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Improving Access to Psychological Therapy Services for Serving and Ex-Service Personnel and their families in Surrey and Sussex

Key learning points:

- For most people being part of the armed forces is good for their mental health, but some people can experience increased problems. This is particularly true of certain sub-groups. This includes those in combat roles, those in the Reserve Forces and early leavers
- Alcohol consumption amongst the under 35s in the Army is twice that of the general populatior
- When military personnel leave the armed forces their health care transfers from the military to the NHS
- There are services that have been set up to support current and ex Service personnel who are experiencing mental health problems:
    - Military Personnel: Departments of Community Mental Health located in large military centres across the UK as well as overseas.
    - Veterans: The Medical Assessment Programme (MAP), based at Guy's and St Thomas' Hospital in London,
    - Reservists: The Reserves' Mental Health Programme
- There is little research into the mental health needs of the families of military personnel
- Evaluation by The University of Sheffield of 6 Community Mental Health Pilots for Veterans has identified the features of the most successful services
- There is limited military presence across Surrey and Sussex

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Introduction

This paper has been written to support the work of Improving Access to Psychological Therapy services in Surrey and Sussex, helping them to more effectively meet the psychological needs of their military and Veteran communities.

This paper:

- Provides a best practice overview
- Identifies key organisations working in the field to which IAPT services may wish to signpost people to
- Identifies resources which may be useful in develop local partnerships and links

Background

The Coalition Government has stated that the military covenant is one of its highest priorities and will form the foundation of how the Government treats the armed forces community. The covenant is an informal understanding of the contract that is supposed to exist between servicemen and women and the nation.

The MoD has produced a Military Covenant Factsheet detailing the range of support available to those who are and have served in HM Armed Forces. The factsheet states:

> Since 1948, it has been the policy of successive Governments that the NHS should be the main provider of health services for veterans. (….) Ex-Service personnel receive good treatment from their GPs but we recognise that many health professionals have limited experience of dealing with veterans who have mental health symptoms arising from their Service experience[1].

In 2008, the War Pensioners' entitlement to priority treatment in the NHS was extended to include all Veterans. This entitles all Veterans with health conditions that may be related to their military service to be given priority treatment.[2]

It is an important principle that when staff leave the armed forces, their health care transfers from the military to the NHS. Understanding need and unmet need is necessary for appropriate service planning and commissioning[3].

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[1] Military Covenant Factsheet MoD (no date)
[2] Meeting the Healthcare Needs of Veterans : A guide for general practitioners. RCPG et al (2010)
[3] Fossy, M., Across the Wire: Veterans, mental health and vulnerability. Centre for Mental Health 2010

In the recent review of published literature about the mental health needs of people who have served in the armed forces Fossey (2010) recommends:

> Mental health and primary care services in the NHS must be able to meet the needs of veterans. This includes the continued development and roll-out of the Government's IAPT programme. Psychological therapy services must be responsive to the needs of veterans and have the mechanisms and care pathways in place to refer to specialist mental health trauma services when necessary, including those offered by the private and voluntary sectors. (p15)

Research Evidence

Military Personnel

Research by the King's Centre for Military Health (Fighting Fit: A mental health plan for servicemen and veterans 2010) reports that whilst there is no significant decline in morale or well being, nor a significant increase in mental heath problems such as, but not restricted to, post traumatic stress disorder (PTSD) amongst the UK Armed Forces, there is an increase in mental health problems in certain sub-groups: those in combat roles, those in the reserve forces and early leavers; as well as an increase in alcohol consumption.

Reservists who have served in Iraq are twice as likely to have symptoms suggestive of common mental health problems than fellow Reservists who had not been to Iraq, and six times as likely to have symptoms suggestive of PTSD – although the overall rate is still relatively low at 6%.

The Kings Centre for Military Health Research (2010) found evidence that when personnel are deployed for 13 months in a three-year period (which is above the recommended Harmony Guidelines[4]) there is an increase in PTSD, psychological distress and severe alcohol problems.

Personnel who leave the service early are more likely to have poor mental health and least likely to gain employment on leaving the service.[5]

Alcohol misuse in the younger age groups (those under 35) in the Armed Forces in both men and women is twice that of the general population of the same age and gender. [6]

[4] Harmony Guidelines determine how often personnel should be deploying within certain time frames.
[5] Fighting Fit: A mental health plan for servicemen and veterans 2010
[6] ibid

Only a quarter of personnel diagnosed with common mental health disorder and still serving in the military were receiving any form of medical professional help. Most of those receiving help were seen by GPs.

