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# Screening military veterans for anxiety and depression in primary care

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# Screening military veterans for anxiety and depression in primary care

## For further information please contact:

Wirral Intelligence Service at [wirralintelligenceservice@wirral.gov.uk](mailto:wirralintelligenceservice@wirral.gov.uk)

## Authors

- Helen Hurst General Practice Nurse, military veterans lead, Orchard Surgery, Bromborough (Queens Nurse)
- Sheila Hardy Mental Health trainer, practice nurse educator, Charlie Waller Trust

## Introduction

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The authors were Helen Hurst and Sheila Hardy, with the former being General Practice Nurse (military veterans lead) at Orchard Surgery, Bromborough and the latter a Mental Health trainer and practice nurse educator with the Charlie Waller Trust.

The aim of the project was to identify military veterans in one primary care centre, screen them for anxiety and depression, and offer them the most appropriate treatment and support. The work was used in the GPN and highlights local work to support the health needs of Wirral residents as military veterans.

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## Contents

<b>Introduction</b> .....	<b>3</b>
Practice approach.....	3
<b>Health promotion: military veterans</b> .....	<b>3</b>
<b>Identifying Military Veterans</b> .....	<b>4</b>
Emotional Health Check template .....	5
Training for clinicians.....	5
Information Leaflet.....	6
<b>Results of the project</b> .....	<b>6</b>
<b>Patient Experience</b> .....	<b>7</b>
<b>Discussion</b> .....	<b>7</b>
<b>Conclusion</b> .....	<b>8</b>
<b>Further information and support</b> .....	<b>8</b>
<b>References</b> .....	<b>8</b>
<b>Contact details</b> .....	<b>9</b>

## Introduction

In primary care, there is a lack of understanding and awareness among some clinicians regarding mental health issues that military veterans experience.

The aim of the project was to identify military veterans in one primary care centre, screen them for anxiety and depression, and offer them the most appropriate treatment and support.

## Practice approach

- An emotional health check template was used to identify military veterans for anxiety and depression.
- Training was also offered to staff in the practice and appropriate services were identified and listed on a leaflet. By the end of the project, the number of military veterans identified in the practice had increased from 19 to 200, 45 with a diagnosis of depression and five with post-traumatic stress disorder (PTSD)
- Only four veterans were offered emotional health checks during the project period due to restrictions in place for the COVID-19 pandemic.
- This article shows how the process of identifying military veterans and developing a system of screening for depression and anxiety as well as introducing new staff training has been effective.
- Adding missing elements to the template will improve follow-up and evaluation in the future.

## Health promotion: military veterans

In the United Kingdom (UK), a military veteran is defined as anyone who has drawn one day's pay from the Armed Forces (Ministry of Defence, 2017). There are an estimated five million veterans in the UK (Mental Health Foundation, 2020). They are a group of patients that are classed as vulnerable by the independent regulator of all health and social care services in England (Care Quality Commission [CQC], 2019).

Around 0.1% of regular service personnel are discharged annually for mental health reasons (Mental Health Foundation, 2020). Official UK statistics regarding medical discharges from the Armed Forces between 2017 and 2018 showed that the percentage of those due to mental and behavioural disorders were 18% for the Naval service, 26% for the Army, and 36% for the Royal Airforce (Ministry of Defence, 2018). However, some veterans develop mental health problems after leaving services (Mental Health Foundation, 2020).

Those commonly experienced include anxiety, depression, post-traumatic stress disorder (PTSD) (Mental Health Foundation, 2010). These are termed as common mental disorders (CMD) by the National Institute for Health and Care Excellence (NICE, 2011). Alcohol and drug misuse are also frequently observed in military veterans (Mental Health Foundation, 2010).

When staff leave the Armed Forces, their healthcare transfers from the military to the NHS (Mental Health Foundation, 2020). Before exiting, they are offered a final medical examination where they receive a summary of their medical and mental health history for their GP.

As the UK Ministry of Defence does not monitor whether these service leavers register with a primary care practice (Finnegan et al, 2018), some may not be accessing any type of health care.

The Care Quality Commission (CQC, 2019) advocates that healthcare needs of veterans can be different from other patients, because they miss the structure, support, and friendship of the forces, and/or find transition to life outside the military stressful. The dedicated NHS mental health services are the Veterans' Mental Health Transition, Intervention and Liaison Service (TILS) and the Veterans' Mental Health Complex Treatment Service (CTS). These services are available across England and are provided by specialists in mental health who have an expert understanding of the armed forces (NHS, 2020).

The services can be contacted directly by the veteran, GP, general practice nurse (GPN), or a military charity can refer, such as Combat Stress and Walking with the Wounded. The TILS and CTS are supported by two military charities which are run by veterans and specialise in mental health issues — Combat Stress (<https://combatstress.org.uk/>) and Walking with the Wounded (<https://walkingwiththewounded.org.uk/>) .

