



Healthcare for veterans

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This note covers the current policies on healthcare services for ex-service personnel, including priority access to NHS services and the provision of dedicated mental health services for veterans. The note also provides a list of useful links and contacts.

Approximately 22,000 Armed Forces personnel leave Service and return to civilian life each year and there are an estimated 5 million veterans in the UK. Both the previous Government and the current Government have recognised that physical injuries and mental health issues can create additional healthcare needs for some veterans.

On 6 October 2010 the MOD published a review of mental health services for serving personnel and veterans, carried out by Dr Andrew Murrison MP. The Government committed to acting on the recommendations of the review and, as a first step, announced two initiatives: a dedicated 24-hour support line for veterans and the provision of 30 additional mental health nurses to specifically support veterans.

On 16 May 2011 the Government published the first *Armed Forces Covenant* and a document outlining the measures it intended to put in place over the next few years in order to support that Covenant. This document proposes a number of further measures to improve veterans' access to healthcare services, and mental health services in particular. Further information is available from Library briefing paper SN05979, [Armed Forces Covenant](#).

This note applies to the situation in England and does not cover the provision of healthcare to serving armed forces personnel.

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1 Current healthcare services for veterans

1.1 Priority access to NHS services for veterans

Medical care for ex-Service personnel is the responsibility of the NHS. War pensioners have been entitled to priority access to treatment for conditions relating to their service since 1953 (when the Ministry of Pensions hospitals were transferred to the NHS).¹ Under this arrangement veterans claiming a war pension were entitled to priority treatment and free prescriptions from the NHS and could also be entitled to a number of allowances, equipment or long term nursing care.

On 23 November 2007, the MOD announced that priority access would be extended, from 1 January 2008, to include all veterans whose medical conditions or injuries are suspected of being due to military service, irrespective of whether they are claiming a war pension. Under this initiative clinicians determine the allocation of priority treatment based on clinical need. The extension of priority to all veterans was considered by the Department of Health as likely to have a particular impact on audiology services, mental health services and orthopaedics. While qualifying for priority NHS treatment, veterans who are not in receipt of a war pension are not however eligible for free NHS prescriptions.²

In December 2008 the Department produced a leaflet for armed forces personnel in order to explain what they might be entitled to.³ The NHS Choices website provides some basic information on the priority scheme:

When servicemen and women leave the armed forces, their healthcare is the responsibility of the NHS.

All veterans are entitled to priority access to NHS hospital care for any condition, as long as it's related to their service, whether or not they receive a war pension.

All people leaving the armed forces are given a summary of their medical records, which they are advised to give to their new GP when they register.

Veterans are encouraged to tell their GP about their veteran status in order to benefit from priority treatment.⁴

¹ Ministry of Defence Memorandum to the Defence Select Committee inquiry on *Medical Care for the Armed Forces*, MC 07, 16 May 2007

² Department of Health press notice, [Government boost to Veterans healthcare](#), 23 November 2007

The NHS Chief Executive wrote a letter to local NHS chief executives on 12 December 2007 setting out more detailed guidance, designed to update and extend the earlier circular about priority treatment.⁵ The main body of the letter is reproduced below:

Action

Primary Care Trusts – to ensure that GPs, in making referrals for diagnosis or treatment, are aware of the current priority treatment provisions and of their extension to all veterans who have a condition that is likely to be related to their service.

Acute and mental health trusts, NHS Foundation Trusts – to ensure that clinical staff are aware of HSG(97)31 and its extension to all veterans, for conditions which are likely to be related to their service, subject to clinical need.

Background

Under long-standing arrangements, war pensioners are given priority NHS treatment for the conditions for which they receive a war pension, subject to clinical need. Current guidance on this is HSG(97)31. This guidance states that NHS hospitals should give priority to war pensioners, both as out-patients and in-patients, for examination or treatment which relates to the condition or conditions for which they receive a pension or received a gratuity, unless there is an emergency case or another case demands clinical priority.

There are about 5 million veterans in England (a veteran is defined as someone who has served at least one day in the UK armed forces). Research shows that for most members of the armed forces, service is a positive experience, allowing them to enjoy a more favourable life trajectory. Some veterans do, however, have service-related health conditions. There are about 170,000 veterans who receive war pensions (or another form of compensation) as a result of a service-related condition, and who therefore have eligibility for priority treatment under the NHS for their service-related condition. Other veterans will have received a lump sum gratuity rather than a pension because the degree of disablement caused by service is relatively minor: they too are eligible for priority treatment for service-related conditions, as are veterans who have an assessed degree of disablement cause by service but to whom no award is paid.

