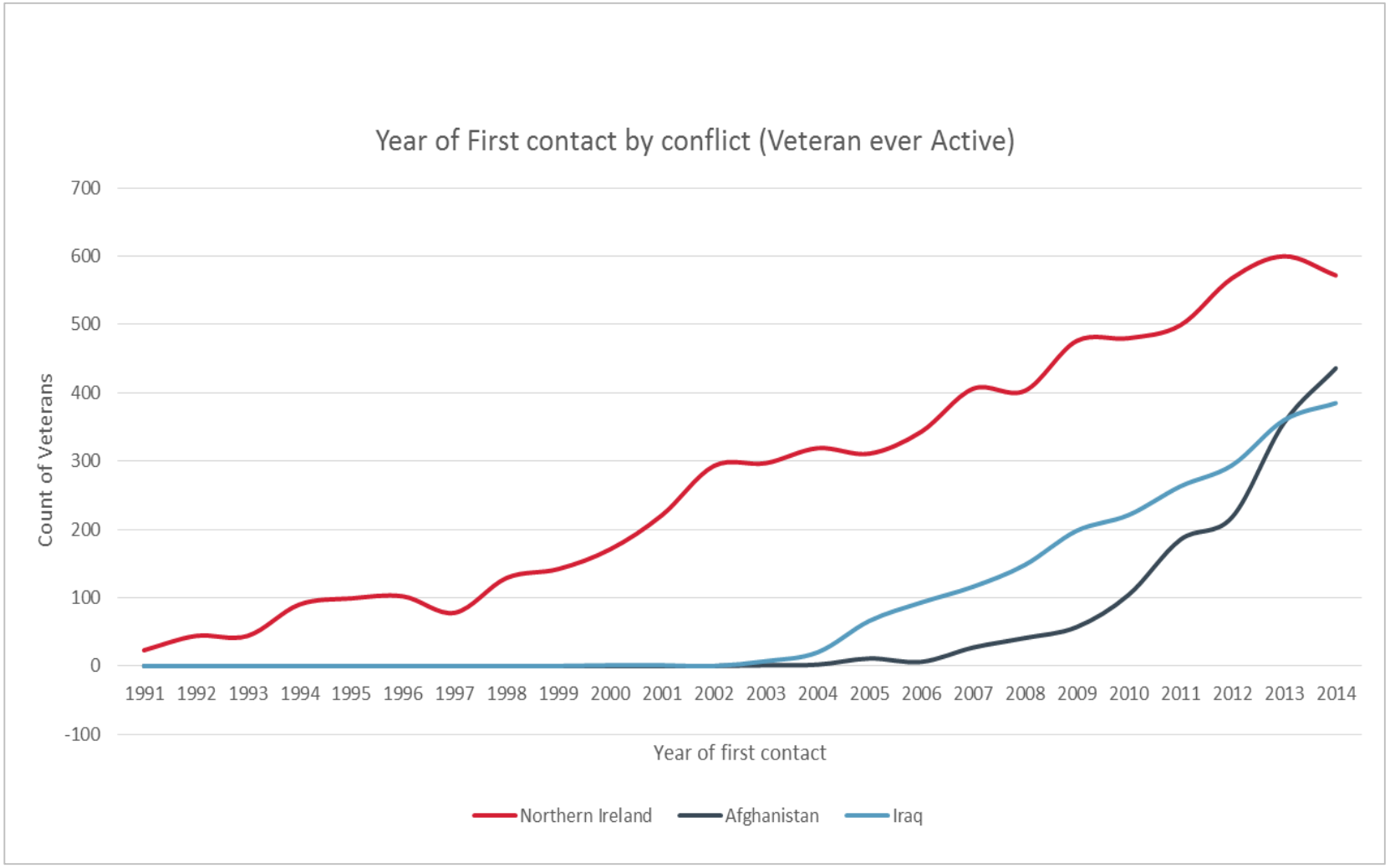
KeyWords: Veteran; ex-service personnel; social exclusion; deprivation; mental health; military

- **Social Deprivation indices: Housing, access to health, access to education, social support structures etc *(published, 2017)***

  - ***Scotland>Wales>England>Northern Ireland***
  - ***Helped to map clinical needs and clinics and services required***

Referral Patterns and Trajectories: Northern Ireland, Iraq & Afghanistan Era Veterans in past 20 years
(to 2014)

