

Veterans Mental Health and Wellbeing Pathway – National Framework

March 2026

Care, Community, Camaraderie

Supporting veterans to live the life they choose.

Veterans Mental Health and Wellbeing Pathway – National
Framework

1. Ministerial Foreword

We are delighted to publish this Veterans Mental Health Framework for Scotland, which marks a firm step forward in how we support the mental health and wellbeing of anyone who has served in our armed forces.

The Framework sets out our vision for every veteran in Scotland to be able to access appropriate and timely mental health and wellbeing support. That should be the case no matter where in the country a veteran asks for help.

Serving one's country is an act of great courage and commitment. We owe a profound debt of gratitude to those who have done so, and it is our responsibility to ensure that they can access the support they need, on a consistent basis, and without fear of stigma or discrimination.

We recognise that military service brings with it a distinct set of experiences and demands. While many veterans transition successfully into civilian life, some will face mental health challenges that require a tailored and specialist response from our services. The nature of their experiences - including service-related injuries, periods of transition, and exposure to traumatic events - can differ significantly from those of the wider population.

This Framework therefore acknowledges the unique context of military life and the specific considerations required to meet the mental health and wellbeing needs of veterans effectively. And it reaffirms the previous Strategy for our veterans in Scotland, and its accompanying Delivery Plan.

In developing this Framework, we have listened closely to the voices of veterans, and to the expertise of professionals across statutory and third sector services, via our Veterans Mental Health and Wellbeing Advisory Group. Their insights have been vital in shaping a new structure that will establish clear levels of support, and ensure that veterans can enter the system with ease, being guided to the services most appropriate to their needs.

This collaborative approach has ensured that the Framework is both workable for services, and responsive to the experiences of the veteran community.

This Framework also aligns with the values underpinning Scotland's wider mental health policies, particularly the Health and Social Care Service Renewal Framework¹ (SRF). This has resulted in us being able to create a coherent and consistent approach to improving outcomes for veterans.

First and foremost, the Framework will act as a "road map" for how mental health and wellbeing services can be delivered for veterans, regardless of where they live in Scotland. However, achieving the ambition of the Framework in practice will require sustained and collaborative action. Over the coming months, our

¹ [Health and Social Care Service Renewal Framework - gov.scot](https://www.gov.scot/publications/health-social-care-service-renewal-framework/pages/1-introduction.aspx)

focus will centre on implementing the Framework, strengthening service standards, enhancing training, improving data and insight, and embedding robust evaluation.

We will monitor progress closely to ensure that improvements are both meaningful and measurable. With strong partnerships across statutory services and the veterans' third sector, we are confident that we can build a Scotland where veterans receive the support they deserve, at the right time, and in the right way.

Together, we will uphold our commitment to honouring the service of our veterans by creating a mental health system that is compassionate, accessible, and effective for all.

A handwritten signature in black ink, appearing to read 'Tom Arthur'.

TOM ARTHUR MSP
Minister for Social Care and Mental Wellbeing

A handwritten signature in black ink, appearing to read 'Graeme Deay'.

GRAEME DEY MSP
Minister for Parliamentary Business and Veterans

2. Executive Summary

This National Framework for Veterans' Mental Health sets out our expectations for service delivery. It aims to ensure that veterans in Scotland can access the right support for their mental health and wellbeing from the right person, at the right time.

Our vision is **to create an environment where every veteran in Scotland can access timely, appropriate mental health and wellbeing support. This commitment is grounded in the core values of veterans-informed care, community, and camaraderie.**

By improving accessibility to services for all veterans, we will ensure that each individual will receive the most appropriate type of support for them. With easier and more consistent accessibility, we will support more veterans seeking help, and ensure that support is provided sooner, than is currently the case.

This Framework acts as a “road map”, outlining an accessible pathway for veterans to access mental health and wellbeing support. It is intended to be relevant for everyone who has a role to play in creating and maintaining good mental health and wellbeing for veterans living in Scotland.

The support provided to each veteran should be underpinned by our three core values of providing **care, community and camaraderie.**

It should also be **trauma-informed, person-centered, high quality, timely, equitable, and locally relevant.**

The Framework is the first of a suite of documents that will define outcomes, standards and responsibilities across national, regional and local levels. Taken together, these will describe our national Pathway, which will ensure that veteran-informed mental health support is available wherever a veteran lives.

When developing this Framework, we have taken an integrated and collaborative approach. This has involved representation from the veteran community, NHS Scotland, third-sector organisations, and other relevant Government portfolios.

The resultant Framework sets out the principles of nationally consistent services for our veterans, while retaining all of the advantages of local operational delivery and local expertise.

3. Introduction

Scotland is home to a substantial and diverse veteran population which is distributed across Health Board areas. This includes higher concentrations in regions proximate to military bases.

Many veterans adjust well to civilian life, but we know that a significant proportion experience poor mental health associated with deprivation, isolation, or trauma exposure. This is fully understandable. Military personnel often have to deal with, or witness, trauma. A recent UK study indicated that 28% of ex-service personnel reported common mental health conditions. 9% reported symptoms of post-traumatic distress disorder (PTSD)².