Clinical commissioning groups (CCGs) are responsible for the commissioning of health services for veterans, reservists and service families registered with GPs in their area (Royal College of General Practitioners [RCGP], 2020), but mental health problems are typically underreported and underdiagnosed in military veterans (Ritchie and Roser, 2018).

There is therefore a need to improve the identification process. GPs are encouraged to ask patients upon registration if they are a veteran and can code their records accordingly, but there is limited evidence of whether this is routinely and consistently embedded within primary care registration practices (Midlands and Lancashire Commissioning Support Unit, 2019). GPs can sign up with the RCGP to become 'veteran friendly' under a national scheme to help bring improvements to experiences of veterans and their families. The scheme is called the Military Veterans Aware Accreditation, which advises having a clinician to act as a lead for military veterans.

Being accredited means that a practice can better identify and treat veterans, and refer them, where appropriate, to the dedicated NHS services (RCGP, 2020).

In 2019, the Orchard Surgery became a RCGP Veteran Friendly Accredited Surgery with the first author acting as the military veterans' lead.

The objectives of the project outlined here were for clinicians in the practice to:

- Identify military veterans.
- Screen veterans for depression and anxiety.
- Signpost veterans to appropriate services.
- Provide relevant verbal and written information.

To meet these aims, the authors used the relevant computer code to identify patients as a military veteran, developed an emotional health check template, provided training for clinicians, and created a written information leaflet.

## Identifying Military Veterans

The project started before the COVID-19 pandemic, and electronic patient records were searched for military veterans using the dedicated code. The plan was for patients entering the surgery to be asked the question, 'Have you ever served in the British Armed Forces?' when using the check-in screen.

This question was also added to the new patient registration form with a permission request for it to be recorded on their records.

The new patient health checks are carried out by a designated healthcare assistant (HCA).

## Emotional Health Check template

Identified veterans were then to be screened for anxiety and depression using recommended questions and screening tools.

These were included on an emotional health check template (templates are a pre-set format for a document or file).

The template was added to the new patient health check template and the NHS health check template, under the heading military veterans.

This part of the template can be easily accessed by clinicians during consultations and the information recorded can then be audited.

Two depression screening questions are advocated by NICE (2011), namely:

- During the last month have you often been bothered by feeling down, depressed, or hopeless? Yes/No
- During the last month have you often been bothered by having little interest or pleasure in doing things? Yes/No

An answer of 'no' to the questions indicates that the person is unlikely to have depression or anxiety. An answer of 'yes' to any of the questions should trigger a more detailed assessment, using a validated screening tool. The authors added the Patient Health Questionnaire (PHQ-9) and Generalised Anxiety Disorder assessment (GAD-7) to the template (Kroenke and Spitzer, 2002; Sapra et al, 2020).

The PHQ-9 comprises nine questions to score the severity of a person's depression. The GAD-7 contains seven questions to score the severity of a person's anxiety. Both tools are designed to assess mood over the last two weeks.

## Training for clinicians

Training for clinicians was developed by the authors to encourage them to carry out or enable the emotional health checks for military veterans.

Twelve clinicians, including nurses, HCAs, GPs, clinical pharmacists, and a medical student attended the training.

This lasted 30 minutes and included evidence regarding the mental health of military veterans, the number of military veterans in the UK, and how many were registered at the first author's practice.

The process of identifying military veterans, who might be vulnerable to depression and/or anxiety, using the screening questions/tools, and providing information was explained.

A pre-and post-training questionnaire was also created to rate how clinician knowledge improved.

## Information Leaflet

The purpose of the information leaflet was to signpost military veterans to appropriate services in the area. It was developed in collaboration with the community connector (whose husband served in the Army). The community connector's role is to inform patients what is available in their community to help them reconnect and reduce isolation and loneliness.

The services and contacts included in the leaflet were listed under the headings of general support, financial support, health and wellbeing, and employment and training.

The authors planned to evaluate the effectiveness of the intervention by measuring the severity of those identified with depression six months after their initial emotional health check.

## Results of the project

At the start of the project, 19 military veterans were identified in the practice. This increased to 200 during the one-year period of the project; of these, 45 already had a diagnosis of depression and five PTSD recorded in their records.

Due to the COVID-19 pandemic, the check-in screen had to be turned off for infection control reasons and patients were not able to be invited for face-to-face health checks. This meant that some military veterans may not have been identified.

Once restrictions were lifted, there was a very short timescale before evaluation of the project was scheduled.

During this time, four military veterans were invited and attended an appointment to assess their emotional health. Three of these veterans had no emotional problems but took a leaflet. The fourth veteran was signposted to a fitness group and reported that this reduced her isolation and she felt supported by a group with shared values (see Patient experience).

