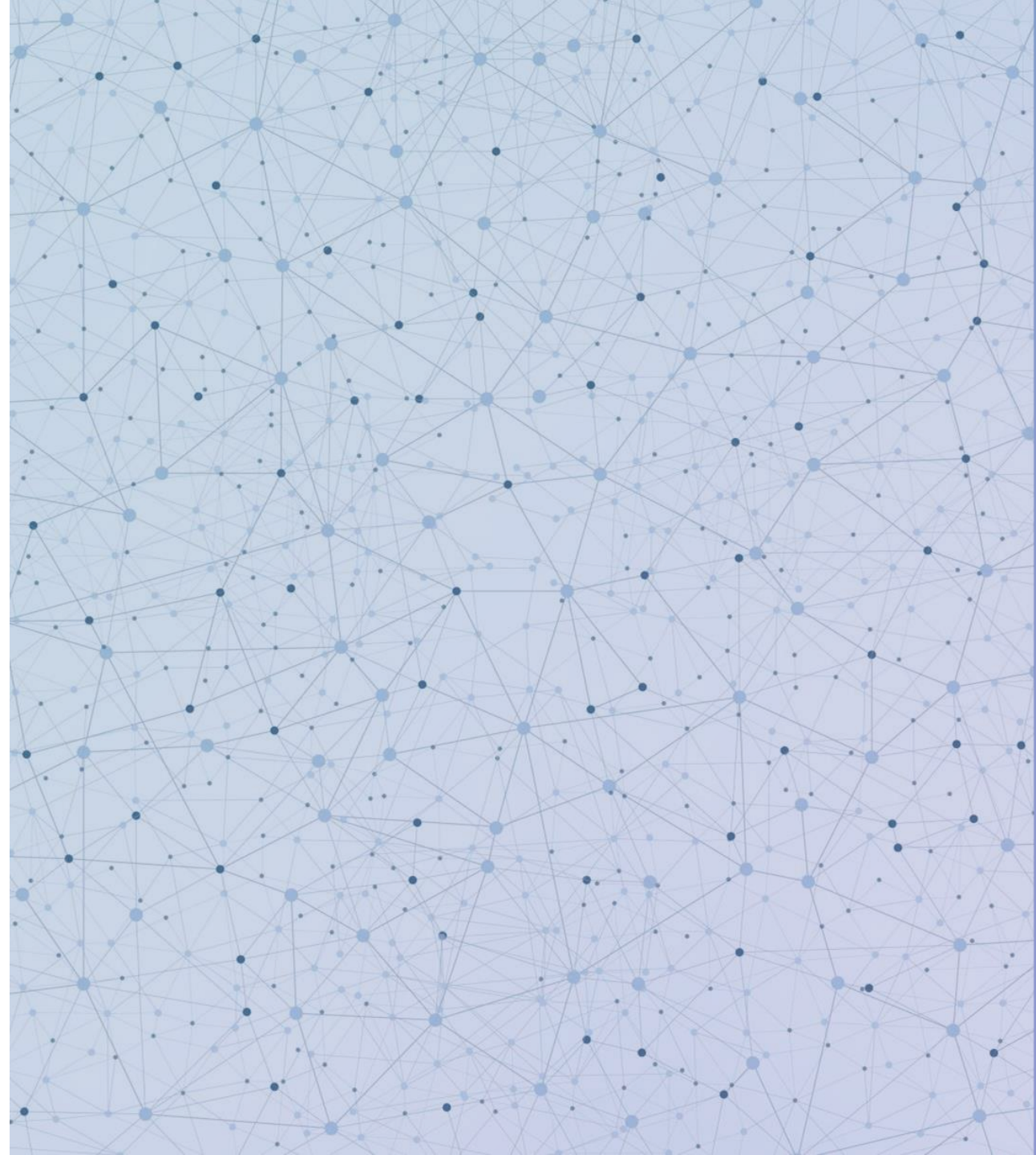
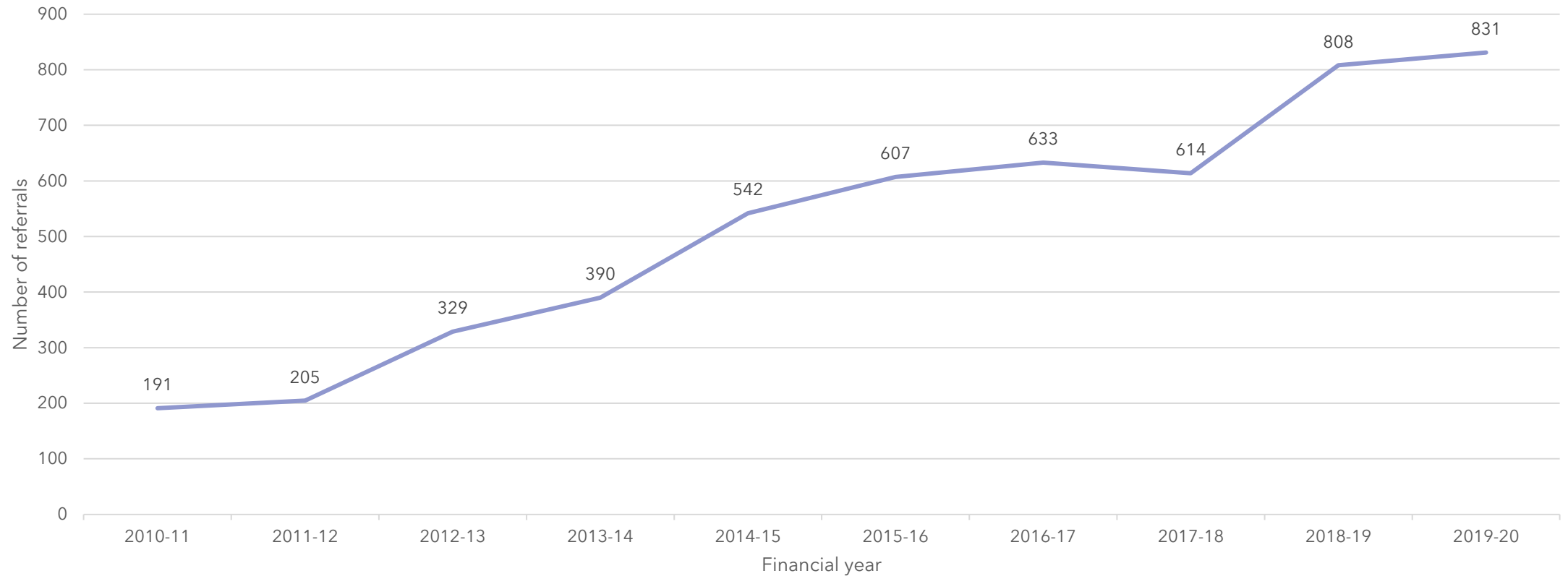


