

Cross Party Group at the Scottish Parliament on ARMED FORCES VETERANS

Minutes of the meeting held at the Scottish Parliament on 25th April 2012

PRESENT

Alex Fergusson MSP (AF) - Convenor

Paul Wheelhouse MSP (PW)

Jackson Carlaw MSP

Annabel Ewing MSP (AE)

Nanette Milne MSP (NM)

In Attendance

Surgeon Vice Admiral Philip I Raffaelli – Surgeon General United Kingdom Armed Forces

Jon Parkin – Head of Veterans Services at SPVA

Surgeon Captain John Sharpley Royal Navy - Defence Consultant Advisor in Psychiatry

Squadron Leader Karl Parfitt - Deputy Chief of Defence (Pers) Discipline Conduct & Legislation

Hilary Smith – NHS Scotland Directorate

Colonel Martin Gibson – Veterans Scotland

Ian McGregor – Poppyscotland

Graham Dunlop – Royal Marines Association Scotland

LizAnne Handibode - West of Scotland Veterans Advisory and Pensions Committee WSAPAC

Eddie Devlin -Officer in Charge Veterans Welfare Service UK

Brian Finch – Scottish Regional Manager Veterans Welfare Service

Bob Wright - Military Rehabilitation, Assessment and Research Centre, Napier University

Chris Connaboy - Military Rehabilitation, Assessment and Research Centre, Napier University

Margaret Miller – Mark Wright Project

Francis Brown – Veteran

Jennifer Curran, Head of Policy, Research & Communications Alcohol Focus Scotland

Dianne Thompson – Alcohol Focus Scotland

Jim Trolland – Community Activist & Veteran

Moira Bayne - Ownership Options in Scotland

Clare Birch - Ownership Options in Scotland

Archie Dryburgh – Dumfries and Galloway Council

Mark Frankland – The First Base Dumfries

George Corbett – Scottish Veterans Residencies & ESAPAC

Kevin Smith – Lothian & Borders Police Diversity Unit

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Laura Gibson - Lothian & Borders Police Diversity Unit

Bob McFarlane – Group Secretary

APOLOGIES

Willie Rennie MSP

Richard Simpson MSP

Jackie Bailey MSP

Stewart Maxwell MSP

Nanette Milne MSP

Sir Jamie McGrigor MSP

Denis Robertson MSP

Richard Lyle MSP

BUSINESS.

1. The minutes of the meeting of the 29th February 2012 were agreed as a true record. There were no matters arising.
2. **Background.**
 - a. The CPG, whilst recognising that matters of Defence were not delegated to the Devolved Administrations, were concerned that the fallout from MOD policies did affect the fabric of life within Scotland, particularly when a person leaves the service. All matters affecting veterans, with the exception of DWP business, were devolved and hence became the responsibility of the Scottish Government.
 - i. One of the principle areas of concern within Scotland as a whole was the disproportionate use of alcohol within society and particularly within the veteran's community in Scotland. The CPG were concerned that the culture of alcohol use was strong within the Military and that not enough was being done to ensure this culture did not transfer with the person when they transitioned to civilian life. The feeling was that there was little being done to move the man away from the institutionalised lifestyle all servicemen experience – subsidised food and accommodation, low priced alcohol and reasonable pay. Self-medication to alleviate stresses felt by reliving combat situations was a real problem as was an unwillingness to engage with civilian services.
 - ii. In order to better understand MOD policy and thinking The Surgeon General and the Head of the UK MOD Veterans Agency were invited to attend the CPG and take part in a discussion on the subject.
 - b.
3. Opening remarks.
 - a. Surgeon General (SG)
 - i. Happy to be involved in the debate on alcohol
 - ii. The past 13 years of war have been challenging for the Military in the UK and has raised the profile of the services within the media and the community at large which in turn has put some pressure on all stakeholders to deal with issues of public concern.
 - iii. Recognised the importance of tackling the problem across the whole spectrum and that through life care was very important.
 - iv. NHS had responsibility for veterans care
 - v. The Military Covenant was delivering on the promises contained within it and will continue to do so.

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- b. John Parkin (JP)
 - i. JP gave an overview of the work of the Service Personnel and Veterans Agency (SPVA) further details of which can be found at www.veterans-uk.info/
 - ii. He acknowledged that prior to his appointment relationships within the sector between SPVA and charities had been poor but that he was encouraged by the significant progress being made to improve them.
 - iii. JP gave an insight to the alcohol issue sighting not only his experience within the SPVA, but also drawing on his 21 years of experience within the Prison Service.
 - 1. The problem areas he identified were twofold
 - a. Early service leavers – defined as those with less than 4 years’ service. Joining from disadvantaged backgrounds , being given security of employment and accommodation at
 - b. Older Non Commissioned Officers (NCO) where problems associated with lack of housing, domestic and community violence and failure to find employment manifest themselves.
 - 2. He stressed that alcohol issues were not “stand alone” but needed to be tackled on a holistic basis involving all stakeholders and with the involvement of the client on a prolonged and voluntary basis.
 - 3. JP made the pointed hat whilst there was a lot of “noise” in the media about the subject there was little real evidence base and illustrative stories to support this level of media involvement.
- c. Paul Wheelhouse MSP (PW)
 - i. PW talked about the Question he had put down in the Scottish Parliament relating to alcohol misuse in the armed forces and its subsequent impact on the civilian services when a serviceman was discharged.
 - ii. He stressed there was not party politics involved in putting down this question. He felt there was a great deal of evidence from researchers about the seriousness of the problem including that of the MOD sponsored Kings College research.
 - iii. The CPG having had a discussion on the subject at a previous session and were of the view that if there were no early intervention in the military then the problems following discharge were compounded.
- d. A healthy debate ensued with the following points made and discussed;
 - i. The alcohol culture within the service was exasperated by the ready availability of alcohol in messes, the low cost of alcohol and the macho culture which surrounds military life. More needs to be done to move towards normalising the drink culture
 - ii. Alcohol issues cannot be taken in isolation. They can be an indicator of more serious problems including a lack of suitable housing, an inability to find suitable employment or more serious health and wellbeing issues.
 - iii. There needs to be a coordinated and holistic approach to problems surrounding veterans on discharge of which alcohol is only one.
 - iv. The Chain of Command need to react quickly to prevent matters getting out of control – prevention is better than cure
 - v. There needs to be more focussed education of GP’s who, it is recognised, are under pressure from all sides to deliver. Much more must be done to ensure that GP’s are aware of the medical history of those leaving the service to allow them an even chance of getting quickly to the root cause of a person’s problem.
 - vi. Figures from a small charity in Dumfries indicate that the vast majority (90%) of those coming through their door have alcohol related issues. Healthcare professionals need to understand that insisting on a