Veterans have reported that barriers to accessing help and support include poor awareness of relevant services, the administrative burden, transport to and from appointments, stigma, and the need to frequently repeat and re-tell their unique story.

"Public transport is overwhelming for me. The noise, crowds, and unpredictability bring back memories and make it impossible to get to my appointments."

- Service user with PTSD

Veterans also report a current inequity of access across Scotland when trying to get support for their mental health. However, they have also identified enablers which would help and encourage them to seek help. These includes - but are not limited to - clear information, trusted peer support, family involvement, and integrated services.

Our forthcoming national Pathway will align with several national Strategies and policy initiatives. These include Scotland's Mental Health and Wellbeing Strategy³, and the Health and Social Care [Service Renewal Framework](#) (SRF).

Additionally, the Pathway will recognise the broad and diverse service provision for veterans in Scotland that is currently delivered by the third, public and private sectors. This support is often delivered by collaborations and well-established networks. They are funded by a wide range of sources including the Scottish Government and the Armed Forces Covenant Trust Fund.

Retaining this expertise, and this level of connection across various partners, will be crucial to success.

The Pathway will also support NHS Boards and Local Authorities to be responsive to the principles of the Armed Forces Covenant⁴.

² [phase-4-health-and-welbeing-cohort-study-report-2024.pdf](#)

³ [Mental health and wellbeing strategy - gov.scot](#)

⁴ [About the Covenant - Armed Forces Covenant](#)

The Covenant places a legal duty on specified public bodies to have due regard to its principles when exercising relevant functions in healthcare, education, and housing.

The development of this Framework, and the forthcoming national Pathway, will help continue to grow the evidence base regarding who is accessing services, and how services are delivered. This is crucial in ensuring that the mental health and wellbeing services for veterans can continually adapt and evolve in order to provide the right support in response to the unique circumstances of each veteran.

As we stand up the national Pathway on a phased basis, we will continue to engage with Scotland's only dedicated armed forces research centre (Centre of Military Research, Education and Public Engagement), the Scottish Armed Forces and Research Network (SAFER), and other affiliated research endeavours.

4. Vision and Purpose

The aspiration of the Scottish Government's Mental Health and Wellbeing Strategy, is 'of a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible.'⁵

Closely aligned to this, the vision for the Veterans Mental Health and Wellbeing Pathway is straightforward. It is **to create an environment where every veteran in Scotland can access timely, appropriate mental health and wellbeing support. This commitment is grounded in the core values of veterans-informed care, community, and camaraderie.**

The approach outlined in this Framework is intended to address and reduce the barriers - identified by veterans themselves - that can stand in the way of seeking help.

By mitigating these obstacles, we can foster greater trust and encourage earlier engagement with mental health and wellbeing support. Ultimately, this will improve outcomes and quality of life.

The Scottish Government recognises the need to provide high-quality mental health and wellbeing services, which in turn deliver support and treatment to veterans in Scotland. This approach is reinforced by a variety of Scottish Government policies, but it is particularly affiliated to the [Health and Social Care Service Renewal Framework \(SRF\)](#).

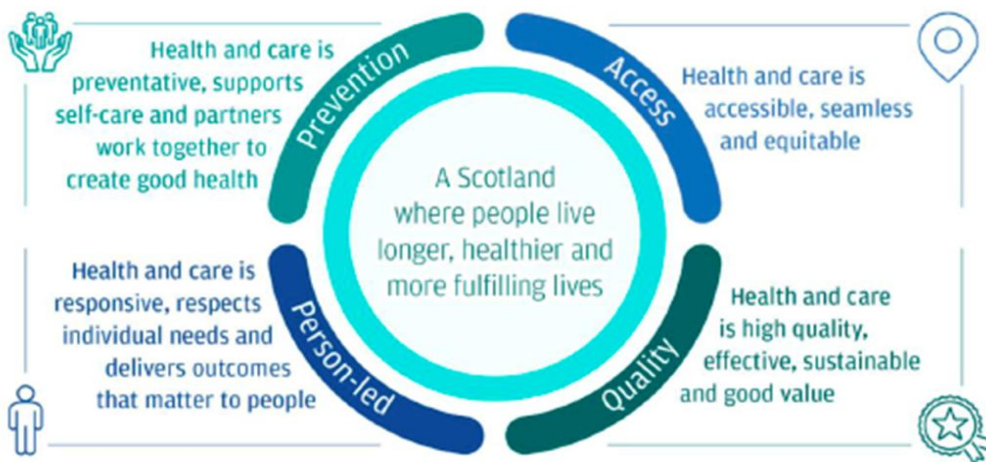


Figure 1

⁵ [Mental health and wellbeing strategy: delivery plan 2023-2025 - gov.scot](#)

Figure 1 above shows the Scottish Government's wider vision for improving population health – including mental health – and preventing and reducing inequalities.

The Health and Social Care SRF sets out five key principles:

- Prevention Principle: Prevention across the continuum of care.
- People Principle: Care designed around people, rather than the 'system' or 'services'.
- Community Principle: More care in the community rather than a hospital-focused model.
- Population Principle: Population planning, rather than along boundaries.
- Digital Principle: Reflecting societal expectations and system needs with digital support being accessible where appropriate.