Dr Neil Kitchiner

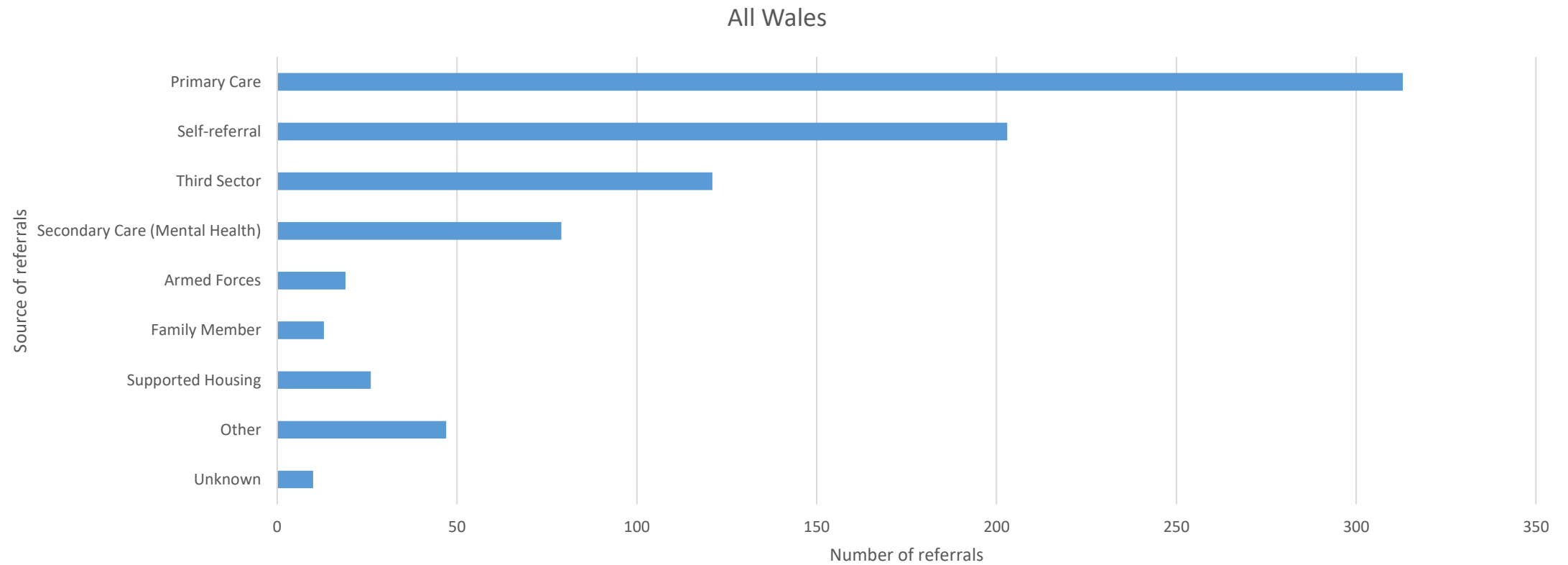
Veterans' NHS Wales



Referrals - 2010 to 2020



Source of referrals