The reason Service personnel give for not seeking help were (Eversden-French C., et al 2010):

- Stigma associated with consulting for mental health problems, and a lack of trust/confidence in mental health services
- Difficulty scheduling appointments and taking time off work for treatment (a particular problem for Reservists, civilian employers of Reservists often have little knowledge or understanding of their needs)
- Not knowing where to find help
- Concern their employers will blame them for their problems

Veterans

A veteran is someone who has served in the Armed Forces for at least one day.

It is estimated that in the UK the size of the ex-Service community is 10.5 million people. 4.8 million people in the ex-Service community are veterans and 5.37 million are dependents (Royal British legion 2006).

Each year 24,000 Serviceman leave the Armed Forces. Of these 10,000 have served in recent operations. Whilst most achieve a seamless transfer to civilian life, for a minority the experience is traumatic.[7]

In a recent study of 9.990 veterans, Fear et al (2010) show a prevalence rate of 4% for probable PTSD and19.7% for symptoms of common mental health problems. The figure for common mental health problems is slightly lower than the levels of common mental health problems reported within the general population.

Those Service personnel who leave the service early have worse mental health problems and are more likely to experience debt, anti social behaviour, substance misuse, unemployment, marital difficulties and unstable housing.[8]

Research conducted by the Royal British Legion (2006) suggests that the extent of mental health problems among the younger ex-Service community is much higher compared to their peers. In the 16 – 44 age group, the number of mental heath disorders is three times that of the UK population of the same age.

[7] ibid
[8] ibid

Amongst veterans referred to the Military Assessment Project (see below) 15% were diagnosed with PTSD this was close to the rate reported by the 6 Community Mental Health Pilots for Veterans (see below).[9]

The linked issue of alcohol abuse is significantly associated with service in the Armed Forces and there is evidence that it is more common among combat veterans. There is also evidence that 3% of the prison population have served in the UK Armed Forces,[10] compared to .15% of the general population.[11] However, recent data published by the MoD (DASA 2010) show that there are 20% fewer veterans in prison compared with a similarly match non-veteran population.[12]

Best Practice

In their evaluation of six Community Mental Health Pilots for Veterans and the armed forces (Dent-Brown et al 2010), The University of Sheffield identified the following features of the most successful pilots:

- Self referral being an option for accessing the service
- Availability of staff who were themselves Veterans
- Staff with training and experience of working with Veterans
- Availability of group work with other Veterans
- Provision of multi agency 'clinics' with advice on pensions, employment, housing, physical health etc
- Teams/building 'badged' as being for Veterans
- Services offering assessment and treatment together with no wait in between
- Joint work and information sharing with other agencies (e.g., NHS/Combat Stress) to support one another and prevent duplication
- Routinely accessing Forces' service records of new referrals

The less successful features included:

[9] Dent-Brown (2010)
[10] Fighting Fit: A mental health plan for servicemen and veterans 2010
[11] Kings College London World Prison Brief England and Wales Feb 2011

[12] Referenced in Fossy, M., Across the Wire: Veterans, mental health and vulnerability. Centre for Mental Health 2010

- Assessment-only services leading to treatment in generic NHS settings
- Pathways involving onward referral with a further waiting list at each stage
- Staff who had little or no experience of working with Veterans
- Sole practitioner services where this led to discontinuity of service through having nobody in post at times
- Services requiring Veterans always to travel long distances for assessment or treatment

Veterans expressed a strong preference for being seen in services staffed by veterans and the use of open ended psycho educational groups were welcomes by veterans as fostering a sense of shared experience and comradeship.