There is a close synergy between the SRF's principles as outlined above, and the new model of service delivery that we will move towards via the Veterans Mental Health and Wellbeing Pathway.

Below, we have laid out how we will support each principle in the SRF with clear objectives to achieve meaningful outcomes for our veterans. This, in turn, will allow us to make progress towards the vision contained within this Framework.

Prevention Principle

Our commitment: To shift the focus from crisis intervention to proactive prevention for our veterans.

Our objectives:

- Provide clear, user-friendly routes to support early intervention. These should be tailored to veterans, promoting resilience and reducing crisis episodes.
- Develop support at key transition points, such as leaving service or accessing benefits.

People Principle

Our commitment: To deliver care for our veterans that reflects their unique individual needs and experiences.

Our objectives:

- Provide veteran-informed training for providers to ensure culturally competent, person-centred support.
- Create flexible pathways that adapt to each veteran's unique individual needs, rather than rigid service structures.

Community Principle

Our commitment: To strengthen local delivery and peer support.

Our objectives:

- Expand community-based and peer networks to provide accessible, localised care for our veterans.
- Build partnerships with both local third sector and statutory organisations to deliver integrated support close to home.

Population Principle

Our commitment: To plan services based on population needs, not administrative boundaries.

Our objectives:

- Use data to identify regional needs and allocate resources effectively.
- Develop cross-sector collaboration to ensure consistency of care across Scotland.

Digital Principle

Our commitment: To harness technology to improve access and choice for our veterans.

Our objectives:

- Implement secure, user-friendly digital platforms to support self-help and signposting.
- Provide digital literacy support for veterans to ensure equitable access to online services.

This Framework recognises the unique experiences of veterans, and the impact that service life can have on mental health and wellbeing. It aims to develop an approach that optimises person-centered, locally-delivered support from those that understand military context.

By encouraging veterans to seek the help appropriate to their needs, it will inform service provision and, ultimately, support a successful and sustained transition into civilian life. Each veteran should feel empowered to live the life they choose, regardless of when they left service.

5. Strategic Objectives

In December 2021, the Scottish Veterans Care Network published the Veterans Mental Health & Wellbeing Action Plan. The key principles of the plan were endorsed by the then-Cabinet Secretary for Justice and Veterans and Minister for Mental Wellbeing and Social Care at a Parliamentary debate on 1 March 2022:

- Equal access to service.
- Clear and timely pathways to the correct help.
- Improved support to providers.

“Consistency across the length and breadth of Scotland... Accessible and with clear pathways to expert support with warm handover to aftercare support.”

- Service Provider as cited in the Scottish Veterans Care Network Action Plan 2021

Our forthcoming national Pathway is based upon achieving these principles. To reflect these principles, this Framework is underpinned by key themes, which are:

- High-quality, integrated services: ensure veterans receive care that is evidence-based, trauma-informed, and tailored to their needs;
- Clear and timely access: Establish streamlined referral routes and reduce barriers to accessing care, and;
- Support for supporters: enhance training and resources for families, carers, and frontline professionals who support veterans.

It is important that the development and subsequent implementation of the Framework is done in the following ways:

- Veteran-centric design. We will fully involve veterans in service design, delivery, and evaluation.
- Integration of services. We will ensure that statutory and third-sector services align to create a seamless care pathway, with the concept of ‘no wrong door’.
- Data and Evaluation. We will improve data collection and outcome measurement to inform continuous improvement, as well as to monitor the quality of care offered.
- Workforce Development. We will build capacity and capability across the mental health workforce to better understand and respond to veterans’ unique needs.

Veteran Voice	Integration of Services
Veterans' lived experience informs service design, priority setting and evaluation at national, regional and local levels.	Statutory and third sector services operate a seamless integrated pathway with shared standards and information -sharing protocols
Data and Evaluation	Workforce Development
Consistent and proportionate data capture and outcome measurement support assurance, improvement and accountability.	The mental health workforce demonstrates competence in veteran specific needs, trauma informed practice and inclusive approaches.

Further detail on these objectives is captured below.

Veteran Voice

- Veterans' lived experience embedded across design, delivery and evaluation at all levels.
- Capture, and respond to, veterans' feedback, ensuring continuous improvement.
- Work with veterans to shape priorities and address identified barriers.

Integration of Services

- Promote integration with primary care, acute mental health and social care at local and regional levels.
- Promote integration between statutory and third sector services..
- Build effective interfaces with housing, employment, and advice services at local and regional levels.
- Recognise and use Community Link Workers and other anchor roles where available and appropriate.

Data and Evaluation

- Demographics, referral routes, timeliness, uptake, and completion.
- Clinical and wellbeing outcomes; personal recovery measures.
- Experience of care, including perceptions of stigma, burden of retelling, and cultural safety.
- Equity indicators across geography, deprivation, gender, ethnicity, age, and disability.

Workforce Development

- Tiered training framework spanning universal awareness, enhanced support, and specialist clinical competencies
- Defined peer support role with entry criteria, supervision, Continuous Professional Development (CPD) and career pathway
- Access to veterans specific training for mainstream services, including primary and secondary care

6. Core Elements of Delivery

To ensure that veterans can access the right level of support, from the right person, at the right time, the forthcoming national Pathway will adopt a “hub and spoke” care model.