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- person becoming “dry” before they deal with other issues in their life is not going to happen. Treat the person holistically.
- vii. Helping those in need is recognised as being difficult as many veterans give up with organisations before help can become effective. There is a need for a safety net to catch those slipping through the system.
 - viii. Much is made of PTSD when in reality the illness represents a very small proportion of mental illnesses among veterans. Combat stress related illnesses are many and hence a wide variety of treatments need to be used
 - ix. Much work needs to be done to educate people on the fact that there is no stigma attached to admitting a problem. By admitting a problem the person is a long way to being cured.
 - x. The military are not solely to blame for the fact that veterans present with alcohol problems. The drink culture is evident across Scotland as is work avoidance and reliance on benefits.
 - xi. The point was made that perhaps focussing on “transition” to civilian life was missing the point and we should focus on “demilitarising” the person before they leave. How this might be done is open to discussion.
 - xii. There needs to be a greater focus on transferring those with problems to civilian agencies and there needs to be a system of follow up for a period of time (12 months was suggested) after release. The VWS is well placed to carry out this task.
 - xiii. Reservists are a cohort often forgotten but who suffer real problems in transitioning back to their day job. There needs to be more public awareness of the role of reservists and the work they do.
 - xiv. More work needs to be done within the criminal justice system to work with veterans to prevent them straying deeper into the system and into prisons. It is recognised that the SPS has and is developing their service to veterans in prison and working with them on release.
- e. In response to the many points raised the Surgeon General and his team and Jon Parkin responded as follows;
- i. The points made by members of the CPG were recognised and much is being done.
 - ii. The Military Chain of Command has been tasked to deal with issues relating to alcohol misuse as a priority within their units. It is a tri-service policy to reduce alcohol consumption in the military.
 - iii. The military are reducing the links between catering and alcohol.
 - iv. An alcohol testing policy will be introduced before the end of 2012.
 - v. The interview carried out by Commanding officers/staff before a person is released is being toughened up to ensure problems are identified.
 - vi. The MOD is mindful of its duty of care to members of the armed forces
 - vii. The cost of alcohol within messes needs to be urgently addressed.
 - viii. Identification of those groups susceptible to alcohol problems is being addressed
 - ix. The smooth transition from military healthcare to civilian care is being addressed through having a common CHI number which belongs to a person from cradle to grave and hence any medical practitioner can access medical history through life.
 - x. Research is being done on the susceptibility of military people to certain diseases in order to ensure proper continuing health care.
 - xi. The Trauma Risk Management System (TRMS) is very effective in helping those exposed to any form of trauma to talk about it as close to the point of contact as possible. Trained personnel are available within platoons and small units to carry out TRMs at an early stage and help identify potential problems. This has proved to be very effective at helping those exposed to trauma to deal with issues and talk them through.
 - xii. There are no plans to shut down bars on military bases.

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- xiii. There is recognition that there are specific problems relating to reservists and the new proposed employment model will only increase problems in this area. The uniformed services see major problems for the future. Specific processes are being put in place to offer help to reservists encountering problems.
4. In closing what was a valuable debate which allowed all parties to better understand each other's position AF drew the following conclusions
- a. The MOD were aware of their responsibility to transfer a healthy individual to society on discharge however, where there were issues, more had to be done to identify those at risk in-service at leaving interviews.
 - b. There was more to be done to ensure that those who were at risk had their records transferred in a timely manner to GP's and other stakeholders. The VWS could play a bigger role in this transfer. The CHI number initiative would help to smooth out this process and should be fast tracked.
 - c. Much was being done within the Military on education and awareness training of personnel and that the Chain of Command had a responsibility to ensure that a culture which promoted alcohol was not endemic.
 - d. Much was being done to identify those who having experienced trauma in the military and to tackle issues at the point of contact through the TRMS system thus allowing those at risk to be identified earlier than they once might have been. Appropriate intervention can then be made.
 - e. The various stakeholders in Scotland had to act in a coordinated manner delivering a holistic approach to veteran's welfare. In particular the need to avoid a further layer in the addiction process by insisting that a person was "dry" before entering the treatment process.
 - f. The provision of a coordinated holistic approach to service provision should be carried out at local level in Scotland.
 - g. There needs to be a coordinated "safety net" to catch those who fall out during treatment.
 - h. It is vital that reservists are recognised as being a particularly "at risk" cohort and more needs to be done to work with this community.
5. The meeting closed at 1415hrs with a vote of thanks to the MOD representatives for taking the time to visit Parliament and contribute to the debate.