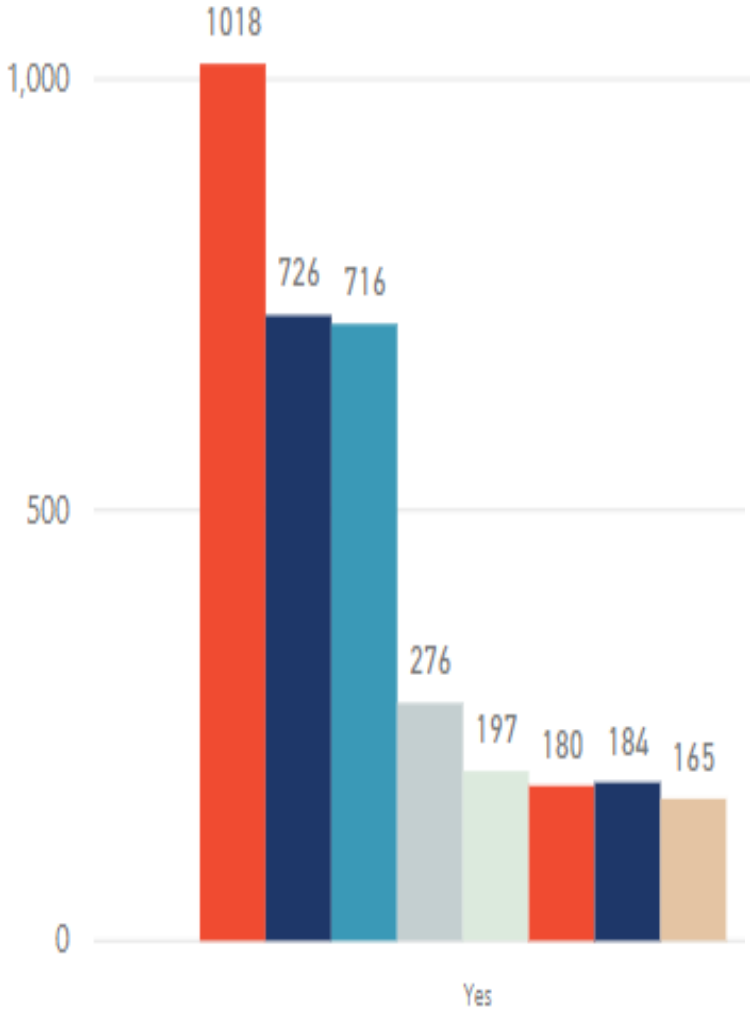
Murphy, D., Weijers, B., Palmer, E., Busuttil, W. (2015) Exploring patterns in referrals to Combat Stress for UK veterans with mental health difficulties between 1994 and 2014. International Journal of Emergency Mental Health



Veterans seeking help sooner *Murphy et al 2015*

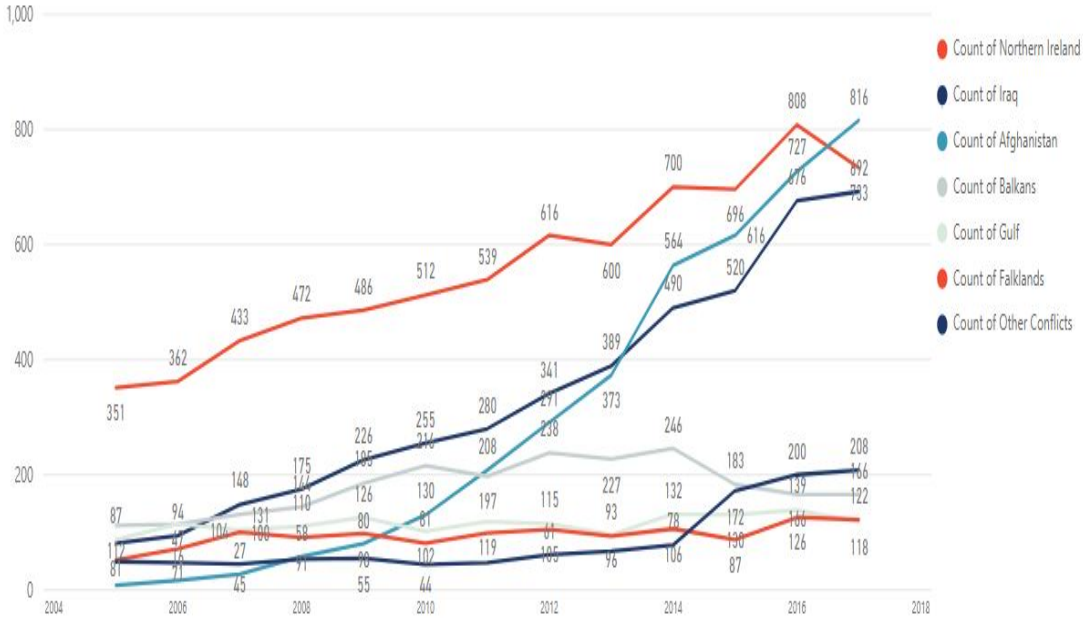
Deployment	Mean number of Yrs
Afghanistan since 2001	2.0
Iraq since 2003	3.3
Balkans conflicts	5.8
1991 Gulf War	8.7
Falklands War	14.9
Northern Ireland	13.3

Theatres of Operation - Active Veterans (2016/17)



1. Northern Ireland n=1018
2. Iraq n=726
3. Afghanistan n=716
4. Balkans n=276
5. Gulf n=197
6. Falklands n=180
7. None n=184
8. All other conflicts & Wars n=165