The introduction of a national digital “hub”, and regional “spokes”, will enable veterans to access the most appropriate local support and services for their unique needs.

The model is intended to be flexible to respond to the presenting need(s). It represents a ‘no wrong door’ approach, regardless of where a veteran accesses support. This will ensure a more streamlined service user journey, as well as enabling the collection of better data. This, in turn, will be used to inform service improvements and drive forward innovation around service delivery

“People should not have to struggle so hard to get the support that they need so badly. Veterans need to know what is out there and have a big, clear picture of what it all looks like.”

- Veteran, Focus Group as cited in the Scottish Veterans Care Network Action Plan 2021

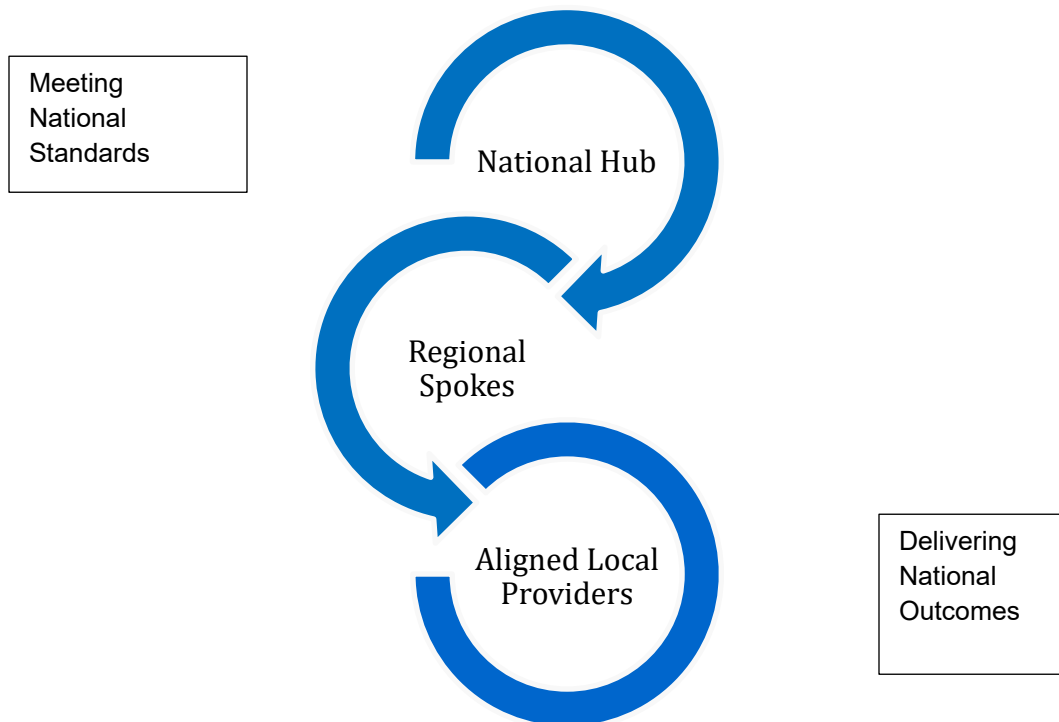


Figure 2

Figure 2 above represents how the “hub and spoke” model will work in practice.

A **national digital hub** is expected to act as the main entry point for veterans.

It is anticipated that two **regional “spokes”** will facilitate local, co-ordinated support, tailored to individual needs and preferences for people with less complex mental health needs. The “spokes” will also provide access to peer support from people with lived military experience. Further detail about how this will work is below.

A national digital “Hub” will be the dedicated entry point, via a digital front door, for many veterans. The Hub will host an online referral form which can be accessed easily in order to gain access to support. It will also host self-help information and veteran-specific clinical guidance. It is acknowledged that veterans may also access direct support in other ways, and that some veterans may need support when accessing the digital referral form. The Hub will also act as a central point to host management information about how veterans' mental health and wellbeing services are being used.

Once a veteran has asked for help via the Hub, the regional “spokes” will then facilitate and co-ordinate local support for the veteran, in order to meet their own presenting needs and preferences.

Part of this support will include access to veteran-specific peer support, from those who understand military service life and associated challenges. The regional “spokes” may also provide an equitable network of evidence-based digital therapeutic interventions that are clinically supported and offered where appropriate. At all times, the needs of the individual will be at the heart of the combination of services being offered, and individuals will remain fully involved in the decision-making process.

“Someone that has lived some of what you have lived... When you join the Armed Forces you join a certain band of like-minded people, a family. If you have a peer worker the experience goes a long way.”

- Veteran, Focus Group as cited in the Scottish Veterans Care Network Action Plan 2021

Figure 3 below represents how referrals into the “Hub and spoke” model are intended to work.