Some service-related health problems do not manifest themselves until after a person has left the armed services. Claims may be made for a war pension at any time after service termination. Hull Teaching PCT has recently extended priority access to the NHS to all military veterans, for service-related conditions, where a healthcare professional suspects that a veteran's condition may be associated with their military service.

Extension of current guidance

The Hull approach represents good practice and should be followed nationally. Where a person has a health problem as result of their service to their country, it is right that they should get priority access to NHS treatment, based on clinical need. They should not need first to have applied and become eligible for a war pension.

³ DoH, *Meeting the healthcare needs of Armed Forces personnel, their families and veterans*, 16 December 2008

⁴ [NHS Choices website: veterans healthcare](http://www.nhs.uk/Defencemedicine/Pages/Overview.aspx). The NHS Choices website also has a wider range of information about healthcare for members of the armed forces although it may not all be fully up-to-date: <http://www.nhs.uk/Defencemedicine/Pages/Overview.aspx>

⁵ The older guidance is: *Priority Treatment for War Pensioners*, HSG (97) 31, 18 June 1997

It is recognised that, with much faster access to NHS treatment for all patients, the priority treatment provisions are less significant than they were. Nevertheless, there may be occasions where a veteran could benefit from priority access. It is suggested that veterans are mostly likely to present with service-related conditions requiring:

- audiology services - the guidance on priority treatment for war pensioners applied also to service-related noise-induced hearing loss which is accepted as caused by service but for which no award was paid because the level of disablement fell below the threshold for compensation. Lack of clarity about this group's entitlement to priority treatment in the past may mean that there will be some backlog coming forward now. In addition, there will be future groups of veterans for whom hearing loss may be an issue.
- mental health services – veterans sometimes do not seek treatment for service-related mental health problems until some years after discharge. It can be particularly difficult establishing whether a condition is due to service and its implication for treatment. Clinicians may be interested in the recently launched veterans' mental health pilots and the Ministry of Defence Medical Assessment Programme at St Thomas' Hospital in London which provides a free assessment for veterans with operational experience since 1982: information about both can be found at www.veterans-uk.info.
- orthopaedic services – because of injuries during a person's time in the armed forces which begin to present problems some time after discharge.

Next steps

GPs are therefore asked, when referring a patient that they know to be a veteran to secondary care for a condition that in their clinical opinion may be related to their military service, to make this clear in the referral (as long as the patient wishes the referral to mention they are a veteran).

Where secondary care clinicians agree that a veteran's condition is likely to be service-related, they are asked to prioritise veterans over other patients with the same level of clinical need. But veterans should not be given priority over other patients with more urgent clinical needs.

It is for clinicians to determine whether it is likely that a condition is related to service.

The extension of priority treatment to veterans should apply to new GP referrals from 1 January 2008. Except in exceptional circumstances, the change should not apply to anyone who has already been referred to treatment or who is already undergoing treatment, as to prioritise them at this stage could affect other people who have already received dates for appointments. In addition, it would not be appropriate for secondary care staff systematically to ask patients whether they are veterans suffering from a condition that they believe is related to their military service. It may however be that veterans will raise with clinicians the fact that they believe that their condition is related to service, and then it will be for the clinician to decide whether priority should be given to their case.

It is important to note and make clear to patients that a veteran who has a disorder recognised as qualifying for priority treatment does not necessarily fulfil the criteria for award of war pension. Where a GP considers that a condition is likely to be due to service and it is significantly disabling, then they could suggest to the individual to apply for a war pension since there may be entitlement to a pension or gratuity and to other benefits such as free prescriptions.

Veterans who are not war pensioners will not have the same access to free prescriptions etc that war pensioners receive.