(Iraq and Afghanistan veterans combined outnumber those from Northern Ireland)



Combat Stress Residential programmes (as at 2017/8)

Preparation for Therapy Programme	**Emotional dysregulation counteracted through anxiety management and Dialectic Behavioural Therapy techniques,**
Trans-diagnostic and Recovery programme	**Skills Training and Resilience through structured skill based interventions**
Anger management programme	**Aims at reducing anger in the context of having been in Combat**,
Intensive treatment PTSD treatment (ITP) programme	**Six week programme specifically aimed at new veterans presenting with complex psychiatric needs: chronic, moderate to severe PTSD with significant psychiatric co-morbidity (anxiety, depression and/or substance misuse); and who may have also suffered severe family/social breakdown.**
Individualised Trauma focused programmes	Face to face Telemedicine trial completed
Recovery & Social Re-integration programme	Aids re-integration into the local community promoting social inclusion and continues to build on the veteran's resilience and motivation to recover.

(Residential) Intensive Treatment (Six Week PTSD) Programme (ITP)

Salami Sandwich: Essential components:

1. **Group Psycho-Education;**
2. **Individual TF-CBT;**
3. **Group Skills Training**

- Good uptake – close to 2000 have completed this programme
- High Completion rate - Low drop out rate **(mean 3-4%)**
- Audit data and Psychometric Subjective and Objective measures *much improved clinically and functionally.*

BMJ Open

Long-term responses to treatment in UK veterans with military-related PTSD: an observational study

Dominic Murphy,[1,2] Lucy Spencer-Harper,[1] Carron Carson,[1] Emily Palmer,[1] Kate Hill,[1] Nicola Sorfleet,[1] Simon Wessely,[2] Walter Busuttil[1]

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ABSTRACT

Objectives: Military-related trauma can be difficult to treat. Evaluating longer term responses to treatment and identifying which individuals may need additional support could inform clinical practice. We assessed 1-year outcomes in UK veterans treated for post-traumatic stress disorder (PTSD).

Design: Within-participant design.

Setting: The intervention was offered by Combat Stress, a mental health charity for veterans in the UK.

Participants: The sample included 401 veterans who completed a standardised 6-week residential treatment. Of these, 268 (67%) were successfully followed up a year after the end of treatment.

Methods: A range of health outcomes were collected pretreatment and repeated at standard intervals post-treatment. The primary outcome was severity of PTSD symptoms, and secondary outcomes included

Strengths and limitations of this study

- This study reports treatment response a year after the completion of treatment.
- The study sampled from a national treatment programme offered by the largest provider of interventions for veterans with post-traumatic stress disorder in the UK.
- Of the participants, 67% were successfully contacted a year after treatment.
- The study did not employ a randomised controlled trial design, so there are limitations about the conclusions that can be drawn.
- Little was known about the treatment experiences of participants prior to them enrolling for treatment.

How outcomes compare internationally.

Veterans with chronic co morbid PTSD	Intervention	Country	Effect Size	Time scale
Murphy et al 2015	**Treatment Programme ITP**	**(Combat Stress) United Kingdom**	**1.04**	**6 months**
Murphy et al 2016	**Treatment Programme ITP**	**(Combat Stress) United Kingdom**	**1.03**	**12 months**
Forbes/ Creamer 1999-current	Treatment Programme	Australia	0.9	2 years
Monson et al 2006	Cognitive Processing Therapy	USA	0.7-0.9	1 month post treatment
Turek et al, 2011	Exposure Therapy	USA	1.2-2.1	Immediately post treatment

Models of Peer Support

Dr Elaine Johnson

Pros and cons of the 4 main models in literature

Mutual support groups *Pros*= informal, peer-led. *Cons* = structures and governance vary widely

Peer-run services *Pros*: provide more formal structured support than mutual support groups; *Cons*: provide but do not receive support

Peer support workers (PSWs) as part of mental health team, work alongside clinical colleagues. *Pros*: visible role for peers, influence mental health system from within; *Cons*= potential value as peers reduced as 'absorbed' into clinical services

Workplace embedded peers *Pros*: trained to provide support/counselling (e.g. mental health first aid, critical incident stress debriefing, stress management) in jobs where increased risk of mental health problems e.g. military, police, fire *service* – sometimes pair up with clinicians to deliver interventions. *Cons*: often an 'add on' role to day job, 'credibility' - may not have experiences similar problems to peers supporting, boundaries - may work with those supporting

My Veteran Employees?

- What does my organisation need to do to ensure the wellbeing of the veterans we employ?

- What can I do to ensure the wellbeing of the veterans we employ?