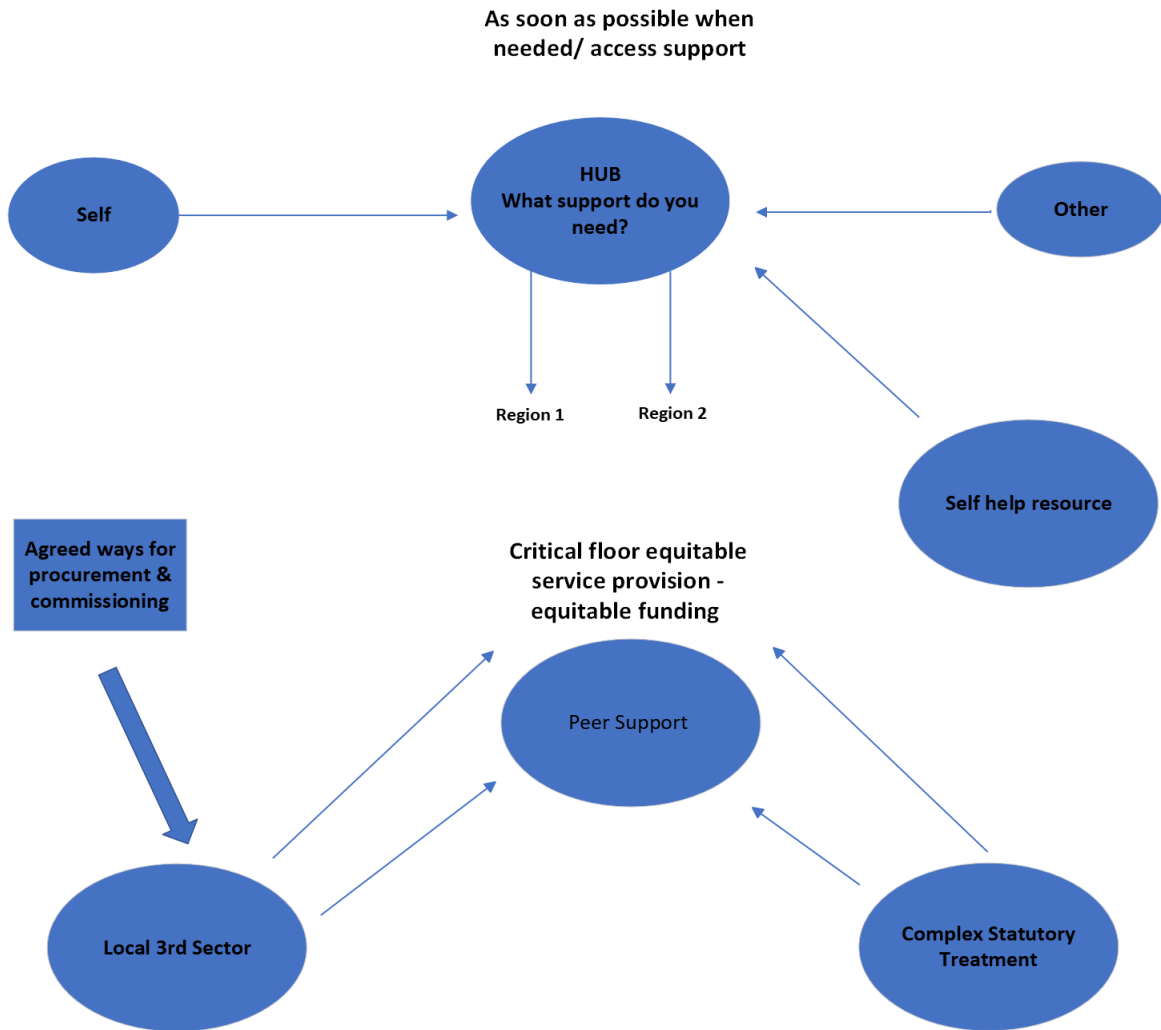


Figure 3

Figure 3 shows that each veteran will access support through the national digital Hub. From there, the veteran will be directed to the relevant regional “spoke” and provided with the most appropriate treatment. This may include local third sector support, or treatment from clinical services where needs are more complex.

7. Hub Model

The national digital Hub, and the regional “spokes”, will broadly adhere to the following criteria:

The National Digital Hub will:

- Be commissioned by the Scottish Government to provide a consistent point of access to veteran-specific mental health and wellbeing services and resources;
- Co-ordinate and direct referrals to appropriate regional Spokes;
- Provide an online resource that will act as a single point of entry, with key information on the national and local services and support available for veterans and other stakeholders;
- Develop a feedback loop to ensure that lived experience, data and evaluation can inform service improvements;
- Set minimum data requirements, key performance indicators (KPIs) and information governance expectations, and;
- Provide assurance oversight, as well as commissioning national scale functions where appropriate.

The Regional Spokes will:

- Co-ordinate a consistent network of regional statutory and third sector organisations, aligned to national standards;
- Continually improve whole systems collaboration;
- Provide access to veteran-specific mental health and wellbeing services, with links and referral to local services where appropriate;
- Operate consistent referral criteria and triage to appropriate local services, including veteran-specific clinical support whenever needed;
- Create an effective pathway which ensures that veterans can access evidence-led and evidence-based, services that are specific to veterans. Where possible, these services will be delivered locally, so each veteran receives the most appropriate type of support within their community;
- Promote wellbeing and the importance of good mental health;
- Enable veterans to “wait well” by providing support and evidence-based digital interventions and information;
- Encourage partnership working across all local service providers;
- Promote the Veterans Mental Health Pathway to improve awareness of the services available;
- Encourage partnership working across all local service providers;
- Monitor access and equity of support options, including waiting times and variation. This data will be reported to the national Hub;
- Guide veterans to chaplaincy support and pastoral care, and;
- Facilitate access to support for substance use.