The top 8 priority recommendations (in order) made by Dent-Brown et al (2010) were:

Priority Recommendations (in order)

1. Mental health services for Veterans should provide both assessment and treatment. Where highly specialist treatment (e.g., alcohol detox) cannot be provided by the Veterans' service, the priority for Veterans should be invoked such that there is no further wait for specialist treatment.
2. It is essential that services be staffed by people with experience of working with Veterans and knowledge of the culture of the Forces. Where practical it would be desirable for Veterans to have the choice of being seen by Veterans.
3. Services must have strong links at strategic level (board/chief executive) with other statutory and voluntary agencies, Forces' charities etc. This should then be reflected at operational level with provision of services/advice on housing, benefits, employment, joint clinics etc.
4. Groups for Veterans were a cost-effective way of seeing larger numbers, and were highly regarded by Veterans as a source of companionship and solidarity. All services should consider group work as an option to offer Veterans.
5. Mental health services for Veterans should routinely access service records of Veterans so as to gain the full picture of the client's service history. This would also serve as a check on the occasionally reported instances of fabrication.
6. A common minimum data set should be established so that clear comparisons can be made across services. Financial support for the services should be dependent on effective systems being in place and data should be co-ordinated by an independent research group (i.e., a practice research network focusing on Veterans).

7. Now it has been shown to be possible, routine pre- and post-treatment outcome data should be collected for all clients seen. This should become standard practice across services and a basic expectation of funders and commissioners.
8. Mental health services for Veterans should accept self-referrals, with GPs being involved after referral rather than as gatekeepers. (Experience with IAPT has shown no inappropriate use or 'flooding' of services.)

The maximum number of referrals received were 30 referrals per year per 100,000 population. The typical client was male, in his forties and was discharged from the Army as a Private. The length of time between discharge from the service and referral to the pilot is between 10 – 20 years.

Key Provision (service and contact details pages 11 – 14)

Military Personnel
There were 3,920 mental disorders diagnosed in military personnel in 2007. 1,384 were adjustment disorders, 738 were a depressive episode and 180 were PTSD (MoD).

Mental Health services for serving personnel are delivered primarily through 15 Military Departments of Community Mental Health located in large military centres across the UK as well as overseas.

Inpatient care is provided where necessary by the NHS contracted by the MoD.

Veterans
When people leave the service their healthcare transfers to the NHS. There are around five million veterans in the UK. Some veterans need specialist care if they develop mental health problems related to their service.

The Medical Assessment Programme (MAP), based at Guy's and St Thomas' Hospital in London, along with six Veterans Mental Health pilot projects (none of which are in the South East) provide care for veterans, (contact details below.)

A 24 hour freephone helpline (0800 138 1619) run by Combat Stress and Rethink is available for Veterans with mental health problems.

Reservists
The NHS provides care for Reservists who are not currently deployed. Detail for the Reserves' Mental Health programme (RMHP) are below.

Families
There is little research or attention paid to the mental health needs of the families of military personnel. But the fact that military life is transient and that there are long periods of time whilst partners are serving overseas would indicate that there might be an enhanced level of need.

Within each Army Unit there is a Welfare Officer who may be the first point of contact for families. It is worth noting however that some family members may not wish to seek help from within the military and may wish to seek help from a confidential external resource. SAFFA operate a confidential freephone helpline 'Forcesline' which is available to serving personnel and their families as well as former members of the Armed Forces (0800 731 4880).

There are also HIVE Information Centres (details below) that provide a range of community information for families, and an Army Welfare Service which provides professional, confidential welfare support for servicemen and their families (contact details below).

The local picture

It is difficult to establish a precise picture of the number of Veterans living in Surrey and Sussex. The Ministry of Defence does not keep central records of where service personnel are recruited, where they go on leaving the services, or where they subsequently move on to.

There are two charities operating in Sussex that support ex-Service personnel who have physical and visual disabilities: The Chaseley Trust (www.chaseley.org.uk) and St Dunstan's (www.st-dunstans.org.uk)

There is no RAF or Navy presence in either Surrey or Sussex. There is limited regular forces presence in Surrey including two training establishments in Camberley (Sandhurst) and Pirbright. There is no regular forces presence in Sussex. There is Territorial Army presence across both Surrey and Sussex (please see appendix 2 for details).