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Mike Seabrook

UK Company Secretary

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MIKE SEABROOK, COMPANY SECRETARY, THALES UK

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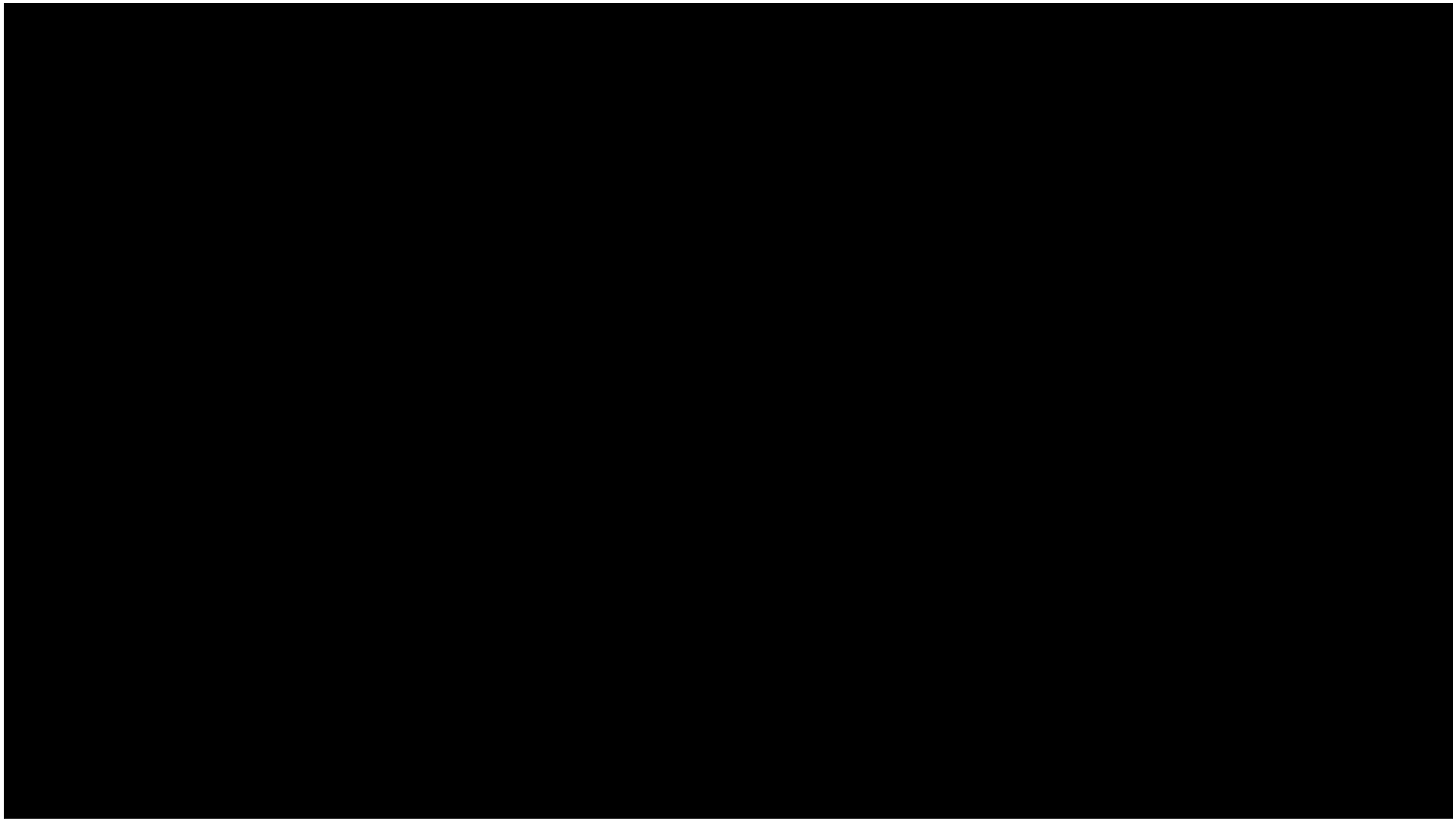
COMBAT STRESS
FOR VETERANS' MENTAL HEALTH



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About Thales UK

Wherever safety and security are critical, Thales UK delivers.
We innovate with our customers to build smarter solutions

Together, Safer, Everywhere.

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Our Veterans and Reservists undertake a wide range of important roles

- MANUFACTURING TECHNICIAN
- SALES MANAGER
- PROJECT MANAGER
- AVIONICS TRAINING SOLUTIONS
- HEAD OF INNOVATION HUB
- BIDS & PROJECTS QUALITY ENGINEER
- FIELD SUPPORT ENGINEER
- QUALITY ASSURANCE ENGINEER
- WATERFRONT SUPPORT ENGINEER
- EXPORT DIRECTOR
- TECHNICAL AUTHOR
- CYBER CENTRE TECHNICAL LEAD
- SERVICES OPERATIONS TRANSFORMATION
- INFORMATION SECURITY AUDITOR
- SIMULATOR ENGINEER
- SERVICES MANAGER
- MANUFACTURING ENGINEER
- GROUND MISSIONS SUPPORT SYSTEMS SPECIALIST

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Military men and women are very transferrable to the work we do

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Introducing the Career Transition Partnership (CTP)

Holly Robertson

CTP
The Ministry of Defence
partnering with Right Management

Overview

- Who are we?
- How does the CTP support Service leavers?
- Who are our clients?
- What transferable skills can Service leavers offer?
- What can we do for Employers?