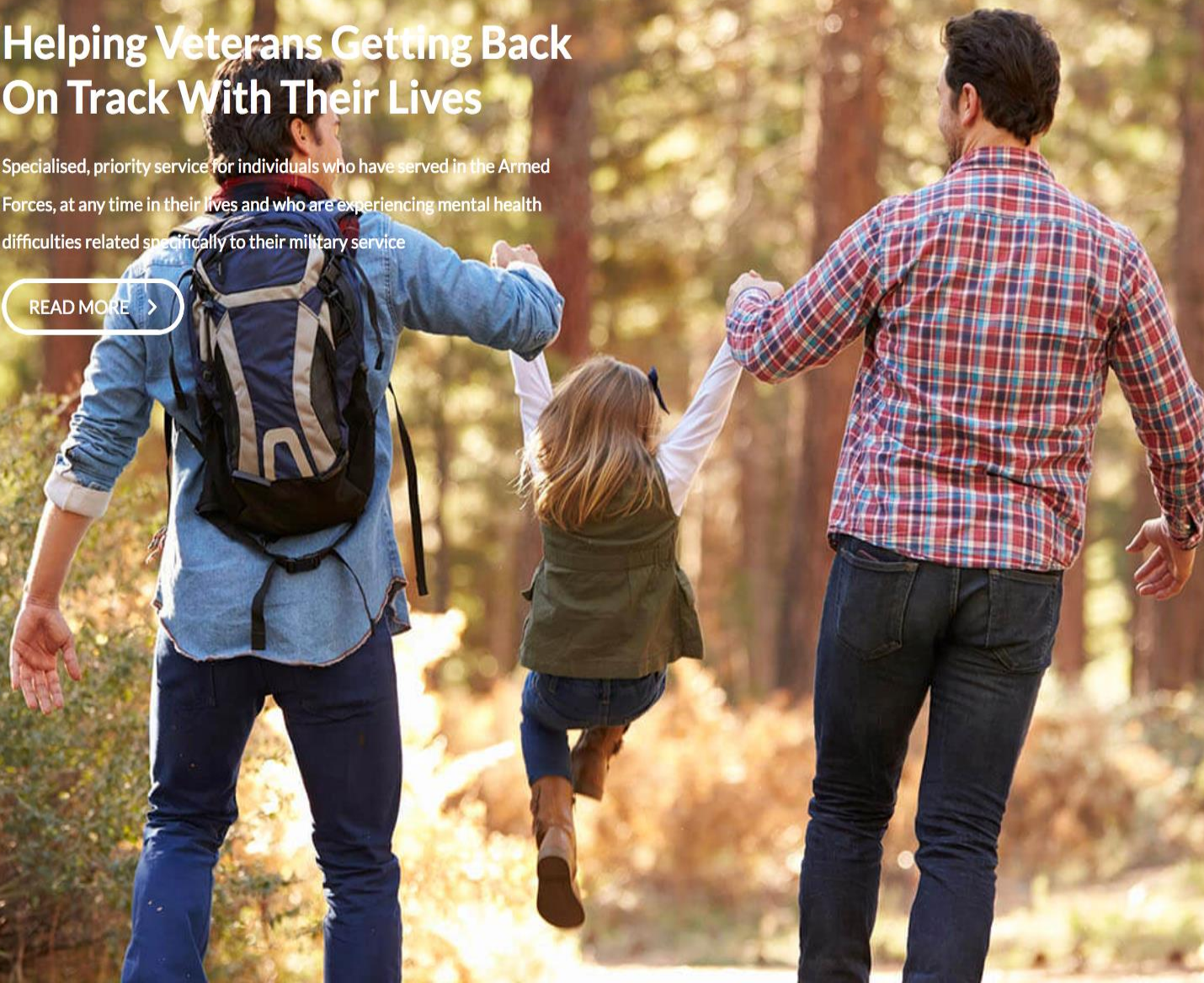
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Helping Veterans Getting Back On Track With Their Lives