Aligned local services will:

- Deliver social prescribing, including physical, arts, befriending, and community activities;
- Ensure veteran-sensitive practice, including minimising re-traumatisation and avoiding the need for a veteran to re-tell their story multiple times;
- Collect agreed outcome and experience measures and participate in quality improvement;
- Deliver practical support, including everyday functional help to stabilise circumstances and promote recovery. (e.g., housing, income maximisation, transport);
- Deliver peer support (including enhanced peer support). This will include structured, trained, veteran-led support across the Pathway, with a defined role profile and progression framework, and;
- In cases where clinical support is needed, facilitate access to appropriate evidence-based interventions, including veteran specific clinical services for complex trauma when mainstream services are not sufficient

The implementation of this approach will be bolstered by robust Quality Improvement (QI) methodology, ensuring that the delivery of care meets agreed defined standards and specifications.

There is a recognition that this model will need to continuously evolve to meet veterans' needs.

8. Veteran Voice

Listening to the veteran community's voice has been fundamental to developing a Framework that will meet the mental health and wellbeing needs of our veterans.

Veterans Link Scotland (VLS), which is a group of veterans with lived experience, have fed into various elements of the Framework, as well as informing the design of the forthcoming Pathway. VLS has highlighted current barriers, as well as enablers, which would encourage veterans to seek help. Key elements include:

- Clear, accessible information on available services, eligibility, waiting time expectations, and self-management resources;
- Ongoing engagement with veterans, families and communities to surface barriers and co-produce solutions;
- Multiple entry routes including self-referral and third-party referral;
- Recognition that a single digital point of access must be complemented by non-digital options;
- Trauma-informed matching to the right support which minimises repetition and facilitates smooth transitions between services;
- Reasonable adjustments for veterans experiencing digital poverty, rural isolation, or other barriers, and;
- Access to support from those that understand military service.

The full feedback from VLS can be found at **Annex B**.

9. Types of Support

This Framework acknowledges that as a veteran goes through their mental health and wellbeing journey, they may need different types of support at different times.

The support that should be offered is diverse. It should range from signposting to self-management tools, peer support (including enhanced peer support), or clinical intervention whenever necessary. It is also likely that a combination of support will be required at any one time, as veterans can have a range of needs.

Therefore, the model being laid out in this Framework should not be considered linear, nor as a hierarchy of need. Rather, it reflects a dynamic circle of needs as laid out in Figure 4.⁶



Figure 4

⁶ [Taylor, Lynne & Seager, Martin. \(2021\). Maslow revised: How COVID-19 highlights a circle of needs, not a hierarchy](#)

Figure 4 above shows that the national Pathway will not be a step-by-step process. Instead, veterans will be able to access different types of support as needed.

This Framework endorses a dynamic, circular approach to meeting veterans' needs, rather than a rigid, tiered system.

10. Key Outcomes

The forthcoming national Pathway aims to harness the existing mental health and wellbeing support available to veterans across Scotland through a co-ordinated, inclusive, and evidence-based approach.

It aims to empower veterans with the right skills and tools to help them live the life they choose.

By strengthening collaboration between statutory and third sector organisations, it will ensure that veterans receive timely, appropriate, and locally delivered care.

“Collaboration is a massive gap in joining the services together. I’ve only been out for a year but it’s difficult.”

- Veteran, Focus Group as cited in the Scottish Veterans Care Network Action Plan 2021

Key outcomes of the Pathway will include:

- **Whole-systems collaboration:** establishing robust partnerships across all regions of Scotland to unify statutory and third sector efforts, fostering a seamless support network for veterans.
- **Central digital hub:** developing a national online platform that serves as a single point of access and resources for veteran-specific mental health services. This hub will streamline referrals, provide comprehensive information on local and national resources, and empower veterans and stakeholders with clear guidance.
- **Effective referral pathways:** implementing a structured referral system that ensures veterans are matched with the most suitable support within their communities, enhancing accessibility and continuity of care.
- **Stepped and matched care model:** promoting mental wellbeing through a tailored approach that delivers the right help from the right service at the right time, based on individual needs.
- **Support during waiting periods:** introducing mechanisms to help veterans “wait well,” offering interim support, information, and engagement while awaiting further assessment or treatment.
- **Data-driven development:** collecting and analysing data on veterans’ needs to inform service design, monitor effectiveness, and guide future improvements in the national approach.
- **Evidence-based local services:** ensuring access to high-quality, veteran-specific services that are grounded in evidence and delivered as close to home as possible.

- **Digitally supported interventions:** ensuring evidence-based digital treatments and delivery methods are used where appropriate to provide ease of access for veterans to get support.
- **Evaluation and continuous improvement:** assessing the impact of prevention and support strategies to refine service delivery and optimise outcomes for veterans.
- **Integrated service provision:** promoting alignment and integration between statutory and third sector services to create a cohesive and responsive support system.