What is the Career Transition Partnership?

An agreement between the Ministry of Defence and Right Management, who are part of the ManpowerGroup.

Incorporating the Regular Forces Employment Association (RFEA) to provide the best of public and private sector practice.

The CTP provides transition services to all eligible members of the Royal Navy and Royal Marines, Army and Royal Air Force, regardless of time served or reason for leaving.

The Resettlement Process

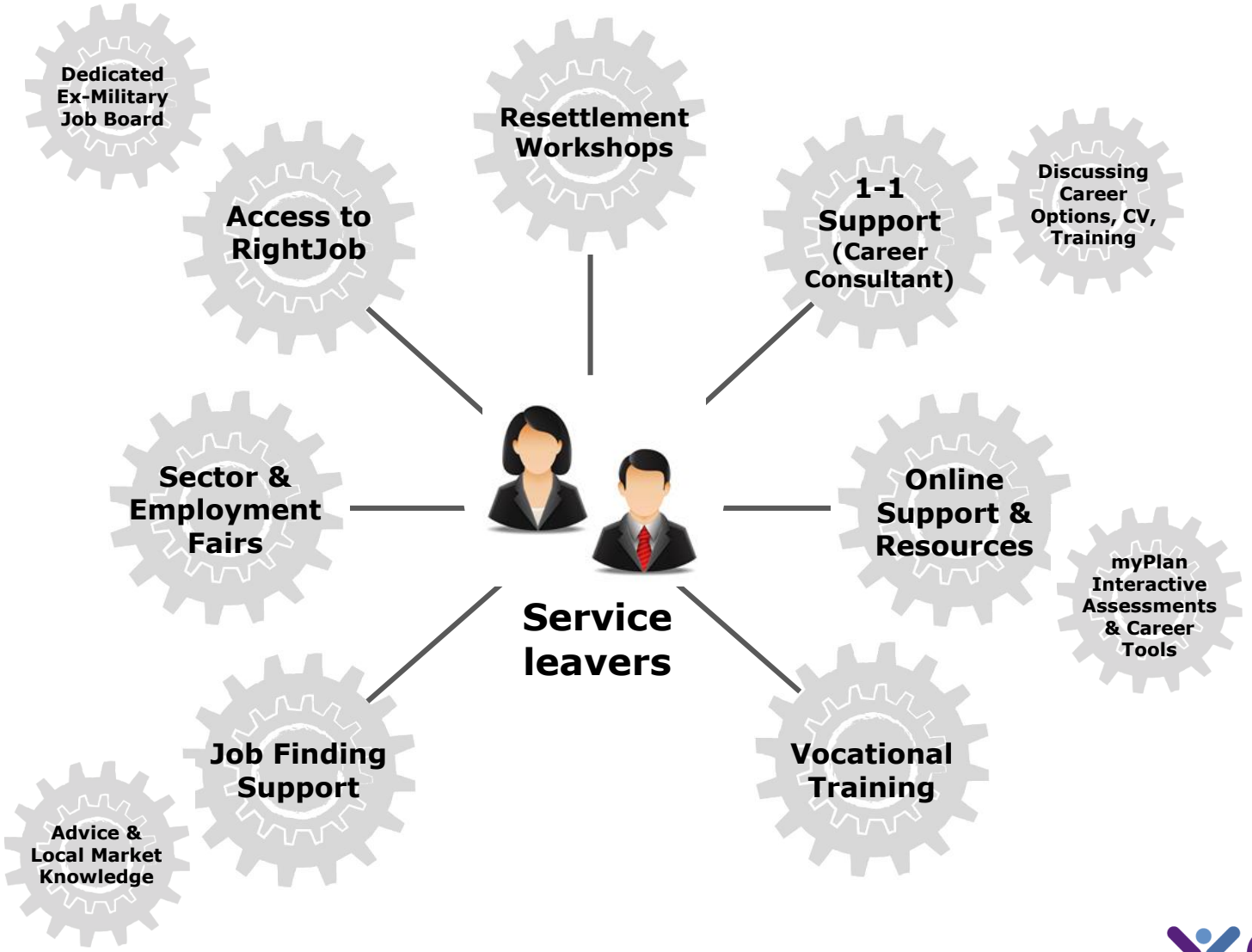
2 years before discharge

Discharge date

2 years after discharge

- Approval to access service
- 3 day Career Transition Workshop
- 1:1 Unlimited Career Consultant support
- Vocational training support
- CTP RightJob
- 1:1 Unlimited Consultant support
- Employment support –
- Over 82% settled in new job after 3 months, rising to 92% at the 6 month point

CTP Support



Wounded, Injured & Sick

An individualised pathway which builds on the core CTP to empower wounded, injured and sick to achieve a sustainable and fulfilling career.