At the start of the first lockdown due to COVID-19, the information on the military veterans' leaflet was added to the practice website.

It was noted by the second author that a recall date, a tick box to say the patient had been given the leaflet and a link to NHS veteran mental health services had not been added to the template.

The twelve clinicians who attended the training were asked to score their knowledge on a scale of five (agree) to one (disagree) before and after the training.

**Table 1:** Clinician knowledge pre- and post-training

	Mean score pre-training	Mean score post-training
<b>I know how to identify military veterans</b>	3.8	4.9
<b>I am confident in screening for depression and anxiety</b>	3.6	4.6
<b>I am able to signpost military veterans to appropriate</b>	2.5	4.4

I know how to provide military veterans with appropriate verbal and written information in regard to emotional health	2.6	4.4
<b>Total</b>	<b>12.5</b>	<b>18.3</b>

**Table 1 shows** that there was an increase in knowledge (12.5 versus 18.3).

The healthcare assistant (HCA) who carries out new patient checks found the emotional health check additions to the new patient health check template easy to use and felt comfortable asking the two depression screening questions and sharing the leaflet with the military veterans.

Some military veterans were referred to the military veterans' lead to get information about services, rather than providing them with the information themselves.

Due to the delay in the project caused by the COVID-19 pandemic, the authors have not been able to invite all the military veterans identified for an emotional health check or measure the severity of those identified with depression six months after their initial diagnosis.

## Patient Experience

One patient attending the surgery for an emotional health check was asked if they would share their experience of the authors' intervention. This female military veteran had served 22 years in the Royal Navy. She was invited for a health check when she registered as a new patient with the Orchard Surgery. She was unaware that some surgeries are registered with the RCGP as Veteran Friendly Accredited and told the authors that it would be useful if all personnel leaving the armed forces were informed of this.

During her health check, she reported feeling lonely and isolated. She had been furloughed by work because of the COVID-19 pandemic and her routine was limited to doing shopping for her mother and jogging or walking by herself a couple of times a week. She was referred to the military veterans' lead who discussed by telephone what may work for her in becoming fit and meeting new people.

The lead advised her that she could join 'Be Military Fit' for free as a veteran and explained how the sessions worked. As the lead was also a member of this group, she was able to introduce herself at the first socially distanced session.

The military veteran reported that she enjoyed being part of a likeminded group and was made to feel welcome. She said that she felt supported and encouraged by the group. She also stated that the leaflet with which she was provided was useful, as she now knew who to contact when she needed help. She was successful in securing a new job.

## Discussion

Although identifying military veterans appeared to have worked well from this project, in the authors' opinion it could be further enhanced by using remote methods such as prescription notes or text messages. Reception staff could also be trained to follow the process of identifying military veterans.

As the emotional health check template is part of the NHS health check template, some patients could be missed if they are outside the age group eligible for an NHS health check. Making the template a separate one for military veterans would mitigate this risk.

The template could be improved in a number of ways. First, adding a tick box that detects whether an information GPN leaflet has been given to the patient will confirm that they have been made aware of appropriate services. Second, adding a recall date for those military veterans requiring follow-up will prompt the practice to contact them. Third, providing links to the NHS mental health services available will encourage clinicians to discuss them and prevent the need for a further appointment with the military veterans' lead.

Further evaluation is required to monitor the actions of clinicians once common mental disorders have been identified in military veterans to see if they referred them to appropriate services, and/or whether military veterans contacted services themselves.

## Conclusion

The authors found that this project was successful in identifying military veterans and developing a system of screening for depression and anxiety.

The missing elements to the template now need to be added and the evaluation needs to continue to review the outcomes of the military veterans who were identified as having common mental disorders.

This project has outlined how GPNs can identify military veterans in their practice and find out whether they have any emotional needs.

By doing this, they will be in a position to signpost this group to the relevant information and agencies, thus enhancing their quality of life.

## Further information and support

Contacts for NHS mental health services for veterans are:

- In the north, call: 0303 123 1145 or email: [vwals@nhs.net](mailto:vwals@nhs.net)
- In the Midlands or east of England, call: 0300 323 0137 or email: [mevs.mhm@nhs.net](mailto:mevs.mhm@nhs.net)
- In London or the southeast of England, call: 020 3317 6818 or email: [cim-tr.veteranstilservice-lse@nhs.net](mailto:cim-tr.veteranstilservice-lse@nhs.net)
- In the southwest of England, call: 0300 365 2000 or email: [gateway@berkshire.nhs.uk](mailto:gateway@berkshire.nhs.uk)

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## Contact details

For further details please contact:

- Helen Hurst General Practice Nurse, military veterans lead, Orchard Surgery, Bromborough (Queens Nurse)
- Sheila Hardy Mental Health trainer, practice nurse educator, Charlie Waller Trust
- John Highton, JSNA Programme Lead at Wirral Council

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