Veterans are able to use the NHS complaints system in the same way as war pensioners to resolve any breakdowns in the arrangements for priority treatment.⁶

A letter from the Department of Health was sent to SHA Chief Executives on 20 June 2008, to help them ensure that their PCTs commission the right services to meet the particular needs of the Armed Forces, their families and veterans. In particular, this letter stated that SHAs needed to assure themselves that their PCTs and providers meet the requirements of the Operating Framework in this area.⁷

The Operating Framework for 2010/11 (which set out Government priorities for the NHS) also refers to priority treatment, including appropriate mental health treatment, for veterans with conditions related to their service, and subject to the clinical needs of others. The Operating Framework states that this “is a reputational issue for the NHS as a whole.”⁸

In February 2008 the Defence Select Committee published its report *Medical Care for the Armed Forces*. With regard to the care of veterans the Committee welcomed the extension of priority access. However, the report also called on the MoD and the Department of Health “to do much more to make sure that the entitlement to priority access is widely understood and taken up by those who need it.” The Committee also raised concerns about the transfer of medical records from the armed forces to the NHS. The Committee concluded that the care of veterans has wider implications for the perception of Service life:

We believe that providing first-class healthcare for veterans, and making sure that people have confidence that they will be able to access and will receive such treatment, is an integral part of the debt which society owes to those who serve in the Armed Forces, and, as such, has an impact on recruitment and retention.⁹

The MOD’s Service Personnel Command Paper, published in July 2008, committed to examine whether more needs to be done to assess the healthcare needs of veterans, largely through raising awareness among healthcare professionals:

2.11 Veterans’ Health Needs. We need to improve our information about how veterans’ health needs differ from those of the population generally. Most healthcare professionals do not have direct knowledge of the Armed Forces and may not be sensitive to their particular needs. We will look at whether more needs to be done to assess the healthcare needs of veterans. We will raise awareness among healthcare professionals about the needs of veterans so that these needs are met.¹⁰

A survey of 500 GPs, conducted by the Royal British Legion in 2009, found that 81% of those questioned said they knew not very much or nothing at all about priority treatment, and 85%

⁶ DoH, [Access to health services for military veterans](#), Dear Colleague Letter, 17 December 2007:

⁷ Health services for the armed forces, their families and veterans – guidance for SHAs, Letter from the Chief Operating Officer, Department of Health, 20 June 2008: Deposited paper DEP 2009-1887

⁸ DoH, [Operating Framework for the NHS in England 2010/11](#), paragraph 2.55, page 23

⁹ Defence Select Committee, [Medical Care for the Armed Forces](#), (HC 327 2007-08) 18 February 2008

¹⁰ MOD, [The Nation’s Commitment: Cross-Government Support to our Armed Forces, their Families and Veterans](#), Cm 7424, July 2008

had not informed secondary care providers of a veteran's entitlement to priority treatment in the past 12 months.^{11 12}

On 11 January 2010, the Government made an announcement about the meeting the long-term healthcare for members of the armed forces. Details from the press notice issued on that day are provided below:

Armed forces personnel with the most serious injuries will have a customised health care plan before they leave the Services that will continue to be tailored to meet their individual needs for the rest of their life, Health Minister Mike O'Brien and Veterans Minister Kevan Jones announced today.

The new arrangements are part of a package of improvements set out as part of the Government's commitment to provide Armed Forces veterans and those preparing to make the transition from service to civilian life with the very highest standards of health care. They include:

- A guarantee that all those seriously injured will receive an early and comprehensive assessment of their long term needs before they leave the Armed Forces;
- High quality care for life for those with continuing healthcare needs based on a regular review of their needs overseen by an NHS case manager;
- Grant funding of £140,000 with Combat Stress (that they are matching) to work directly with mental health trusts to ensure that the services they provide are accessible to and appropriate for military veterans;
- Closer NHS links with a full range of third sector partners and charities with extensive experience of working with veterans, to share advice, knowledge and best practice to improve services for veterans;
- An entitlement for all veterans who have lost a limb whilst serving in the Armed Forces to receive, where clinically appropriate, the same standard of prosthetic limb from the NHS that they received or would receive today from Defence Medical Services as a result of major technological advances.
- Responsible Directors within each Strategic Health Authority, together with Primary Care Trust champions, will be identified to ensure the needs of the armed forces, their families and Veterans are fully reflected in local plans and service provision; and
- Improved transfer of medical records to the NHS on retirement from the armed forces, including greater GP awareness of veteran status of new patients to ensure veterans receive their entitlement to priority treatment for any injuries or illness attributable to their time serving in the Armed Forces.

In addition, it is expected that the six ongoing mental health pilots within the NHS will continue, with the evaluation and learning from these pilots used to help other Trusts gear their services to better meet the needs of veterans.