CTP Assist

Employer Partners offer training, work placements, jobs and support

- Inspiring and motivating individuals to embrace different career opportunities beyond the Armed Forces
- Helping develop skills and experience for future employment
- Helping the transition back to work following a lengthy recovery
- Offering invaluable experience of civilian work environments
- Helping with understanding and accessing training and career development opportunities

Mental Health

- CTP works as part of the Defence Recovery Capability
- Specialist Employment Consultants have completed Mental Health First Aid Training and Suicide Support Training
- CTP Assist Pathway for those with the most severe barriers to employment given their medical condition
- Specialist Employment Consultants are embedded in the Personnel Recover Units (PRU's)
- Active case management of SECs to ensure that they have time to both support and deliver the employment support in contact with the recovery pathway
- SEC will work with the employer to ensure they understand the individuals needs

Transferable Skills

Military Trade	Civilian Job
Infantry Soldier	Outreach Development Worker
Workshop Manager - Vehicles	Health & Safety Manager at a university
Naval Aircraft Handler	Sales Executive
Corporal, Royal Signals	Quantity Surveyor
Major, Royal Signals	Head of Operations for an elite retailer
RAF Police	IT Engineer
Driver	Warehouse Manager

Bringing Added Value

Time management

Great team players

Motivating others

Security awareness

Health & Safety conscious

Problem solving

Disciplined

Quick to adapt & learn

Hard working

How do you benefit?

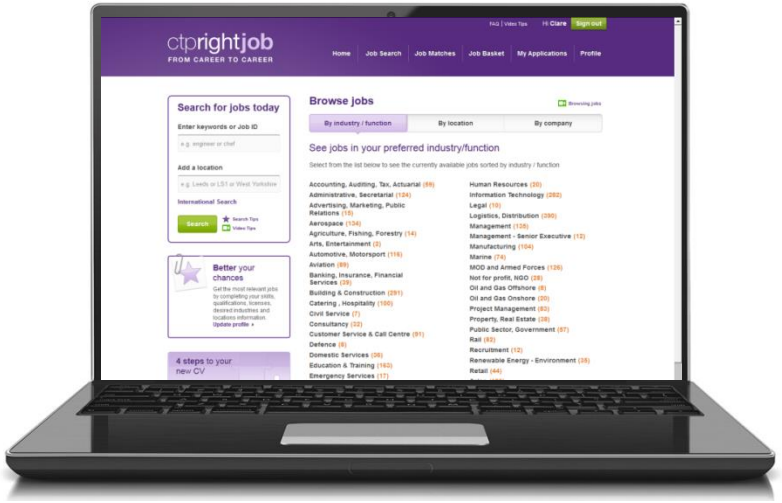
We offer a no cost recruitment service

Nationwide coverage through the CTP Employment Team

Web-based Job Site called CTP RightJob:

- Enabling employers to post vacancies
- Service leavers can job search and receive alerts
- Consultants provide job matching and notification services
- Events including Company Awareness Days, Online Events and Employment Fairs

CTP RightJob



Employer Connections

The CTP has provided the route for hundreds of organisations to secure highly skilled employees, whilst making significant savings on their recruitment spend.

NetworkRail

UK Power Networks
Delivering your electricity

TESCO

BNY MELLON

babcock
trusted to deliver™

FUJITSU

SIEMENS

JAGUAR | LAND ROVER

openreach
a BT Group business
BT

nationalgrid

BARCLAYS

SKANSKA

Royal Mail

LLOYDS BANKING GROUP

Ministry of Justice
Gwasanaeth Cenedlaethol Rheoli Troseddwyr
National Offender Management Service

BAE SYSTEMS
REAL PRIDE. REAL ADVANTAGE.

CTP
The Ministry of Defence partnering with Right Management

How we can work together

- Access to online recruitment
- Account Manager through the CTP
- Job matching service
- Marketing – website, e-newsletter, targeted e-shots
- Employer Focus Directory: micro-sites for your brand
- Live Online Chat Events
- CTP Employment Fairs and events
- Civilian Work Attachments (CWAs)

Next Steps

- Consider the roles you are looking to fill: the specifications, volume, timescale and locations
- Who will be the points of contact within your organisation?
- Are you able to offer Work Attachments to Service leavers?
- Employment Fairs, Open Days, Recruitment Presentations, Live Chat Events

Any Questions?

Gold Standard Veteran Support

Mark Arscott
Head of Military Engagement

May 2018

Contents

- Overview / context: BT and the armed forces
- BT's support to veterans
- BT's support to employees re: wellbeing & mental health

BT and the Armed Forces

"Whether it's through our hiring of ex-armed forces personnel, or through our work with reservists we are proud to support our country's military personnel."