Headley Court in Surrey is home to the Defence Medical Rehabilitation Centre which provides rehabilitation for injured Service personnel. For most combat causalities, Headley Court is the final stage of the recovery process. It has 200 military and civilian staff providing care for 6,500 patients a year.
(www.nhs.uk/Livewell/Militarymedicine/Pages/HeadleyCourt)

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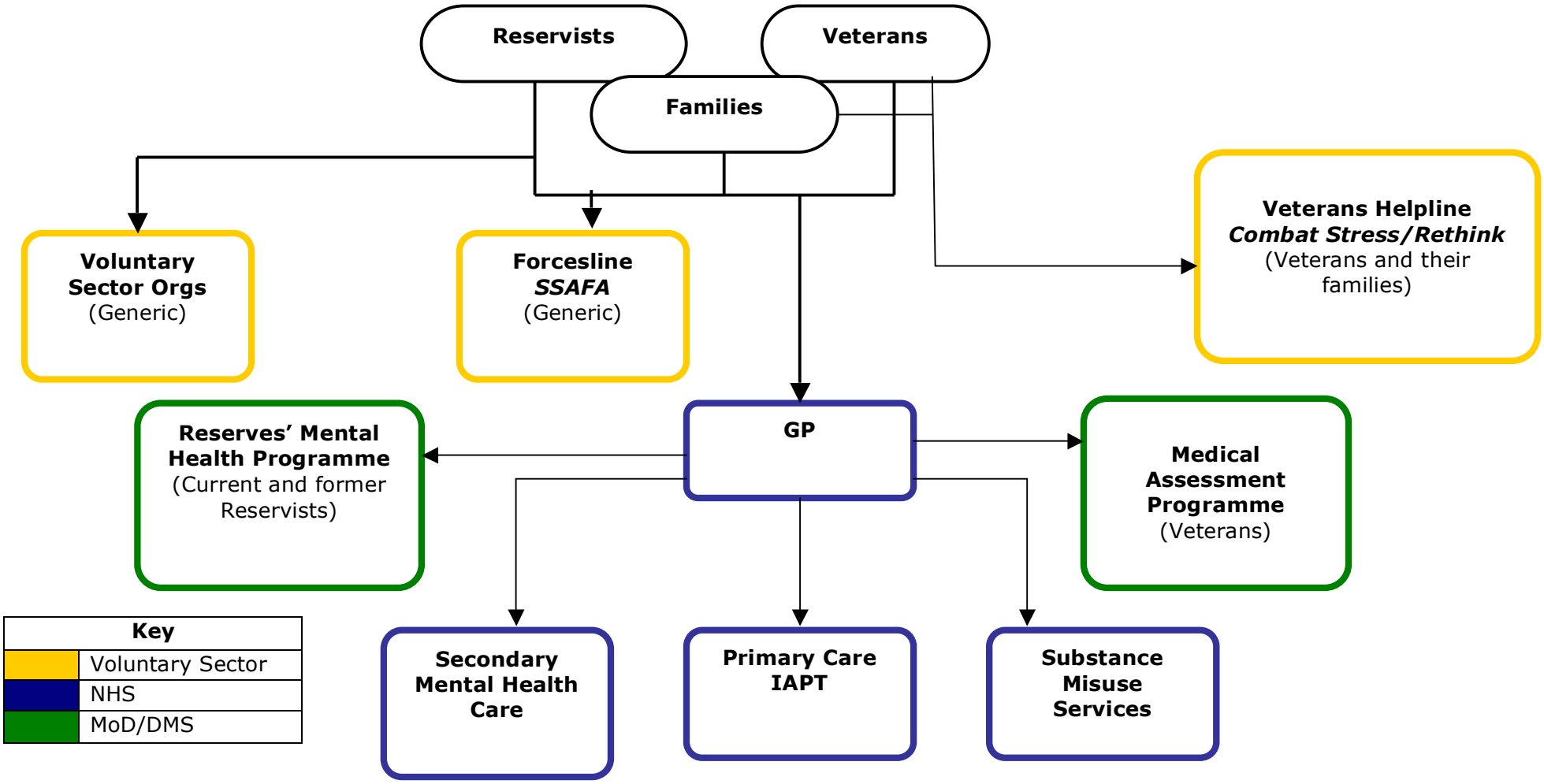
Pathway Illustration



NHS SEC May 2011

Key Services – contact details

Medical Assessment Programme
The purpose of the MAP includes:

- To assess, and attempt to understand, the physical and psychological difficulties experienced by ex-Service personnel presenting to the service.
- To provide advice to individuals and health professionals about the mental and physical health of Veterans in their care.
- To offer advice to individuals, families, health professionals and interested parties about the mental health of Veterans
- Where possible, to provide diagnoses and management strategies for individuals and the medical and mental health professionals involved in their care.