¹¹ Ipsos-MORI online questionnaire completed by 500 GPs across England and Wales. Fieldwork was conducted between 13-23 March 2009. Data weighted according to age, gender, region (Strategic Health Authorities in England, plus Wales), practice size and practice list size to reflect the profile of GPs in England and Wales.

¹² These findings were referred to in a recent PQ: HC Deb 12 January 2010 c558

1.2 Mental healthcare

The NHS Choices website sets out the mental health services currently available to veterans:¹³ there are six pilot areas across the UK, each employing a Community Veterans Mental Health Therapist; there is a medical assessment programme for veterans, based at St Thomas' Hospital in London and led by a consultant psychologist, and a Reserves' Mental Health Programme. A summary of these programmes is provided below:

Medical Assessment Programme (MAP)

The MOD's Medical Assessment Programme (MAP) was initially set up in the aftermath of the 1990-1991 Gulf War to provide general medical examinations for British veterans concerned that their health had been adversely affected by their service in that conflict. In recognition that some GPs, specialists and other health professionals within the NHS may have difficulty understanding the needs of veterans who are ill as a result of operational service, the MOD extended the MAP to provide both mental health and general medical assessments to any veteran suffering from mental health problems who has served on operations since 1982. Extensions have also been made to include Porton Down Volunteers, and Service personnel who have served on current operations in Iraq and Afghanistan, in this programme. In the case of veterans, recommendations for treatment, where appropriate, would be made to his/her GP and progressed through the NHS. The costs of a MAP assessment are borne by the MOD.¹⁴

Community-based mental healthcare pilots

For the longer term mental healthcare of veterans the MOD is currently working in partnership with the Department of Health and the charity Combat Stress to pilot a new community-based model for the mental healthcare of veterans. The aim of the programme is to make experts in military mental health issues available to NHS health professionals through a series of regional clinical networks each made up of NHS facilities, a military Community Mental Health facility and a specialist centre with an interest in psychological injury. At its heart will be a facility with a Community Veterans Mental Health Therapist. The pilot projects will provide a service that can be accessed easily and quickly by military veterans and will be able to help with the diagnosis and treatment of veterans suffering from anxiety, depression, alcohol and drug misuse and post-traumatic stress disorder (PTSD). The intention is to focus on those veterans whose service-related mental health needs are not currently being met by their local mental health services.

An important feature of the programme is that veterans will be able to access the service through a variety of routes including self referral and via social service departments, the charitable sector (notably the ex-service organisations), the Veterans Welfare Service and through an individual's GP. Referrals from civilian psychiatric services, such as Combat Stress, will also be accepted.

Following an initial assessment, individuals should be directed to relevant treatment and support from their GP or community mental health services, with or without the support of the community therapist or others with relevant military expertise. Individuals with complex and severe needs that require specialist assessment and treatment may also be referred as an in-patient to a Combat Stress care home. Where possible the intention is to involve the GP and to keep them informed at all times.

¹³ [NHS Choices website](#)

¹⁴ Further information on the Medical Assessment Programme is contained in an [MOD Fact Sheet](#)

According to the Veterans UK website:

The new model is firmly based on a holistic coherent approach to mental health well being. It is multidisciplinary with links to social services, ex-service charities especially the regional welfare officers of Combat Stress, and the Veterans Welfare Service. The aim is to provide help with social integration, financial issues, relationships, housing, job seeking, training, education, physical fitness, sports and recreation.¹⁵

Initially the scheme is being piloted in six locations in the UK for a period of two years after which the programme's effectiveness will be assessed. Those six pilots are located in Stafford, Camden & Islington, Newcastle, St Austell, Cardiff and Ayrshire. The Stafford pilot was the first to be established in January 2008.

After the period of two years, consideration will be given to rolling out the scheme on a national basis.¹⁶ An independent evaluation, upon which that decision will rest, was published in December 2010.¹⁷ Start up costs for the pilot schemes have been provided by the MOD, while the remainder of costs are the responsibility of the local NHS trusts.¹⁸

The Reserves Mental Health Programme (RMHP)

In November 2006 the MOD also announced that a new mental healthcare programme for Reservists would be established. The Reserves Mental Health Programme (RMHP) is available to all current or former members of the volunteer and regular reserves who have been demobilised since 1 January 2003 following their deployment overseas.

