



Ministry
of Defence

Defence People Mental Health and Wellbeing Strategy 2017-2022

EXECUTIVE SUMMARY



Introduction

1. This condensed version of the 2017 Defence People Mental Health and Wellbeing (DPMHW) Strategy outlines; our achievements and upcoming challenges, looks ahead to the next five years and describes how we will build on what we have done so far going forward.
2. Two in every three of the UK population are likely to remain free of mental illness in their lifetime however, many will, at some stage, experience symptoms of poor mental wellbeing. The MOD has an organisational responsibility to maintain a mentally healthy workforce and ensure that those who leave Service are given the tools to lead a healthy life.
3. The MOD's focus will be on using health data, research and innovation to fully endorse the Mental Health and Wellbeing Operating Model. The model aims to effectively **promote** positive mental health and wellbeing, **prevent** and **detect** the onset of mental health illness and **treat** such illness when it is diagnosed. We will forge partnerships with the health and third sectors to share best practice; ensuring a flexible, integrated, through-life approach to mental health and wellbeing is provided for all.

4. The DPMHW Strategy has been expanded to incorporate all Defence People (see figure 1); acknowledging the opportunity to make a positive impact on those groups not previously covered by the 2011 publication. Much of this population relies on external services for access to health and wellbeing support, in particular the provision of healthcare services. Further information about resources and mental health support for all Defence People can be found in the annex located at the back of this booklet.

5. NHS England published a 'Five Year Forward View' for mental Health in 2016, which set out a national strategic vision for the future provision of care, recommending an integrated approach to improving population wide mental health outcomes. The MOD as a primary provider of healthcare to a proportion of its workforce, has a responsibility to align with the national mental wellbeing agenda. Better outcomes can be achieved by engaging with external partners to intelligently share knowledge and resources. The DPMHW Strategy is therefore closely mapped with the Government's national focus and, from a healthcare perspective, the NHS' plan for delivering it.

6. (Figure 1)



Strategic Task

7. The MOD has a responsibility to maintain the health and wellbeing of its people primarily to 'deliver and support military effect'. For Service Personnel, the MOD must also meet the commitment of the Armed Forces Covenant, ensuring that Armed Forces Personnel and their families are not disadvantaged within wider society, either during their time in the Service or in their lives beyond the military.

8. Maintaining good mental health and wellbeing is a *major contributor to the moral and physical components of fighting power*. Research has shown that healthy behaviour and good physical health are associated with enhanced job performance and a reduction in sickness absence. As a responsible employer, the MOD has a duty to provide a physical and psychological environment that is supportive of maintaining a healthy and high functioning workforce.
9. The Mental Health and Wellbeing Steering Group (MHSG) is one of four working groups delivering against the wider DPMHW Strategy. The MHSG is accountable for delivering the four overarching objectives: stigma reduction, operational stress, occupational stress, and suicide and self-harm. Progression against set objectives are regularly monitored and reported back to the overarching Defence People Health and Wellbeing Board.

Context

10. The World Health Organisation identifies three core determinants of health:
 - Social and economic environment
 - Physical environment
 - Individual behaviours and characteristics

11. Relative to other employers, the MOD has a unique opportunity to positively influence these determinants of health across its population (see fig 2). For example, Armed Forces personnel are provided with stable employment, housing, welfare services, strong leadership and a sense of unit cohesion.
12. The MOD recognises a workforce requirement for through-career training for all. The MOD understands the high level of support needed by serving personnel during the transition period, and the importance of communication with partner organisations to ensure that longer term needs of ex-serving personnel are fully understood; *“The need to keep tomorrow’s veterans healthy today”*.
13. Setting the right environment for positive mental health is a complex process, as *‘one person’s stress may be another’s stimulus’*. The MOD recognises there is no single solution to prevent these issues, although the provision of choice and individual empowerment are considered vital in achieving our objectives.