Specialised, priority service for individuals who have served in the Armed Forces, at any time in their lives and who are experiencing mental health difficulties related specifically to their military service

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Veterans' NHS Wales

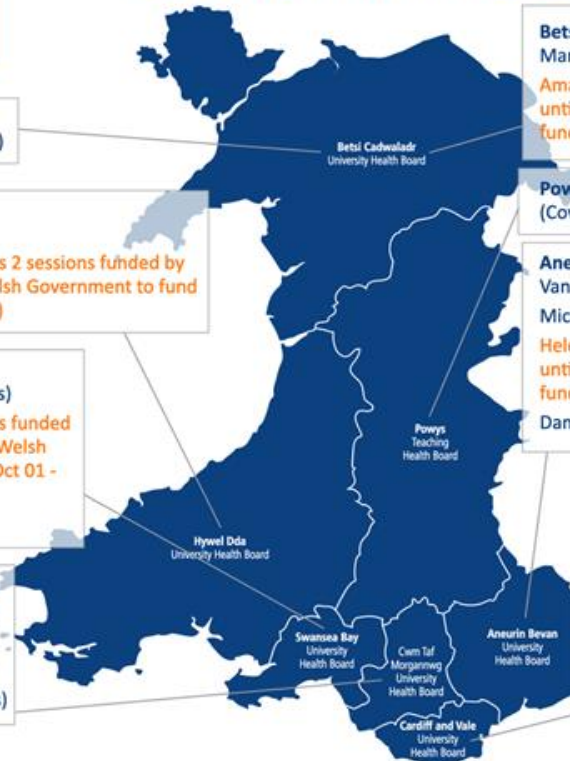
Director
Dr Neil Kitchiner
Cardiff & Vale UHB

Betsi Cadwaladr UHB
Karen Hawkings (6 sessions)

Hywel Dda UHB
Julie Campion (full-time)
Claire Young (2 sessions **plus 2 sessions funded by H4H until Sep 30, 2020. Welsh Government to fund from Oct 01 - Mar 31, 2021**)

Swansea Bay UHB
Victoria Williams (8 sessions)
Rebecca O'Dowd (8 sessions funded by H4H until Sep 30, 2020. Welsh Government to fund from Oct 01 - Mar 31, 2021)
Vacant (4 sessions)

Cwm Taf Morgannwg UHB
William Watkins (full-time)
Vacant (6 sessions)
Gerwyn Jones (2 sessions)
Nick McAndrew (2 sessions)