Eligibility Criteria is anyone who has:

- Has seen active service since 1982 (including veterans of the Falklands conflict),
- Is now demobilised, and
- Has mental health problems that might be linked to service on operations.

For advice and information

Freephone: 0800 169 5401
Email: map@gstt.nhs.uk
Websites:
www.mod.uk/DefenceInternet/AboutDefence/WhatWeDo/HealthandSafety/GulfVeteransIllnesses/TheMedicalAssessmentProgramme.htm

Referral to the MAP
GPs and Mental Health Professionals are encouraged to refer patients who fulfill the eligibility criteria and who are concerned that their physical and/or mental health may have suffered as a result of military Service. All GPs and patients receive a copy of the assessment report.

Please refer cases to the following address:
Head of Medical Assessment Programme
c/o The Baird Medical Centre
Gassiot House

St Thomas' Hospital
Lambeth Palace Road
London SE1 7EH

Fax: 020 7202 8327

Reservists Mental Health Programme (RHMP)
Offers assessment and, where appropriate, out-patient treatment by Defense Medical Services (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.

The contact details for enquiries and referrals are:
RMHP Glencairn House Reserves Training and Mobilisation Centre
Chetwynd Barracks
Chilwell
Nottingham
NG9 5HA

Freephone: 0800 032 6258
Fax:0115 957 4450
Website: http://www.army.mod.uk/welfare-support/family/17051.aspx

Army Welfare Support Service
Provides professional, confidential welfare support for servicemen and women and their families.

The Army Welfare Information Service
Building 183
Trenchard Lines
Upavon
Wiltshire
SN9 6BE

HIVE Information Centres
HIVE information centres are provided by the Army, Royal Navy and RAF to provide information support to all members of the Service community. They provide information about relocation, local unit and civilian facilities, places of interest, schools and further education, housing, healthcare facilities and employment and training opportunities

For a full list of HIVE Information Centres visit:
www.mod.uk/Defenceinternet/DefenceFor/ServiceCommunity/HIVE/

Surrey
Windsor HIVE (covers Surrey)
www.mod.uk/DefenceInternet/DefenceFor/ServiceCommunity/Hive/London/WestLondonwindsorHive.htm
Email: Windsor@hivegb.co.uk
Tel: 01753 832285

Deepcut Hive (also covering Pirbright)
www.mod.uk/DefenceInternet/DefenceFor/ServiceCommunity/Hive/SouthEast/DeepcutHive.htm
Email: deepcut@hivegb.co.uk
Tel: 01252 833429

Minley Hive
www.mod.uk/DefenceInternet/DefenceFor/ServiceCommunity/Hive/SouthEast/MinleyHive.htm
Email: minley@hivegb.co.uk
Tel: 01252 863224

Sandhurst Hive
www.mod.uk/DefenceInternet/DefenceFor/ServiceCommunity/Hive/SouthEast/SandhurstHive.htm
Email: sandhurst@hivegb.co.uk
Tel: 01276 412141

Sussex
As there is no Military Presence (apart from Territorial Army) in Sussex, HIVE Information Centres are not available .

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Royal British Legion (2006) Profile and Needs of the Ex-Service Community 2005-2020: Summary and Conclusions of the Welfare Needs Research Programme

APPENDIX ONE

Useful resources and websites

There are in the region of 400 – 3000 third sector organisations offering services and support to the military community. Below are just a small number of them:

Name	Purpose	Website/Telephone
Therapy Services		
NHS choices	NHS Choices Military mental health pages	www.nhs.uk/livewell/Militarymedicine/Pages/Militarymedicinehome.aspx
Big White Wall	This is a pioneering online service for people who are feeling low or depressed. The service is available for free to the Armed Forces community and offers help and support in a variety of ways including online counselors and peer support.	www.bigwhitewall.com
COMBAT STRESS	Specilises in the care of Veteran's mental health	www.combatstress.org.uk
resolution rebuilding lives registered charity no. 1133188	PTSD Resolution helps veterans who have failed to reintegrate into a normal work and family life because of military trauma suffered during service in the armed forces	www.ptsdresolution.org
Helplines		
Veterans and their families	Round the clock support for veterans and their families. Run by Combat Stress and	0800 138 1619