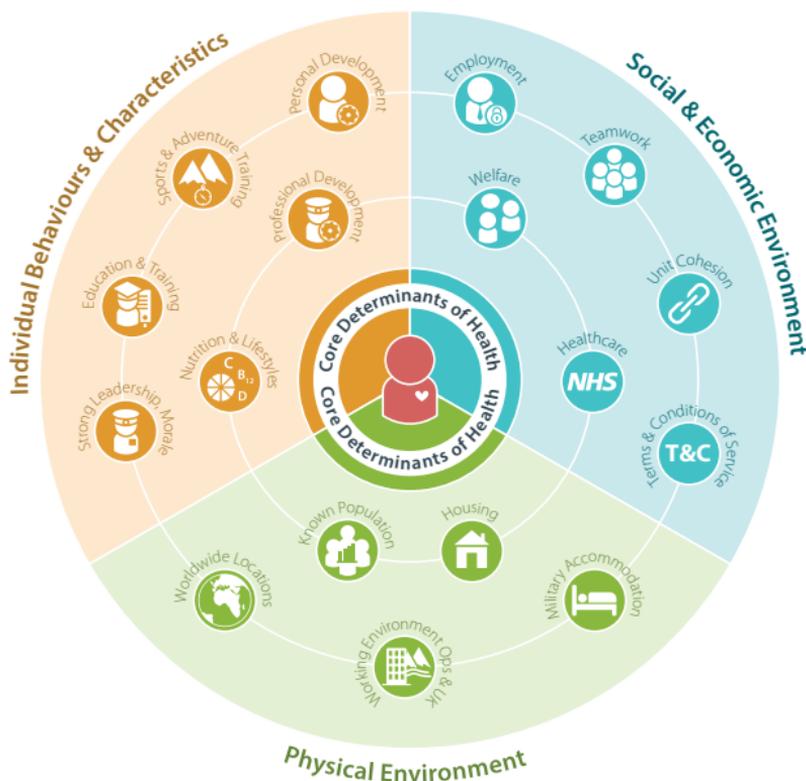
Complexities of Mental Health Issues

14. **Operational Stress.** Combat exposure and the stress associated with deployment and the return home are all known risk factors for Armed Forces personnel and the civil servants working alongside them. Robust training and strong leadership are seen as key determinants of good mental health for those on deployment.
15. **Stigma.** Many people choose not to seek help for mental health issues. This may be a result of the stigma attached to mental health. For instance, stigma may be due to a personal meaning attached to help-seeking, or due to a wider concern about career progression. This is not a challenge unique to Defence, however, it is recognised as a cultural issue that must be addressed. Tackling stigma is one of the highest priorities for MOD health promotion activity.
16. **Occupational Stress.** Work-related stress is the response people may have when presented with work demands and pressures that are not matched to their knowledge or abilities. This can challenge their ability to cope and can manifest as anxiety, insomnia, tiredness, nausea, muscle tension or raised heart rate. The MOD is committed to promoting a healthy and supportive

environment in which to operate and recognises the importance of identifying, reducing and managing stress in the workplace.

17. (Figure 2)

- *Opportunities to Impact on Core Determinants of Health*



What We Have Done

18. **General**

- Established the Defence People Health and Wellbeing Board, including production of the Strategy and Implementation Plan;
- Initiated a pilot for the 'professional exchange programme' between Departments of Community mental health and local NHS teams;
- Pre and post-deployment mental health briefings;
- 'Big White Wall'; an anonymous digital site for those experiencing common mental health problems.

19. **Stigma Reduction and Resilience**

- Anti-stigma campaigns such as; 'Don't Bottle It Up' and 'Time to Change';
- Provision of resilience training to Service Personnel by the Stress and Resilience Training Centre and authority for TRiM training;
- Bespoke single Service resilience initiatives.

20. **MOD Civil Service**

- Publication of Civil Service Operational Deployment Policy, ensuring MOD Civil Servants benefit from equitable access to operational deployment support;
- Online tools such as; E-learning package 'Mental Health at Work', Mental Wellbeing Toolkit, Line Managers Deal'.

21. **Veterans and Partnerships**

- Veteran access to Defence Medical Service mental health care for up to six months post-discharge to ensure smooth transition;
- Mental Health Assessment prior to discharge;
- 'Veterans and Reserves Mental Health Programme';
- Specific NHS pool of money for Veterans Mental Health initiatives (£6.38 million per annum);
- Development of GP and psychiatrist e-learning packages on military-related mental health issues;
- Specialist Transition, Intervention and Liaison (TIL) mental health services for veterans (accessed through four areas across England).