Betsi Cadwaladr UHB
Mark Birkill (full-time)
Amanda Jackson (full-time funded by H4H until Sep 30, 2020. Welsh Government to fund from Oct 01 - Mar 31, 2021)

Powys THB
(Covered by BCUHB, ABUHB and SBUHB)

Aneurin Bevan UHB
Vanessa Bailey (full-time)
Michael Mo (6 sessions)
Helen Gower (4 sessions funded by H4H until Sep 30, 2020. Welsh Government to fund from Oct 01 - Mar 31, 2021)
Damon Rees (full-time) Peer Mentor

Cardiff & Vale UHB
Neil Kitchiner (5 sessions)
Gwen O'Connor (5 sessions)
Rachel Vanstone (5 sessions **plus 2 sessions funded by H4H until Sep 30, 2020. Welsh Government to fund from Oct 01 - Mar 31, 2021**)
Jo Delahay (1 session)
Alisha Smith (full-time) Assistant Psychologist





I AM A VETERAN

Interested in information
about mental health
problems

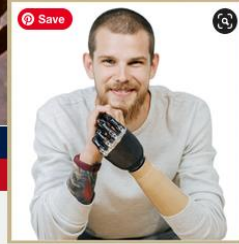
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Interested in seeking
information for veterans
with mental health
problems

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Seeking information on help
for physical problems

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I AM A PROFESSIONAL

Interested in seeking
information for veterans
with physical problems

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USEFUL LINKS

Our resources may be
useful for professionals
working with ex-service
personnel.

[READ MORE >](#)

The Veterans' Gateway is a first point of contact for veterans seeking support. They put veterans and their families in touch with the organisations best placed to help with the information, advice and support they need.

Healthcare Priority for Veterans

The Welsh Health Circular (**WHC (2017) 41**) sets out how healthcare for veterans should be prioritised. Full details can be found by selecting the link. Section 1.1 of the document contains the following summary:

All Armed Forces veterans are entitled to receive priority access to NHS care (including hospital, primary or community care) for any conditions (mental and physical) which are likely related to, or resulting from their military service (service related).

This priority is over patients with a similar level of clinical needs and **ONLY** for service related conditions. Veterans should not be prioritised over those with greater clinical need. This guidance does not apply to GP appointments.

Links to other organisations



Randomized controlled trial of multi-modular motion-assisted memory desensitization and reconsolidation (3MDR) for male military veterans with treatment-resistant post-traumatic stress disorder

J. I. Bisson , R. van Deursen, B. Hannigan, N. Kitchiner, K. Barawi, K. Jones, T. Pickles, J. Skipper, C. Young, L. R. Abbott, M. van Gelderen, M. J. Nijdam, E. Vermetten

First published: 03 June 2020 | <https://doi.org/10.1111/acps.13200> | Citations: 4

Trial Registration Number – ISRCTN80028105

SECTIONS

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Abstract

Objective

To explore the potential efficacy of multi-modular motion-assisted memory desensitization and reprocessing (3MDR) in British military veterans with treatment-resistant service-related PTSD.

Methods

Exploratory single-blind, randomized, parallel arm, cross-over controlled trial with nested process evaluation to assess fidelity, adherence and factors that influence outcome.

Results

A total of 42 participants (all male) were randomized with 83% retention at 12 weeks and 86% at 26 weeks. The difference in mean Clinician-Administered PTSD Scale for DSM-5 scores between the immediate and delayed 3MDR arms was -9.38 (95% CI -17.33 to -1.44 , $P = 0.021$) at 12 weeks and -3.59 (-14.39 to 7.20 , $P = 0.513$) at 26 weeks when both groups had received 3MDR. The likely effect size of 3MDR was found to be 0.65. Improvements were maintained at 26-week follow-up. 3MDR was found to be acceptable to most, but not all, participants. Several factors that may impact efficacy and acceptability of 3MDR were identified.

Conclusion

3MDR is a promising new intervention for treatment-resistant PTSD with emerging evidence of effect.