11. National Standards and Specification

A key element of this Framework is that it will be supported by collaborative development of a National Standards and Specification. This will set out:

- **The expectations of care that each veteran should receive.** This will be based on trauma informed practice; timely access; cultural understanding, and inclusive practice for diverse veteran communities and families. It will be veteran-centered, encompassing the diverse range of needs that this entails.
- **The level of service that providers will be expected to implement, adhere to, and be assessed against.** Any organisation that delivers services as part of the Pathway will commit to providing the necessary data to measure performance. There will be an expectation to consistently measure outcomes which include clinical outcomes, personal recovery outcomes, experience measures, equity metrics, and system efficiency. Expectations about information governance such as data protection, consent and proportionate information sharing protocols, will also be clearly set out.

The suite of documents that comprise the Pathway – including this Framework, and the forthcoming National Standards and Specification - will all have a focus on prevention, early intervention, self-management, treatment and recovery support.

They will aim to empower individuals through our core values of veteran-specific **care, community, and camaraderie**.

12. Governance and Accountability

Development of this Framework, and of the forthcoming national Pathway, has been overseen by an Advisory Group. This Group will continue to supervise the development and phased implementation of all national elements of the Framework, and any future documents required.

The Pathway will be supported by robust data protection and information governance protocols in accordance with existing data protection rules. The forthcoming Veterans Mental Health Standards and Specification will be informed by the Scottish Government's Health and Social Care Standards.⁷

Once the Pathway is implemented, an Assurance Board will provide governance of the Pathway, including monitoring delivery against the Standards, equity of access, and progress towards outcomes including oversight of the key performance indicator set that will be required by the national Hub.

This Assurance Board will also consider resources and stewardship, ensure efficient use of existing capacity; avoidance of duplication; commissioning that prioritises evidence based and veteran informed provision, and transparent use of public funds.

⁷ [Health and Social Care Standards: my support, my life - gov.scot](https://www.gov.scot/Topics/Health/standards)

13. Training and Workforce Development

As those referring into the Pathway will have different needs, it is crucial that there is an understanding of the uniqueness of military service and how this may impact the mental health and wellbeing of individuals needing support. The regional “spokes” will determine the most effective and efficient way to support the training and development needs of anyone working within - or referring to - the pathway.

“There are not enough people trained to help ex-Forces also more training for mental health people in hospital and in the community”.

- Veteran, Focus Group as cited in the Scottish Veterans Care Network Action Plan 2021

There is evidence that peer support work enhances veterans’ engagement with mental health and well-being services in direct and indirect ways.⁸

This is supported by anecdotal evidence from the VLS group. The peer support worker role is therefore a key element of the delivery of the Pathway. The Standards and Specification document will outline what this role will entail. This will ensure a consistent approach, regardless of whether this role is performed by statutory or non-statutory service providers.

⁸ [Weir B, Cunningham M and Abraham L \(2019\). Military veteran engagement with mental health and well-being services: A qualitative study of the role of the peer support worker. Journal of Mental Health, 28\(6\), 647–653.](#)

Annex A

Definitions/ Glossary of terms

- **Armed Forces Covenant:** a UK Government framework for the duty of care Britain owes to its Armed Forces and Veterans. It is a promise to ensure that those who serve or have served in the Armed Forces, and their families, are treated fairly
- **Clinical intervention:** any evidence-based activity undertaken with the objective of improving health either through prevention or treatment of illness by an appropriately trained and registered healthcare professional
- **Non-statutory service provider:** a provider of services that are not mandated by law and may not be funded by the government
- **Primary care:** the first point of contact with the NHS
- **Quality improvement:** a systematic approach that uses specific methods to improve outcomes for patients
- **Secondary care:** specialist healthcare services accessed through a referral from a primary care provider such as a GP
- **Statutory service provider:** a provider of a public service mandated by law and funded by the government
- **Veteran:** anyone who has served for at least one day in His Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations
- **Veterans community:** former and current service members of a nation's armed forces and their families
- **Veterans Link Scotland:** a veterans lived experience group created and hosted by the Scottish Government. The purpose of the group is to provide a safe space where veterans can draw on their lived experience to offer guidance and advice to the Scottish Government and influence aspects of service design and delivery
- **Veteran peer support worker:** a member of the veterans' community who helps veterans to navigate the healthcare system and, where necessary, provides advocacy support and signposting to other relevant services

Veterans Link Scotland feedback – perceived challenges to accessing mental health services

Overview

VLS is an inclusive group of veterans from tri-service backgrounds with a wide range of knowledge, skills and experiences. Some have accessed mental health services and some have re-trained as mental health professionals since service and work across the NHS and the third sector. Despite its breadth, the group does not include any merchant naval veterans and has only a few women veterans or veterans from minority ethnic backgrounds. To assist in policy design, the group provided feedback on a range of elements and has been collated here. The quotes present in the document have been taken from the original Scottish Veterans Care Network Action Plan, the principles of which informed the initial development of a mental health and wellbeing pathway for veterans.