22. (Figure 3)

■ Defence People Health and Wellbeing Board



How We Measure Success

23. The Defence People Mental Health and Wellbeing Plan 2016 identified a number of Key Performance Indicators (KPIs) against which to measure progress. The Mental Health Steering Group reports progress against these KPIs biannually to the Defence People Health and Wellbeing Board.
24. Headline outcomes by MHSG 'areas of focus':
 - **Stigma Reduction.** Anti-stigma campaigning since 2011 has increased the number of people seeking help from 1.8% to 3.2%.
 - **Occupational Stress.** Recognition that common mental health disorders contribute to the vast majority of Service Personnel mental health issues.
 - **Suicide and Self Harm.** Recognition of a declining trend in male suicide rates of regulars in the Armed Forces since the 1990s. Current rates for regulars in the Armed Forces are lower than the UK general population.
 - **Culture and Behaviours.** A culture of strong leadership in the Armed Forces is associated with reduced mental health issues following deployment.

What We Will Do Next

25. A five-year Defence People Mental Health and Wellbeing Implementation Plan is being developed to help operationalise the objectives outlined within the wider strategy. The four strategic aims focused on are: leadership, access, partnerships, and communications. A communications strategy is being formulated to complement the implementation plan.

26. *(Figure 4)*

Leadership

A leadership-based approach to through-life mental health and wellbeing for Defence People.

Access

Timely access to safe, effective and innovative mental healthcare services for those we serve.

Partnerships

Working with partners to ensure mental health and wellbeing support for all Defence People.

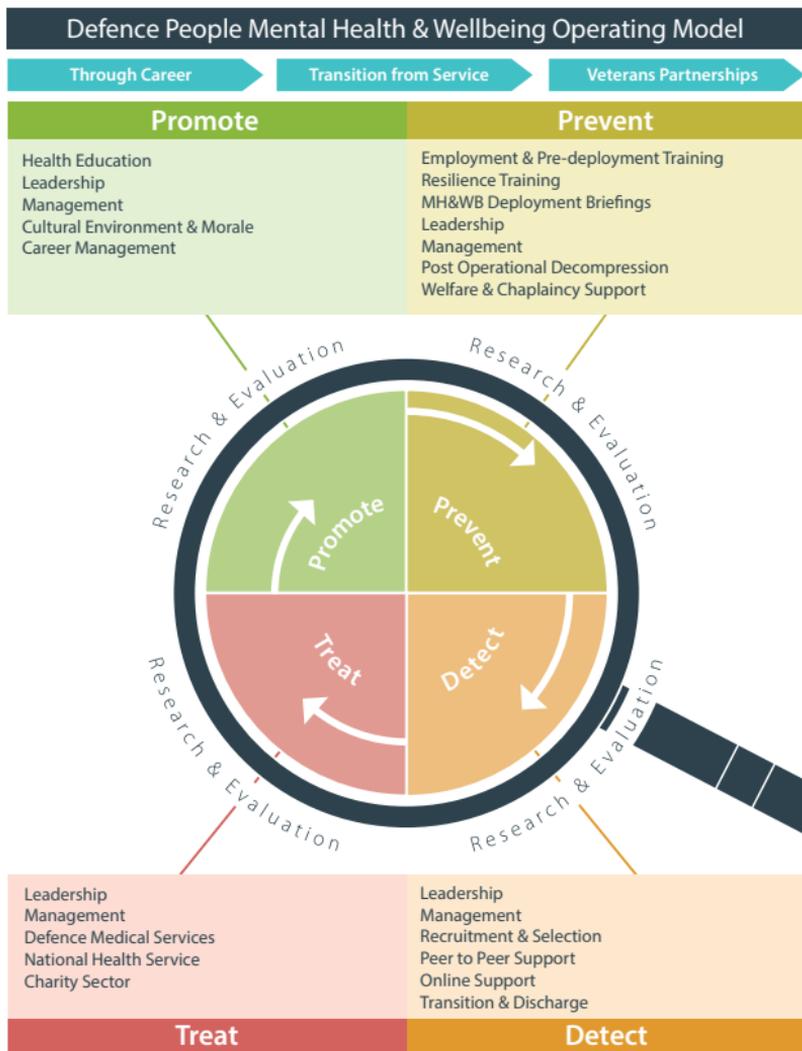
Communications

Promulgation of a robust Mental Health Action Plan and Communications Strategy.