Additional funding for mental health services:

The MOD contributes funding to the charity Combat Stress which aims to address the mental health concerns of veterans.¹⁹ On 11 January 2010, the Government announced grant funding of £140,000 for Combat Stress to work with mental health trusts to ensure that the services they provide are accessible to and appropriate for military veterans (funding matched by Combat Stress).²⁰

On the 6 April 2010 the Department of Health announced £2 million of new funding to help improve mental health services and access to NHS services in England for veterans. The £2 million is expected to fund:

- Up to 15 Community Psychiatric Nurses (or Veterans Therapists) to work in Mental Health Trusts alongside specialist Combat Stress teams to forge better links between the two and enabling more veterans to be treated closer to their homes and families
- The Mental Health Helplines Partnership – so that their helpline can be accessed 24 hours a day by veterans needing advice and support
- Improved education and training for GPs to help them identify veterans suffering from mental health problems, providing them with the information and skills to ensure that veterans get the best possible treatment

¹⁵ Veterans UK website, *Veterans Health Q&A*

¹⁶ HC Deb 30 June 2009, c149W

¹⁷ University of Sheffield, *An evaluation of Six Community Mental Health Pilots for Veterans of the Armed Forces*, December 2010

¹⁸ Veterans UK website, *Veterans Health Q&A*

¹⁹ Further information is available at: <http://www.combatstress.org.uk/default.asp>

²⁰ The package of measures to improve health care for veterans was set out in detail in a Written Ministerial Statement to Parliament on 11 January 2010.

- Working with Combat Stress and the Royal British Legion to ensure veterans themselves are aware of the range of support available to them, building upon existing efforts to promote services available from the NHS and from the service charities and organisations.²¹

2 Fighting Fit: Murrison review of mental health services

On 6 October 2010 the MOD published *Fighting Fit: A mental health plan for servicemen and veterans*, following the review of mental health services for serving personnel and veterans carried out by Dr Andrew Murrison MP.²² The report included thirteen action points, and four principal recommendations; the following three relate to veterans:

- An uplift in the number of mental health professionals conducting veterans outreach work from Mental Health Trusts in partnership with a leading mental health charity.
- A Veterans Information Service (VIS) to be deployed 12 months after a person leaves the Armed Forces.
- Trial of an online early intervention service for serving personnel and veterans.

The recommendations of the *Fighting Fit* report are being considered by the MOD, the Department of Health, Combat Stress and other interested parties. As a first step however, the MOD announced that two initiatives would be implemented:

- A dedicated 24-hour mental health support line for veterans was launched in March 2011. It is operated by the “Rethink” charity on behalf of Combat Stress and funded by the Department of Health.
- The provision of 30 additional dedicated mental health nurses in Mental Health Trusts to ensure the right support is organised specifically for veterans.²³ The 30 new nurses include the cadre of 15 new mental health professionals announced by the previous Government in April 2010.²⁴ The Department of Health has been considering how best to commission the new posts and it is expected that the increased capability will be delivered during 2011.

The current Government's mental health strategy, *No health without mental health*, included a section on mental health services for veterans and noted that this was one of the strategy's critical priority areas.²⁵

Further analysis of current and proposed mental health services for veterans is available from a joint NHS Confederation/Combat Stress briefing published in November 2010.²⁶

3 The Armed Forces Covenant

The Coalition's *Programme for Government*, published 20 May 2010, included a commitment to rebuild the Military Covenant, in part by “providing extra support for veteran mental health

²¹ DoH press notice, “£2 million for veterans' mental health services”, 6 April 2010

²² MOD, *Fighting Fit: A mental health plan for servicemen and veterans*, 6 October 2010

²³ Information on the announcement of 30 new nurses is provided on the [MOD website](#).

²⁴ DoH press notice, “£2 million for veterans' mental health services”, 6 April 2010

²⁵ HM Government, *No health without mental health: a cross-government mental health outcomes strategy for people of all ages*, February 2011. The previous Government's mental health strategy, *New Horizons – A shared vision for mental health* (December 2009) also included a section on the mental health of veterans.

²⁶ NHS Confederation (briefing paper 210), *Improving mental health services for veterans*, November 2010

needs".²⁷ The Government has directed the NHS to set up regional Armed Forces Networks across England to ensure that the healthcare needs of veterans are met by public healthcare providers.