Gavin Patterson, BT CEO, 20 March 2017

openreach

BT

2011

1939-45

2018

1914-18

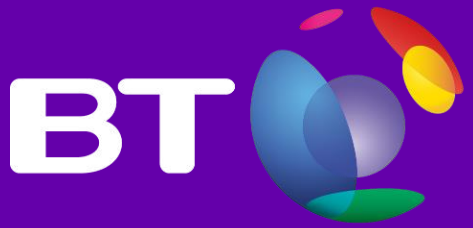
BT's support to veterans

Transition Force

Armed Forces Network

BT's support to employees re: wellbeing & mental health

- Employee Assistance Programme (EAP)
  - Counselling, emotional support and information services to employees
- Employee Assistance Management (EAM)
  - Confidential consultancy service primarily to managers and HR professionals, on complex and challenging people issues
- Mental Health Service
  - Cognitive Behavioural Therapy for BT employees experiencing a 'common' mental health illness e.g. depression, anxiety, insomnia, bulimia, panic attacks; and PTSD
- Peer to Peer Support Network
  - Confidential listening support and signposting to expert services and resources


BT

Gold Standard Veteran Support

Michael Coates
Co-Founder
Combat Pest Control

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Our Story

- Employ Veteran & Reservists
- Educate and Assist Children in Conflict
- Protect our Clients
- Support of Injured Service Personnel


ARMED FORCES
COVENANT
EMPLOYER
RECOGNITION
SCHEME
GOLD AWARD
2017

Culture

Ethos

Values

Vision

Example

System

Education

Accountability

Risk

Control

Help

Summary

Panel Discussion

Chaired by

Dr Jeya Balakrishna MBBS, FRCPsych, LLM

MOD Lead for Veterans & Reserves Mental Health Programme

Honorary Consultant Forensic Psychiatrist Combat Stress

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Panel Discussion

"Challenging Misconceptions - military experience *is* relevant in the commercial world"

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Refreshment Break

#CSMMS18

Combat Stress

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Gary Gray, Head of Welfare Services, Poppy Scotland

Andrew Paul, Employ-Able participant

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EMPLOY-ABLE

Offers one-to-one support, giving guidance on employment as well as providing emotional support to deal with other life factors

poppy scotland

SAMH
for Scotland's mental health

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EMPLOY-ABLE

Advisor

Vocational profile

Identified skills

Goals

Action plan

Build confidence

Tools For Living (21 Topics optional)

Signposting

We continue to work in partnership with the referral source

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EMPLOY-ABLE

Signposting:

Befriending service

CMHT

Veterans 1st Point

Combat Stress

Crisis counselling

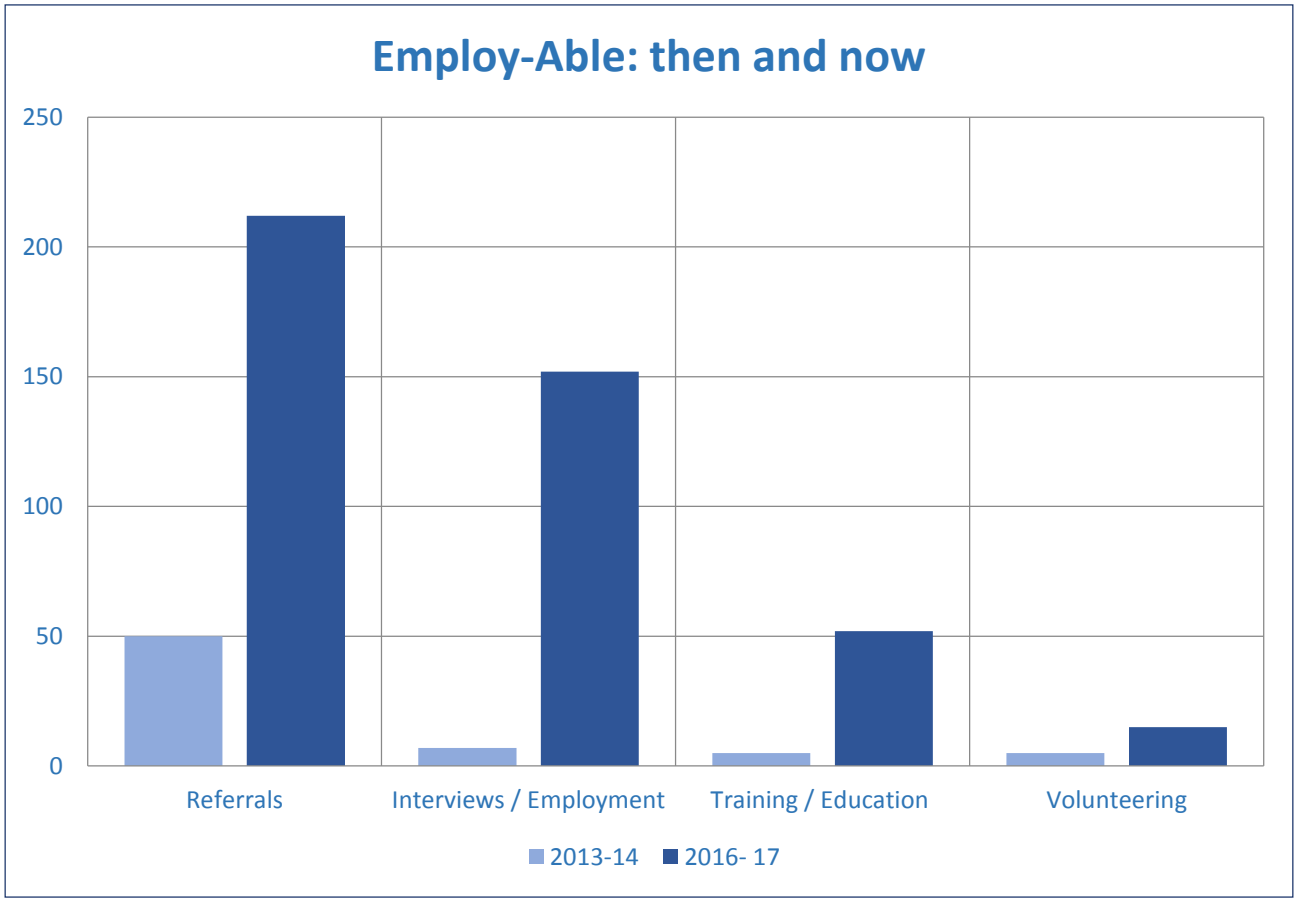
GP

IT classes

Individual Training Account

Employment Support Grant

EMPLOY-ABLE



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EMPLOY-ABLE

Q&A with Army Veteran

Andrew Paul

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Keeping Well at Work

Jolandi du Preez
Lead Occupational Therapist
Combat Stress

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Occupational Therapy at Combat Stress

- 22 Occupational Therapists and 5 Occupational Therapy Technicians
- Across the UK – in treatment centres as well as in the community
- Role: Outward facing and linking veterans to their communities

  Examine identity and define new meaning

  Engagement in meaningful productive occupations

  Improve competence in paid/unpaid work or education
- Offer assessment, individual treatment and groupwork
- Developed a 7-week workshops programme to improve resilience and functioning – incorporates work-related skills

Occupational Therapy at Combat Stress

Occupational Case Formulation

- Occupational Identity What matters to you
  - roles, values, goals, interests

- Occupational Competence – What supports/hinders
  - mental, physical, cognitive abilities;
  - routines,
  - motor, process, communication skills;
  - environmental supports and constraints – social, physical.

- Key Occupational Issues - Productive Role

Occupational Therapy Role - work

With the veteran

- Gain an understanding of what work means to the person
- Identify existing skills and abilities
- Encouragement to identify obstacles and challenges and tackling these
- Build aspirational thinking
- Assistance to enhance or develop skills and work habits.
- Facilitate training, education, provide advice regarding work culture - Referral to or joint working with other resources/providers
- Job retention work: work environment assessment, liaison with employers

Occupational Therapy Role - work

With Employers and Veterans

- Support veteran to discuss potential impact of their health condition with their employer
- Suggest temporary or ongoing reasonable work adjustments to facilitate job retention
- Negotiate return to work plans
- Provide consultation/liaison/advice to employer or veterans in relation to Equality act, reasonable adjustments
- Work with employers inform understating of veterans as well as Mental Health Awareness

Occupational Therapy Role - work

Work-related Interview Tools

- Worker Role Interview (WRI) (Braveman et al. 2005)
- Work Environment Impact Scale (WEIS) (Moore-Corner et al, 1998)

WELLNESS ACTION PLAN AT WORK

- Inspired by Mary Ellen Copeland's Wellness Recovery Action Plan (WRAP)
- Personalised Practical Tool - Helps to identify what keeps us well at work, what causes us to become unwell, how to address mental health problems at work
- Benefits – Employers, Managers and Employees
- Completed by Employee
- Not legally binding – agreement between employer and manager in order to promote wellbeing or address any existing mental health needs – including adjustments

WELLNESS ACTION PLAN AT WORK

What should a WAP cover?

- Approaches the individual can adopt to support their mental wellbeing
- Early warning signs of poor mental health to look out for
- Any workplace triggers for poor mental health or stress
- Potential impact of poor mental health on performance, if any
- What support they need from their manager
- Actions and positive steps they will take as well as steps the manager will take if they experience stress or poor mental health

WELLNESS ACTION PLAN AT WORK

Adjustment and support

- Support from Manager
- Flexibility with working patterns
- Changes to physical environment
- Other

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World Cafe

What More Can We Do?
We are going to take some time to answer a very important question together:

What practical steps can we take to make veterans want to stay in our company?

A World Café

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Thank You

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Combat Stress

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