Barriers and challenges:

The group felt that there were a number of barriers, both external and internal, that made accessing mental health services more challenging.

- **Knowledge** - some of the group highlighted that they did not have a clear understanding of what mental health services were available, either in the NHS or third sector, or how to access them. They also noted that mental healthcare professionals rarely asked them if they had served, which meant that they were less likely to be guided towards veteran-specific services or support
- **Administration** - some of the group, who had previously accessed mental health services, highlighted how difficult it was to navigate the myriad of different forms they needed to complete, often online, before they could access support. They noted that much of the information requested was common to all forms and yet could not be shared.
- **Transportation** -
 - lack of transport. Some of the group struggled to access services due to a lack of suitable transport, unreliable public transport or the discontinuation of public transport routes. Although this was noted more frequently by

veterans in remote and rural areas, it was also highlighted by veterans living in more urban areas

- lack of awareness. Few within the group knew about alternative transportation options, which had resulted in some veterans struggling to attend appointments or feeling that they had no other option but to cancel them
 - lack of collaborative planning. Some of the group highlighted that they had been allocated appointment times that they could not meet due to a lack of transport; for example, first appointment in the morning or last appointment in the afternoon when they lived up a significant distance away and relied on public transport
- **Trust** - some of the group highlighted the impact of the stigma associated with reaching out for help with mental health issues, and how the response of the service and the waiting times could have an adverse effect on their confidence and the level of trust they had in the services they needed to access. Some of the group noted that a lack of awareness of the barriers and challenges faced by the Armed Forces and Veterans community when accessing services as well as a lack of understanding of service life made it more difficult to trust some healthcare professionals
 - **Passage of information** - some of the group, who had previously accessed mental health services, highlighted how they had to repeat their story multiple times as they struggled to access mental health services. They noted how difficult they had found re-living the trauma over and over again, and the adverse impact that it had on their lives, as well as how frustrating it was that information could not be shared

Feedback on the Mental Health Pathway – the group considered the key elements of the Pathway, which would be required to ensure all the needs of veterans are met and that will ensure they can access the most appropriate support at the right time.

- **Improved understanding and awareness** - the group highlighted the need to reduce the stigma surrounding mental health and increase understanding of what services and support were available to the Armed Forces and Veterans community. They also noted the need for mental health services to have a greater understanding of the barriers and challenges faced by the community when accessing healthcare services, as well as the impact of service life
- **Improved access to mental health services** - the group highlighted that the pathway to the centralised hub and subsequent mental health services

should be accessible through various routes, and coordinated and supported throughout to ensure success; for example, self-referral and referrals from the traditional pathways such as a GP or Community Mental Health Teams or through other governmental departments such as the Defence Transition Service, Veterans Welfare Service or Department for Work and Pensions as well as third sector organisations

- **Improved access to non-clinical services** - the group highlighted that holistic support was critical for those struggling with issues, which either impact on their mental health or were being impacted by their mental health; for example, employment, financial or housing issues
- **Improved understanding of services** - the group highlighted how clear, easily accessible information on what services are available as well as what can be expected in terms of access to those services, waiting times and treatment options within their area is critical
- **Service development or improvement** - the group highlighted how trust could be increased through the design of local veteran-specific services with the views and needs of the Armed Forces and Veterans community at their core
- **Improved integration** - the group highlighted how the integration of veteran-specific physical and mental health pathways was critical as physical and mental health issues can impact on each other. They also noted how integration within the community; for example, with the third sector, local organisations, can encourage integration into civilian life and increase social support
- **Increased family involvement** - the group highlighted that their family were often instrumental in them asking for help and that they continued to require support from their families while receiving treatment. They highlighted how challenging this can be for the families, who also need to be supported, not only as a support mechanism for the veteran but also as individuals with unique mental health needs linked to the challenges of service life. Those who had accessed mental health service previously, noted that they were more likely to remain in treatment where they had the appropriate support from family and friends

Feedback on the veteran peer support worker –VLS considered the role of the veteran peer support worker. The key considerations for a role considered as critical to the mental health pathway are detailed below:

- **Lived experience** - the group felt that the role should be accessible to those with lived experience. This would not preclude the right veteran with the right

qualities, aptitudes, knowledge, skills and experience, rather to open up the role to include Armed Forces family members, who had significant lived experience of service life and the barriers and challenges that the Armed Forces and Veteran community face. It was also hoped that the expansion of the role to include family members might encourage under-represented veteran groups such as women, LGBTIQ+ and those with an ethnic minority background to reach in and engage with services

- **Greater recognition** - the group felt that the job description should be developed further to reflect the complexity of a role that requires a plethora of knowledge, skills and experience across multiple organisations, systems and processes, often in difficult circumstances
- **Career pathway development** - the group felt that a career pathway was required to ensure that peer support workers can learn, grow and develop within a pathway that recognises their increasing knowledge, skills and experiences as well as ensuring that they can viably remain in role in terms of career progression and pay
- **Flattening the tiers** - the group felt that there was both a need and a place for peer support workers throughout the whole mental health pathway, regardless of the three tiers. They felt that the case management role that they undertake as well as the support and advocacy that they provide were key to success



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