Figures References Related Information

Metrics

Citations: 4



Details

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Forces in Mind Trust. Grant Number: Research Grant

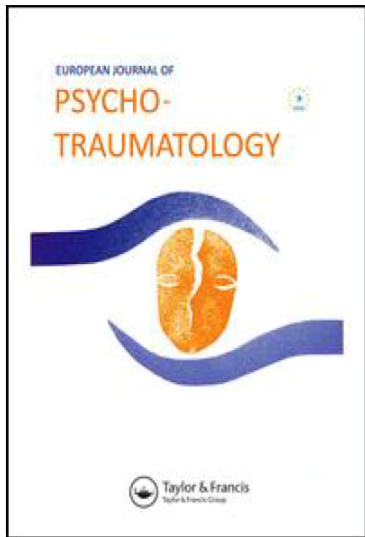
Keywords

PTSD treatment RCT 3MDR military veterans

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ISSN: 2000-8198 (Print) 2000-8066 (Online) Journal homepage: <https://www.tandfonline.com/loi/zept20>

Active duty and ex-serving military personnel with post-traumatic stress disorder treated with psychological therapies: systematic review and meta-analysis

Neil J. Kitchiner, Catrin Lewis, Neil P. Roberts & Jonathan I. Bisson

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STUDY PROTOCOL

OPEN ACCESS



The reconsolidation using rewind study (RETURN): trial protocol

Laurence Astill Wright ^a, Kali Barawi ^a, Natalie Simon ^a, Catrin Lewis ^a, David Muss^b, Neil P. Roberts ^{a,c},
Neil J Kitchiner ^{a,c} and Jonathan I Bisson ^a

^aDivision of Psychological Medicine and Clinical Neurosciences, Cardiff University School of Medicine, Cardiff, UK; ^bInternational Association for Rewind Trauma Therapy, UK; ^cDirectorate of Psychology and Psychological Therapies, Cardiff & Vale University Health Board, Cardiff, UK

ABSTRACT

Background: An increasing body of research highlights reconsolidation-based therapies as emerging treatments for post-traumatic stress disorder (PTSD). The Rewind Technique is a non-pharmacological reconsolidation-based therapy with promising early results, which now requires evaluation through an RCT.

Objectives: This is a preliminary efficacy RCT to determine if the Rewind Technique is likely to be a good candidate to test against usual care in a future pragmatic efficacy RCT.

Methods: 40 participants will be randomised to receive either the Rewind Technique immediately, or after an 8 week wait. The primary outcome will be PTSD symptom severity as measured by the Clinician-Administered PTSD Scale for DSM5 (CAPS-5) at 8 and 16 weeks post-randomisation. Secondary outcome measures include the PTSD Checklist (PCL-5), International Trauma Questionnaire (ITQ), Patient Health Questionnaire (PHQ-9), the General Anxiety Disorder-7 (GAD-7), Insomnia Severity Index, the Euro-QoL-5D (EQ5D-5 L), the prominence of re-experiencing specific symptoms (CAPS-5) and an intervention acceptability questionnaire to measure tolerability of the intervention.

Conclusions: This study will be the first RCT to assess the Rewind Technique. Using a cross-over methodology we hope to rigorously assess the efficacy and tolerability of Rewind using pragmatic inclusion criteria. Potential challenges include participant recruitment and retention.

Trial registration: ISRCTN91345822

El estudio Reconsolidación Usando Rebobinado (RETURN): protocolo de prueba

Antecedentes: Un creciente cuerpo de investigación destaca las terapias basadas en la reconsolidación como tratamientos emergentes para el trastorno de estrés postraumático (TEPT). La Técnica de Rebobinado es una terapia no farmacológica basada en la

ARTICLE HISTORY

Received 2 February 2020

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KEYWORDS

PTSD; RCT; Rewind Technique; Rewind Therapy; protocol

PALABRAS CLAVE

TEPT; ECA; Técnica de Rebobinado; Terapia de Rebobinado; Protocolo

关键词

PTSD; RCT; Rewind技术; Rewind疗法方案

HIGHLIGHT

This study will be the first RCT to rigorously assess the efficacy and tolerability of the Rewind Technique.

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