



Mole Valley Conservative Association's Newsletter

Issue 60; June 2012

Welcoming Note

Welcome to the June issue of the Mole Valley Conservative Association's Newsletter from the House of Commons.

To unsubscribe to this newsletter, please contact us through the website 'Contact us' page with a subject line of 'unsubscribe'.

We hope you enjoy reading the June issue.

As Parliament will be on Recess during July and August, the newsletter will return in September.

News from the House of Commons

Combat Stress



On 14th June there was a debate on Mental Health in the House of Commons. I joined in this 1st Allotted Day of Backbench Business to speak about Combat Stress, an organisation based in Mole Valley which helps war veterans.

Sir Paul Beresford (Mole Valley) (Con): It was beginning to look like a Whips' cabal in the Chamber. I was quite worried. A number of hon. Members, particularly the hon. Member for Strangford (Jim Shannon), who is busy disappearing from the Chamber, mentioned care for, and the mental health of, veterans. I am making a plea to keep my small audience. To my delight, the shadow Secretary of State mentioned a famous organisation in that field: Combat Stress. He is also leaving the Chamber the moment I mention him. He can read my speech in *Hansard* as he has obviously been urgently called away.

Combat Stress was supported by the previous Government as it is by this one. Combat Stress clients—ex-servicemen, or veterans—suffer from the appalling conditions of post-traumatic stress disorder, depression or anxiety, or all three. Anyone who has seen such individuals with such conditions will recognise that they are exceptionally debilitating. They destroy the normal life of victims and those around them.

Combat Stress has three centres—the main one is in my constituency—an outreach service throughout the nation and a liaison team. It has been making a difference for some considerable time. Some 83.5% of Combat Stress clients are ex-Army. Three per cent. are female. Most of the veterans contact the Combat Stress service themselves or through family referral, but only 3.6% are referred by general practitioners, 6.9% by community health teams, and 0.3% by a hospital service. I hope the Minister thinks about that.

To make access to those services more available, Combat Stress set up a 24-hour helpline in March last year. It may interest the House and the Minister to consider statistics from the helpline from



Mole Valley Conservative Association's Newsletter

Issue 60; June 2012

March 2011 to January 2012. Combat Stress received 6,279 calls, including voicemails. A few people hung up—a tragic few calls were silent, which I think says a lot.

Of the callers who were contacted, 74% were male and 26% female. Army veterans made a total of 2,248 calls. The second largest group of callers were family, friends and carers of the victims, who themselves were therefore victims. Seventy-seven per cent. of callers called about themselves. Perhaps tragically—I hope the Minister makes a note of this—just 6% of callers were given the number and contact details by a health professional. The call centre seems to be catching on. In March, it received 286 calls, but that doubled to 604 the following January. The organisation is funded by the Government, and I plead with the Minister to keep the funding going. I am sure he will.

The average post-service delay is a staggering 13 years. The Minister should be aware that after such a delay an individual's condition will have developed in complexity, meaning that their recovery treatment can last for years, whereas if treatment is early, it can last just weeks and months. Early diagnosis and referral can lead to faster and cheaper treatment, and greater success, and can mean that the potential side effects of alcoholism, drug problems, which have been mentioned.

As mentioned by several Members, the result can often be imprisonment, yet all these side effects could be avoided. On average, it takes veterans just over 13 years from service discharge to first approach Combat Stress. This is an ongoing issue for veterans.

Community outreach teams across the country now provide much support for veterans. They provide support and advice in veterans' own homes and nearby community-based clinical care. Yesterday, we made much of the Falklands war, which ended 30 years ago today, on 14 June 1982. Of the 4,800 veterans Combat Stress is helping, 221 served in the Falklands war. The youngest is 46 and the oldest is 74, and on average the Falklands veterans have waited 15 years before going for help. Last year, 18 Falklands veterans contacted Combat Stress for the first time, and this year, to date, 10 have contacted it. But of course the case load is not just from the Falklands. Of the 4,800 ex-service men and women being treated, 589 served in Iraq and 228 served in Afghanistan. Between 1 April 2010 and 31 March 2011, Combat Stress received 1,443 new referrals.

Having set the scene, I shall touch on a few key points for the Minister to consider. First, all the UK Governments must acknowledge the ongoing need. Most of the Governments contribute considerably towards Combat Stress and its costs. Combat Stress estimates that in 2012, 960 service personnel will leave the armed forces with the likelihood of suffering from PTSD. I shall follow up a point made by the hon. Member for Strangford. We must persuade the MOD to look specifically at their decompressing veterans-to-be and, if there is any suspicion, to refer them to Combat Stress. It would make treatment by Combat Stress easier, because it would be given earlier, and all the pain and suffering of these men and women could be reduced to a tiny fraction of what it is for many of those in Combat Stress now.