	Rethink	
Research		
KCMHR KING'S CENTRE FOR MILITARY HEALTH RESEARCH	The King's Centre for Military Health Research	www.kcl.ac.uk/kcmhr
Generic (Serving and Ex Service Personnel)		
Ministry of Defence		www.mod.uk
Military Covenant Fact Sheet	A fact sheet produced by the MOD detailing the comprehensive range of support available to those who are and have served in HM Armed Forces	www.mod.uk
cobseo The Confederation of Service Charities	COBSEO is an organisation that works for the interests of the Armed Forces community and acts as a single point of contact for external enquiries	www.cobseo.org.uk
Forces Discounts	A discount scheme for the Defense community	www.forcesdiscounts-mod.co.uk
BLESMA The Limbless Veterans	National charity for limbless serving and ex Service men and women and their dependents and widows	www.blesma.org
The Officers Association	Supporting Officers, Retired Officers and their families seeking employment, advice, assistance and accommodation	www.officersassociation.org.uk
ABF THE SOLDIERS' CHARITY	Lifetime support to serving and retired soldiers and their families	www.soldierscharity.org

RAFBF THE HEART OF THE RAF FAMILY The Royal Air Force Benevolent Fund	Practical, financial and emotional support to all members of the RAF family	www.rafbf.org
The Royal Naval Benevolent Trust	Gives help to serving and former Royal Naval ratings and Royal Marines other ranks	www.rnbt.org.uk
ROYAL NAVY & ROYAL MARINES CHARITY	Provides support to the Naval family. Helping those who are in need or who are suffering hardship	www.rnrmac.org.uk
Royal Airforce Association	Supporting serving and former RAF personnel and their families	www.rafa.org.uk
SSAFA FORCES Help	Help and support to those who serve in the Armed Forces and those who used to serve, as well as families	www.ssafa.org.uk
Forcesline	A confidential helpline for serving personnel and their families as well as former members of the Armed Forces	www.ssafa.org.uk Freephone: 0800 731 4880
THE ROYAL BRITISH LEGION	Help serving and ex-Service personnel and their families	www.britishlegion.org.uk

NGVFA	An independent registered charity aiming to support those who served in the 1990-91 and 2003 (to date) Iraqi/Gulf conflicts, either in the armed forces or as a civilian, and their families and dependants.	www.ngvfa.org.uk
SAMA 82 The South Atlantic Medal Association (1982)	An association for the 30,000 service men and women, and civilians, who took part in the campaign to liberate the Falkland Islands in 1982	www.sama82.org.uk
Service Personnel		
Remount	The aim of Remount is to provide personnel of all ranks and status and their dependents with the psychological tools, techniques and procedures to manage the dramatic change in cultures which takes place when they resume civilian life	www.remount.net
Civvy Street	Magazine and website supporting move to civilian life including job search and housing advice	www.civvystreetmagazine.co.uk
SERVICEPALS	Armed Forces social network and reunion website	www.servicepals.com
Veterans		
Veterans:UK® Bringing together services for veterans	Bringing together services for Veterans	www.veterans-uk.info
thewarriorprogramme	The Warrior Programme works with Ex-Service personnel and the homeless to restore self esteem and rebuild confidence and	www.warriorprogramme.org.uk

	dignity, empowering people by giving them the tools to lead a more fulfilled life	
Veterans Aid	Supports vulnerable Veterans who are in crisis, homeless or likely to become homeless	www.veterans-aid.net. Freephone 0800 012 68 67
SaBRE We're all stronger with Reservists	SaBRE – Supporting Briton's Reservists and Employers, has been set up to support reservists and their employers	www.sabre.mod.uk
SE RFCA	South East Reserve Forces' and Cadets' Association	www.serfca.org
Job Search		
civvyjobs.com	Ex Military jobs board for employers and recruitment agencies. Ex Military personnel can upload their CVs and search through vacancies	www.civvyjobs.com
DEMOB JOB.co.uk 0191 4274655	Nationwide ex-forces recruitment agency	www.Demobjob.co.uk
Families		
Navel Families Federation	An independent voice for Royal Naval and Royal Marines' families	www.nff.org.uk
Army Families Federation	An independent voice of Army families	www.aff.org.uk

