

# The provision of services in the UK for UK armed forces veterans with PTSD: a rapid evidence synthesis

Jane Dalton,\* Sian Thomas, Hollie Melton,  
Melissa Harden and Alison Eastwood

Centre for Reviews and Dissemination, University of York, York, UK

\*Corresponding author [Jane.Dalton@york.ac.uk](mailto:Jane.Dalton@york.ac.uk)

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## Plain English summary

### Provision of services for UK armed forces veterans with PTSD

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## Plain English summary

In future, more people who leave the armed forces with post-traumatic stress disorder (PTSD) (a mental health condition) are likely to need and seek help in the UK. Efforts are under way to provide this help.

The purpose of this research was to gather information about current UK services for veterans with PTSD, what treatments are likely to work best and how care can be effectively delivered. We did this by asking the organisations that currently offer services for information. We also searched for and summarised relevant information from published research. We focused on better-quality research designs and findings relevant to the UK health and social care system. To help explain our findings, we used published information from veterans about current services, and we also checked with a team of experts, including an armed forces veteran.

A range of UK services is available. Generally, we found poor-quality evidence in the research literature. From limited better-quality research, promising ways to deliver care appear to involve professionals working together, offering different types of help at the same time (e.g. assisting people to stop smoking as part of general mental health care), giving support to veterans closer to home (e.g. outside the clinical environment) and help being offered by someone who understands the problems veterans face (peer support). Promising treatments appear to be those classed as psychological (e.g. eye movement desensitisation and reprocessing, cognitive processing therapy, trauma-focused and exposure-based treatments) and certain types of drugs (e.g. antidepressants, anticonvulsants and antipsychotics). There was no information on the cost-effectiveness of care delivery methods or treatments. There is evidence (albeit limited) to support some present treatments and some current systems of care delivery for veterans in the UK. Better-quality research is needed.

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The research reported here is the product of an HS&DR Evidence Synthesis Centre, contracted to provide rapid evidence syntheses on issues of relevance to the health service, and to inform future HS&DR calls for new research around identified gaps in evidence. Other reviews by the Evidence Synthesis Centres are also available in the HS&DR journal. The research reported in this issue of the journal was funded by the HS&DR programme or one of its preceding programmes as project number 13/05/11. The contractual start date was in November 2016. The final report began editorial review in March 2017 and was accepted for publication in July 2017. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HS&DR editors and production house have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

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