The Armed Forces Covenant, published on 16 May 2011, sets a framework for how the armed forces community can expect to be treated, and includes the following guidance relating to the healthcare of veterans:

Veterans receive their healthcare from the NHS, and should receive priority treatment where it relates to a condition which results from their service in the Armed Forces, subject to clinical need. Those injured in Service, whether physically or mentally, should be cared for in a way which reflects the Nation's moral obligation to them whilst respecting the individual's wishes. For those with concerns about their mental health, where symptoms may not present for some time after leaving Service, they should be able to access services with health professionals who have an understanding of Armed Forces culture.²⁸

To accompany the Covenant the Government published *The Armed Forces Covenant: Today and Tomorrow*, which details the current actions being taken to deliver the Covenant. This document outlines the Government's plans for new measures to improve access to mental health services for veterans, including:

- Building a greater focus on mental health into discharge medical examinations, and follow on treatment available for up to 6 months after discharge from the defence Departments of Community Mental Health. The MOD is currently undertaking a trial in selected units across the three services that will inform further rollout. The MOD aims to integrate the mental health assessment into discharge protocols, including that for seriously injured personnel, by late Summer 2011.
- The Department of Health is working with the Royal College of General Practitioners to develop an E-learning health package to help GPs treating reservists, families of those serving in the Armed Forces and veterans.
- A trial of a new Veterans' Information Service is scheduled for early 2012, to provide veterans with key information, and to provide the opportunity for veterans to request targeted contact including mental health and substance abuse services.
- Access to a mental health wellbeing website, for Service personnel, families and veterans, to engage those reluctant to access traditional clinical services. Implementation of the pilot phase began in May 2011 and the service will be evaluated after 12 months.²⁹

The Government intends to use an evaluation of the Mental Health Pilots launched in 2007 to inform planning of NHS veterans mental health services from 2011 onwards.³⁰

The Armed Forces Covenant: Today and Tomorrow contained two additional actions on veterans' healthcare more generally, relating to IVF treatment for seriously injured veterans, and the supply of prosthetic limbs:

²⁷ Cabinet Office, *Programme for Government*, 20 May 2010

²⁸ MoD, *The Armed Forces Covenant*, 16 May 2011, page 6

²⁹ MoD, *The Armed Forces Covenant: Today and Tomorrow*, 16 May 2011, pages 18-20

³⁰ University of Sheffield, *An evaluation of Six Community Mental Health Pilots for Veterans of the Armed Forces*, December 2010

- Following the recommendation of the Independent Medical Expert Group³¹, the Government has committed to ensuring that veterans suffering serious genital injuries be guaranteed three cycles of IVF.³²
- Dr Andrew Murrison MP is reviewing the effectiveness of prosthetics services in the NHS in England, for those veterans who have lost a limb due to activities while serving their country. Dr Murrison is expected to report to the Secretaries of State for Health and Defence and the Prime Minister by the end of June 2011 and the Government has announced it will look favourably on his recommendations.³³

4 Useful links and contacts

Medical Assessment Programme (MAP)

The Baird Medical Centre, Gassiot House, St Thomas' Hospital, Lambeth Palace Road, London SE1 7EH

Tel: 020 7202 8323 or 0800 169 5401 Email: map@gstt.nhs.uk

Reserves Mental Health Programme

Glencairn House, Chetwynd Barracks, Chilwell, Nottingham, NG9 5HA.

Tel: 0800 032 6258

NHS Choices, *Veterans: mental health*

www.nhs.uk/Livewell/Militarymedicine/Pages/Veteransmentalhealth.aspx

Service Personnel and Veterans Agency

Tel: 0800 169 2277 (freephone, UK only)

www.veterans-uk.info

British Limbless Ex-Service Men's Association

Tel: 020 8590 1124

www.blesma.org

Combat Stress

Tel: 01372 587 080

www.combatstress.org.uk

³¹ Set up as a result of the Lord Boyce Review of the Armed Forces Compensation Scheme

³² MoD, *The Armed Forces Covenant: Today and Tomorrow*, 16 May 2011, page 18

³³ *Ibid*, pages 18-19

The Royal British Legion

Tel: 08457 725 725

www.britishlegion.org.uk

St Dunstan's (support for blind ex-Service men and women)

Tel: 020 7723 5021

www.st-dunstans.org.uk