ROYAL AIR FORCE Families Federation Investigate | Influence | Change	The RAF Families Federation represents the views and concerns of RAF personnel and their family members on the issues that affect them as part of a RAF family.	www.raf-families-federation.org.uk
Army Families Federation TA and Reserve Force	Support for the families of TA and Reserve Force personnel	www.aff.org.uk/ta_and_reserve_force.htm
War Widows Association	A pressure group to improve the conditions of War Widows and their dependents in Great Britain	www.warwidowsassociation.org.uk
Army Widows' Association	Offering comfort, support and friendship to the widows and widowers of service men and women	www.armywidows.org.uk
ROYAL AIR FORCE WIDOWS' ASSOCIATION	Emotional support and practical help to RAF Service widows	www.rafwidowsassociation.org.uk
Royal Navy Royal Marines Widows' Association	Bringing friendship, support, guidance and comfort to those who have experienced the trauma of bereavement	www.rnrmwidowsassociation.org

APPENDIX TWO

Military Units in Surrey and Sussex

Surrey

Regular Army Regiments	
The Royal Logistics Corps Dettlingen House Princess Royal Barracks Deepcut Camberley GU16 6RW Tel: 01252 833363	**Queen Alexandra's Royal Army Nursing,** Dental, Medical and Veterinary Corps Slim Rd Camberley GU15 4NP (Nursing Corps) Tel: 01276 412 754 (Dental Corps) Tel: 01276 412 753 (Medical Corps) Tel: 01276 412 752 (Veterinary Corps) Tel: 01276 412 781
The Royal School of Military Engineering Giibraltar Barracks Blackwater Surrey GU17 9LP	
Training Establishments	
Army Training Centre Pirbright Alexander Barracks Pirbright Woking GU24 0QQ	**The Royal Military Academy Sandhurst** Camberley Surrey GU15 4PQ Tel: 01276 63344
Territorial Army	
Civil Affairs Group Gibraltar Barracks Blackwater Camberley Surrey GU17 9LP Tel: 01252 863352 Email: cagroup@btconnect.com	**Media Ops Group** Thames House TA Centre 19 Portsmouth Road Kingston Upon Thames Surrey KT1 2QX Tel: 0208 974 6543
Engineering 135 Independent Geo Squadron Royal Engineers Welbeck Close London Road Ewell	**IT/Comms** C Troop, 41(PLK) Signal Squadron 19 Portsmouth Road Kingston-upon-Thames KT1 2QX

KT17 2BG Tel: 020 8393 0981	Tel: 01737 554023
Medical Services C Squadron 256 Field Hospital LDSTT 19 Portsmouth Road Kingston-upon-Thames KT1 2QX Tel: 020 8541 5162	**Engineering (Explosive Ordnance Disposal)** 579 Field Squadron Detachment 101 Engineer Regiment Chart Lane Reigate RH2 7BP Tel: 01737 421 627
IT / Comms Territorial Army Centre Drill Hall Road Chertsey Surrey KT16 8EL Tel: 01753 860 600	**Engineering** 150 Recovery Company 103 Battalion Royal Electrical and Mechanical Engineers Linkfield House Batts Hill Redhill Surrey RH1 1DS Tel: 01737 763 511
Engineering (Explosive Ordnance Disposal) 579 Field Squadron Detachment 101 Engineer Regiment Chart Lane Reigate RH2 7BP Tel: 01737 421 627	**Queen's Royal Surreys** TA Centre Guildford Rd Farnham Surry GU9 9QB Te;: 01252 716236

Sussex

Territorial Army	
Combat (Infantry) B Company Detachment 3 Princess of Wales Royal Regiment Little High Street Worthing BN11 1DH Tel: 01903 820 713 / 01273 563 401	**Combat (Infantry)** B Company Detachment 3 Princess of Wales Royal Regiment Highcroft 198 Dyke Road Brighton BN1 5AS Tel: 01273 563 401
Engineering (Explosive Ordnance Disposal) Brighton Troop Quebec TA Centre 198 Dyke Brighton BN1 5AS	**IT / Comms** 265 Signal Squadron Detachment / Regiment Brigade Troop 71 Signal Regiment Highcroft 198 Dyke Road Brighton BN1 5AS Tel: 01273 504 864
Engineering	**56 Signal Squadron**

Battalion Headquarters 103 Battalion Royal Electrical and Mechanical Engineers TA Centre 29 Kilnmead Crawley RH10 8BD Tel: 01293 552 976	**39 Signal Regiment** TA Cabtre Seaside Eastbourne East Sussex BN22 7NL Tel: 01323 728116

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