How We Will Do It

27. The Defence People Mental Health and Wellbeing Operating Model emphasises the importance of achieving and maintaining a positive state of physical and mental wellbeing in order to prevent the onset of mental illness. Where symptoms of poor mental health do occur, the operating model states the need for timely detection and access to appropriate treatment when needed (see figure 5).
28. **Promote.** The promotion of positive mental wellbeing relates to organisational behaviour and the cultural environment which this creates. In practice it requires the adoption and maintenance of healthy lifestyles and the creation of good working conditions to promote better mental health. It relies on strong and compassionate leadership, a stable career structure, strong unit cohesion and a clear cultural message that our people are our single most important asset.
29. **Prevent.** Prevention of mental health illness is concerned with non-medical initiatives aimed at mitigating the impact of stressors that will inevitably be encountered during a person's career. Support mechanisms include employment and pre-deployment training, resilience training, post-operational decompression, and welfare services.

30. (Figure 5)



31. **Detect.** Detection of the early signs and symptoms of mental health problems is the '*last line of defence*' prior to medical intervention and is a non-medical approach to spotting the early signs of sub-optimal mental health and wellbeing. Resources are being used to provide peer to peer support, online support, and transition and discharge pathways.
32. **Treat.** Refers to the treatment provided for personnel who are suffering from a diagnosed mental health disorder. The approach is one of recovery and rehabilitation, ensuring that, wherever possible, Service Personnel are supported in their return to duty. A collaborative approach is required, recognising that the majority of Defence People access healthcare services via the NHS. The MOD welcomes the opportunity to work closely with the charity sector to aid positive promotion and sharing of best practice.

Conclusion

33. The establishment of the Defence People Health and Wellbeing Board, its accompanying Strategy, Plan and Steering Groups, signified a marked change in the level of esteem attached to physical and mental health. This Strategy builds on this success with a new ambition. It incorporates an entirely new population, acknowledging the wider impact of mental health. It states a need for genuine collaboration at all levels to achieve its goals.
34. Our priorities, looking ahead to 2022, focus on promoting positive mental wellbeing, preventing mental illness, reducing the need for medical services but ensuring those in need of mental healthcare receive timely, safe and effective treatment.
35. The answer now lies firmly in a multi-organisational approach, where resources can be pooled and best practice can be shared. The DPMHW Strategy 2017-2022 sets out a road map to drive this future activity. The challenge ahead remains considerable, but of paramount importance. Success will enable our Armed Forces and MOD Civil servants to continue to defend the UK's national and overseas interests, help our families in supporting them and aid our Veterans who have already contributed so much to society.

Appendix: Available Resources and Mental Health Support

■ For Service Personnel

- Stress and Resilience Training Centre
- Big White Wall – online platform to support people experiencing common mental health related problems: www.bigwhitewall.com
- Armed Forces Covenant: www.armedforcescovenant.gov.uk
- Service Personnel and Veterans Agency: www.veterans-uk.info
- Combat Stress 24-Hour Mental Health Helpline for serving personnel and their families: 0800 323 4444, helpline@combatstress.org.uk

■ For Service Personnel in transition

- Access for veterans to DMS Departments of Community Mental Health for up to six months post-discharge from service
- Structured mental health assessment prior to discharge

- NHS Transition, Intervention, and Liaison (TIL) veterans' mental health service
- Combat Stress 24-Hour Mental Health Helpline for serving personnel and their families:
0800 323 4444, helpline@combatstress.org.uk

■ For Veterans

- Veteran's Gateway – one-stop hub for veterans to seek advice: www.veteransgateway.org.uk
- Vets Trauma Network
- Veterans and Reserves Mental Health Programme
- NHS Choices for Veterans
- Remploy – support with mental health and access to work: www.remploy.co.uk
- Veterans First Point: www.veteransfirstpoint.org.uk
- Veterans UK: www.veterans-uk.info or free helpline 0808 1914218
- Combat Stress Helpline: 0800 1381619, helpline@combatstress.org.uk

■ For service families

- Army Families Federation: www.aff.org.uk
- Naval Families Federation: www.nff.org.uk
- RAF Community Support: [www.raf.mod.uk/
community/](http://www.raf.mod.uk/community/)
- Joint Casualty Compassionate Centre – emergency casualty and compassionate support
+44(0)1452 519951
- Combat Stress 24-Hour Mental Health Helpline for serving personnel and their families:
0800 323 4444, helpline@combatstress.org.uk
- Cruse Bereavement Care – free confidential help for the bereaved: 0844 477940

■ For Defence civilians

- Civil Service Operational Deployment Policy
- MOD Civil Service Employee Wellbeing Service
- Occupational Health
- Mental Health at Work

- Mental Wellbeing Toolkit
- Line Manager's Deal
- Reasonable Adjustments Service Team

