The DMS will only provide outpatient treatment. The nature of that treatment will form part of the recommendations from the initial assessment although it can be adjusted at any time along the treatment pathway. On completion of their treatment, patients will be referred back to their GP for further care. Some patients’ symptoms may intensify during outpatient treatment or might be so severe at assessment, as to require NHS hospital admission. Should this situation arise the patient’s condition will be discussed with their GP and the most appropriate means of arranging admissions will be identified – either via the GP or via the DMS.

**RE-ENTRY TO THE PROGRAMME**

Mental health problems can take a considerable time to develop and the clinical picture can change, including after discharge from the RMHP. Individuals who have already been assessed and/or treated by the RMHP and whose condition and circumstances have altered can be re-referred for further assessment if a minimum of 6 months has elapsed since the previous discharge.

**PENSIONS AND COMPENSATION**

There is no link between someone’s eligibility for DMS mental health services and the award of a pension or compensation. Individuals need to make a separate claim for such an award and undergo whatever additional assessment is required by the pensions and compensation authorities.

**ADDITIONAL SOURCES OF HELP**

There are additional resources available to help current and ex-Reservists who may or may not be referred to RMHP. These include the Royal British Legion (www.britishlegion.org.uk/) and Combat Stress (www.combatstress.org.uk/).

**CONCLUSION**

IF IN DOUBT, CALL FREEPHONE 0800 0326 258 AND FIND OUT!
In response to concerns raised about the mental health of members of the Reserve Forces who had served on military operations, the Ministry of Defence announced in November 2006 that it was starting a care programme for those whose mental health had possibly suffered as a consequence of their operational service. This has resulted in the Defence Medical Services (DMS) establishing, in partnership with the NHS, the Reserves Mental Health Programme (RMHP).

THE PROGRAMME
The RMHP offers assessment and, where appropriate, out-patient treatment by DMS personnel to eligible Reservists for mental health problems associated with operational deployment.

ELIGIBILITY
There are criteria for entry to the programme. These are:

- It is open only to current and former members of the Reserve Services.
- Individuals must have been demobilised since January 2003 following overseas operational deployment as a Reservist.
- Treatment will be offered by the DMS to individuals whose mental health is assessed to have suffered primarily as a result of their operational service as a Reservist.

REFERRAL
Referral into the programme will primarily be via an individual’s GP and can be by telephone initially but must be followed up in writing. Partners or family members contacting the programme’s assessment centre will be advised to encourage the patient to contact their GP as a first step. Referrals from civilian psychiatric services are also accepted but the patient’s GP is to be kept informed. Self-referrals will only be accepted in exceptional circumstances for an initial assessment.

Eligibility will be established as part of the referral process. Those who do not fall within the parameters of the programme will not be given an appointment at the assessment centre. It is therefore important that the eligibility criteria are applied when considering referral so that patient expectations are realistic. Cases can be discussed prior to referral. RMHP staff will make arrangements for the patient’s UK travel and accommodation at Chilwell. The contact details for enquiries and referrals are:

RMHP
Reserves Training and Mobilisation Centre
Chetwynd Barracks
Chilwell
Nottingham
NG9 5HA
Tel: 0800 0326 258 (Freephone number)
Fax: 0115 957 4450
Website: www.army.mod.uk/rmtc/rmhp.htm

DOCUMENTATION
Patients meeting the eligibility criteria are to be referred to the RMHP through a letter providing clinical details. In order to optimise both the assessment and treatment processes, the patient’s consent is to be sought to obtain copies of relevant medical details from their GPs which might be included with the referral letter.

ASSESSMENT
The assessment will be carried out by DMS mental health practitioners and will determine whether the patient is suffering from a mental illness that is a result of an operationally related mental health problem or has arisen from other causes. Part of the assessment will include a social history that might also point to other issues that are affecting the individuals. There are 3 outcomes from the assessment element:

- No Treatment Required. In such instances a letter will be sent to the GP providing information on how this decision was reached and the patient will be given advice on other sources of appropriate advice and help.

- Treatment Required Falls Outside MOD Provision. This situation may occur if the patient is assessed as not suffering from an operationally related mental health problem, but has a problem that requires referral for a psychiatric opinion. In these cases there will be close liaison between the DMS and the GP to determine the patient’s future management.

- Treatment Requirements Falls Within MOD Provision. Those suffering from an operationally related mental health problem that is amenable to treatment through the RMHP will be offered, wherever possible, an appointment at the patient’s most convenient DMS treatment centre.

Every individual that attends for assessment, regardless of whether they are eligible to enter the treatment phase of the programme, will be given a personal management plan detailing what their key problems are and how they might be addressed.

TREATMENT
The DMS will not provide treatment unless the patient has registered with a GP who has provided an appropriate referral. This will ensure that the DMS have full visibility of the patients past medical history, risk assessments and current medication. This protects the patient who remains on an appropriate and identified care pathway whilst guaranteeing that GPs engage in the assessment process and provide any necessary local support e.g. anti-depressants and sick notes.

1 Royal Navy Reserve (RNR), Royal Marines Reserve (RMR) Territorial Army (TA) Royal Auxiliary Air Force (RAuxAF) and Regular Reserves. 2 Demobilised refers to returning a Reservist to civilian life following an extended period of full time military service.