Mole Valley Conservative Association's Newsletter

Issue 60; June 2012

That brings me to the crux of the problem, which has been touched on. Because mental illness is not a physical but a mental wound, a stigma is attached to it. A lot of Members have mentioned that. Combat Stress tells me that 81% of veterans with a mental illness feel ashamed or embarrassed, which often prevents them from seeking help—it certainly delays them seeking help—and sadly one in three veterans are too ashamed of their condition ever to tell their families about it. As a result, many of those families break up. Among the other side effects are crime, disorder and alcoholism. This is a mental health problem, then, that could and should be alleviated early.

Much has been done to raise the profile of the condition and the availability of help, so that those individuals do not feel that they are unique or, perhaps, weak. Much needs to be done to encourage them and their families to seek assistance. We need to put these valuable individuals back on their feet—and they are valuable: they have already performed valuable service, and there is still valuable service available if we can do that. Amazingly, there appears to be a considerable lack of understanding among GPs. Research conducted in September 2011 showed that only 5% of the veterans receiving help from Combat Stress had been referred by their GP. Perhaps those GPs failed to recognise the condition or were unaware of the existence of Combat Stress—or, more likely, both. I urge the Minister to ensure that the word is spread among our GPs. Combat Stress has done a clinical audit, and it would appear that approximately 80% of the veterans who come to it for clinical treatment tried to get help from their GPs or other specialist services first, and did not get it. Appallingly, that support and treatment was not forthcoming. It should be.

I hope that the Minister will consider joining me in a visit to Combat Stress, to see the value of the work first hand, to understand its difficulties and to help to build on the opportunity to prevent some of the tragedies that we see. We need to remember that for those veterans the physical war is over, but the battle is still raging in their heads.

Paul Beresford

Member of Parliament for Mole Valley



Mole Valley Conservative Association's Newsletter

Issue 60; June 2012

Feature Article

Consultation on Delegated Legislation



Most legislation in the UK is not made through Acts of Parliament, but through delegated or secondary legislation. Most delegated legislation is made in the form of Statutory Instruments (SIs) which can update or amend existing legislation.

EU law often becomes domestic legislation through delegated legislation too. Recently the volume and extent of this legislation has rapidly increased to cover both public and private aspects of life from rubbish bin collections to paternity leave.

The Hansard Society is currently undergoing a study to investigate in more detail the extent and nature of this delegated legislation and whether Parliament's delegations of these powers could be considered unconstitutional. They are distributing their consultation paper to individuals and organisations across a range of sectors.

The consultation will consider the extent of executive discretion and power and whether it should be restrained, and how drafting, consultation, and scrutiny processes could be improved. The Society's study aims to "lift the lid" on the delegated legislation system, exploring how and why decisions have been made by successive governments about the use of delegated legislation to enact their policy objectives and whether the current architecture of parliamentary scrutiny is fit for purpose."

Proposals for reform to regulate and scrutinise these powers have been made repeatedly by parliamentary committees but the essential architecture of the system has remained largely unchanged since the Statutory Instruments Act was passed in 1946. It will be interesting to see what the Hansard Society discover during their research and whether their findings have any impact on the way Parliament uses delegated legislation.



Mole Valley Conservative Association's Newsletter

Issue 60; June 2012

News in brief

Constituency Key Facts

Lloyds Banking Group has sent out their annual booklets to every MP setting out key facts about their constituency. Sir Paul Beresford recently received his about Mole Valley. It will come as little surprise for residents to learn that Mole Valley is well above the national average for house prices, with the average house costing £384,201, whereas the UK average is £164,310.

Constituents pay 47.6% of their disposable income towards their mortgage, compared to the UK average of 29%. However, they are helped by higher than average annual earnings of £44,131.

Average savings amongst both men and women in Mole Valley are considerably higher than average but with children's savings in line with the UK average.

Younger constituents benefit from gaining higher grades at school and lower unemployment figures. 94% of Mole Valley's population is in good health and therefore life expectancy is higher than average with men expected to live to 80.

Sir Paul's Private Members' Bill Update

Members whose names are drawn in the ballot formally presented their Bills on 20th June, the

fifth Wednesday of the Session. Here is the extract from Hansard:

Prisons (Interference with Wireless Telegraphy) Bill

*Presentation and First Reading (Standing
Order No. 57)*

Sir Paul Beresford presented a Bill to make provision about interference with wireless telegraphy in prisons and similar institutions.

*Bill read the First time; to be read a Second
time on Friday 6 July, and to be printed (Bill
15).*